

## ATTACHMENTS J. 12

### Sample New Injury Questions and Related Reports

# New Injury Questionnaire

[Faint, illegible text and markings on the page, possibly bleed-through from the reverse side or very light print.]

### New Injury Questionnaire (version 102799)

Social Security Number: \_\_\_\_\_ Name: \_\_\_\_\_ Date: \_\_\_\_\_

Date of Injury: \_\_\_\_\_

Department:  MPD  FD  EAP (EMS)  USSS/UD  USPP  Other: \_\_\_\_\_

*In order to provide us with the best possible evaluation and care, please complete the following questionnaire:*

1. What area(s) of your body did you injure?

2. Select from the following list how the injury happened (indicate with an "x" after carefully reading all choices):

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Lifting                        | <input type="checkbox"/> Inhaled Dust Fumes or Gases                      | <input type="checkbox"/> Assault - Intentional         |
| <input type="checkbox"/> Fall to Same Level             | <input type="checkbox"/> Inhalation (Smoke, Chemical, etc.)               | <input type="checkbox"/> Animal/Insect Involved        |
| <input type="checkbox"/> Fall to Other Level            | <input type="checkbox"/> Contact or exposure to Heat/Fire or Cold Objects | <input type="checkbox"/> Blood-borne Pathogen Exposure |
| <input type="checkbox"/> Struck Against (e.g. building) | <input type="checkbox"/> Motor Vehicle Accident                           | <input type="checkbox"/> Other (details): _____        |

3. Where did the injury happen? (e.g. at station, during fire, during arrest, etc.): \_\_\_\_\_

4. Did this injury occur at work?  Yes  No

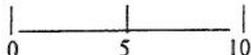
5. Have you worked since this injury?  Yes  No

6. If yes, what kind of work?

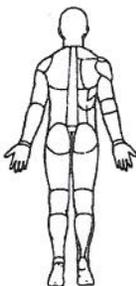
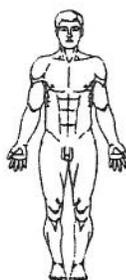
7. Last day worked on full duty: \_\_\_\_\_

8. What kind of care have you sought so far? (including private doctor, etc.)  No treatment  Treatment, as follows:

9. Have you had a problem like this before?  Yes  No If yes, when?

10. On the graph place a line which indicates your level of pain: 

11. On the picture of the body, please shade in areas that you experience pain:



12. What medications are you currently taking? (including dosage, frequency, who prescribed; including over-the-counter medications): \_\_\_\_\_

13. Is this injury pending litigation?  Yes  No

*I have fully read, understood and completed the above form. I certify that the information I have provided is true and correct to the best of my knowledge and recollection.*

\_\_\_\_\_  
Member's Signature

\_\_\_\_\_  
Member's Printed Name

NAME: \_\_\_\_\_  
 SSN: \_\_\_\_\_  
 DOB: \_\_\_\_\_

**PAST MEDICAL HISTORY: Check any of the following conditions that you have now or have ever had:**

<b>HEAD</b> Injury Loss of Consciousness Seizure Dizziness Fainting Chronic Headache Migraines	<b>YES</b> _____ _____ _____ _____ _____ _____ _____	<b>NO</b> _____ _____ _____ _____ _____ _____ _____	<b>CARDIOVASCULAR</b> Chest pain Heart Attack Palpitations Irregular Heart Beat High Blood Pressure Stroke Heart murmur	<b>YES</b> _____ _____ _____ _____ _____ _____ _____	<b>NO</b> _____ _____ _____ _____ _____ _____ _____
<b>EARS</b> Injury Ringing Decreased Hearing Hearing Loss Ruptured Ear Drum	<b>YES</b> _____ _____ _____ _____ _____	<b>NO</b> _____ _____ _____ _____ _____	<b>DIABETES</b> <b>THYROID DISORDER</b> <b>CANCER</b> <b>BLEEDING DISORDER</b> <b>ANEMIA</b>	<b>YES</b> _____ _____ _____ _____ _____	<b>NO</b> _____ _____ _____ _____ _____
<b>EYES</b> Injury Double vision Blurred vision Glasses Contacts Decreased Far Vision Decreased Near Vision Vision in One Eye Color Vision Disorder	<b>YES</b> _____ _____ _____ _____ _____ _____ _____ _____	<b>NO</b> _____ _____ _____ _____ _____ _____ _____ _____	<b>PULMONARY DISORDERS</b> Asthma Shortness of Breath Lung disease/(problems) <b>NOSE DISORDERS</b> Injury Chronic Nose Bleeds <b>SINUS DISORDERS</b> Allergies	<b>YES</b> _____ _____ _____ _____ _____ _____ _____ _____	<b>NO</b> _____ _____ _____ _____ _____ _____ _____ _____
<b>THROAT</b> Injury Chronic Sore Throats  <b>NECK</b> Injury Masses	<b>YES</b> _____ _____ _____ _____ _____	<b>NO</b> _____ _____ _____ _____ _____	<b>ABDOMEN</b> Chronic Abdominal Pain Bowel Problems Hepatitis Hernia	<b>YES</b> _____ _____ _____ _____ _____	<b>NO</b> _____ _____ _____ _____ _____
<b>MUSCULOSKELETAL</b> Joint Pain Muscle Weakness Arthritis Back Injury or Pain Back Surgery Herniated disk	<b>YES</b> _____ _____ _____ _____ _____ _____	<b>NO</b> _____ _____ _____ _____ _____ _____	<b>KIDNEY</b> Injury Bladder Disorders Kidney Disorders	<b>YES</b> _____ _____ _____ _____ _____	<b>NO</b> _____ _____ _____ _____ _____
<b>FRACTURES OR INJURY</b> Shoulder Elbow Wrist Hand Fingers Hip Knee Ankle Foot Other Joint	<b>YES</b> _____ _____ _____ _____ _____ _____ _____ _____ _____	<b>NO</b> _____ _____ _____ _____ _____ _____ _____ _____ _____	<b>MENTAL</b> Memory Loss Depression Phobias Suicidal Homicidal Anxiety Posttraumatic Stress Disorder  <b>NEUROLOGICAL</b> Tremors Numbness Confusion	<b>YES</b> _____ _____ _____ _____ _____ _____ _____ _____ _____	<b>NO</b> _____ _____ _____ _____ _____ _____ _____ _____ _____

Please Turn Page over and Answer Questions

ANSWERS TO YES: EXPLAIN (including date, treatments)

**PLEASE LIST ANY**

Hospitalizations, Operations, Injuries or Illness	Year

**PLEASE LIST THE LAST TIME YOU HAD**

Hepatitis Vaccine \_\_\_\_\_  
T.B. Test \_\_\_\_\_  
Tetanus Shot \_\_\_\_\_  
History of Positive T.B. Test YES \_\_\_\_\_ NO \_\_\_\_\_ Treatment Dates \_\_\_\_\_

**HAVE YOU HAD**

Chicken Pox YES \_\_\_\_\_ NO \_\_\_\_\_ DATE \_\_\_\_\_  
Mumps YES \_\_\_\_\_ NO \_\_\_\_\_ DATE \_\_\_\_\_  
Measles YES \_\_\_\_\_ NO \_\_\_\_\_ DATE \_\_\_\_\_

**SOCIAL HISTORY**

Have You Ever Smoked YES \_\_\_\_\_ NO \_\_\_\_\_ Packs per Day \_\_\_\_\_ Years \_\_\_\_\_  
Do You Drink Alcohol YES \_\_\_\_\_ NO \_\_\_\_\_ How Much? \_\_\_\_\_

**LIST ALL MEDICATIONS**

Medication	Dose	# Times per Day

**DRUG ALLERGIES**

certify to the best of my knowledge that the above answers are correct and complete.

Applicant Signature and Date

# Physical Examination Form

**POLICE A FIRE CLINIC PATIENT PROGRESS FORM** © version 090308

SSN # _____	NAME (LAST, FIRST, MIDDLE INITIAL) _____	DATE _____
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Initial Visit    Follow-up   Date of injury \_\_\_\_\_   DEPARTMENT    MPD    DCFEMS    USSS    USPP    EAB    Other \_\_\_\_\_

1. Private MD _____	Insurance Carrier _____	Policy # _____	Telephone # _____
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2. Have you taken any medication?  No    Yes \_\_\_\_\_

**SUBJECTIVE**

MEDICAL HX    Hypertension    Diabetes    Kidney Disease   Smoking    No    Yes \_\_\_\_\_ packs per day \_\_\_\_\_ Years

Liver Disease    Bleeding disorders    Other \_\_\_\_\_   Alcohol    No    Yes   Drug Allergies    No    Yes

Allergies    No    Yes \_\_\_\_\_   ♀ LNMP

**OBJECTIVE**

BP \_\_\_\_\_ / \_\_\_\_\_   Pulse \_\_\_\_\_   Temp (if indicated) \_\_\_\_\_

**ASSESSMENT/PLAN**

Diagnosis + CPT Code: \_\_\_\_\_

Therapy-Medical: \_\_\_\_\_

Therapy-Other: \_\_\_\_\_

Education: \_\_\_\_\_

Activity: \_\_\_\_\_

Referrals:    PT    Consultant

Labs: \_\_\_\_\_

Radiology (wet reading): \_\_\_\_\_

**ORDERS:** \_\_\_\_\_

Signature \_\_\_\_\_

Printed Name \_\_\_\_\_

**DUTY STATUS RECOMMENDATION AND DISPOSITION (Specify Dates)**

Leave

Limited Duty

Full Duty

Return to Clinic

POLICE FIRE CLINIC PHYSICAL EXAMINATION FORM version 090308

SOCIAL SECURITY NUMBER	SEX <input type="checkbox"/> M <input type="checkbox"/> F	AGE	NAME (LAST, FIRST, MIDDLE INITIAL)	DATE
------------------------	---	-----	------------------------------------	------

DEPARTMENT <input type="checkbox"/> MED <input type="checkbox"/> USPP <input type="checkbox"/> EAB <input type="checkbox"/> FD <input type="checkbox"/> USSS <input type="checkbox"/> OTHER	TYPE OF PHYSICAL <input type="checkbox"/> ANNUAL <input type="checkbox"/> PRE-5 YEAR <input type="checkbox"/> MILITARY <input type="checkbox"/> BIENNIAL <input type="checkbox"/> PROMOTIONAL <input type="checkbox"/> PRE-OP <input type="checkbox"/> PROBATIONARY <input type="checkbox"/> APPLICANT	DOB: _____ HOME PHONE # ( ) _____
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Below This Line to Be Filled in by Clinic Personnel Only

Actual Weight	Maximum Acceptable Weight and % Body Fat	Height	Blood Pressure	Pulse	EKG NL / ABN	HEARING PASS / FAIL
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LABS <input type="checkbox"/> YES <input type="checkbox"/> NO	Urine Drug Screen Complete <input type="checkbox"/> YES <input type="checkbox"/> NO	FAR VISION (uncorrected)	Left /	Right /	Both /	Color NL/ABN
		FAR VISION (corrected)	Left /	Right /	Both /	Peripheral NL/ABN

GENERAL HEALTH	MEDICATIONS	DRUG ALLERGIES <input type="checkbox"/> NO <input type="checkbox"/> YES
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PMHx/ROS	SMOKING <input type="checkbox"/> NO <input type="checkbox"/> YES _____ packs/day _____ years ETOH _____
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PSHx	FHx	♀ LNMP
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Occupational Injuries

<b>EYES</b> <input type="checkbox"/> nl. PERLLA, sclera, conjunctiva, EOM <input type="checkbox"/> Abnormal (describe below)	<b>EARS/HEARING</b> <input type="checkbox"/> nl. TMS, external canals, audiogram <input type="checkbox"/> Abnormal (describe below)	<b>HEAD AND NECK</b> <input type="checkbox"/> nl.: no skull deformities, nodes <input type="checkbox"/> Abnormal (describe below)
<b>NOSE, OROPHARYNX, DENTAL, TRACHEA</b> <input type="checkbox"/> nl. Oral, nares, trachea, teeth <input type="checkbox"/> Abnormal (describe below)	<b>RESPIRATORY</b> <input type="checkbox"/> nl. chest wall, auscultation; no wheezing or scars <input type="checkbox"/> Abnormal (describe below)	<b>HEART</b> <input type="checkbox"/> nl. rate, rhythm, S1S2; no murmurs/gallops/JVD <input type="checkbox"/> Abnormal (describe below)
<b>NEUROLOGICAL</b> <input type="checkbox"/> nl. gait, sensation, motor reflexes, coordination <input type="checkbox"/> Abnormal (describe below)	<b>GASTROINTESTINAL</b> <input type="checkbox"/> nl.: no liver/spleen/organ enlargement, tenderness, hernia - abdominal or inguinal <input type="checkbox"/> Abnormal (describe below)	<b>MUSCULOSKELETAL</b> <input type="checkbox"/> nl. insp./palp. of spine; nl. ROM of C/T/L spine; nl. other jts <input type="checkbox"/> Abnormal (describe below)
<b>HEMATOLOGIC</b> <input type="checkbox"/> nl.: no pallor, nail changes <input type="checkbox"/> Abnormal (describe below)	<b>SKIN</b> <input type="checkbox"/> nl.: no scars/rashes; nl. nails; no identifying marks (e.g. tattoos) <input type="checkbox"/> Abnormal	<b>VASCULAR</b> <input type="checkbox"/> nl. distal pulses; no carotid bruits; <50; BP <140/90 >=50: BP <140/90* <input type="checkbox"/> Abnormal (describe below) *if SBP >= 180 or DPB >= 105 unable to work

