

SDS Lumber LLC.
Planer Sorter Line Operator Job Analysis (**JA**)

Job Title: **Planer Sorter Line Operator**
Department: Planer
Shift(s): Day

Date Prepared: 12/07/25
Revision Date: 12/07/25
Name:

GENERAL JOB DESCRIPTION

The Sorter Line Operator feeds dry, surfaced lumber into the Lug Loader, where it can be automatically Graded, Trimmed, and Sorted into bins. Using foot pedals and a series of buttons/switches, operator can regulate the flow and start/stop different chain sections as needed. The operator will need to have or acquire some limited grading ability; lumber crayons will be used to mark certain defects and off species. Watch to ensure no hang ups or upsets occur, sort out broken wood so that it does not cause an upset condition. Assist with keeping the planer going which includes knowing the procedure for removing broken boards and restarting (See Planer Operator J.S.A.). This is a rotating position, training in other positions will be required as directed by your supervisor. Operators must make sure that the chain stays full, and the lumber is flowing straight. If a plug were to occur, the operator must follow the proper procedure to remove the plug up in safe, and timely manner.

QUALIFICATIONS:

Job Qualifications, Requirements and Individual Must Meet to Be Eligible for This Job

Mandatory:

1. Must be Able to Understand Verbal and Written Instructions
2. Attention to detail
3. Self-motivated and quality driven
4. Able to read calipers, micrometers, tape measures
5. Able to use and maintain portable tools such as pike pole, pry bar, picaroon
6. Self-discipline.
7. Ability to perform minor diagnostics on system to determine assistance needed in event of breakdown.
8. Ability to identify situations where additional assistance is needed and request accordingly

JOB FUNCTIONS

ESSENTIAL: (The fundamental job duties)

- Identify colors of flashing lights to determine machine status.
- Physically capable or working on feet entire work shift.
- Ability to prioritize tasks to maintain smooth flow of product.
- Ability to use pry bars, picaroons and pike poles to manipulate lumber.
- Must follow established safe practices in the execution of duties.
- Must work well as a positive contributor to safety and productivity of the overall organization.

PHYSICAL ACTIVITIES

TYPE OF EQUIPMENT OR TOOLS USED FOR THIS POSITION AND FREQUENCY OF USE:

Check appropriate box for each tool used according to the amount of time the tool used per shift.

| | |
|--------------|-------------|
| Occasionally | 0% to 30% |
| Frequently | 30% to 60% |
| Constantly | 60% to 100% |

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| Tool/Equip | Never | Occasionally | Frequently | Constantly |
|-------------------|--------------|---------------------|-------------------|-------------------|
| Pry Bar | | X | | |
| Picaroon | | | X | |
| Pike Pole | | | X | |

PERCENTAGE OF TIME DURING NORMAL WORKDAY THE EMPLOYEE IS REQUIRED TO:

| Task | % | Task | % |
|----------------------------------|----------|-----------------------------------|----------|
| Sit | 0-5 | Reach above shoulder | 85 |
| Stand | 95 | Crawl | 0-5 |
| Walk | 95 | Kneel | 10-15 |
| Lift | 25 | Drive | 0-5 |
| Squat | 0-10 | Climb-Ladders or Stairs | 35 |
| Bend-full spinal range of motion | 0-5 | Twist-full spinal range of motion | 0-5 |
| Pushing | 15 | Pulling | 15-20 |

WEIGHT REQUIRED TO BE LIFTED EACH NORMAL WORKDAY:

Occasionally 0% to 30%
 Frequently 30% to 60%
 Constantly 60% to 100%

| Weight | Not Required | Occasionally | Frequently | Constantly |
|------------------|---------------------|---------------------|-------------------|-------------------|
| Up to 10# | | | | X |
| Up to 20# | | | | X |
| Up to 30# | | | X | |
| Up to 35# | | X | | |
| Up to 40# | | X | | |
| Up to 50# | X | | | |
| Greater than 50# | X | | | |

WEIGHT REQUIRED TO BE CARRIED EACH NORMAL WORKDAY:

| Weight | Not Required | Occasionally | Frequently | Constantly |
|------------------|---------------------|---------------------|-------------------|-------------------|
| Up to 10# | | | | X |
| Up to 20# | | | | X |
| Up to 30# | | | X | |
| Up to 35# | | | X | |
| Up to 40# | | X | | |
| Up to 50# | X | | | |
| Greater than 50# | X | | | |

DESCRIBE AND EXPLAIN LIFTING AND CARRYING REQUIREMENTS:

- 0-35# Represents weights of tools and pieces of lumber.
- 40# to 50# represents the weight of lumber being handled or force required to manipulate lumber

REPETITIVE USE OF HANDS:

Occasionally 0% to 30%
 Frequently 30% to 60%
 Constantly 60% to 100%

FINE MANIPULATION

SIMPLE GRASPING

POWER GRIP

| Hand | Duration | Hand | Duration | Hand | Duration |
|-------------|-----------------|-------------|-----------------|-------------|-----------------|
| RIGHT | | RIGHT | | RIGHT | |
| LEFT | | LEFT | | LEFT | |

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| | | | | | |
|-------------|-------------------|-------------|-------------------|-------------|---------------------|
| BOTH | Frequently | BOTH | Frequently | BOTH | Occasionally |
|-------------|-------------------|-------------|-------------------|-------------|---------------------|

USE OF FEET:

For operation of machinery control pedals including equipment operation.

| Foot | Duration |
|--------------|---------------------|
| RIGHT | |
| LEFT | |
| BOTH | Occasionally |

ENVIRONMENTAL EXPOSURES:

| | | | | |
|--------------|----------|--------------|----------|----|
| Time Spent: | Inside: | 100% | Outside: | 0% |
| Temperature: | Normal: | Ambient | | |
| Humidity: | Low: | Ambient | High: | |
| Atmosphere: | Fumes: | none | | |
| | Odors: | None | | |
| | Dust: | Minimal dust | | |
| | Gas: | None | | |
| Noise: | 85-95dBA | | | |

Special Hazards:

| Hazard | Description |
|--------------------|--|
| Mechanical Hazards | Moving chains and machinery, falling lumber |
| Electrical | None |
| Chemical | None |
| Explosive | None |
| Radiation | None |
| Burn | Space heaters |
| Slip and fall | Slippery work surfaces due to poor housekeeping, tripping hazards due to poor housekeeping |
| Heat stress | During hot season. Rehydration and climate control rooms provided |

DOCTOR'S COMMENTS

The worker may resume regular, unrestricted activity as of (date) _____

Doctor's Signature _____ Date _____

*****date of release is same as Physician's signature unless specified as different above***