

Boilermaker : 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
	Prepare material <ul style="list-style-type: none"> • read specifications • measure, mark up • sand blasting 	
	Maintenance of tools and equipment (hands tools, hand-held power tools, large free-standing power tools, eg. Bench press) <ul style="list-style-type: none"> • identifying equipment that requires maintenance • clean, lubricate and adjust tools • sharpen chisels, centre punches etc • replace worn blades • top-up fluids for hydraulic equipment 	
	Manual fabrication, assembly or disassembly <ul style="list-style-type: none"> • handling of materials (lifting of variously weighted items) • holding/manoeuvring of tools used to complete tasks (hammer, spanners, wrenches, acetylene torches etc) • handling tools with vibration (eg. drill, grinder, torque wrench) • working on portable components at bench height (standing or seated) • working on larger pre-fabricated components at source (standing/seated/crouching) 	Please advise weight lifting limit
	Automated welding - water cutting and plasma cutting <ul style="list-style-type: none"> • placing materials in position (lifting of variously weighted items) • operating computer based programs - standing or seated task 	Please advise weight lifting limit
	Performing construction/repair duties on work platforms: <ul style="list-style-type: none"> • ladders • Scaffolding • scissor lifts/boom lifts 	
	Performing construction/repair duties in confined spaces	
	Operate forklift	

Worker name: _____ Claim number: _____ Injury: _____

Tick if suitable	Job Tasks	Limitations/Comments
	Preparing items for hoist	
	Operate manual hoisting equipment, block and tackle	
	Fibreglassing <ul style="list-style-type: none"> • prepare fibreglass resins • apply fibreglass - rolling, brushing, spraying 	
	Training others <ul style="list-style-type: none"> • may require demonstration of tasks 	
	Supervisory duties	

Tick if suitable	Alternate duties	Limitations/Comments
	Task	
	Task	

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.