Air Conditioner Installer

Initial work capacity form

Purpose of this form

This form is designed to be completed by injured workers and their supervisors and/or the return to work coordinator, if applicable;

- to determine the tasks the worker may be able to do with or without modifications, and
- to inform the medical practitioner what tasks the worker may be able to safely undertake.

The form lists a range of work tasks typically performed by an air conditioner installer where each task has been rated according to the impact on five body parts; **Green** for little or no impact, **Amber** for some impact or **Red** for significant impact.

Instructions for workers, supervisors and return to work coordinators

The injured worker and their supervisor and/or return to work coordinator, if applicable, assess the work requirements and what duties may be suitable to perform by using the following three steps:

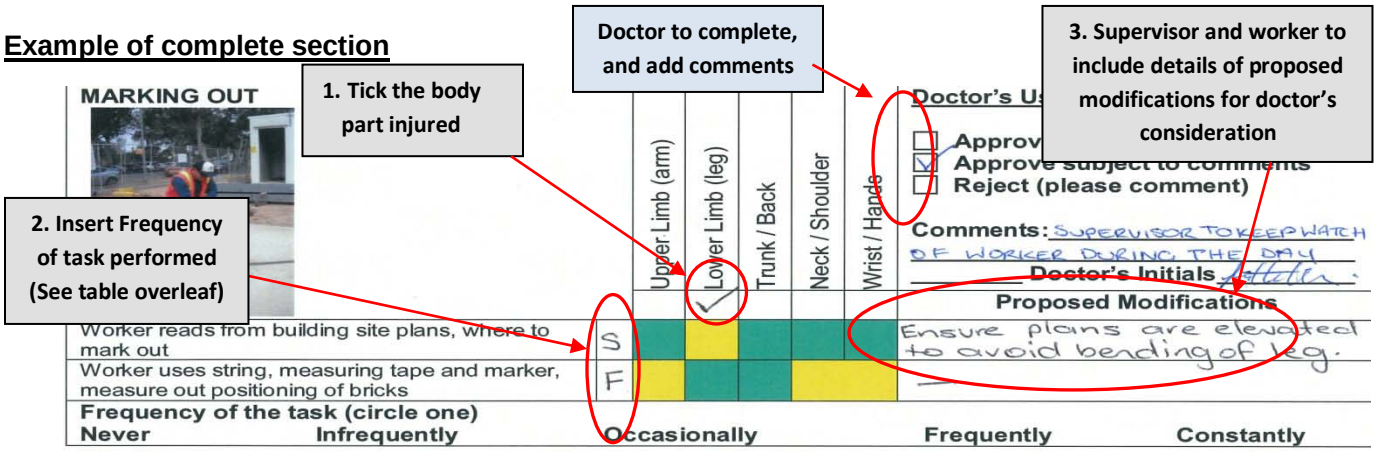
Step 1: Tick above the coloured column of the body part(s) affected by the injury.
Step 2: To the right of each task listed, insert the letter code that represents the frequency of the task (see the frequency table on the next page for the letter codes)
Step 3: Together review the duties performed, the worker's capacity and agree on options to accommodate the injury, taking into account those duties that are coded **Red** and **Amber**.

Once these steps have been followed for each task, initial each page, complete the declaration at the back and take it to the treating doctor for consideration and approval.

Instruction for medical practitioners

1. Review the proposed work accommodations documented in this form as agreed by the injured worker and their supervisor. These tasks have been evaluated by an Occupational Therapist to determine the impact on body parts when performing the duties.
2. Indicate your level of support for each option; include comments where indicated and initial the relevant section. There is more space for comments on the last page of the document if required.
3. Complete the "Doctor Review" section on the last page and provide a copy for the worker.
4. NB: the worker will still require a WorkCover medical certificate

Example of complete section



What sort of accommodations can be made?

The supervisor and worker are well placed to consider what duties may be suitable and what accommodations could assist the return to work process. However, options need to be safe to perform and not aggravate the injury and must have confirmation of the treating doctor.

Examples of accommodations are:

- ☑ Provide assistance for certain tasks
- ☑ Reduced work hours for a short period of time
- ☑ Avoid certain tasks for a short period of time
- ☑ Modify tasks to make them easier
- ☑ Use equipment to reduce the load

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EMPLOYER: _____

EMPLOYEE: _____

NOTE: When completing the tables below, use the following table as a guide to frequency of performing a task.

