

Butcher and Butchers Assistant : 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
	<p>Re-packaging goods:</p> <ul style="list-style-type: none"> • Goods arrive on pallets • Pallets are transferred from storage area to point of use using a pallet jack • Individual boxes are removed from the pallet and placed on a trolley to be transported to work bench area • Individual boxes are opened up (using a knife) and the contents removed • Items are then transferred into a box, sealed with tape and placed into baskets with the corresponding order form • Once trolley is full, trolley is manoeuvred into the Chiller for storage • Baskets are removed individually and placed on racking/shelving 	
	<p>Preparing meat to order:</p> <ul style="list-style-type: none"> • Boxes containing goods are lifted from trolley and placed on work bench where contents are emptied • Goods are then processed to order specification – this may include: <ul style="list-style-type: none"> - filleting - dicing - tenderising - mincing - using bandsaw • Orders are placed into appropriate areas 	
	<p>Packaging processed orders & transferring for dispatch</p> <ul style="list-style-type: none"> • Orders are then packaged using Cryovac machine • Orders may then also be labelled (for retail customers) • Packaged goods are then placed into baskets and stacked onto dolly trolley • Goods are moved into Chiller room; where goods are placed/stacked onto pallet positioned on the floor (carried or manoeuvred on trolley) 	

Worker name: _____ Claim number: _____ Injury: _____

Tick if suitable	Job Tasks	Limitations/Comments
	General Cleaning: <ul style="list-style-type: none"> • Remove laden and empty tubs from work area • Place tubs in storeroom • Hose out tubs • Hose down floor and work benches 	

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 _____ / ____ / ____

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. 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.