ABNORMALITIES/RECOMMENDATIONS  
 NB Applicant and Reinstatement Evaluations require formal Psychological Testing/Interview

PEC Provider Signature _____	PEC Provider Printed Name _____	Date _____
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<input type="checkbox"/> Medically Qualified Pending Labs _____ Date _____ Initials _____	<input type="checkbox"/> Medically Qualified _____ Date _____ Initials _____
<input type="checkbox"/> Medically Qualified Pending Details <input type="checkbox"/> Vision <input type="checkbox"/> EKG <input type="checkbox"/> Weight <input type="checkbox"/> Other _____ Date _____ Initials _____	
<input type="checkbox"/> Disqualified <input type="checkbox"/> Weight <input type="checkbox"/> Other _____ Date _____ Initials _____	

Labs/Radiology <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal _____ Date _____ Initials _____	EKG <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal _____ Date _____ Initials _____
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<b>APPLICANT FINAL DETERMINATION</b> _____ PEC Provider Signature	<input type="checkbox"/> QUALIFIED	<input type="checkbox"/> NOT QUALIFIED
	_____ PEC Provider Printed Name	_____ Date

# Clinic Data Record

Case No.	Age	Sex	Referral	Admission	Discharge	Diagnosis	Prognosis	Remarks
1	25	M	...	...	...	...	...	...
2	30	F	...	...	...	...	...	...
3	45	M	...	...	...	...	...	...
4	60	F	...	...	...	...	...	...
5	75	M	...	...	...	...	...	...
6	80	F	...	...	...	...	...	...
7	85	M	...	...	...	...	...	...
8	90	F	...	...	...	...	...	...
9	95	M	...	...	...	...	...	...
10	100	F	...	...	...	...	...	...

## D.C. POLICE AND FIRE CLINIC

DATE	TIME IN	<b>CLINIC DATA RECORD</b>			Locker #	TIME OUT	
SOCIAL SECURITY NUMBER		SEX	AGE	RANK	NAME (LAST, FIRST, MIDDLE INITIAL)		
ORGANIZATION <input type="checkbox"/> - MPD <input type="checkbox"/> - USPP <input type="checkbox"/> - EMS <input type="checkbox"/> - FD <input type="checkbox"/> - USSS <input type="checkbox"/> - Civilian		ASSIGNED UNIT		DETAILED UNIT	DUTY STATUS <input type="checkbox"/> Full <input type="checkbox"/> Sick <input type="checkbox"/> Limited <input type="checkbox"/> Retired	LAST FULL DUTY DATE (mm/dd/yy)	
REASON FOR VISIT <input type="checkbox"/> - Sick Call <input type="checkbox"/> - Follow-up <input type="checkbox"/> - Physical <input type="checkbox"/> - Applicant <input type="checkbox"/> - Drug Screen <input type="checkbox"/> - New Injury		IS THIS A NEW INJURY? <input type="checkbox"/> - YES <input type="checkbox"/> - NO		IS THIS A POD INJURY? <input type="checkbox"/> - YES <input type="checkbox"/> - NO		DATE OF INJURY  	IS THIS INJURY PENDING LITIGATION? <input type="checkbox"/> - YES <input type="checkbox"/> - NO

### SIGNATURE, CERTIFICATION AND RELEASE OF INFORMATION

Read the following carefully before you sign. I understand that making a false statement on this form or on materials submitted with this form is punishable by civil and criminal penalties, and termination of employment with my agency pursuant to District of Columbia and/or Federal law. I understand that any information that I may give may be investigated as allowed by law. I certify that, to the best of my knowledge and belief, all of my statements on this form; and on the materials submitted with this form, are true, correct and complete. I hereby consent to receive treatment by the PFC provider.

MEMBER SIGNATURE AND DATE \_\_\_\_\_

**I have received a copy of the Notice of Privacy Practices that details the Use and Disclosure of my Protected Health Information (PHI)**

Are you engaged in outside employment?    - Yes    - No

Please Initial \_\_\_\_\_

If yes, state occupation and last date worked: \_\_\_\_\_

DATE OF BIRTH	HOME ADDRESS	Work Phone #
		Home Phone #
		Cell Phone #

#### TO BE COMPLETED BY PFC ASSOCIATES, LLC MEDICAL STAFF

##### REMARKS:

- There are no medical reasons to prevent the member from carrying his/her weapon while on limited duty or sick leave.
- The member's medical condition prevents him/her from carrying his/her weapon while on limited duty or sick leave.

\_\_\_\_\_  
PFC PROVIDER'S SIGNATURE

**PFC USE ONLY**	DATE
RETURN TO FULL DUTY	_____
LIMITED DUTY	_____
SICK LEAVE	_____
RETURN TO CLINIC	_____
PROVIDER TO BE SEEN	_____
R/S APPRVD BY PROVIDER	_____
LIAISON/DATE	_____

I acknowledge this follow-up visit scheduled during my tour of duty, (MPD members only) at the Police and Fire Clinic and or my duty status. I also understand that failure to appear for this appointment may result in disciplinary action.

#### FOLLOW-UP VISIT

ONE                      TWO

Date of appointment: \_\_\_\_\_

Time of appointment: \_\_\_\_\_

Provider: \_\_\_\_\_

Checked out by: \_\_\_\_\_

Entered into computer: \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

ATTACHMENT J. 13

Sample Monthly Reports

## Case Pending Final Decisions by the Board

**CASES PENDING FINAL DECISIONS BY THE BOARD**

Last Name	First Name	Agency	Non FD Days	LMS Appointment	Comments	Sent to RB	Hearing Date
		MPD	580		Decision Pending	3/30/2009	4/23/2009
		MPD	900		Decision Pending		4/17/2008
		MPD	678		Decision Pending		4/17/2008
		MPD	759		Decision Pending		9/18/2008
		MPD	540		Decision Pending		
		MPD	531		Decision Pending		
		MPD	623		Decision Pending		9/4/2008
		MPD	1400		Decision Pending	6/11/2009	7/16/2009
		MPD	817		Decision Pending		12/6/2007
		MPD	1026		Decision Pending		3/13/2008
		MPD	849		Decision Pending		
		MPD	604		Decision Pending		
		MPD	701		Decision Pending		11/20/2008
		FD	1033		Decision Pending		

**PENDING CASES ON HOLD**

MPD		379			Hold per Dept		
FD		284			On Hold per MSJ		

**CASES SENT TO THE BOARD**

MPD		238		6/30/2009			7/15/2009	
MPD		309		3/31/09 1:20pm			7/13/2009	
MPD		373		4/21/2009			7/10/2009	
MPD		404		4/8/09 1:30pm	Updates sent 6/22/09 7/8/09 Medical Records from Georgetown sent to Board		4/22/2009	continued
MPD		380		3/3/09 1:30pm	Updates sent		6/5/2009	7/30/2009
MPD		264		4/7/09 10:30am			6/26/2009	
MPD		406		3/17/09 3:30pm	BHS Chart sent 6/25/09- Returned by the Board 7-2-09 BHS BHS TempCodes		5/15/2009	
MPD		440		3/19/09 1:30pm	Medical Chart sent 7/1--LMS sent 7/2		6/5/2009	
MPD		489		2/4/09 1:30pm	Returned by the Board 6/17		6/10/2009	
MPD		494		1/6/2009	Updates sent to Board		3/10/2009	8/7/2009

PFRRB Monthly Report

Last Name	First Name	Agency	Non FD Days	LMS Appointment	Comments	Sent to RB	Hearing Date
		MPPD	310	3/17/09 10:30am			
		MPPD	471	2/14/09 3:30pm	Updates sent 6/18	6/5/2009	8/20/2009
		MPPD	254	5/6/2009	LMS received-	4/21/2009	continued
		MPPD	403	2/26/09 10:30am	Returned by the Board 6/17-not at MMI	7/1/2009	
		MPPD	287	3/23/09 10:30am		4/17/2009	
		MPPD	263	3/12/09 3:30pm	Updates sent to the Board	6/22/2009	
		MPPD	357	3/12/09 3:30pm	Updates sent to the Board	6/10/2009	8/14/2009
		MPPD	415	3/6/09 10:30am	Board waiting on rept from Dr. Malomo - Updates sent 6/26- MEMO SENT 7/6/09	4/14/2009	continued
		MPPD	347	2/24/09 1:30pm	Updates sent to Board	4/15/2009	8/7/2009
		MPPD	347	3/12/09 1:30pm		6/24/2009	
		MPPD	347	3/10/09 3:30pm		6/15/2009	8/20/09
		MPPD	349	3/10/09 1:30pm	Updates sent to Board	6/10/2009	8/14/2009
		FD	509	2/6/09 10:30am	Summary Not revised-TB August	4/6/2009	continued
		FD	310	2/26/09 1:30pm	6/24/09- BHS CHART sent- Returned by the Board 7-2-09	4/30/2009	
		FD	339	5/6/2009	LMS received 6/18/09 held	4/30/2009	
		FD	577	3/25/09 3:30pm	Updates sent 7/8/09	5/15/2009	7/30/2009
		FD	501	2/24/09 10:30am	Updates sent to the Board	6/17/2009	8/27/2009
		FD	454	5/14/2009		5/19/2009	continued
		FD				7/20/2009	
<b>DECISIONS RENDERED BY THE BOARD</b>							
		MPPD			Performance of Duty effective 7-17-2009		
		MPPD			Amended Performance of Duty Order effective 7-9-2004		
		MPPD			Non Performance of Duty effective 6-5-2009		
		MPPD			Non Performance of Duty effective 2-27-2009		
		MPPD			Non Performance of Duty effective 7-24-2009		
		MPPD			Non Performance of Duty effective 5-29-2009		
		FD			Not Eligible for Disability Retirement Order dated 5-11-2009		
		FD			Non Performance of Duty effective 01-30-2009		

# Quality Summary Report

## Quality Summary Report

Average wait times	Goal	Febuary
Sick call	60 minutes	37
Follow-up	60 minutes	43
New Injury	60 minutes	57
Physicals	100 minutes	94

	Febuary
PA charts signed	90%
POD noted	
Allergies noted	66%
Chart oredered	90%
Duty status noted	89%
Vital signs noted	
T	70%
P	90%
BP	90%
Preliminary readings	
EKG	90%
X-rays	
F/U time within 30 d	90%

