Early Medical Assessment



Fish and Takeaway Retailing

Cleaning

1. Fish and Takeaway Retailing
2. Cleaning

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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* Grasping bucket or crate and placing on rack and pushing though industrial dish washer at waist height.
* Collecting rack after cleaning, dipping in sanitiser and stacking on pallet. Repetitive gripping and forward reaching required. Frequent bending whilst dipping.
 | Doctor Approval[ ]  Yes [ ]  NoComments: |
| L:\RTW Fund Project\Stage Four SAWIC Codes 488601 & 488501\Fish and Takeaway Retailing\The Yogurt Shop\The Yogurt Shop\burton\cleaning\Picture 027.jpgL:\RTW Fund Project\Stage Four SAWIC Codes 488601 & 488501\Fish and Takeaway Retailing\The Yogurt Shop\The Yogurt Shop\burton\cleaning\IMG_1833.JPG | **Cleaning Cloths*** 10kg crate of cloths are placed next to industrial washing machine.
* Separating each cloth, shaking out and placing in washing machine.
* Constant standing, fine gripping and forward reaching into machine.
 | Doctor Approval[ ]  Yes [ ]  NoComments:  |
| L:\RTW Fund Project\Stage Four SAWIC Codes 488601 & 488501\Fish and Takeaway Retailing\The Yogurt Shop\The Yogurt Shop\burton\cleaning\IMG_1781.JPG | **Cleaning Room*** Holding hose to rinse floor.
* Foaming room with chemical agent (hose attachment).
* Manually scrubbing room using push/pull motion with broom.
* Rinsing with hose.
* Squeegee water off using pushing motion with rubber bladed broom.
 | Doctor Approval[ ]  Yes [ ]  NoComments: |
| IMG_1832 | **Manual Cleaning of Equipment*** Daily all pumps and filling equipment are pulled apart and rinsed manually, scrubbed with soapy water and placed in sanitizer solution over night.
 | 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 Dr’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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