

# Labourer/ Construction Assistant

## 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 labourer or a construction assistant 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

**MARKING OUT**



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

**1. Tick the body part injured**

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

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

**Doctor to complete, and add comments**

Doctor's Use:

☐ Approve

☒ Approve subject to comments

☐ Reject (please comment)

Comments: SUPERVISOR TO KEEP WATCH OF WORKER DURING THE DAY

Doctor's Initials: [Signature]

**Proposed Modifications**

Ensure plans are elevated to avoid bending of leg.

**Frequency of the task (circle one)**

Never	Infrequently	Occasionally	Frequently	Constantly
		S		
		F		

### 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:

- |  |  |
|--|--|
| <input checked="" type="checkbox"/> Provide assistance for certain tasks           | <input checked="" type="checkbox"/> Modify tasks to make them easier |
| <input checked="" type="checkbox"/> Reduced work hours for a short period of time  | <input checked="" type="checkbox"/> Use equipment to reduce the load |
| <input checked="" type="checkbox"/> Avoid certain tasks for a short period of time |  |

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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							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 _____		
							Proposed Modifications _____		
Worker drives vehicle to / from site.									
Steering and operation of gears [if applicable]									
Operating foot controls									

LOADING / UNLOADING VEHICLE							Doctor's Use Only:		
	Frequency	Upper Limb	Lower Limb	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 _____		
							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	<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> _____
								Proposed Modifications
  <p>Wheelbarrow is used to transport any type of materials and used for concreting.  <b>Note:</b> Loads can be up to 50kg.</p>								
<p>Worker shifts lengths of steel sheeting and timber during demolition or installation tasks.  <b>Note:</b> Team lifting utilised for more than 20kg.</p>								
<p>Worker may need to climb up and down the ladder and reposition ladder accordingly.  <b>Note:</b> Weight [<math>&gt;15\text{kg}</math>] and length of ladder.</p>								
<p>Worker installs/ removes items from a scaffold / platform [bending reaching and squatting].</p>								
<p>Workers may need to climb onto the roof for tasks such as installing iron sheets.</p>								

HAND TOOLS		Frequency	Upper Limb	Lower Limb	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> _____
								Proposed Modifications
  <p><u>Hand tools weighing less than 5kg:</u>  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].</p>								
<p><u>Hand tools weighing more than 5kg:</u>  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.</p>								

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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
Worker reads from building site plans, where to mark out.								
Worker uses string, measuring tape and marker, to measure out positioning of bricks								

SITE CLEANING / TRAFFIC MANAGEMENT		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 is required to walk on gravel / concrete, negotiate obstacles and uneven surfaces across the site.								
Worker performs manual handling using hand and / or power tools. <b>Note:</b> May have to operate a hoist								
Worker performs manual tasks throughout the construction process, e.g. unloading / loading of materials, drilling, carpentry etc.								
Worker directs traffic [two gates] on/ off site, standing at the entry / exit points. A break is every 2 to 3 hours								
Worker sweeps rubbish into piles, and using a shovel transfers waste into 240L wheelie bins.								
Worker moves bin around the site to collect rubbish at different spots. <b>Note:</b> Obstacles / bin weight.								

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CLEANING OF AMENITIES		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: _____ _____ _____ <b>Doctor's Initials</b> _____ <b>Proposed Modifications</b> _____
									
Worker walks across the site to the building and may have to use steps / stairs when entering. <b>Note: May have to carry items</b>									
Worker cleans the floors, using a broom, rubbish is transferred into a bin									
Worker fills a bucket with water from an outside tap, adds hot water and cleaning chemicals. <b>Note: Bucket weight, max 20kg.</b>									
Worker mops floor and wrings mop in a bucket [up to 20kg] using foot on the bucket squeeze lever while pulling mop up through lever.									
Worker wipes tables with a cloth or another item. Walking around tables where possible to minimise reaching									
Worker cleans toilets / urinals using a toilet brush and cleaning chemicals.									

### CONSTRUCTION ASSISTANTS

Construction assistants provide assistance to tradespeople performing a variety of different functions such as carpenters, concreters and bricklayers. Refer to specific Initial Work Capacity forms for a more detailed analysis.



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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")

.....

.....

.....

.....

.....

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.*