# Weekly Provider Case Management Report

# Weekly Provider Case Management Report

8/5/2009

POD	Last	First	SSN	DOI	Days	Status	Diagnosis/Surgery Date	Medical History	RTC	IDE	Comments
			000-00-0000	5/19/2009	#NAME?	Sick	Left Achilles Tendon Rupture 6/1/09 Left Achilles Tendon Rupture Repair w/ Scheer	felt pop in left foot when running up hill to chase a suspect 5/29/09 L Ankle MRI: complete rupture of achilles tendon at musculotendinous junction. fell on R shoulder while on duty 1/29/09 R Shoulder Xray: no fx, ossification consistent w/ calcific peritendinitis 2/23/09 R Shoulder MRI: tendinosis, AC joint arthropathy w/ mild impingement of supraspinatus tendon	8/25/09 Sowah		8/4/09 Sowah- Left leg cast removed, now is improved. Started PT 8/6/09 per Scheer. Will
			000-00-0000	1/22/09	#NAME?	Sick	Right Shoulder Adhesive Capsulitis 7/20/09 R Shoulder Arthroscopy w/ subacromial decompression & lysis of adhesions		8/25/09 Sowah		8/4/09 Sowah- Started PT at NRH 2/5/09, ha Restarted PT postop on 8/3/09. Pt is still in vicodin. Exam: limited abduction to 90 limited was switched to Ty #3 to try for better pain co Needs to be served, no letter in the chart.
			000-00-0000	6/15/2009	#NAME?	Sick	Right Hand 3rd Metacarpal Fracture	Civilian pt tripped and fell on her way to the bathroom	8/7/09 Lastrapes		7/13/09 Lastrapes- Pt was referred to Haque had surgery 7/20/09 w/ Haque. Waiting for orders from Dr. Haque.
			000-00-0000	6/17/2009	#NAME?	Limited	Low Back Pain Cervical Strain	was on her way home from work and hit by fire truck (ruled nonPOD)	8/17/09 Iweala		7/20/09 Iweala- pt still c/o neck and LBP. Ex normal. Pt uses motrin for effective pain relief symptoms at this time. There is no document Will continue limited duty and allow symptom:
			000-00-0000	3/11/2009	#NAME?	Limited	Back Pain w/ Radicular symptoms	No known injury, symptoms developed unexpectedly 4/1/09 Thoracic MRI: rt sided neural foraminal narrowing at T10-T11 from disk osteophyte complex. No cord compression.	8/20/09 Sowah		7/30/09 Sowah- Pt is still in PT 2x/wk, pain h Also uses a tens unit 2x/day. Symptoms hav longer considering nerve block. Pt uses trar dorsal spine, nontender. Will continue trama private ortho 8/18/09. Served 7/30/09.
			000-00-0000	3/30/09	#NAME?	Limited	Migraines	h/o migraines since 1995 was out of work for migraines 3/16/09-3/24/09 (add 7 days to count)	8/6/09 Sowah		7/16/09 Sowah- pt reports mild improvement EMG, EEG, blood work and sleep study, all r Topamax and Treximat, pt reports having epi meds. Last BM was 2 days prior, some NVV, firm, nontender, denies abd pain, +BSx4, no constipation and flu w/ neuro 7/27/09 for mig

# Monthly Master Case List

# Monthly Master Case List

Last	First	DOI	Days	POD vs NonPOD	Status	Diagnosis/Surgery Date	Medical History	Provider	RTC	IDE	Comments
		3/11/2009	109	nonPOD	Limited	Back Pain w/ Radicular symptoms	No known injury, symptoms developed unexpectedly 4/1/09 Thoracic MRI: t sided neural foraminal narrowing at T10-T11 from disk osteophyte complex. No cord compression.	Sowah	8/20/09 Sowah		7/30/09 Sowah- Pt is still in PT 2x/wk, pain has improve level. Also uses a tens unit 2x/day. Symptoms have improved. Private ortho no longer considering nerve block. PT use- Exam: full flexion of dorsal spine, nontender. Will continue unit, PT and f/u w/ private ortho 8/18/09. Served 7/30/09.
		3/25/2009	99	POD	Sick	Right Wrist/Hand Injury Scaphoid Fracture	Arm was twisted by combative suspect being placed under arrest. 4/2/09 R Wrist Xray: negative 4/21/09 R Wrist MRI: mid waist scaphoid fracture Right Hand Dominant	Malomo	8/24/09 Malomo		7/27/09 Malomo- Hard cast was removed 7/23/09. Pt s extension, Edwards is concerned about non-union, so h been referred to OT. Exam: mild edema and tenderness scaphoid, full wrist flexion, limited extension r/t pain. Pt HEP advised by Dr. Edwards, will f/u w/ Edwards 8/18/0
	a	12/29/2008	161	nonPOD	Limited	Right Wrist Sprain 5/22/09 Right Shoulder Tendonitis	Fell while skating (nonPOD) R Wrist Xray: Neg. Left Hand Dominant	Fayomi	8/10/09 Fayomi	Requested	7/10/09 Fayomi- pt reports that his hand/wrist is now re: c/o pain in his R shoulder, saw private ortho who referred Started PT 6/22/09, pt reports that he is improving. He cortisone injection w/ private ortho. Exam: R shoulder is palpation, full ROM. BUE motor strength 5/5. Will continue private ortho. Anticipate RTFD in August. Served RB letter 4/24/09. IDE requested.
		5/19/2009	60	POD	Sick	Left Achilles Tendon Rupture 6/1/09 Left Achilles Tendon Rupture Repair w/ Scheer	felt pop in left foot when running up hill to chase a suspect 5/29/09 L Ankle MRI: complete rupture of achilles tendon at musculotendinous junction. twisted ankle/foot and knee while trying to control assault scene h/o L Knee Arthroscopy 5/29/09 L Ankle/Foot Xray: negative 6/2/09 L Knee Xray: mild DJD 7/23/09 L Knee MRI: all ligaments intact, mild thinning of articular cartilage w/o focal fissure, no effusion or cysts.	Sowah	8/25/09 Sowah		8/4/09 Sowah- Left leg cast removed, now is wearing a Pain has improved. Started PT 8/6/09 per Scheer. Will
		5/29/2009	52	POD	Limited	Left Knee Sprain		Fayomi	8/13/09 Fayomi		7/30/09 Fayomi- pt continues to c/o aching in the L knee 6/15/09 at NRH. MRI completed 7/23/09, see med hx for Exam: no swelling, nontender to palpation, fine crepitus laxity. Pt was referred to Dandzger for evaluation, initial waiting for dicalated note. Will continue limited duty an
		6/11/2009	43	POD	Sick	Right Foot 5th MTP Fracture	rolled foot while stepping out of police cruiser	Malomo	8/19/09 Malomo		7/22/09 Sorock- pt is still in a short cast placed by Dr. Ambrulates w/ crutches, non wgt bearing at thist ime. Pt complaints w/ pain or swelling. Exam: cast in place. W rest, had f/u w/ Scheer 7/22/09, waiting for dictated note
		3/27/2009	97	POD	Limited	Neck Pain and Degenerative Disc Disease	Injured lifting boxes at work. 3/31/09 C-Spine Xray: mild DDD at C4-5 w/ mild left neural foraminal impingement at C4-5. 4/8/09 C-Spine MRI: arthritis throughout the neck. No spinal stenosis.	Fayomi	8/6/09 Fayomi		7/9/09 Fayomi- pt is still in PT through his private ortho remaining. Denies any pain, ortho recommended PT fo should be completed in early August. R Shoulder Exam nontender to palpation, full ROM, BUE motor strength 5 complete PT and f/u w/ private ortho 8/25/09, anticipate
		3/8/2007	633	nonPOD	Limited	Pregnancy	Delivered 2/16/2009		8/21/09	NA	Breastfeeding

**ATTACHMENT J. 14**

**Sample Disability Report to PFRRB**

J. 14

Sample Report Issued by the Physicians to Retirement Board for Disability Determination

DATE:

RE: **MUSTANG B**

Social Security Number:

MEMORANDUM

TO: Chairperson  
District of Columbia Police and Firefighter's Retirement and Relief Board

SUBJECT: Recommendation that Officer Mustang B be considered for disability retirement from the Metropolitan Police Department.

It is the recommendation of the Police and Fire Clinic that Officer Mustang B, employed by the Metropolitan Police Department, be considered for disability retirement. The following is in support of our recommendation:

**PERSONNEL INFORMATION:**

Date of Birth:  
Date of Appointment:  
Salary: \$75,000  
Grade/Step: 01/09  
Rank: Officer

**HISTORY OF MEDICAL CONDITION:**

On 10/22/2008 while attempting to exit the department vehicle while on duty, Officer B's right leg was still in the vehicle as it pulled away. In the process of quickly pulling his right leg out, he twisted his left knee. He presented to the Police and Fire Clinic on the same day with complaints of severe left knee pain. Officer B reported that he had arthroscopic surgery on the same knee in February of 2008, eight months earlier. He was transferred to Providence Hospital emergency room for further evaluation and treatment. At the emergency room, x-rays of the left knee were within normal limits. Officer B was provided with a knee immobilizer and given a prescription for pain medication and a non-steroidal anti inflammatory drug (NSAID). He was discharged from the emergency room with a diagnosis of knee and leg strain.

RE: Mustang B  
Social Security Number:

On the following day, 10/23/2008, Officer B followed up at the Police and Fire Clinic. He complained of severe and persistent left knee pain and he was ambulating with the aid of crutches. Left knee examination revealed some effusion and tenderness over the patella and medial joint lines. He was referred for a left knee MRI. The left knee MRI done on 10/23/2008 showed no evidence of internal derangement and small amount of fluid in the infrapatellar bursa.

During his Police and Fire Clinic follow up on 10/29/2008, Officer B complained that his left knee was popping, in addition to previous symptoms. He was referred to an orthopedist for further evaluation and treatment.

Officer B had his initial consultation with the orthopedist, Dr. C, on 10/31/2008. He was diagnosed with a left knee medial collateral ligament sprain and given a prescription for a medial collateral ligament brace. In addition, he was given prescriptions for a muscle relaxant and a NSAID. He remained on sick leave.

On 11/11/2008, Officer B presented to Police and Fire Clinic and reported that he was the restrained driver in his personal vehicle while off duty when he was involved in a motor vehicle accident. He sustained injuries to his neck, bilateral shoulders, lumbar area, and right knee. He was evaluated by emergency medical technicians on the scene, but was not transported to the emergency room. He was scheduled to follow up with his primary care physician later in the day. After his evaluation, his primary care physician recommended x-rays and physical therapy and advised him to remain on sick leave.

On 11/21/2008, Officer B reported that he was improving slowly and his left knee was getting better. Dr. C had seen him on 11/18/2008 and recommended starting physical therapy on the left knee. He also advised that Officer B could return to deskwork. He was returned to limited duty effective 11/24/2008. Officer B started physical therapy for his left knee on 12/05/2008.

On 12/18/2008, Officer B followed up at the Police and Fire Clinic. He had no complaints referable to the neck and back. His left knee pain had improved though he had some discomfort medially. On physical examination, he had tenderness over the medial collateral ligament area. He was able to bear weight without difficulty.

During Officer B's follow up with the orthopedist on 12/30/2008, Dr. C noted that "He feels 75% better but he still had a little pain along the joint line." He recommended continuation of physical therapy and repeat MRI of the left knee if his pain had not resolved by his follow up visit in three weeks.

RE: Mustang B  
Social Security Number:

Officer B continued to complain of pain on the medial aspect of his left knee. He missed his next orthopedic appointment scheduled for 01/29/2009 due to an emergency and he was rescheduled for 02/23/2009. Officer B missed his 02/23/2009 appointment with the orthopedist because he said he did not check his home voicemail where the message was left. His appointment was again rescheduled for 03/09/2009. Officer B also did not show up for multiple physical therapy appointments.

During Officer B's 03/09/2009 appointment with Dr. C, he complained that his left knee pain was not much better compared to his last visit in December 2008. The orthopedist recommended a repeat MRI of the knee. MRI of the left knee done on 03/17/2009 reported "no significant abnormalities are noted."

Officer B followed up with Dr. C on 03/24/2009 with complaints of continuing left knee symptoms. He received a cortisone injection to the knee during the same visit. The orthopedist recommended staying on sick leave for a few days after the injection and resuming limited duty on 04/02/2009. He returned to the Police and Fire Clinic on the same day and was placed on sick leave immediately with return to limited duty effective 04/02/2009.

Following the cortisone injection, Officer B had a follow-up visit with the orthopedist on 04/03/2009. Dr. C recorded in his notes that "Mustang B received some relief from the cortisone injection, but it only lasted 48 hours. The pain is back and he would like to have the knee scoped." Given the lack of symptom resolution with the various modalities of treatment employed so far, the surgeon decided that knee arthroscopy would be a reasonable next step, given the possibility of occult pathology not visible on MRI. He estimated recovery will take about 12 weeks and may even take up to six months. Surgery was scheduled for 04/27/2009. He was placed on sick leave starting on 04/27/2009.

Left knee arthroscopy done 04/27/2009 revealed a medial meniscus tear, osteochondral lesion of the medial femoral condyle, lateral meniscus tear, and a patellar tilt. Officer B subsequently had a medial meniscal repair, partial lateral meniscectomy, abrasion arthroplasty of the medial femoral condyle, and lateral release with chondroplasty to the patellofemoral joint.

Officer B reported at the Police and Fire Clinic on 05/07/2009, ten days after surgery. He had seen the surgeon for follow up earlier in the day with complaints of left leg and calf pain. He was referred for immediate ultrasonography of the left lower extremity, which showed "findings consistent with incomplete thrombus in the peroneal trunk at its bifurcation from the popliteal vein." Officer B was started on subcutaneous anticoagulant therapy immediately, which was followed by oral anticoagulant therapy two days later. He has stayed on the oral anticoagulation therapy since then.

