Early Medical Assessment



Bread and Cake Retailing

Baker

1. Bread and Cake Retailing
2. Baker

Dear Doctor: This form will take up to 5 minutes to complete. Please review each task the worker undertakes (both picture and written description) and tick whether or not the worker can complete this task. If modification required, please leave comments. Space at the end of this document is available for final comments and recommendations.

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| L:\RTW Fund Project\Stage Four SAWIC Codes 488601 & 488501\Bread and Cake Retailing\Hyde Park Bakery\IMG_2233.JPGL:\RTW Fund Project\Stage Four SAWIC Codes 488601 & 488501\Bread and Cake Retailing\Hyde Park Bakery\IMG_2234.JPGL:\RTW Fund Project\Stage Four SAWIC Codes 488601 & 488501\Bread and Cake Retailing\Hyde Park Bakery\IMG_2223.JPGL:\RTW Fund Project\Stage Four SAWIC Codes 488601 & 488501\Bread and Cake Retailing\Hyde Park Bakery\IMG_2239.JPG | **Baking*** Constant standing and moving whilst baking.
* Bags of flour (white flour 25kg) stacked from floor to head height, lifted and poured into large bowls as required, wholemeal 12.5kg.
* Bread mixed in large automatic mixer (pull down cover for automatic mixing)
* Reaching into bowl to pull apart dough.
* Kneading dough on bench. Bilateral repetitive activity with some force applied to knead.
* Placing dough into pans and onto racks which are pushed into proofer.
* Lifting racks into and out of ovens (3 from floor to 1550mm high)
* Bending required to access low level ingredients and bags of flour as well as reaching into mixing bowl and low ovens.
 | Doctor Approval[ ]  Yes [ ]  NoComments: |
| L:\RTW Fund Project\Stage Four SAWIC Codes 488601 & 488501\Bread and Cake Retailing\Hyde Park Bakery\IMG_2230.JPGL:\RTW Fund Project\Stage Four SAWIC Codes 488601 & 488501\Bread and Cake Retailing\Hyde Park Bakery\IMG_2238.JPGL:\RTW Fund Project\Stage Four SAWIC Codes 488601 & 488501\Bread and Cake Retailing\Hyde Park Bakery\IMG_2243.JPGL:\RTW Fund Project\Stage Four SAWIC Codes 488601 & 488501\Bread and Cake Retailing\Hyde Park Bakery\IMG_2227.JPG | **Pastry*** Constant standing and walking.
* Placing all ingredients into bowl and mixing in automatic mixer. Ingredients stored under bench in tubs.
* Folding pastry into 3 which goes though automatic rollers; repetitive task as pastry is folded many times.
* Lining pie trays with pastry at bench height and placing filling in.
* Placing trays in ovens
* Turning out cooked pies onto rack. Bilateral task with arms spread wide to turn over twice.
* Cooking pie fillings in large pots on stovetop.
* Unpacking some stock from deliveries (not flour) and placing in under bench tubs or coolroom. Bending to access tubs and lift to bench to fill.
 | Doctor Approval[ ]  Yes [ ]  NoComments: |
| L:\RTW Fund Project\Stage Four SAWIC Codes 488601 & 488501\Bread and Cake Retailing\Hyde Park Bakery\IMG_2226.JPG | **Stock Rotation*** Moving stock on racks to keep freshest stock at back.
* Pushing racks of bread and pies.
 | Doctor Approval[ ]  Yes [ ]  NoComments: |
| L:\RTW Fund Project\Stage Four SAWIC Codes 488601 & 488501\Bread and Cake Retailing\Hyde Park Bakery\Scraper for cupboards.jpgL:\RTW Fund Project\Stage Four SAWIC Codes 488601 & 488501\Bread and Cake Retailing\Hyde Park Bakery\IMG_2240.JPG | **Cleaning*** Wiping/scraping down benches
* Washing dishes as required in large double sink
* Sweeping and mopping
* Standing, walking, bending, forward reaching, grasping, occasional pushing/pulling.
 | Doctor Approval[ ]  Yes [ ]  NoComments: |

1. Work Capacity Form

**Doctor Review (include final comments)**

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I confirm that in my view, subject to the above comments, the worker is able to perform certain duties detailed in this Early Medical Assessment.

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| These duties should be reassessed on: |  | Date: |

|  |  |  |
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| Signature : |  | Date: |

**Employers Declaration:**

I confirm that I/we have reviewed the Doctor’s recommendations and comments. I/we will make suitable changes to make allowances for the Dr’s recommendations.

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| --- | --- | --- |
| Signature : |  | Date: |

**Employees Declaration**

My Doctor has discussed their recommendations with me. I have been given the opportunity to participate in this process.

|  |  |  |
| --- | --- | --- |
| Signature : |  | Date: |

For information on completing this form, please contact Business SA on 08 8300 0000.

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