

Cleaner : 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
	Replenish stores and stock trolleys this requires: <ul style="list-style-type: none"> constant standing and walking on level floor bilateral pushing of trolley to stores to replenish supplies of toilet rolls, chemicals, plastic bags, plastic cups, rags occasional bending/squatting to low storage shelves frequent lifting/carrying less than 5 kilograms occasional lifting of 5 litre containers of chemicals occasional lifting to/from above shoulder height confined space noted in store room with difficult access to heavy chemicals on lowest shelf plastic bags packaged in cartons, over 10 kilograms. It is noted that workers are instructed not to lift filled cartons, just to remove stock needed. 	
	Floor cleaning (vacuum, dry mop, wet mop) requires: <ul style="list-style-type: none"> constant standing and walking vacuuming – pull along vacuum cleaner frequent pushing/ pulling to vacuum and mop floors occasional use of heavy scrubbers or heavy duty vacuum heavy duty cleaning equipment to be removed from small storage room, with confined space (occasional use only). 	
	Clean bathrooms this requires: <ul style="list-style-type: none"> use long-handled "mega-mop" to clean high areas of tiles around windows unilateral reaching forward to clean hand basin, toilet and mirror bending/squatting to detail around toilet 3-step ladder available to change shower curtains replenish supplies of toilet rolls and towels – bending/ squatting to low shelves/ trolley. 	
	Remove rubbish <ul style="list-style-type: none"> short distance walking lifting rubbish from trolley (less than 5 kilograms) occasional bending/squatting to access low bins reaching to shoulder height to place bags in large bins outside ward. 	
	Wash and linen coordinator (remove dirty linen) <ul style="list-style-type: none"> constant walking between wards and back dock attach large linen trolleys to motorised tuglets. 	

Worker name: _____ Claim number: _____ Injury: _____

Tick if suitable	Job Tasks	Limitations/Comments
	Empty large rubbish bins <ul style="list-style-type: none"> • constant walking • heavy pushing large wheeled bins from all wards to back dock • place bins into bin lifter in back dock • push-button operation of bin litter. 	
	Room cleaning this involves make beds, clean floors, dusting windows, wards, kitchen staff room, utility rooms and staff toilets. <ul style="list-style-type: none"> • electric adjustable height beds • remove and change bed linen • bending/ squatting to access clean linen from shelves at waist to floor height • occasional pushing/pulling or lifting to move chairs for floor cleaning • clean high areas of walls, windows and air vents using long-handled "mega-mop" or long-handled duster • bending/squatting to clean under-bench fridge, toilets • frequent gripping and reaching to wipe surfaces • occasional use of step ladder to change shower curtain. 	
Tick if suitable	Alternate duties	Limitations/Comments

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.