

Machine Operator / Process Worker : 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
	Setting up machine	
	Sitting	
	Standing	
	Loading machines with materials - specify weight limit	
	Operating machine controls, monitoring gauges, adjusting machine, minor repairs	
	Feeding materials into machine - climb ladder	
	Feeding materials into machine - above shoulder height	
	Feeding materials into machine - below shoulder height	
	Securing and positioning product/materials in place	
	Examining output for defects and conformity to specifications	
	Raising and lowering machine to trim materials and remove defective product	
	Applying post-machine product such as coatings, laminations	
	Checking machine for safety and correct functioning	
	Packaging / boxing of completed product - specify weight limit	
	Cleaning machine - climb ladder	
	Cleaning machine - specify above or below shoulder height	
	Cleaning machine - using pressure hose	
	Cleaning machine - using chemical cleaner	

Worker name: _____ Claim number: _____ Injury: _____

Tick if suitable	Alternate duties	Limitations/Comments
	Quality control -taking samples, assessing samples, documenting	
	Distribution and dispatch - checking off orders, sitting and standing	
	Administration - filing, shredding, archiving, answering telephones, computer work. Seated or standing positions, one handed tasks available.	
	General cleaning - dusting, sweeping, mopping, removing rubbish, remove cobwebs, clean windows. One handed tasks available.	
	Stock control	
	Desktop or classroom training	
	Desktop or classroom supervision	
	Safety inspections	

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.