Since the surgery date on 04/27/2008, Officer B's left knee pain has been improving and he has commenced physical therapy. He has also been on oral anticoagulant therapy since 05/09/2009. Dr. C on his 05/27/2009 visit notes stated that "he is doing terrific with the left knee." During his 06/11/2009 follow up at the Police and Fire Clinic, he complained of soreness, buckling, and swelling of his left knee. He also complained of pain in the medial and infrapatellar areas. He has remained on sick leave since his surgery.

DATE OF LAST FULL DUTY: 10/22/2008.

**PAST MEDICAL HISTORY:**

1. Scalp laceration: 05/29/1990.
2. Neck and back injuries: sick leave 09/26/1990 to fully duty 10/10/1990.
3. Right ankle sprain: sick leave 09/28/1990 to full duty 11/01/1990.
4. Injury to fourth left toe: sick leave 01/28/1991 to full duty 02/01/1991.
5. Abdominal pain: sick leave 08/26/1991 to full duty 09/09/1991.
6. Right thumb fracture: sick leave 11/13/1991 to full duty 12/16/1991.
7. Left leg contusion: sick leave 03/03/1993 to full duty 03/06/1993.
8. Right hand pain: sick leave 08/10/1993 to full duty 08/23/1993.
9. Eye irritation: sick leave 03/24/1994 to full duty 04/08/1994.
10. Right thumb dislocation: sick leave 02/08/1995 to limited duty 02/27/1995 to full duty 03/28/1995.
11. Low back pain: sick leave 08/17/1995 to full duty 11/03/1995.
12. Left ankle fracture status post open reduction and internal fixation: sick leave 09/18/1996 to full duty 10/29/1996.
13. Left ankle sprain: sick leave: 09/23/1997 to full duty 09/30/1997.
14. Cervical strain: sick leave 26/19/1998.
15. Left knee contusion: sick leave, 08/05/1998 to full duty 08/13/1998.
16. Left hand tendonitis: sick leave 11/17/1999 to full duty 11/22/1999.
17. Behavioral health: sick leave 10/03/2000 to full duty 10/22/2000.
18. Right thumb sprain: sick leave 01/16/2001 to limited duty 01/19/2001 to full duty to 02/01/2001.
19. Pharyngitis: sick leave 10/23/2001 to full duty 10/24/2001.
20. Left foot fracture: sick leave 09/13/2004 to limited duty 10/05/2004 to full duty 11/03/2004.
21. Lower respiratory tract infection: sick leave 10/20/2005 to full duty 11/01/2005.
22. Viral syndrome: sick leave 03/24/2006 to full duty 03/28/2006; sick leave 10/19/2006 to full duty 10/24/2006; sick leave 12/12/2007 to full duty 12/13/2007.
23. Upper respiratory infection: sick leave 07/03/2006 to full duty 07/05/2006; 04/02/2007; 07/12/2007; sick leave 08/01/2007 to full duty 08/04/2007.
24. Gastroenteritis: sick leave 01/02/2007 to full duty 01/04/2007.

RE: Mustang B  
Social Security Number:

25. PCP exposure: sick leave 06/26/2007 to full duty 06/27/2007.
26. Left knee pain status post arthroscopy: sick leave 10/15/2007 to limited duty 12/05/2007 to sick leave 03/04/2008 to limited duty 03/24/2008 to full duty 09/02/2008.
27. Gastritis, sick leave, 10/16/2008 to full duty 10/19/2008.

**CURRENT MEDICATIONS:**

1. Ibuprofen.
2. Coumadin.

**PHYSICAL EXAMINATION**

VITAL SIGNS: Blood pressure 121/71 mmHg, pulse rate 75/minute, temperature 97.8°F.

GENERAL: He was in no apparent distress at rest, ambulating with a limp.

EXTREMITIES: Left knee exam: he had joint effusion and tenderness to palpation over the medial joint line, extension -5°, flexion about 90°. No leg edema.

**ASSESSMENT OF CLINICAL STATUS:**

1. Left knee medial meniscus tear, osteochondral lesion of the medial femoral condyle, and lateral meniscus tear, status post arthroscopy.
2. Left leg deep venous thrombosis.

**IMPACT OF MEDICAL CONDITION ON ABILITY TO PERFORM FUNCTIONS OF JOB:**

On 10/22/2008 while on duty, Officer B sustained a left knee injury, which subsequently resulted in left knee arthroscopic surgery on 04/27/2009. He is currently undergoing post operative rehabilitation. Officer B continues to experience some left knee symptoms as described above. Estimated recovery time from the date of surgery is anywhere from 12 weeks to 6 months. He also developed deep vein thrombosis in the left leg after surgery and will remain on anticoagulation therapy for a minimum of six months. At this time, Officer B is unable to perform the full duties of a police officer.

His condition, in my opinion, is not the result of vicious habits or intemperance.

RE: Mustang B  
Social Security Number:

The Police and Fire Clinic recommends that Officer Mustang B is currently disabled. His functional impairment rating cannot be determined at this time because he is yet to reach maximal medical improvement.

---

Olusola Malomo, M.D., M.P.H.  
Staff Physician  
Police and Fire Clinic Associates, LLC

It has been determined that the above member's performance of duty medical condition prevents the performance of full duties.

This matter is submitted to the Board pursuant to DC Code Sections 5-633 and 5-634 which provides in pertinent part "and regardless of whether the prognosis is that the member will be able to perform the full range of duties after achieving maximum medical improvement, the Director shall process for retirement pursuant to § 5-710, those members of the Metropolitan Police Department who spend all or part of 172 cumulative work days in a less-than-full-duty status over any 2-year period as a result of any one performance-of-duty [or non performance-of-duty] injury or illness, including any complications relating to the injury or illness." Said member has exceeded 172 cumulative work days in a less than full duty status therefore the instant report is being submitted for the Board's consideration.

---

Paul A. Quander, Jr.  
Director, Medical Services Division  
Metropolitan Police Department

# Functional Capacity Evaluation

Outpatient Center at

**Summary of Findings Functional Capacity Evaluation**

DIAGNOSIS: GSW left foot  
DATE OF INJURY: [REDACTED]  
INSURANCE: PFC  
DATE OF BIRTH: [REDACTED]

OCCUPATION: Police Officer  
EMPLOYER: MPD  
REFERRAL SOURCE: PFC  
DATES of FCE: [REDACTED]  
SOCIAL SECURITY NUMBER: [REDACTED]

**PURPOSE OF EVALUATION**

To determine client's functional abilities and assess potential to return to work as a police officer  
Client Name: [REDACTED]

**SUMMARY OF RESULTS**

PERIOD OF EVALUATION: Day 1: 2.25 hrs. Day 2: 2 hrs.

PHYSICALLY MEET JOB DEMANDS:  YES  NO  
DATA PROFILE VALID?  YES  NO

REQUIRED PHYSICAL DEMAND LEVEL:  
 SEDENTARY  LIGHT  MEDIUM  HEAVY  
TESTED PHYSICAL DEMAND LEVEL:  
 SEDENTARY  LIGHT  MEDIUM  HEAVY

See appendix B

WORKERS PERCEPTION OF PAIN: N/A

PAIN QUESTIONNAIRE PROFILE: N/A

CARDIO-VASCULAR FITNESS LEVEL:  
 ADEQUATE  INADEQUATE

SYMPTOM MAGNIFICATION/DELAYED RECOVERY FINDINGS APPEARED TO BE PRESENT? (See reasons & limitations)  
 YES  NO  MIXED

MAXIMUM SAFE LIFT: 60 LBS. Level lift  
MAXIMUM SAFE CARRY: 55 LBS. bilateral/front carry

RECEIVED  
JAN 20 2009  
By \_\_\_\_\_

RECEIVED  
1/16/09  
[Signature]

# Physical Capacity SUMMARY

Table of Standard Physical Demands of Work

	SEDENTARY 10 lbs. <10 lbs. <10 lbs.	LIGHT 20 lbs. 10 lbs. <10 lbs.	MEDIUM 21-50 lbs 10-25 lbs. 10 lbs.	HEAVY .50-100 lbs. 25-50 lbs. 20 lbs.	VERY HEAVY more than 100 lbs. more than 50 lbs. more than 25 lbs.
<b>Ability (expressed in % of 8 hour per work day)</b>					
<b>Ability</b>	Rare <1%	Occasional 1-33%	Frequent 34-66%	Continuous 67-100%	Never
<b>Weighted tasks:&gt;</b>					
Stand up lift	55#	36-54#	14-35#	0-13#	>55#
Overhead lift	40#	26-39#	10-25#	0-9#	>40#
Level lift	60#	39-59#	15-38#	0-14#	>60#
Unilateral carry	40#	26-39#	10-25#	0-9#	>40#
Bilateral/front carry	55#	36-54#	14-35#	0-13#	>55#
Static push force of:		68#			
Static pull force of:		101#			
<b>Work Tolerances:</b>					
Sit				Continuous	
Stand				Continuous	
Walk				Continuous	
Kneel				Continuous	
Bending				Continuous	
Squat				Continuous	
Crawl				Continuous	
Climb ladders				Continuous	
Climb stairs				Continuous	
Balancing				Continuous	
Forward work				Continuous	
Overhead work			Frequent	Continuous	
	LEFT		RIGHT		BOTH
Repetitive foot motion:	● Yes ○ No		● Yes ○ No		● Yes ○ No
Repetitive simple grasping:	● Yes ○ No		● Yes ○ No		● Yes ○ No
Repetitive firm grasping:	● Yes ○ No		● Yes ○ No		● Yes ○ No
Fine manipulation/coordination	● Yes ○ No		● Yes ○ No		● Yes ○ No
Head/Neck static position	● Yes ○ No				
Head/Neck frequent flexing	● Yes ○ No				
Grip Strength avg 3 trials	NT		NT		
Key pinch average 3 trials	NT		NT		
Tip pinch average 3 trials	NT		NT		
3 point pinch avg 3 trials	NT		NT		
Fine Dexterity	NT		NT		
Purdue Pegboard	Left		Right		Assembly
Percentile	NT		NT		NT

THE ABOVE REPORT IS ADVISORY ONLY AND MUST BE APPROVED BY THE TREATING PHYSICIAN

Physician Signature \_\_\_\_\_

Date \_\_\_\_\_

2008 JAN 16 07:44 AM NRMHITCHELLEVILLE 3013903725

**RECOMMENDATIONS:**

- Recommend client return to work without restrictions/modifications based on capabilities as described in this report.

**REASONS/LIMITATIONS:** All activities were performed with client in full gear.

1. Physical screen: No limitations noted. The client denied pain throughout the two days of testing.
2. Material Handling was limited secondary to: decline in body mechanics with increased weight, decreased control of weight box and increased use of accessory muscles, leading to safety issues. The client met all lifting standards for the MPD
3. Client's ability to tolerate overhead reach was limited secondary to a decline in body mechanics and decreased activity tolerance. The client met the overhead reach standards for the MPD.
4. Based upon objective data, observation and assessment of the data profile the findings of this FCE indicate:  
 See Appendix B  
 The client worked to full capacity for all test items, was consistent in effort and this FCE is an accurate indicator of the client's current safe maximum capabilities and limitations.
5. Restriction of activities such as being around moving machinery; driving automotive equipment; or other restrictions due to physical impairment: None
6. Major Strengths: The client demonstrated good body mechanics. She is very motivated to return to work.
7. Endurance and Ability to Complete Tasks: The client appropriately self-paced during tasks. Aerobic capacity was adequate, although the client exceeded 85% maximum heart rate during the Illinois agility test. She also exceeded 85% max heart rate on day one during the dummy drag, but not on day 2. Overall, the client's aerobic capacity is sufficient for her to return to work.
8. Body Mechanics and Work Simplification: The client had no difficulties in this area. Body mechanics were appropriate and safe.
9. Pain and Behavioral Profile: The client had no pain throughout testing.

Thank you for your confidence in making this referral, please advise me of questions or comments you may have regarding this report. My direct dial line is 301-390-3076.

