

# Carpenter

## 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 carpenter 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**



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

1. Tick the body part injured

Doctor to complete, and add comments

	Upper Limb (arm)	Lower Limb (leg)	Trunk / Back	Neck / Shoulder	Wrist / Hands	
Worker reads from building site plans, where to mark out	S	F	F	F	F	<p>Doctor's Use</p> <p><input type="checkbox"/> Approve</p> <p><input checked="" type="checkbox"/> Approve subject to comments</p> <p><input type="checkbox"/> Reject (please comment)</p> <p>Comments: SUPERVISOR TO KEEP WATCH OF WORKER DURING THE DAY</p> <p>Doctor's Initials: <i>[Signature]</i></p> <p>Proposed Modifications</p> <p>Ensure plans are elevated to avoid bending of leg.</p>
Worker uses string, measuring tape and marker, measure out positioning of bricks	F	F	F	F	F	
<b>Frequency of the task (circle one)</b>						
Never	Infrequently	Occasionally	Frequently	Constantly		

### 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	<b>N</b>	0% of an 8hr working day	No Repetitions per day	No Repetitions per day
Rarely	<b>R</b>	1-5% of an 8hr working day	1-2 Repetitions per day	1-2 Repetitions per day
Sometimes	<b>S</b>	6-33% of an 8hr working day	3-100 Repetitions per day	3-32 Repetitions per day
Frequently	<b>F</b>	34-66% of an 8hr working day	101-800 Repetitions per day	33-200 Repetitions per day
Constantly	<b>C</b>	67-100% of an 8hr work day	>800 Repetitions per day	>200 Repetitions per day



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


USING A VEHICLE							<b>Doctor's Use Only:</b> <input type="checkbox"/> Approve <input type="checkbox"/> Approve subject to comments <input type="checkbox"/> Reject (please comment) Comments: _____  <b>Doctor's Initials</b> _____ <b>Proposed Modifications</b> _____	
	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								

LOADING / UNLOADING VEHICLE							<b>Doctor's Use Only:</b> <input type="checkbox"/> Approve <input type="checkbox"/> Approve subject to comments <input type="checkbox"/> Reject (please comment) Comments: _____  <b>Doctor's Initials</b> _____ <b>Proposed Modifications</b> _____	
	Frequency	Upper Limb	Lower Limb	Trunk / Back	Neck / Shoulder	Wrist / Hands		
								
Worker and co – worker/s unload tools [>130kg] from the trailer using a ramp of wooden planks [approx. Weight 7kg each].								
Worker loads or unloads hand tools, materials, ladders etc [up to 20kg] independently from or on vehicle.								
Co-worker to help unload heavier items from the vehicle e.g. Band saw etc.								
Worker is required to walk on uneven surfaces [e.g. dirt / mud / wet concrete]								

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MANUAL HANDLING								<b>Doctor's Use Only:</b> <input type="checkbox"/> Approve <input type="checkbox"/> Approve subject to comments <input type="checkbox"/> Reject (please comment) Comments: _____  Doctor's Initials _____	
	Frequency	Upper Limb	Lower Limb	Trunk / Back	Neck /	Wrist / Hands			
 							Proposed Modifications		
Wheelbarrow is used to transport any type of materials. <b>Note:</b> Loads can be up to 50kg.									
Worker shifts lengths of steel sheeting, masonry and timber during demolition or installation tasks. <b>Note:</b> Team lifting utilised for more than 20kg.									
Worker may need to climb up and down the ladder and reposition ladder accordingly. <b>Note:</b> Weight [ $>15\text{kg}$ ] and length of ladder.									
Worker installs/ removes items from a scaffold / platform [bending reaching and squatting].									
Workers may need to climb onto the roof for undertaking building works with appropriate PPE.									


MARKING OUT								<b>Doctor's Use Only:</b> <input type="checkbox"/> Approve <input type="checkbox"/> Approve subject to comments <input type="checkbox"/> Reject (please comment) Comments: _____  Doctor's Initials _____	
	Frequency	Upper Limb (arm)	Lower Limb (leg)	Trunk / Back	Neck / Shoulder	Wrist / Hands			
							Proposed Modifications		
Using string, measuring tape and marker, measure out positioning of bricks									
May be required to assemble scaffolding for high level jobs. This will involve lifting and supporting steel beams.									

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## Initial work capacity form


FIRST FIX - CUTTING FRAME							<b>Doctor's Use Only:</b> <input type="checkbox"/> Approve <input type="checkbox"/> Approve subject to comments <input type="checkbox"/> Reject (please comment) Comments: _____ _____ Doctor's Initials _____
	Frequency	Upper Limb (arm)	Lower Limb (leg)	Trunk / Back	Neck / Shoulder	Wrist / Hands	
							<b>Proposed Modifications</b>
Setting up horse ready for cutting							
Placing drop saw / circular saw into position [lifting onto horse]							
Cutting materials onsite using drop saw / circular saw							
Lifting materials to location							


