

Bricklayer

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 a bricklayer 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)

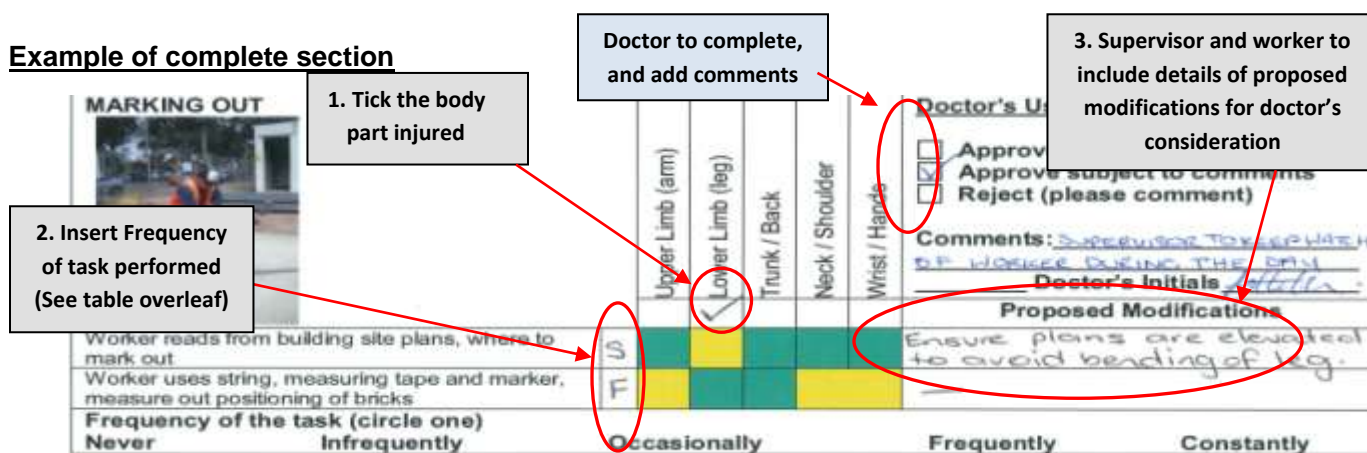
Step 3: Together review the duties performed, the worker's capacity and agree on options to accommodate the injury, taking into account those duties that are coded **Red** and **Amber**.

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

- 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.
- 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.
- Complete the "Doctor Review" section on the last page and provide a copy for the worker.
- NB:** the worker will still require a WorkCover medical certificate

Example of complete section



MARKING OUT

1. Tick the body part injured

2. Insert Frequency of task performed (See table overleaf)

Doctor to complete, and add comments

3. Supervisor and worker to include details of proposed modifications for doctor's consideration

	Upper Limb (arm)	Lower Limb (leg)	Trunk / Back	Neck / Shoulder	Wrist / Hands
Worker reads from building site plans, where to mark out	S				
Worker uses string, measuring tape and marker, measure out positioning of bricks	F				

Frequency of the task (circle one)

Never Infrequently Occasionally Frequently Constantly

Doctor's Use

☐ Approve

☒ Approve subject to comments

☐ Reject (please comment)

Comments: SUPERVISOR TO SPEAK WITH DP WORKER DURING THE DAY

Doctor's Initials: [Signature]

Proposed Modifications

Ensure plans are elevated to avoid bending of leg.

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

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USING A CEMENT MIXER		Frequency	Upper Limb (arm)	Lower Limb (leg)	Trunk / Back	Neck / Shoulder	Wrist / Hands	Doctor's Use Only:
 								<input type="checkbox"/> Approve <input type="checkbox"/> Approve subject to comments <input type="checkbox"/> Reject (please comment) Comments: _____ _____ Doctor's Initials _____
								Proposed Modifications
Worker and co – worker/s unload mixer [>130kg] from the trailer using a ramp of wooden planks [approx. Weight 7kg each].								
Worker carries bags of cement to the mixer. Worker might have to walk a short distance across site. Note: uneven surfaces.								
Worker tips 6 buckets of water [approx 2L] in the mixer and adds a bag of cement [20Kg]								
Worker shovels sand / mud [weighing approx. 4kg per shovel load]. Adds more water.								
Worker manoeuvres the wheelbarrow in place and tips the bowl [with a hand lever] in the barrow. Weight of mix can be up to 100kg.								
Worker scrapes out bowl and places bowl back in position. Worker moves wheelbarrow								
Worker cleans concrete mixer with water when finished, using a trigger hose to spray								
Worker is required to keep the worksite tidy. Worker uses a shovel to transfer waste into the large skip bin.								



MARKING OUT		Frequency	Upper Limb (arm)	Lower Limb (leg)	Trunk / Back	Neck / Shoulder	Wrist / Hands	Doctor's Use Only:
								<input type="checkbox"/> Approve <input type="checkbox"/> Approve subject to comments <input type="checkbox"/> Reject (please comment) Comments: _____ _____ Doctor's Initials _____
								Proposed Modifications
Using string, measuring tape and marker, measure out positioning of bricks								

TRANSPORTING MORTAR		Frequency	Upper Limb (arm)	Lower Limb (leg)	Trunk / Back	Neck / Shoulder	Wrist / Hands	Doctor's Use Only:
 								<input type="checkbox"/> Approve <input type="checkbox"/> Approve subject to comments <input type="checkbox"/> Reject (please comment) Comments: _____ _____ Doctor's Initials _____
								Proposed Modifications
Worker moves full wheelbarrows [weighing approx. 100kg each] to bricklaying spot.								
Worker shovels the mortar [17kg] from the wheelbarrow onto a number of mortar boards								
Worker cleans wheelbarrow with water when finished, using a trigger hose to spray.								

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BRICK LAYING PREPARATION		Frequency	Upper Limb (arm)	Lower Limb (leg)	Trunk / Back	Neck / Shoulder	Wrist / Hands	Doctor's Use Only:
 								<input type="checkbox"/> Approve <input type="checkbox"/> Approve subject to comments <input type="checkbox"/> Reject (please comment) Comments: _____ Doctor's Initials _____
Worker handles and carries 6 or more bricks at once [weighing 2.5kg each] during the day. Note: A 3 brick carrier can be used.								Proposed Modifications
The worker assists with setting up levels at the beginning of the job. Worker may have to lift pipes to assemble some scaffolding.								

BRICK LAYING		Frequency	Upper Limb (arm)	Lower Limb (leg)	Trunk / Back	Neck / Shoulder	Wrist / Hands	Doctor's Use Only:
 								<input type="checkbox"/> Approve <input type="checkbox"/> Approve subject to comments <input type="checkbox"/> Reject (please comment) Comments: _____ Doctor's Initials _____
Worker handles and lays on average 500 to 600 bricks per day. Worker uses a trowel, scooping mortar to bond the bricks.								Proposed Modification
Worker has to cut bricks to size using a hammer and chisel or an electric saw.								
Worker installs wall ties using a drill or hammer and nails, to fix the wall to the studs at various intervals								
Worker uses a rake and a pointing tool to smooth the brick joints. Note: This can take 30 minutes and 6 times per day.								
Worker cleans the surface with brick wash application.								

WORKER & SUPERVISOR 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

Disclaimer

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