*Mel C. P.* # [redacted]

File No. 20876  
NWC No. N1276

Distribution list:  
[redacted] and  
Case Manager, PFC  
202-269-7564  
[redacted]

**Supporting Data Available Upon Request**

2009-08-16 07:44 AM NRMITCHELLEVILLE 3013903725

APPENDIX A

JOB SPECIFIC WORK SIMULATIONS

SIMULATION	PERFORMANCE LEVEL	MEETS JOB DEMAND	COMMENTS
Dummy Drag (150 lbs)	Dragged 100 feet	Yes	The client exceeded 85% max heart rate on day one, but not on day 2.
Push/pull 200 lb sled	Push/pull 30 feet	Yes	No difficulty
Climb fence and jump down 3 steps	Climb fence and jump down 3 steps	Yes	Client had decreased weight bearing on left lower extremity when jumping, but able to perform without difficulty.
Illinois Agility test	20.2 split time 40.6 total time	Yes	The client exceeded 85% max heart rate on day two of testing. Her time placed her in the 60 <sup>th</sup> percentile of norms.

2009 Jan 10 10:44 AM NRMWITCHELL VILTE 201903 728

# APPENDIX B

## Data Profile

Item	Passed	Equiv.	Failed
<input checked="" type="checkbox"/> 1. Cogwheel release	No		
<input type="checkbox"/> 2. Non-organic signs - Waddell			
<input type="checkbox"/> 3. Do movement patterns match pain?			
<input checked="" type="checkbox"/> 4. Deep squat overreaction	No		
<input type="checkbox"/> 5. Necks: Overreaction to wrist flex/ext			
<input type="checkbox"/> 6. Backs: Overreaction to ankle DF/PF			
<input type="checkbox"/> 7. Inappropriate Symptoms			
<input type="checkbox"/> 8-9. Five position Bell Curve (L and R)			
<input type="checkbox"/> 10-19. JAMAR coefficients			
(10) Span #1      R _____	(11) L _____	≤10%	11 - 15% >15%
(12) Span #2    R _____	(13) L _____		
(14) Span #3    R _____	(15) L _____		
(16) Span #4    R _____	(17) L _____		
(18) Span #5    R _____	(19) L _____		
<input type="checkbox"/> 20-25 Pinch coefficients			
(20) Lateral      R _____	(21) L _____	≤15%	16 - 20% >20%
(22) 3-jaw       R _____	(23) L _____		
(24) Tip          R _____	(25) L _____		
<input checked="" type="checkbox"/> 26-27. Static test coefficients			
(26) Push            8 _____	≤10%	10 - 15%	>15%
(27) Pull            5 _____	X		
<input checked="" type="checkbox"/> 28. RPE x 10 (-) HR for stair climbing			<50 beats
<input checked="" type="checkbox"/> 29. RPE X 10 (-) HR for frequent lift lumbar			<50 beats
<input type="checkbox"/> 30. RPE X 10 (-) HR for frequent lift cervical			
<input checked="" type="checkbox"/> 31. Was overreaction present?	No		
<input type="checkbox"/> 32. Movement improved w/ distraction?			

TOTAL NUMBER OF CRITERIA SCORED 7

PERCENT PASSED 100 %  
 PERCENT EQUIVICAL 0 %  
 PERCENT FAILED 0 %

≥ 75% passed = valid data profile  
 ≥ 50% failed = invalid data profile

# Labor Market Survey

RP1 PFC 002  
*Rehabilitation Perspectives, Inc.*

P.O. BOX 11432  
BURKE, VA 22009  
TELEPHONE (703) 912-6960  
FAX (703) 912-9632



Date of Report: 08/17/09

Name: [REDACTED]

SS#: [REDACTED]

Customer: PFC Associates

Insured: DC Police and Firefighters Retirement and Relief Board

Type: [REDACTED]

Date of condition: November 8, 2008

LABOR MARKET SURVEY (LMS)

STATUS

A Labor Market Survey was requested by the Police and Firefighters Retirement and Relief Board and was conducted from July 2, 2009 through August 17, 2009 to identify employment opportunities for Police Officer [REDACTED] that were currently available in Washington DC Metropolitan area. Employment opportunities were identified using current job openings on websites such as *Washingtonjobs.com*, *Usajobs.opm.gov*, *Indeed.com*, and company websites and by making cold calls to employers and using past employer contacts we have developed. Using the sedentary duty PHYSICAL DEMAND CODES completed by Dr. [REDACTED] dated August 2, 2009, we were successful in identifying sedentary employment opportunities outside of the DC Police Department. The information provided by the Officer including his current medical status, work history, transferable skills, and educational background were used in determining what sedentary positions would be appropriate for the LMS.

BACKGROUND/MEDICAL INFORMATION

We met with Police Officer [REDACTED] on [REDACTED] to obtain information regarding his current medical status, work history, education, and vocational interest(s). Police Officer [REDACTED] married and [REDACTED] Maryland. He stated he has [REDACTED]. He reportedly stands 6 feet 2 inches tall and weighs approximately 240 pounds. Officer [REDACTED] has been employed with DC Police Department since [REDACTED]. He reported his [REDACTED] occurred on [REDACTED]. He returned to limited duty work in March 2009. He is currently not represented by an attorney or union representative.

Police Officer [REDACTED] medical history was not available at the time of our meeting. Therefore, the medical information in this report was based solely on the information provided by the Officer. The Officer's capability of sedentary work was provided by Dr. [REDACTED]. Officer [REDACTED] reported that on November 8, 2008 he had [REDACTED] and was [REDACTED]. He underwent [REDACTED]

Officer [REDACTED] was asked about his current medical treatment. He reported he is currently under the care of [REDACTED]. He was last examined by [REDACTED] and is scheduled for a follow-up visit the end of July. He was not sure of the exact date. He denied any additional treatment for his [REDACTED] outside of the PFC. At the PFC, he was last examined in mid-June [REDACTED] and is scheduled for a follow-up visit on July 23, [REDACTED]. He could not recall who examined him at the PFC during his last visit. Officer [REDACTED] was asked about other medical conditions prior to or after his [REDACTED]. He reported he was diagnosed with [REDACTED] or to his [REDACTED]. For this condition, he is under the care of [REDACTED] whom he sees once a month. He reported that after the [REDACTED] his symptoms increased but has now become more stable with medication. He denied having any other medical condition that would affect his ability to work. Officer [REDACTED] reported taking the following medications due to the [REDACTED], and [REDACTED]. For [REDACTED] he takes [REDACTED] and [REDACTED]. He denied taking any other medication at this time. He did report attending [REDACTED] at Southern Maryland Hospital in [REDACTED]. Officer [REDACTED] stated that on his own, he has begun working out at the gym lifting weights. However, he avoids running because of lack of stamina.

Officer [REDACTED] was not able to review the PHYSICAL DEMAND CODES provided to us by Dr. [REDACTED] as they were not available at the time of our meeting.

#### EDUCATION/MILITARY HISTORY

- Police Officer [REDACTED] earned a High School Diploma in 1984 from [REDACTED] Woodson in Washington, DC.
- He attended two years of general college studies at the University of [REDACTED] Missouri, Columbia. He did not earn a degree.
- He completed the DC Metropolitan Police Academy in 1990.
- He denied any military experience.

#### WORK HISTORY

Police Officer [REDACTED] has worked as a Police Officer since [REDACTED]. For the past [REDACTED] years, Officer [REDACTED] has worked in a variety of job duties. He has worked [REDACTED] years as a Patrol Officer, [REDACTED] years in the Vice Division (Drug Investigation), [REDACTED] years in the Warrant Squad and two years with hit-and-run investigation. He is currently assigned to the [REDACTED] Hit and Run Investigation Division in a limited duty

August 17, 2009

capacity as an office worker. Prior to becoming a Police Officer, he worked for three years with the US Marshall Service transporting prisoners to and from court.

#### OFFICE/TRANSFERRABLE SKILLS/VOCATIONAL INTERESTS/HOBBIES

Police Officer [REDACTED] was asked about his office skills. He reported he can use a computer and has a computer in his home. He has some knowledge of how to use Microsoft Office including Word and is learning more at home to become more proficient as a computer user. He is learning Excel. He stated he can use the Internet for research and send/receive email. He reported he can type but was not sure how many words per minute. As a police officer, he has increased his skills in communicating with the general public and has improved his office skills including data entry, answering phone, and report writing and editing. He has also learned how to complete a background check using the WHALES, COLUMBO, and NCIS programs. He has his own security codes to log into each system.

Officer [REDACTED] was asked about his vocational interests and hobbies. As for his vocational interest, his goal is to return to work as a full duty Police Officer. He reported he spends his spare time working out at the gym and he attends church.

#### LABOR MARKET SURVEY

To complete this LMS, we used the background information provided by Officer [REDACTED] specifically his work history, transferable skills and education. His work capabilities were based on the Physical Demand Codes of Dr. [REDACTED] which indicate that he is capable of Sedentary duty work. The following employment opportunities were identified within the Washington, DC, and the Metropolitan area:

**Company:** Prince William County Government  
**Location:** 9540 Center Street Suite #200 Manassas, VA 20110  
**Contact:** Personnel  
**Telephone:** (703) 796-6210  
**Position:** Information and Referral Specialist (No arrest)  
**Duties:** This position is located in the Juvenile Bureau and is responsible for the following main tasks: Prepares special reports for the CID Division Commander and subordinate supervisors; Reviews and updates current programs such as the School Violence Response Plan; Database administrator for the entire School Resource Unit to include managing the database of missing juveniles (Approx. 1,000 per year); Assists detectives and School Resource Officers in investigations; Coordinates the SHOCAP Program (Serious Habitual Offender Comprehensive Action Program) and prepares reports; Photo-catalogs missing juvenile report photos; Maintains the School Resource Officer case management files; Prepares reports including monthly reports, weekly school events reports for the Operations Division, and others pertaining to the School Resource Officer

Harrison, Steve

August 17, 2009

program; Primary point of contact with parents, guardians regarding missing juvenile cases when the assigned School Resource Officers are unavailable; Law Enforcement Explorer coordinator and advisor; Prepares PowerPoint presentations, prepares manuals and brochures when requested; Strong ability to utilize the computer, internet and Microsoft Office; Contacts outside law enforcement-related agencies for information sharing and distribution on a routine basis; Ability to constantly seek ways to make improvements to existing programs and reports; Represents the department on police as well as County committees; Position will be responsible for other projects or tasks, as assigned. Some knowledge of the principles and practices of public social service organizations and public assistance programs; Some knowledge or should be able to obtain information of current social economic and health problems and of human behavior and social functioning; Some knowledge of human and civil rights laws to include Title II, Title VII, EPA, ADEA and Fair Housing Practices, if applicable to job assignments; Ability to establish and maintain effective working relationships with clients, co-workers, and the general public; Ability to analyze facts and exercise sound judgment in arriving at conclusions; Ability to communicate effectively, both orally and in writing; Ability to prepare clear and concise reports.

**Physical Requirements:** Sedentary duty

**Wage:** \$34,748.22 - \$45,172.92 / Year

**Hours:** full time.

**Minimum Qualifications:** Any combination of education and experience equivalent to a Bachelor's Degree in Business, Public Administration, Public Relations, criminal justice or related field; or Bachelor's Degree in Criminal [and Civil] Justice, applicable to work assignments, (in Human Rights Office) with major course work in sociology, health, criminal justice, civil justice or education.

**Company:** George Mason University  
**Location:** 4807 University Drive Fairfax, VA 22030-4444  
**Contact:** Raymond Carey  
**Telephone:** (703) 993-2630  
**Position:** Communications Officer (unarmed – No arrest required)  
**Duties:** The Communications Officer must be able to: work with a minimum of supervision, meet and assist the public, and have the ability to multi-task in a very busy Police Communications Center. Applicant should have a good radio voice and have the ability to handle emergency situations. Is responsible for delivering quality emergency communication services to the public, as well as providing accurate and timely dispatch support to the Police Officer. Should be able to work in a fast-paced environment that requires coverage around the clock, careful attention to detail, multi-tasking, and good communications skills.  
**Physical Requirements:** Sedentary  
**Wage:** \$40,000.00 annually  
**Hours:** Full time rotating shifts.  
**Minimum Qualifications:** Applicant must be able to pass an extensive background investigation and be able to attend and successfully complete an 80-

hour Police Communications course at the Northern Virginia Criminal Justice Training Academy. Applicant must also become certified and maintain NCIC/VCIN certification. Experience in the operation of computers using various police software packages (some training will be provided). High School or equivalency required. Previous experience desired, but not required.

**Company:** City of Alexandria

**Location:** 301 King Street Room 2500 Alexandria, VA

**Contact:** Personnel

**Telephone:** (703) 838-4485

**Position:** Records Clerk

The Property Clerk is responsible for ordering, receiving, stocking, documenting, and issuing Police Department uniforms and equipment for sworn and civilian employees.

