

## Plant Operator : Return to Work Checklist and Plan

Please complete with your patient

Worker name: \_\_\_\_\_ Claim number: \_\_\_\_\_ Injury: \_\_\_\_\_

Worker will be able to participate in the duties as below from: / / to / /

Full time  Part time  \_\_\_\_\_ hours per day \_\_\_\_\_ days/week

N.B. Based on your information, a suitable duties plan will be established at the worker's place of employment. In the absence of task availability at their usual workplace the worker will continue to be paid weekly compensation and WorkCover will source suitable alternative workplace rehabilitation with a host employer.

Please consider the "health benefits of good work" and focus on what your patient can do.

Tick if suitable	Job Tasks	Limitations/Comments
	Standing and walking over uneven surfaces and various gradients for prolonged periods	
	Operating heavy machinery in a seated position	
	Spotting tasks	
	Slinging pipe	
	Site inspections	
	Pre-start checks	
	Monitoring trench measurements	
	Operation of controls/levers	
	Getting in/out of machinery	
Tick if suitable	Alternate duties	Limitations/Comments
	Light clean-up/general site housekeeping tasks	
	Visual inspection/follow-up review of hazards identified during safety walks	
	Installing temporary safety barricading/plastic mesh	
	Light storeman duties, e.g. receiving and dispatching light articles such as personal protective wear and similar	
	Sorting of shackles, couplings, man boxes and equipment into stores	
	Spotting tasks for crane operator and or checking for hazards during works performed by others	
	Selected dogman tasks; commencing with receiving the materials transported by crane	
	Distribution and collection of wheelie bins around the site	
	Loading and operation of automated hydraulic bin tipper	

	Light courier role/light deliveries between sites	
	Intermittent and short periods of forklift operation	
	Intermittent and short periods of operation of Manitou	
	Operation of joystick-controlled plant equipment such as small bobcat	
	Selected small crane operation such as operation of 'Franna' or operation of 'Mini Crawler	
	Operation of rollers	
	Repair of fall protection shade cloth, involving visual inspection and tying of cloth to scaffolding	
	Operating other plant equipment that has simple access or plant equipment with step ladder access, such as small excavators, Manitous and forklifts	
	Loading trucks which are generally considered smoother than other excavating tasks	

If none of the above tasks or alternate duties are appropriate at this time, please advise a review date or timeframe to some form of return to work \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_

Worker name: \_\_\_\_\_ Claim number: \_\_\_\_\_ Injury: \_\_\_\_\_

Please tick here if you have been unable to identify any tasks and you would prefer an allied health provider to help implement a return to work plan.

Other comments:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SIGNATURES**

Treating Medical Practitioner: \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_

Worker: \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_

Employer: \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Submission and payment for this form (WorkCover Queensland claims only)**

If this form is requested as part of a workers' compensation claim, please forward this completed form via our online services, or alternatively by faxing to 1300 651 387. You can charge for a "completed form" under the relevant table of costs, found on our website [worksafe.qld.gov.au](http://worksafe.qld.gov.au). This form will become part of a claim file and may therefore be read by claims staff, WorkCover Queensland's network of advisory doctors, specialists at the Medical Assessment Tribunal or during legal proceedings.

In addition, the form that you provide may be released to another person (usually the worker or employer) under the Right to Information Act (2009), the workers' compensation legislation or as authorised or required by law.