ASSEMBLY AND ERECTION OF FRAME							<b>Doctor's Use Only:</b> <input type="checkbox"/> Approve <input type="checkbox"/> Approve subject to comments <input type="checkbox"/> Reject (please comment) Comments: _____ _____ Doctor's Initials _____
	Frequency	Upper Limb (arm)	Lower Limb (leg)	Trunk / Back	Neck / Shoulder	Wrist / Hands	
							<b>Proposed Modifications</b>
Carrying material into position							
Holding materials in position							
Using hand tools / power tools to secure materials							


ERECTION OF ROOF (TRADITIONAL CUT)							<b>Doctor's Use Only:</b> <input type="checkbox"/> Approve <input type="checkbox"/> Approve subject to comments <input type="checkbox"/> Reject (please comment) Comments: _____ _____ Doctor's Initials _____
	Frequency	Upper Limb (arm)	Lower Limb (leg)	Trunk / Back	Neck / Shoulder	Wrist / Hands	
							<b>Proposed Modifications</b>
The worker climbs the ladder to the framework.							
The worker below hands the worker on roof a hanger.							
The worker secures the hanger in place nailing Soldiers using nail gun.							

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ERECTION OF ROOF (TRUSS ROOF)							Doctor's Use Only:	
	Frequency	Upper Limb (arm)	Lower Limb (leg)	Trunk / Back	Neck / Shoulder	Wrist / Hands		<input type="checkbox"/> Approve <input type="checkbox"/> Approve subject to comments <input type="checkbox"/> Reject (please comment) Comments: _____ _____ Doctor's Initials _____
								
Worker carries the truss to location.								Proposed Modifications
The worker lifts the truss to the worker standing on the joist and framework [up to 3 workers complete this task]								
The worker nails the trusses into place.								


NAILING/SECURING BRACING							Doctor's Use Only:	
	Frequency	Upper Limb (arm)	Lower Limb (leg)	Trunk / Back	Neck / Shoulder	Wrist / Hands		<input type="checkbox"/> Approve <input type="checkbox"/> Approve subject to comments <input type="checkbox"/> Reject (please comment) Comments: _____ _____ Doctor's Initials _____
								
The worker cuts the bracing to size using tin snips and carries to location.								Proposed Modifications
The worker secures bracing using hammer and drill.								
Ladder use may be required.								




SECOND FIX – CUTTING COMPONENTS							Doctor's Use Only:	
	Frequency	Upper Limb (arm)	Lower Limb (leg)	Trunk / Back	Neck / Shoulder	Wrist / Hands		<input type="checkbox"/> Approve <input type="checkbox"/> Approve subject to comments <input type="checkbox"/> Reject (please comment) Comments: _____ _____ Doctor's Initials _____
								
During the day, when completing task, the worker may need to use compound mitre saw, hard saw, portable circular saw, hand guillotines, scoring knife, fibreshear, power drill to perform particular tasks [eg. Cutting to size, making holes etc]. Tools would generally weigh less than 5kg.								Proposed Modifications



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FIXING OF SKIRTING, DOOR FRAMES ETC...	Frequency	Upper Limb (arm)	Lower Limb (leg)	Trunk / Back	Neck / Shoulder	Wrist / Hands	<b>Doctor's Use Only:</b> <input type="checkbox"/> Approve <input type="checkbox"/> Approve subject to comments <input type="checkbox"/> Reject (please comment) Comments: _____ _____ <b>Doctor's Initials</b> _____
							
Skirting, door frame is cut using circular saw according to size required.							
Glue is applied and skirting positioned in place							

FITTING DOORS & HARDWARE	Frequency	Upper Limb (arm)	Lower Limb (leg)	Trunk / Back	Neck / Shoulder	Wrist / Hands	<b>Doctor's Use Only:</b> <input type="checkbox"/> Approve <input type="checkbox"/> Approve subject to comments <input type="checkbox"/> Reject (please comment) Comments: _____ _____ <b>Doctor's Initials</b> _____
  							
Lifting doors to location [approx. 60kg]							
Installation of spacers or pinch bar							
Marking location of hinges							
Plane edges using an electric planer							
Areas where hinges are to be positioned are trimmed using a chisel and hammer							
Hinges are fastened using an electric drill [ladder may be required for top hinge]							

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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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.....

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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

*This document is prepared by the Master Builders Association of South Australia, Inc (Master Builders) as a service for building industry participants to assist in managing the return to work of injured workers. It is not a substitute for professional health advice, nor is it intended to be used to diagnose, treat, cure or prevent any injury, disease or condition. You should not take any action or change your current treatment without consulting and obtaining approval from qualified health care professional. The accuracy, currency and completeness of the information available in this documentation cannot be guaranteed. All industry participants have obligations under workplace health and safety laws in relation to their workers. This document is not a substitute for a risk assessment and its use does not ensure compliance with health and safety obligations. Master Builders recommend that industry participants obtain professional advice in relation to all safety matters. Master Builders, its affiliates and their respective servants and agents do not accept any liability for any injury, loss or damage incurred by the use of or reliance on this document, whether arising from negligence or otherwise. © 2013 Master Builders Association of South Australia Inc and WorkCover SA.*