**Duties:** Reviews, processes, distributes and enters data information into a local data base system all information on accident and offense reports; Processes and completes record checks from law enforcement, non criminal justice agencies and the general public. Process and completes insurance verification; Assists citizens and police personnel for accident reports, record checks, insurance verifications, copies of documents, etc. Entry of stolen cars, stolen property, and warrants into Virginia and National Crime Information Network under strict entry criteria. Performs other duties as assigned.

**Physical Requirements:** Full time Sedentary

**Wage:** \$22.09 Hourly (\$45,947/annum)

**Hours:** 8 a.m. to 5 p.m.

**Minimum Qualifications:** Candidate must complete VCIN training and certification prior to completion of a one year probationary period. One year experience performing work which shall have involved the maintenance of confidential records and files in accordance with established standards for proper record-keeping procedures, including utilization of management information systems, and completion of high school level courses in business, arithmetic and English; or any equivalent combination of experience and training which provides the required knowledge, skills, and abilities. **Preferred Qualifications:** Experience working in direct contact with the public. Experience working with office equipment. Experience working with filing systems in a business setting.

**Company:** Sparta, Inc.

**Location:** 1911 N. Fort Myer Drive, Suite 1100, Arlington, VA 22209

**Contact:** Pat (Human Resources)

**Telephone:** (703) 558-0036

**Position:** Security Specialist (No apprehension is required.)

**Duties:** Responsible for administering the Personnel Security Program for the Sparta, Inc., Rosslyn facility. Personnel security functions include processing personnel security clearances, preparing and processing all outgoing visit requests, inputting and monitoring all incoming visit requests, briefing of

employees for all specialized accesses and creating and maintaining personnel clearance records. Additional duties may include document control, escorting and general administrative support.

**Physical Requirements:** Full time sedentary duty. Employee can sit and stand as needed.

**Wage:** \$45,000/year

**Hours:** 40 hours per week.

**Minimum Qualifications:** Associates Degree. Security certification is a plus. Applicable experience in law enforcement in lieu of degree acceptable. Must be able to obtain a top-secret clearance. Knowledge of database structures and purpose.

**Company:** Omniplex

**Location:** 14849 Conference Center Drive, Chantilly, VA 20151

**Contact:** Personnel

**Telephone:** (703) 652-3300

**Position:** Background Investigators

**Duties:** Responsible for conducting federal background investigations in compliance with all laws, Executive Orders, Federal Regulations and Manuals, as designated by the responsible Federal Agency. Obtain factual information from a variety of personal and record sources and produce a report of investigations that contains all pertinent facts, including both positive and negative, which will in turn be used by the Federal Government to make a security determination.

**Physical Requirements:** Sedentary Duty

**Wage:** \$58,730.00

**Hours:** Permanent Full Time (40 hours)

**Minimum Qualifications:** Three years general investigative experience or a bachelor's degree from a four-year college or university. Must be able to resist being influenced by political, religious, ethnic, or other irrelevant considerations during the conduct of the investigation and produce a report that is a fair, impartial, and objective representation of an individual's background and character. Must be able to adapt to changing situations and environments as they occur and be able to interact with people. Must have strong verbal and written communications skills and behave in a professional manner at all times. Must have some knowledge of Microsoft Office (Word, Excel, some knowledge of Power Point), Email, Internet, and Database software. Must possess a valid driver's license. Must be able to pass a U.S. government background investigation.

**Company:** Booz Allen Hamilton

**Location:** 8283 Greensboro Drive  
McLean, VA 22102-3838

**Contact:** George Farror

**Telephone:** (703) 902-5000

**Position:** Security Assistant/Investigative Operator

**Duties:** Assist with maintaining a background screening program for all Booz Allen applicants who are being considered for employment, including subcontractors, vendors, and clients requesting a Booz Allen Hamilton Access Badge. Work with other members of the security staff, including Law Department, GO Team, clients, and vendors to reinforce procedures for investigating Booz Allen employees seeking a USG personnel security clearance by accessing security and personnel files. Perform additional duties as assigned.

**Physical Requirements:** Sedentary position. Can sit and stand as needed.

**Wage:** \$35,000.00 or higher, based on experience.

**Hours:** Hours vary

**Minimum Qualifications:** Requires HS Diploma (AA or AS in a related field is a plus.) One plus years of experience in a security environment is preferred. Experience in background investigations; knowledge of Microsoft Word, data entry in Excel spreadsheets, and basic computer skills; ability to work under minimum supervision; ability to work in a highly visible position requiring daily contact with employees, internal clients and government officials. Show a high degree of personal integrity, due to the information to which the candidate will have access. Ability to pay strict attention to detail.

**Company:** CACI

**Location:** 1100 North Glebe Road, Arlington, VA

**Contact:** Richard Hait

**Telephone:** (703) 841-7800

**Position:** Case Reviewer 2

**Duties:** Reviews and assembles completed field investigations for compliance with national standards and customer requirements. Ensures the timely review and preparation of reports of investigation for submission to Case Manager for final review. Reviews completed work for quality assurance purposes. Provides directions, guidance, and problem resolution to Field Investigators. Reviews Field Investigators and support personnel as required. Must have an understanding of the essential functions of a background investigator to include knowledge of the requirements to satisfy investigative case acceptance. Requires knowledge of investigative requirements for the performance and adjudication of PSI. Requires knowledge of applicable executive orders, code of federal regulation, and other issuance associated with PSI. Successful completion of a CACI approved reviewer/closer training course. This must be done within six month of hiring.

**Physical Requirements:** Sedentary duty – Can sit and stand as needed

**Wage:** \$40,500.00 to \$51,500.00

**Hours:** 8:00 a.m. – 5:00 p.m.

**Minimum Qualifications:** Requires a bachelor's degree or equivalent work related and or military or law enforcement experience and five to seven years of related experience. General understanding of computer skill used in office environment. Experience in Microsoft office/window, work and excel. Knowledge of PowerPoint, outlook and some familiarization to access base investigations data base system would be a plus.

**Company:** Montgomery County Government  
**Location:** 101 Monroe Street, 7<sup>th</sup> Floor, Rockville, MD 20850  
**Contact:** Carol Ann Newcome  
**Telephone:** 240-777-5000 or 5021  
**Position:** IPA (INTAKE PROCESSING AIDE)  
**Duties:** Employee will be responsible for providing administrative support as it pertains to the processing of persons arrested and/or detained by the Montgomery County Police. The employee will perform all duties from the Central Processing Unit of the Department of Correction and Rehabilitation, located at the Montgomery County Detention Center (1307 Seven Locks Road). Duties will include, but not be limited to: processing arrest data and related reports utilizing various computer systems (ABS, NCIC, MILES, WARS and CJIS). Employees will facilitate the arrest booking process by obtaining, verifying, and documenting pertinent information concerning arrestees and detainees and preparing or assisting law enforcement Officers in preparing criminal arrest and related reports, records and notifications. Employee will be expected to resolve recurring problems encountered in the arrest booking process such as assessing and cross-referencing data from multiple sources to determine the accurate identification and criminal history of an arrestee who submits a false name and/or has multiple aliases. Employee will also be required to provide information to the general public concerning status of arrestees, bond status and amount, location of towed vehicles, arrest warrant information and other general questions. Personal contacts include arrestees, police Officers, correctional Officers, court commissioners, attorneys, bail bondsmen and the general public.  
**Physical Requirements:** Sedentary  
**Job Status:** Workdays will be either Sunday through Thursday or Tuesday through Saturday. Working hours vary depending on the assigned shift. The shifts are 6:30 AM. - 3:00 PM; 2:30 PM. - 11:00 PM; or 10:30 PM - 7:00 AM. Employees may frequently be required to work over their normal work hours. An individual appointment to this position will be included in the public safety retirement system.  
**Wage:** \$51,554.00 Annually  
**Minimum Qualifications:** High School Diploma or GED. Two (2) years of office support or law enforcement-related work. Prior to appointment, all applicants must successfully complete a comprehensive background investigation, medical exam and drug/alcohol screen. Individuals appointed to this position must be at least 18 years of age on the date of appointment and either be a citizen of the United States or a resident alien.

### SUMMARY

Based on the results of this LMS, there are employment opportunities identified on Police Officer [REDACTED] behalf that are consistent with his work capabilities, work history, and transferable skills. Officer [REDACTED] has transferable skills mostly in the area of security work. As a Police Officer, he acquired specialized skills in investigative work, direct contact with the public, office work, and

computer knowledge. Although he does not have a college degree, he did complete two years of college in general studies. Utilizing the background information, transferable skills, and work capabilities, the salaries of the current available jobs identified at the time this LMS was completed range from \$34,748.22 to \$58,730.00 annually. Wages and salaries vary, depending on level of expertise required. Based on the range of salaries identified in this LMS, we can estimate Officer [redacted] can compete for an average salary of approximately \$46,739. We reached this conclusion based on the average of the salaries identified in this survey. It should be noted that, although the current job vacancies were available and within Officer [redacted] work capabilities, the employers would not commit to hiring him unless he is selected for employment after a formal interview.

*[Handwritten Signature]*  
[redacted]  
[redacted]

Rehabilitation Counselor

*[Handwritten Signature]*  
[redacted]  
[redacted]

Rehabilitation Supervisor

**ATTACHMENT J.15  
SAMPLE FEES FOR SERVICES**

# SAMPLE FEES FOR SERVICES

## Capitated Rates

MPD	75.56	per member per month
Fire	75.56	per member per month
US SS	75.56	per member per month
US PP	75.56	per member per month

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## AHOD & IMF

MD	100.00	per/hr
Med Assistant	20.00	per/hr
X-ray Tech	34.00	per/hr
Housekeeping	10.00	per/hr

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## Park Police Title #5

PPD	25.00	per/member
Pulmonary Functions	105.00	per/member
Thyroid (T4 & TSH)	15.00	per/member
Physicals	215.00	per/member
Psychological exam	175.00	per/member
Fitness for Duty	985.00	per/member

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## Fire Department

Random Drug Screens	10.12	per/member
Breathalyzer	23.00	per/member
Reasonable Suspicion	221.00	per/member
Stress Test	195.00	per/member

## *Fire Records Project*

Project Manager	20.00	per/hr
File Clerk	10.00	per/hr

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**Civilian Service Fees**Initial Visit Injury

INTERMEDIATE	86.00
EXTENDED	100.00

Follow-up Injury

INTERMEDIATE	37.00
EXTENDED	55.00

X-Ray

OF LOWER SPINE	59.00
OF NECK SPINE	40.00
OF SHOULDER	40.00
OF WRIST	30.00
OF HAND	30.00
OF FINGER	30.00
OF KNEE	30.00
OF ANKLE	30.00
OF FOOT	30.00
OF CHEST	40.00

ATTACHMENT J.16  
SAMPLE EMPLOYMENT SUITABILITY  
ASSESSMENT

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**EMPLOYMENT SUITABILITY ASSESSMENT  
(AFTER CONDITIONAL JOB OFFER)**

**APPLICANT NAME: Ford Mustang**  
**SOCIAL SECURITY NUMBER:**  
**POSITION: Police Officer**  
**AGENCY: Washington DC Metropolitan Police Department**  
**DATE OF ASSESSMENT:**

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**PERSONAL HISTORY INFORMATION**

**Education:**

High School Graduation:

**College/Advanced Education: bachelor's degree in ; criminal justice major; academic probation and academic dismissal; forced to re-apply and was allowed to re-enroll.**

Additional training (relevant to position being applied for): None reported

**Employment:**

**Present Employer: currently unemployed; most recent position was a salesperson for \_\_\_\_\_ from 8/2008 – 3/2009. No wrongdoing; only financial cutbacks and consequent layoffs.**

Majority of Work Background: same as above

**Termination(s): 2008; aide after he failed to show for two shifts (FTA – failure to appear). His grandfather was hospitalized and he drove to the hospital and could not find someone to cover his shift. The second time he was late returning from spring break because the flight was delayed.**

**Disciplinary Actions (Performance Related): 2008; after FTA, written reprimands, and placed on three months probation. During that time, he had a second FTA and this is why he was fired.**

Disciplinary Actions (Tardiness/Excessive Absences Related): None reported.

Arguments with Coworkers/Supervisors: None reported.

EEOC Complaints against Candidate: None reported.

