General Builder
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 general builder 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:

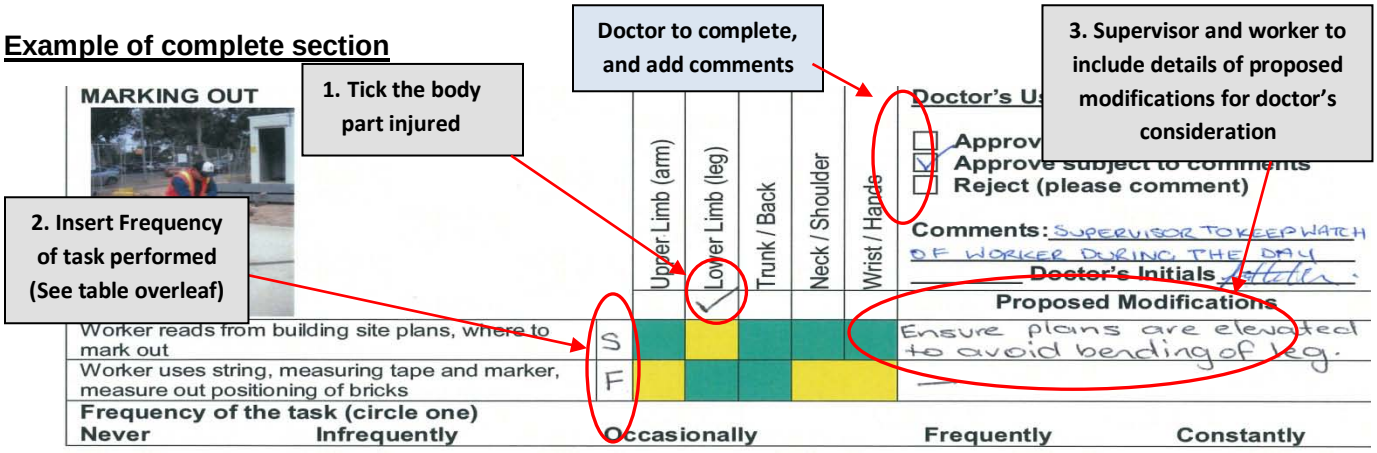
Step 1: Tick above the coloured column of the body part(s) affected by the injury.
Step 2: To the right of each task listed, insert the letter code that represents the frequency of the task (see the frequency table on the next page for the letter codes)
Step 3: Together review the duties performed, the 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							

LOADING / UNLOADING VEHICLE 	Frequency	Upper Limb	Lower Limb	Trunk / Back	Neck /	Wrist / Hands	**Doctor's Use Only:** ☐ Approve ☐ Approve subject to comments ☐ Reject (please comment) **Comments:** _____ _____ **Doctor's Initials**_____
							Proposed Modifications
Worker may be required to climb onto vehicle for loading and unloading							
Worker loads or unloads hand / power tools, materials, ladders etc [up to 20kg] independently from or on vehicle.							
Co-worker to help unload heavier items from the vehicle e.g. Jack hammer, generator, drop saws [max 50kg].							
Worker carries tools, ladders and materials to job location at the site or back to vehicle [co-worker assistance].							
Worker is required to walk on uneven surfaces [e.g. dirt / mud / wet concrete] and on mesh reinforcement [200mm squares].							

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MATERIAL HANDLING  	Frequency	Upper Limb	Lower Limb	Trunk / Back	Neck / Shoulder	Wrist / Hands	**Doctor's Use Only:** ☐ Approve ☐ Approve subject to comments ☐ Reject (please comment) **Comments:** _____ _____ _____ _____**Doctor's Initials**_____
							Proposed Modifications
Wheelbarrow is used to transport any type of materials and used for concreting. **Note:** *Loads can be up to 50kg.*							
Worker shifts lengths of steel sheeting and timber during demolition or installation tasks. **Note:** *Team lifting utilised for more than 20kg.*							
Worker may need to climb up and down the ladder and reposition ladder accordingly. **Note:** *Weight [>15kg] 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 tasks such as installing iron sheets.							

HAND TOOLS  	Frequency	Upper Limb	Lower Limb	Trunk / Back	Neck / Shoulder	Wrist / Hands	**Doctor's Use Only:** ☐ Approve ☐ Approve subject to comments ☐ Reject (please comment) **Comments:** _____ _____ _____ _____**Doctor's Initials**_____
							Proposed Modifications
Hand tools weighing less than 5kg: All kinds of hand / power tools are used while adopting various postures. Some tools require a lot of grip force, balance, control, guidance and cause vibration in upper limbs [e.g. hammer, drill, grinder].							
Hand tools weighing more than 5kg: Jackhammers [20kg plus] are used for demolition and need a lot of grip for balance and control. These tools cause extreme vibration in the upper limbs.							

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CONCRETING  	Frequency	Upper Limb	Lower Limb	Trunk / Back	Neck / Shoulder	Wrist / Hands	**Doctors Use Only:** ☐ **Approve** ☐ **Approve subject to comments** ☐ **Reject (please comment)** **Comments:** _____ _____ _____ _____**Doctor's Initials**_____
							Proposed Modifications
Preparing Surface: Tools used; jackhammer; shovels, rakes and wheelbarrows at the job [items can weigh up to 50kg].							
Ground compacting: A whacker [jackhammer with flat bottom plate] is used for compacting the ground surface.							
Ground cover: Plastic sheets and steel mesh reinforcement is laid out. Mesh is cut to size, blocked and spaced of the ground. **Note:** *Size and weight of mesh sheet.*							
Concreting: Concrete is shovelled into a wheel barrow, poured or shovel in place. Shovels, rakes and a vibrator [10kg] are used for levelling.							
Concrete finishing: A screed is used to level and smooth the surface. This screed [board] is moved backwards and sideways while bending and squatting							

FIRST FIX - CUTTING FRAME   	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
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							

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ASSEMBLY AND ERECTION OF FRAME 	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
Carrying material into position							
Holding materials in position							
Using hand tools / power tools to secure materials							

ERECTION OF ROOF (TRADITIONAL CUT) 	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 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.							

ERECTION OF ROOF (TRUSS ROOF)   	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 carries the truss to location.							
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.							

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NAILING/SECURING BRACING 	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 cuts the bracing to size using tin snips and carries to location.							
The worker secures bracing using hammer and drill.							
Ladder use may be required.							

SECOND FIX – CUTTING COMPONENTS 	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
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.							

FIXING OF SKIRTING, DOOR FRAMES ETC… 	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
Skirting, door frame is cut using circular saw according to size required.							
Glue is applied and skirting positioned in place							

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FITTING DOORS & HARDWARE   	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
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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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