	Code	Non-Material Handling	Non-Material Handling	Material Handling
Never	**N**	0% of an 8hr working day	No Repetitions per day	No Repetitions per day
Rarely	**R**	1-5% of an 8hr working day	1-2 Repetitions per day	1-2 Repetitions per day
Sometimes	**S**	6-33% of an 8hr working day	3-100 Repetitions per day	3-32 Repetitions per day
Frequently	**F**	34-66% of an 8hr working day	101-800 Repetitions per day	33-200 Repetitions per day
Constantly	**C**	67-100% of an 8hr work day	>800 Repetitions per day	>200 Repetitions per day

GREEN	Little impact or no impact on the body part, generally able to perform these duties
AMBER	Some impact on the body part, consider modifications to minimise exposure
RED	May have significant impact on the body part, exercise caution with these duties

USING A VEHICLE 	Frequency	Upper Limb (arm)	Lower Limb (leg)	Trunk / Back	Neck / Shoulder	Wrist / Hands	**Doctor's Use Only:** ☐ **Approve** ☐☐ **Approve subject to comments** ☐ **Reject (please comment)** **Comments:** _____ _____ _____**Doctor's Initials**_____
							Proposed Modifications
Worker drives vehicle to / from site.							
Steering and operation of gears [if applicable]							
Operating foot controls							

MANUAL HANDLING 	Frequency	Upper Limb (arm)	Lower Limb (leg)	Trunk / Back	Neck / Shoulder	Wrist / Hands	**Doctor's Use Only:** ☐ **Approve** ☐☐ **Approve subject to comments** ☐ **Reject (please comment)** **Comments:**_____ _____ _____**Doctor's Initials**____
							Proposed Modifications
The worker accesses materials from the van / ute as required. Tools and equipment may weigh between 1kg to 15kg. These are lifted from the van and whilst onsite.							
Carrying replacement parts to and from vehicle [weighing up to 25kg] – on occasions two person lift is required. Air conditioner units are generally lifted using mechanical needs if two people unable to lift.							
A worker may be required to carry ladders [weighing up to approximately 24kg], and load onto the vehicle.							

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ACCESSING WORKSITE 	Frequency	Upper Limb (arm)	Lower Limb (leg)	Trunk / Back	Neck / Shoulder	Wrist / Hands	**Doctor's Use Only:** ☐ Approve ☐ Approve subject to comments ☐ Reject (please comment) Comments:_____ _____ _____Doctor's Initials_____
							Proposed Modifications
Climbing ladders, and/or internal/external stairs.							

TOOL USE 	Frequency	Upper Limb (arm)	Lower Limb (leg)	Trunk / Back	Neck / Shoulder	Wrist / Hands	**Doctor's Use Only:** ☐ Approve ☐ Approve subject to comments ☐ Reject (please comment) Comments:_____ _____ _____ _____Doctor's Initials_____
							Proposed Modifications
Tools used include: Hammers, power saws, pressure indicators, screwdrivers and voltage or current meters. Some tools require a lot of grip force, balance, control, guidance and cause vibration in upper limbs.							
Assess, repair and replace defective components or wiring using screwdrivers [or similar].							

INSTALLATION OF DUCTING 	Frequency	Upper Limb (arm)	Lower Limb (leg)	Trunk / Back	Neck / Shoulder	Wrist / Hands	**Doctor's Use Only:** ☐ Approve ☐ Approve subject to comments ☐ Reject (please comment) Comments:_____ _____ _____Doctor's Initials_____
							Proposed Modifications
Connecting duct pipes or tubing together whilst standing, squatting, kneeling or whilst on elevated platforms [ladders, scissor lifts].							
Pulling pipes /tubing whilst in roof cavities, on ladders etc.							
Lifting material into position [variable weight].							
Using hand tools during process.							

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SERVICING AIR CONDITIONERS     	Frequency	Upper Limb (arm)	Lower Limb (leg)	Trunk / Back	Neck / Shoulder	Wrist / Hands	**Doctor's Use Only:** ☐ **Approve** ☐ **Approve subject to comments** ☐ **Reject (please comment)** **Comments:**_____ **Doctor's Initials**_____
							Proposed Modifications
Low level postures during full diagnosis, routine maintenance, service repairs.							
Climbing into units and repairing using hand tools.							
Removing front panels to complete repair / maintenance work.							
arrying and replacing parts [up to 25kg].							
Pulling parts onto the roof using rope.							
Observing crane use when required on commercial sites.							

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WORKERS & SUPERVISORS DECLARATION

We have reviewed and considered what available work can be safely and reasonably performed and what accommodations can be included. We have undertaken this in good faith and with a view to accommodating the injury and maximising the range of duties that can safely and reasonably be performed, and seeking a successful return to pre-injury duties.

Company Name ……..	……..	……..
	Workers signature	Supervisors signature
	……..	……..
	Workers name	Supervisors name
	……..	……..
	Date	Date

DOCTOR'S REVIEW

Additional comments: (If none, please write "N/A")

……
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……

I have reviewed the proposed work modifications and confirm that in my view, subject to my comments above, the worker is able to perform the proposed duties.

These duties should be reassessed on …….. (date)

……..
(signed)

For information and assistance on completing this form members of Master Builders may contact Houda Peters at Master Builders on (08) 8211 7466