

### **Painter**

### 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 painter 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

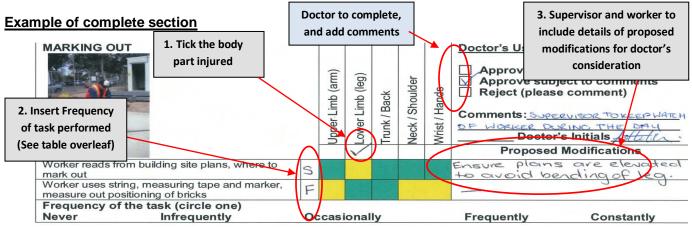
The injured worker and their supervisor and/or return to work coordinator, if applicable, assess the work requirements and what duties may be suitable to perform by using the following three steps:

- **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



### 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	Ν	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	С	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							

LOAD/ UNLOAD VEHICLE		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
Lifting requiring gripping & wrist extension e.g. Tools, paint tins [4L & 10L]							
Lifting scaffolds and ladders [weigh between 5kg and 15kg]							
Climbing in & out of work vehicle, up & down stairs or ladders				·			



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PREPARATION OF WORK AREA	ı	Frequency	Upper Limb	Lower Limb	Trunk / Back	Neck / Shoulder	Wrist / Hands	
Place drop sheets in desired location [weigh less than 2kg]								Proposed Modifications
Preparation of surface using scrapper, spatula or chaulking gun								
Worker may use an electric hand sander, a loose abrasive paper or sanding block								
The worker cleans the surfaces prior to painting.								
The worker will paint most surfaces using an extendable roller. The worker may paint areas using a brush. A spray machine may be used by the worker to paint an area. The worker may use a step ladder, ladder, or scaffolding to paint areas.	Frequency			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
Worker cleans the floors using a broom and rubbish is transferred into a bin  Worker fills a bucket with water adds hot water and cleaning chemicals. Note: Bucket weight up to 20kg.	Frequency	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	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 mops floor and wrings mop in a bucket [up to								

20kg] using foot on the bucket squeeze lever while

pulling mop up through lever.



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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 modificatio able to perform the proposed duties.	ns and confirm that in my view, subject t	o my comments above, the worker is
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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