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***\*DESTROY AFTER REVIEW OR RETURN THIS REPORT TO NRH\*  
DO NOT RETAIN IN AGENCY PERSONNEL FILES***

**APPLICANT NAME: Ford Mustang**  
**SOCIAL SECURITY NUMBER:**  
**POSITION: Police Officer**  
**AGENCY: Washington DC Metropolitan Police Department**  
**DATE OF ASSESSMENT:**

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“Personality Conflicts” with Coworkers/Supervisor: None reported.

Significant Theft from Employer: None reported.

**Military Experience:** None reported

**Previous Public Safety Experience:** None reported

Previous Public Safety/Law Enforcement Psychological Evaluation: None reported

**Driving Record:**

**Total Number of Traffic Citations: 1; 25 mph over the limit, 2/2009; “reckless” was not written on ticket.**

Violations in Past Three Years: 1.

Total Number of Traffic Accidents: 1; no serious injuries.

Traffic Accidents in Past Three Years: 1.

License Suspensions: None reported.

**Financial History:**

Current Delinquencies: None reported.

**Collection Agency Contacts: 200\_ ; credit card in the amount of \$2000; no payments made yet.**

Failure to File/Pay Taxes: None reported.

**Other Negative Feature(s): 200\_ ; student loans are in delinquent status for past 2-3 months. Applicant stated that he was able to get some loans into forbearance; the ones that were not through the government will not place them in forbearance.**

**Legal History:**

**Arrests/Convictions/Restraining Orders/Detained/Questioned: 200\_ ; out with friends and a peer initiated a fight when applicant was leaving bar. Fight began in middle of the street. The police were called. Applicant was arrested (peer had fled**

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***DO NOT RETAIN IN AGENCY PERSONNEL FILES***

**APPLICANT NAME: Ford Mustang**  
**SOCIAL SECURITY NUMBER:**  
**POSITION: Police Officer**  
**AGENCY: Washington DC Metropolitan Police Department**  
**DATE OF ASSESSMENT:**

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**the seen) for disorderly conduct and failure to obey officer. He was told to stop fighting, but did not hear the officer and continued fighting. He reported that he was drunk, as he had been drinking at the bar. PBJ for three years and given eight hours of community service.**

**Admitted Illegal Activities (without Law Enforcement Contact): threw rocks with friend as at an abandoned warehouse (age 7 or 8)**

Civil Court Actions: None reported.

**Substance Use:**

Current Alcohol Consumption: 3-5 drinks per week.

Most Recent Intoxication Incident (six or more drinks per drinking episode): June 2009; at a bar with friends; walked home to friend's house; no risk of drinking and driving.

**Number of Intoxication Incidents in the Past 12 Months (six or more drinks per episode): 5.**

**Admitted Alcohol-Related Problems: June 200\_ ; most recent blackout from alcohol. Have several blackouts a year if consume 6 drinks or more.**

Smoking: None reported

Marijuana: 3-4 times; most recent in 2005 (age ).

Cocaine: None reported.

All other Forms of Illegal Drugs: None reported

**General Information:**

Tattoos: None reported

Body Piercing (other than ears): none

**Number of Personal Physical Fights since age 18: 1**

**Most Recent Physical Fight (not related to employment): age 21; stated above in legal history**

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**APPLICANT NAME: Ford Mustang**  
**SOCIAL SECURITY NUMBER:**  
**POSITION: Police Officer**  
**AGENCY: Washington DC Metropolitan Police Department**  
**DATE OF ASSESSMENT:**

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Job-Relevant Developmental History: No significant concerns reported

Other: parents divorced due to Domestic Violence; applicant was 3-4 years old; limited relationship with father; never witnessed the violence.

**Adult Relationships:**

Current Status: Single/never married; living with mother

Relationship Status: no current romantic partner

Physical Conflict with Romantic Partners: None reported

**Parental Responsibilities: None reported.**

Support children not in custody: None reported.

**Psychological Treatment and Evaluation History:**

Voluntary Psychotherapy: None reported.

Psychotropic Medication Use History: Ritalin for ADHD. Adderall .

Counseling Ordered by Employer or Courts: None reported.

Psychiatric History: None reported.

Suicidal Ideation: None reported.

Phobias: None reported.

Other: None reported.

**INTERVIEW OBSERVATIONS**

The applicant was alert, cooperative and fully oriented throughout the interview. Eye contact was good and no problems in concentration were observed. Speech and kinetics were unremarkable. Mood was essentially positive with expression of feelings considered to the content of the discussion. No suicidal or homicidal ideation was expressed. No perceptual or thought disturbance was evident. The applicant related in a pleasant, conversational manner.

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***\*DESTROY AFTER REVIEW OR RETURN THIS REPORT TO LEPS\****  
***DO NOT RETAIN IN AGENCY PERSONNEL FILES***

**APPLICANT NAME: Ford Mustang**  
**SOCIAL SECURITY NUMBER:**  
**POSITION: Police Officer**  
**AGENCY: Washington DC Metropolitan Police Department**  
**DATE OF ASSESSMENT:**

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**JOB RELEVANT PSYCHOLOGICAL TEST RESULTS**

California Psychological Inventory (CPI-434)  
Personality Assessment Inventory (PAI)  
State-Trait Anger Expression Inventory (STAXI)

**Test-Taking Attitude:** This test respondent's results can be accepted as valid, and therefore, the profile produced can be considered a reasonably accurate reflection of this candidate's characteristic interpersonal style, personality traits character, and typical work ethic and habits.

**Psychological/Emotional STABILITY:** The examinee's responses on test items measuring emotional stability were within normal limits, and indicate that this person is essentially psychologically stable.

**Job Suitability Risk Statements Suggesting Areas for Further Background Review:**

**Job-related (performance) problems:** The applicant's test responses are similar to public safety applicants at **HIGH RISK** in this area. This test-based concern is consistent with admission(s) of negative behaviors as highlighted in **employment** section as noted above

**Integrity problems:** The applicant's test responses are similar to public safety applicants at **HIGH RISK** in this area. This test-based concern is consistent with admission(s) of negative behaviors as highlighted in **employment, substance use, legal, and financial sections** as noted above

**Anger Management problems:** The applicant's test responses are similar to public safety applicants at **HIGH RISK** in this area. This test-based concern is consistent with admission(s) of negative behaviors as highlighted in **legal section** highlighted above

**Alcohol Use Concerns:** The applicant's test responses are similar to public safety applicants at **HIGH RISK** in this area. This test-based concern is consistent with admission(s) of negative behaviors as highlighted in **alcohol use** section as noted above

**Illegal Drug Use:** The applicant's test responses are similar to public safety applicants at **HIGH RISK** in this area. This test-based concern is **not** consistent with admission(s) of negative behaviors as highlighted above

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***\*DESTROY AFTER REVIEW OR RETURN THIS REPORT TO LEPS\****  
***DO NOT RETAIN IN AGENCY PERSONNEL FILES***

**APPLICANT NAME:** Ford Mustang  
**SOCIAL SECURITY NUMBER:**  
**POSITION:** Police Officer  
**AGENCY:** Washington DC Metropolitan Police Department  
**DATE OF ASSESSMENT:**

---

**Substance Abuse Proclivity:** The applicant's test responses are similar to public safety applicants at **HIGH RISK** in this area. This test-based concern is consistent with admission(s) of negative behaviors as highlighted in **substance use** section as noted above

**Americans with Disabilities Act Issues:** The applicant's scores on tests measuring emotional stability were within normal limits, and indicate that this person is essentially psychologically stable. A thorough review of the applicant's life, work, and psychological histories support this test-based impression. Accordingly, there is no evidence to suggest a psychological disability covered by the ADA, nor do I perceive the applicant as disabled. Any concerns expressed in this report about the applicant's ability to perform the essential job functions of the position are based upon psychological traits and characteristics identified in the applicant's personality test data, and/or the applicant's adult life behavior report and/or interview performance.

**SUMMARY:** Abbreviations for ratings: EXC = Excessive; MOD = Moderate; NS = Not significant

EXC	MOD	NS	<b>Essential Job Elements for POLICE OFFICERS:</b>
		X	1. Social Competence: No significant concerns.
		X	2. Teamwork: No significant concerns.
		X	3. Adaptability/Flexibility: No significant concerns.
X			4. <b>Conscientiousness/Dependability: Excessive concern based upon academic probation and dismissal ; current unemployment; termination; reckless driving charge; collection referral; student loans default; arrest; blackout from alcohol; and psychological test results.</b>
		X	5. Impulse Control/Attention to Safety: No significant concerns.
X			6. <b>Integrity/Ethics: Excessive concern based upon academic probation and dismissal; current unemployment; termination; reckless driving charge; collection referral; student loans default; arrest; blackout from alcohol; and psychological test results.</b>
X			7. <b>Emotional Regulation and Stress Tolerance: Excessive concern based upon arrest; and psychological test results.</b>
X			8. <b>Decision-Making and Judgment: Excessive concern based upon academic probation and dismissal; current unemployment; termination; reckless driving charge; collection referral; student loans default; arrest; blackout from alcohol; and psychological test results.</b>
		X	9. Assertiveness/Persuasiveness: No significant concerns.
	X		10. <b>Avoiding Substance Abuse and Other Risk-taking Behavior: Moderate concern based upon blackout from alcohol.</b>
X			11. <b>Problem Solving/Learning: Excessive concern based upon academic probation and dismissal; current unemployment; termination; reckless</b>

***\*DESTROY AFTER REVIEW OR RETURN THIS REPORT TO LEPS\*  
DO NOT RETAIN IN AGENCY PERSONNEL FILES***

**APPLICANT NAME: Ford Mustang**  
**SOCIAL SECURITY NUMBER:**  
**POSITION: Police Officer**  
**AGENCY: Washington DC Metropolitan Police Department**  
**DATE OF ASSESSMENT:**

			<b>driving charge; collection referral; student loans default; arrest; blackout from alcohol; and psychological test results.</b>
		X	12. Communication Skills: No significant concerns.

**Conclusions:** The integration of psychological test and interview information indicates the applicant is essentially psychologically stable and is **POORLY SUITED** for the position in question.

*Test results describe the applicant as has difficulty in doing best work in settings that have strict rules and regulations; is easily distracted; tends to stop working when things are not going well. Such a person has difficulty in doing best work in settings that are vague, poorly defined, and lacking in precise specifications; and has limited interests in tasks requiring intellectual or cognitive effort. Such a person is self-indulgent; undisciplined; careless; and indifferent to personal obligations. Such a person resists rules; does not like to conform; often is rebellious; gets into trouble easily; and has unconventional views and attitudes. Such a person is more interested in the practical and concrete than the abstract; looks more at what people do than how they feel or think; and often appears apathetic and seemingly unmotivated. These results support that which is seen in the applicant's history.*

*The applicant's history is indicative of poor judgment and decision-making, and immaturity. The applicant has experienced troubles at work and with his academics; in , he was academically dismissed from his university and was terminated from employment in. The applicant has been cited for reckless driving, referred to collections, arrested for disorderly conduct, and admitted having a blackout from alcohol last month. Although the applicant clearly presented as a friendly and likeable individual, he does not meet the standards for maturity, integrity, or dependability at this time. He is not recommended for the position.*

If additional information becomes available from the background review process that relates to the concerns referenced in this report, please notify me so I can reconsider my conclusions and recommendation.

**Recommendation: FAIL**

Psychologist  
District of Columbia License #

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**\*DESTROY AFTER REVIEW OR RETURN THIS REPORT TO LEPS\***  
**DO NOT RETAIN IN AGENCY PERSONNEL FILES**

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**TO: Washington DC Metropolitan Police Department**

**RE: Employment Suitability Assessment**

**APPLICANT NAME: Ford Mustang**

**SOCIAL SECURITY NUMBER:**

**POSITION: Police Officer**

**AGENCY: Washington DC Metropolitan Police Department**

**DATE OF ASSESSMENT:**

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The above named applicant was administered a battery of psychological tests and was individually interviewed by this psychologist. This job suitability assessment should be considered as only one aspect in the selection process; the final hiring decision should be made by the agency after careful consideration of data from all aspects of the screening procedure.

This recommendation is only intended for the position the applicant was assessed for, and should not be considered valid for use in hiring or assignment decisions for more than one year after the date of the interview.

