Early Medical Assessment

Domestic Hardware and

Homeware Retailing

Locksmith Service Technician

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Locksmith Service Technician

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.

|  |  |  |
| --- | --- | --- |
| photo 9.JPGphoto 10.JPGphoto 2.JPG | **Manual Workshop Handling*** Occasional safe stock transportation (up to 80kg)
* Via sack truck
* Via manual lifting (doors removed for 60kg/2 person lift)
* Occasional transportation and maneuvering of pallets of stock (up to 400kg), with the assistance of a trolley
* Frequent accessing of small items (keys and spare parts) up to 5kg, stored from floor to 2200mm, requiring some bending, squatting and overhead reaching (stepping stool available)
* Firm wrist and slight shoulder movements required for operating knobs on key cutting machinery
* Frequent handling of small items (e.g. keys)
 | Doctor Approval[ ]  Yes [ ]  NoComments: |
| photo 1.JPG | **Customer Service*** Standing at front counter and discussing product
* Handling stock (keys only) from wall hangers from bench height up to 2200mm
* Occasional writing
* Bilaterally grasping items
* Handling cash or EFT
 | Doctor Approval[ ]  Yes [ ]  NoComments:  |
| photo 7.JPGphoto 3.JPG | **Workbench Duties*** Standing position at bench with some light stooping required
* Frequent handling of small parts (e.g. keys and tools)
* Applying a firm wrist and slight movement of the shoulder to operate knobs on key cutting machinery
* Seated position for cutting of keys
* Key cutting, undertaken with the use of both hearing and eye protection
 | 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: |

|  |  |  |
| --- | --- | --- |
| 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 Doctor’s recommendations.

|  |  |  |
| --- | --- | --- |
| 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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