F.H. STOLTZE LAND & LUMBER COMPANY JOB DESCRIPTION/PHYSICAL DEMANDS SUMMARY

A. JOB TITLE: Serviceman - Shop

B. JOB QUALIFICATIONS:

Must be 18 years or older and possess a valid driver's license. Safety performance and attendance are key requirements. Minimum of (1) one year experience in vehicle or heavy equipment maintenance and repair required. Diesel and hydraulic repair and troubleshooting experience preferred. Must be able to operate and maintain equipment such as forklifts, cranes, and loaders and perform routine inspections and maintenance. Must be able to supply own tools and successfully complete and pass pre-employment drug screen and work steps physical.

C. JOB SUMMARY:

Under the supervision of the Shop Foreman, the Serviceman provides routine service and basic maintenance to plant vehicles. Works closely with the Mechanics and Equipment Operators.

D. ESSENTIAL JOB FUNCTIONS:

- 1. Fuels and services vehicles and equipment, including oil changes, greasing, changing filters and checking for rust and corrosion.
- 2. Changes oil and filters.
- 3. Greases all fittings.
- 4. Pressure washes and cleans all equipment.
- 5. Changes tires.
- 6. Installs and removes tire chains.
- 7. Makes repairs with hand tools, power tools and welding equipment.
- 8. Inspects vehicles for worn or damaged components and makes repair lists.
- 9. Maintains filter inventory.
- 10. Assists with parts inventory management and organization of materials and supplies.
- 11. Sweeps and cleans the wash rack.
- 12. Maintains a clean work area.
- 13. Operates equipment to test repairs and move

E. PERFORMANCE STANDARDS:

- 1. Demonstrates the ability to promote preventative maintenance.
- 2. Displays good mechanical aptitudes and skills with both tools and welding equipment.
- 3. Communicates and works effectively with supervisors and other employees.
- 4. Demonstrates the ability to work independently, without direct supervision.
- 5. Demonstrates knowledge of and compliance with safe operating procedures.
- 6. Demonstrates good performance, safety and attendance.
- 7. Works well under pressure.
- 8. Consistently improves skills and knowledge and learns new duties as necessary.
- **9.** Completes reliable and durable repairs in an economic, timely manner.
- 10. Strong attention to detail and ability to follow instructions
- 11. Ability to perform heavy lifting and manual labor as required

F. INFREQUENT/MARGINAL JOB FUNCTIONS:

- 1. Paints vehicles when necessary.
- 2. Performs other duties as required.

This job description is not an employment agreement or contract. Management has the exclusive right to alter this job description at any time without notice.

OCCUPATIONAL HEALTH SERVICES

JOB ANALYSIS/PHYSICAL DEMANDS SUMMARY

	OYEE:		EMPLOYER: <u>F.H. S</u>	TOLTZE LAND & LU	MBER COMPANY
JOB T	ITLE: <u>SERVICEMAN</u>				
I.	PHYSICAL DEMAN	DS			
		Rarely	Occasionally	Frequently	Continuously
		(1 - 5%)	(6 - 33%)	(34 - 66%)	(67 - 100%)
A.	Sitting	<u>X</u>	<u>X</u>		
B.	Standing	·		<u>X</u>	<u>X</u>
C.	Walking			X	<u>X</u>
D.	Driving	<u>X</u>	<u>X</u>		
E.	Lifting				
	1. 0 - 10 lbs.				X
	Level	Ranges ground to k	knee/waist/chest/shoulder ov	erhead	
	2. 11 - 20 lbs.		X		
	Level	Ranges ground to k	nee/waist/chest/shoulder/ov	erhead	
See	3. 21 - 35 lbs.		X		
equip-	Level	Ranges ground to k	nee/waist/chest/shoulder/ov	erhead	
ment	4. 36 - 50 lbs.	X	Х		
list	Level	Ranges ground to k	nee/waist/chest/shoulder/ov	erhead	
	*5. 51 - 100 lbs.	X	X		
	Level	Ranges ground to	knee/waist/chest/shoulder/ov	verhead (see comments)	
	6. Over 100 lbs.				
	Level N/A				
F.	Carrying				
	1. 0 - 10 lbs.			X	
	Distance	Up to 100 feet- car	ts, dollies, tables on wheels a	vailable as needed	
	2. 11 - 20 lbs.	X	X		
	Distance	Up to 100 feet- carts	s, dollies, tables on wheels av	ailable as needed	
	3. 21 - 35 lbs.	X	Х		
	Distance		s, dollies, tables on wheels a		
	4. 36 - 50 lbs.	X			
	Distance	Up to 100 feet- cart	s, dollies, tables on wheels a	vailable as needed	
	*5. 51 - 100 lbs.	X			
	Distance	Up to 100 feet- cart	s, dollies, tables on wheels a	vailable as needed (see co	omments)
	6. Over 100 lbs.				
	Distance N/A				
G.	Push / Pull		X (up to 125#	force) X (up to 50#	force)
	Activity / Object	Equipment operation	on/repair, operating levers,	torque wrench (125#), m	iscellaneous tools
H.	Stooping / Bending			X (varies dail	
I.	Squatting			X (varies dail	
J.	Kneeling			X (varies dail	*
K.	Crawling		<u> </u>	X (varies dail	•
	-				