**The integration of psychological test and interview information indicates the applicant displays personality traits that are expected to significantly interfere with the performance of essential job functions. The applicant is POORLY SUITED for the position in question. This applicant is rated as FAIL.**

Psychologist  
District of Columbia License #

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***\*RETAIN THIS LETTER FOR THE AGENCY'S RECORDS***

**PSYCHOLOGICAL SUITABILITY RATING FOR POLICE OFFICERS**

(After Conditional Offer of Employment)

**\*RETAIN THIS LETTER FOR THE AGENCY'S RECORDS\***

**APPLICANT NAME: Ford Mustang**  
**SOCIAL SECURITY NUMBER:**  
**POSITION: Police Officer**  
**AGENCY: Washington DC Metropolitan Police Department**  
**DATE OF ASSESSMENT:**

This psychological suitability assessment is intended to identify the applicant's personality traits and attributes that can be associated with either suitable or below standard performance of job elements essential to the public safety position applied for. This assessment is based on information provided by the applicant in response to a battery of psychological tests, a personal history questionnaire and a structured interview focused on behavior relevant to the job elements required by the position. The Department should verify the accuracy of this self-reported information. This assessment should not be considered valid for use in selection decisions for more than one year after the date of the interview. This psychological assessment should be considered as only one aspect of the selection process.

**PASS:**

- A. WELL SUITED:** The applicant's psychological traits are expected to contribute to above standard performance of essential job functions.
- B. SUITABLE:** The applicant's psychological traits are not expected to interfere with the performance of essential job functions.
- C. SUITABLE:** There are some concerns about psychological traits that could interfere with the performance of essential job functions.
- C-minus. MARGINALLY SUITABLE:** There are significant concerns that psychological traits and behavior patterns may interfere with the performance of essential job functions. The Department should determine whether other data supports these concerns prior to making a final hiring decision.

**FAIL:**

- D. POORLY SUITED:** Psychological traits have been identified that are expected to significantly interfere with the performance of essential job functions.

- F. NOT PSYCHOLOGICALLY SUITED** for public safety employment.

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**ANTICIPATED PERFORMANCE PROBLEMS ON ESSENTIAL JOB ELEMENTS  
 FOR PUBLIC SAFETY OFFICER POSITIONS\***

Abbreviations for ratings: Exc = Excessive Mod = Moderate NS = Not significant

Exc	Mod	NS	<b>Essential Job Elements for POLICE OFFICERS</b>
		X	1. <b>Social Competence:</b> Involves communicating with others in a tactful and respectful manner, and showing sensitivity and concern in one's daily interactions. Can interact and deal effectively with people from varying social and cultural backgrounds. Attempts to resolve conflicts through persuasion rather than force.
		X	2. <b>Teamwork:</b> Involves working effectively with others to accomplish goals, as well as subordinating personal interests for the good of the working group and agency. It involves establishing and maintaining effective, cooperative working relationships with fellow officers, supervisors, community partners, representatives of other agencies, and others tasked with serving and protecting the community.
		X	3. <b>Adaptability/Flexibility:</b> Involves the ability to change gears and easily adjust to the many different, sudden, and sometimes competing demands inherent in law enforcement work. Can apply knowledge and reasoning to make prompt and effective decisions quickly in both routine and non-routine situations; can make sound decisions in a timely manner; can size up a situation quickly and take appropriate actions.
X			4. <b>Conscientiousness/Dependability:</b> Involves diligent, reliable, conscientious work patterns; performing in a timely, logical manner in accordance with rules and regulations

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			and agency policies. Follows orders; is reliable, thorough, punctual, accurate; can assume responsibility for share of the workload; works with minimal supervision. Can proceed on assignments without waiting to be told what to do; is consistently productive.
		X	5. <b>Impulse Control/Attention to Safety:</b> Involves taking proper precautions and avoiding impulsive and/or unnecessarily risky behavior to ensure both public and officer safety. Refrains from overreacting when subjected to physical or verbal abuse. Can maintain composure and performs effectively in stressful situations.
X			6. <b>Integrity/Ethics:</b> Involves maintaining high standards of personal conduct. It consists of attributes such as honesty, impartiality, trustworthiness, and abiding laws, regulations and procedures.
X			7. <b>Emotional Regulation and Stress Tolerance:</b> Involves the ability to maintain composure and stay in control, particularly during life-threatening, time-critical events and other stressful situations. It includes taking the negative aspects of the job in stride and maintaining an even temperament, as well as accepting criticism rather than becoming overly defensive or allowing it to hamper job performance. Refrains from overreacting when subjected to physical or verbal abuse; exercises restraint and uses the minimum amount of force necessary to handle a given situation.
X			8. <b>Decision-Making and Judgment:</b> Involves common sense, "street smarts," and the ability to make sound decisions, demonstrated by the ability to size up situations quickly and take the appropriate action. It also involves the ability to sift through information to glean that which is important, and, once identified, to use that information effectively.
		X	9. <b>Assertiveness/Persuasiveness:</b> Involves unhesitatingly taking control of situations in a calm and appropriately assertive manner, even under dangerous or adverse conditions.
X			10. <b>Avoiding Substance Abuse and Other Risk-taking Behavior:</b> Involves avoiding participation in behavior that is inappropriate, self-damaging, and can adversely impact organizational functioning, such as alcohol and drug abuse, domestic violence, sale of drugs and gambling.
X			11. <b>Problem Solving/Learning:</b> Comprehends new information and applies that which has been learned to on-the-job situations.
		X	12. <b>Communication Skills:</b> <u>Writes</u> clearly and concisely; uses acceptable grammar, punctuation and spelling; writing is well organized, complete and accurate. <u>Speaks</u> in a clear, understandable manner and comprehends various types of information; can talk effectively with persons of divergent cultural and educational backgrounds; speaks with good pronunciation, projects voice clearly; can be understood, and understands others, when transmitting on police radio.

**\*THIS JOB ELEMENT LIST WAS DERIVED FROM THE CALIFORNIA P.O.S.T. COMMISSION JOB TASK ANALYSIS**

**Licensed Psychologist**

**ATTACHMENT J.17**  
**LIVING WAGE ACT FACT SHEET**



## LIVING WAGE ACT FACT SHEET

The “Living Wage Act of 2006,” Title I of D.C. Law 16-18, (D.C. Official Code §§2-220.01-.11) became effective June 9, 2006. It provides that District of Columbia government contractors and recipients of government assistance (grants, loans, tax increment financing) in the amount of \$100,000 or more shall pay affiliated employees wages no less than the current living wage rate.

**Effective January 1, 2008, the living wage rate is \$12.10 per hour.**

Subcontractors of D.C. government contractors who receive \$15,000 or more from the contract and subcontractors of the recipients of government assistance who receive \$50,000 or more from the assistance are also required to pay their affiliated employees no less than the current living wage rate.

“Affiliated employee” means any individual employed by a recipient who receives compensation directly from government assistance or a contract with the District of Columbia government, including any employee of a contractor or subcontractor of a recipient who performs services pursuant to government assistance or a contract. The term “affiliated employee” does not include those individuals who perform only intermittent or incidental services with respect to the government assistance or contract, or who are otherwise employed by the contractor, recipient or subcontractor.

**Exemptions** – The following contracts and agreements are exempt from the Living Wage Act:

1. Contracts or other agreements that are subject to higher wage level determinations required by federal law (i.e., if a contract is subject to the Service Contract Act and certain wage rates are lower than the District’s current living wage, the contractor must pay the higher of the two rates);
2. Existing and future collective bargaining agreements, provided that the future collective bargaining agreement results in the employee being paid no less than the current living wage;
3. Contracts for electricity, telephone, water, sewer or other services provided by a regulated utility;
4. Contracts for services needed immediately to prevent or respond to a disaster or eminent threat to public health or safety declared by the Mayor;
5. Contracts or other agreements that provide trainees with additional services including, but not limited to, case management and job readiness services, provided that the trainees do not replace employees subject to the Living Wage Act;

6. An employee, under 22 years of age, employed during a school vacation period, or enrolled as full-time student, as defined by the respective institution, who is in high school or at an accredited institution of higher education and who works less than 25 hours per week; provided that he or she does not replace employees subject to the Living Wage Act;
7. Tenants or retail establishments that occupy property constructed or improved by receipt of government assistance from the District of Columbia; provided, that the tenant or retail establishment did not receive direct government assistance from the District of Columbia;
8. Employees of nonprofit organizations that employ not more than 50 individuals and qualify for taxation exemption pursuant to Section 501 (c) (3) of the Internal Revenue Code of 1954, approved August 16, 1954 (68A Stat. 163; 26. U.S.C. §501(c)(3));
9. Medicaid provider agreements for direct care services to Medicaid recipients, provided, that the direct care service is not provided through a home care agency, a community residence facility, or a group home for mentally retarded persons as those terms are defined in section 2 of the Health-Care and Community Residence Facility, Hospice, and Home Care Licensure Act of 1983, effective February 24, 1984 (D.C. Law 5-48; D.C. Official Code §44-501); and
10. Contracts or other agreements between managed care organizations and the Health Care Safety Net Administration or the Medicaid Assistance Administration to provide health services.

## **Enforcement**

The Department of Employment Services (DOES) and the D.C. Office of Contracting and Procurement (OCP) share monitoring responsibilities.

If you learn that a contractor subject to this law is not paying at least the current living wage you should report it to the Contracting Officer.

If you believe that your employer is subject to this law and is not paying you at least the current living wage, you may file a complaint with the DOES Office of Wage – Hour, located at 64 New York Ave., NE, Room 3105, (202) 671-1880.

For questions and additional information, contact the Office of Contracting and Procurement at (202) 727-0252 or the Department of Employment Services on (202) 671-1880.

**Please note:** *This fact sheet is for informational purposes only as required by Section 106 of the Living Wage Act. It should not be relied on as a definitive statement of the Living Wage Act or any regulations adopted pursuant to the law.*

**ATTACHMENT J.18  
LIVING WAGE ACT OF 2006 NOTICE**

## **“THE LIVING WAGE ACT OF 2006”**

Title I, D.C. Law No. 16-118, (D.C. Official Code §§ 2-220.01-.11)

**Effective June 9, 2006, recipients of new contracts or government assistance shall pay affiliated employees and subcontractors who perform services under the contracts no less than the current living wage.**

**Effective January 1, 2008, the living wage rate is \$12.10 per hour.**

### **The requirement to pay a living wage applies to:**

- All recipients of contracts in the amount of \$100,000 or more; and, all subcontractors of these recipients receiving \$15,000 or more from the funds received by the recipient from the District of Columbia, and,
- All recipients of government assistance in the amount of \$100,000 or more; and, all subcontractors of these recipients of government assistance receiving \$50,000 or more in funds from government assistance received from the District of Columbia.

**“Contract” means a written agreement between a recipient and the District government.**

**“Government assistance” means a grant, loan or tax increment financing that result in a financial benefit from an agency, commission, instrumentality, or other entity of the District government.**

**“Affiliated employee” means any individual employed by a recipient who received compensation directly from government assistance or a contract with the District of Columbia government, including any employee of a contractor or subcontractor of a recipient who performs services pursuant to government assistance or contract. The term “affiliated employee” does not include those individuals who perform only intermittent or incidental services with respect to the contract or government assistance or who are otherwise employed by the contractor, recipient or subcontractor.**

Certain exceptions may apply where contracts or agreements are subject to wage determinations required by federal law which are higher than the wage required by this Act; contracts for electricity, telephone, water, sewer other services delivered by regulated utility; contracts for services needed immediately to prevent or respond to a disaster or eminent threat to the public health or safety declared by the Mayor; contracts awarded to recipients that provide trainees with additional services provided the trainee does not replace employees; tenants or retail establishments that occupy property constructed or improved by government assistance, provided there is no receipt of direct District government assistance; Medicaid provider agreements for direct care services to Medicaid recipients, provided that the direct care service is not provided through a home care agency, a community residential facility or a group home for mentally retarded persons; and contracts or other agreements between managed care organizations and the Health Care Safety Net Administration or the Medicaid Assistance Administration to provide health services.

Exemptions are provided for employees under 22 years of age employed during a school vacation period, or enrolled as a full-time student who works less than 25 hours per week, provided that other employees are not replaced, and for employees of nonprofit organizations that employ not more than 50 individuals.

**Each recipient and subcontractor of a recipient shall provide this notice to each affiliate employee covered by this notice, and shall also post this notice concerning these requirements in a conspicuous site in the place of business.**

**All recipients and subcontractors shall retain payroll records created and maintained in the regular course of business under District of Columbia law for a period of at least 3 years.**

This is a summary of the “Living Wage Act of 2006”. For the complete text go to:

[www.does.dc.gov](http://www.does.dc.gov) or [www.ocp.dc.gov](http://www.ocp.dc.gov)

**To file a complaint contact: Department of Employment Services**

**Office of Wage-Hour**

**64 New York Avenue, N.E., Room 3105, Washington, D.C. 20002**

**(202) 671-1880**