L.	Twisting		<u>X</u>	X (varies daily	y)	
Servic	eman - Shop	Rarely (1 - 5%)	Occasionally (6 - 33%)	Frequently (34 - 66%)	Continuously (67 - 100%)	
M.	Climbing		X	X		
	Activity	On/off equipment, met	tal ladders, step stools			
N.	Balance		X	X		
O.	Reaching (full arm exte	ension)				
	1. Below Waist		X			
	2. Waist to Chest			<u>X</u>		
	3. At Shoulder		<u>X</u>	<u>X</u>		
	4. Above Shoulder		X			
P.	Hands					
	1. Simple Grasp			<u>X</u>		
	2. Firm Grasp			<u>X</u>		
	3. Fine Manipulating			<u>X</u>		
Q.	Foot Controls					
	1. Right Foot	<u>X</u>				
	2. Left Foot	<u>X</u>	<u>X</u>			
R.	Head / Neck					
	1. Flexion	Yes X	No			
	2. Rotation	Yes X	No			
S.	Talking	Yes X				
T.	Hearing	Yes X	No			
U.	Vision					
	1. Near Acuity	Yes X	No			
	2. Far Acuity	Yes X	No			
	3. Depth Perception	Yes X	No			
	4. Color Vision	Yes X	No			
	5. Field of Vision	YesX	No			
II.	EQUIPMENT Mis	cellaneous equipment - se	ee equipment list.			
III.	ENVIRONMENTAL	CONDITIONS				
	A. Inside <u>80</u> %	Outside 20	%			
	B. Temperature (Non-Weather Related): Normal <u>X</u> Extreme Cold Extreme Heat <u>X</u>					
	C. Humidity (Non-Weather Related): Normal X Wet Dry					
	D. Hazards: Mechanical <u>X</u> Electrical <u>X</u> Chemical <u>X</u> Burns <u>X</u> Cuts <u>X</u> Noise <u>X</u> Dust <u>X</u> Fumes <u>X</u>					
	Heights X Moving Machinery X Vibration X Slippery Surfaces X Explosives Other					
	E. Safety Equipment Required: Eye protection, appropriate footwear, hard hat and safety vests when out of					
	shop, hearing prote	ection as needed				
IV.	COMMENTS: *Lifts/	carries over 50# are assis	ted when/where possible	by use of cart, hoist, fork	lift, crane or	
	coworker assistance. All lifts/carries over 75# are with device or coworker assistance. Job duties can vary daily					
	depending upon work demands, as may be working under a piece of equipment/vehicle all day, or up/down ladders daily to work on tall pieces of equipment.					

EQUIPMENT (SERVICEMAN - SHOP) LIFT/CARRY

ITEM Steel bar	WEIGHT 10#	LEVEL LIFTED Ground to knee/waist/chest
Hydraulic hoses	Up to 15#	Ground to knee/waist/chest/shoulder/overhead
Misc. tools/equipment	Up to 20#	Ground to knee/waist/chest/shoulder/overhead
Chain saw	20 - 25#	Ground to waist
Come-a-Long	20#	Ground to waist/chest/shoulder/overhead
Jacks	6 - 25#	Ground to overhead
Side panel	25#	Ground to shoulder
Propane bottles	40#	Ground to waist
*Acetylene cylinders	40 - 120# (2-person lift = up to 60#)	Waist to chest (tilt, roll, bear-hug)
Hydraulic oil	45#	Ground to knee/waist/chest
Welding equip.	Up to 50#	Ground to waist
*Spare Tire	80# (2-person lift = up to 40#)	Ground to waist
*Oxygen Tanks	80 - 135# (2-person lift = up to 40-67#)	Waist to chest (tilt, roll, bear-hug)
*Misc. equip. parts	Up to 100# (2-person lift = up to 50#) 100 - 150# (2-person lift = up to 75#)	Ground to knee/waist/chest/shoulder/overhead Ground to waist
*Tire chains	125# (2 person lift = up to 62#)	Ground to chest (primarily partial lift only)
*Tire	175# (assistance/device used over 75#)	Ground to waist

PUSH/PULL

<u>ITTEM</u>	FORCE REOUIRED

Equipment levers Up to 30# force

30# force Side panel

Hand tools, wrenches, pry bars, parts, tires Up to 100# force

Torque wrench Up to 125# force

^{*}Lifts/carries over 50# are assisted when/where possible by use of cart, hoist, forklift, crane or coworker assistance. All lifts/carries over 75# are with device or coworker assistance.

OCCUPATIONAL HEALTH SERVICES

	EMPLOYEE:		
EMPLOYER REVIEW:			
The attached Job Analysis represents an accurate description of	of job duties and physical demands for the position of:		
Serviceman – Shop			
Employer Representative	Date		
Employee Representative	Date		
******************	******************		
MEDICAL REVIEW:			
Physician: Approval without restrictions	Disapproval		
Physician approval with restrictions: Temporary	Permanent		
If temporary, when do you anticipate permanent restrictions?			
Physician Comments:			
Physician Signature	Date		
*************	***********		
Physical/Occupational Therapist: Approval	Disapproval		
Physical/Occupational Therapist Comments:			
Physical/Occupational Therapist Signature	Date		