Early Medical Assessment



Machinery and Equipment Wholesale

Workshop

1. Machinery and Equipment Wholesale
2. Workshop

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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* Unscrewing plug (fine motor) and inspecting inside cylinder using light and magnifier for checking the thread. Neck flexion to see inside cylinder which is on a bench at 560mm.
* Filling cylinder with water using hose – power grip on nozzle.
* Screwing in top – bilateral grip for tightening.
* Lifting cylinder into safety cage (scuba up to 50kg; if more than this a rotator\* is used) and inserting hose (approx shoulder height).

(\*rotator holds larger cylinders and is moved with a forklift. Worker turns a handle to rotate cylinder so no lifting is required.)* Static forward reach to approx. shoulder height to work knobs which fill the tank with air to increase pressure.
* Writing / recording in book on bench.
* Checking inside cylinder again with light.
* Stamping tank with date using drill type machine (power grip).
* Carrying cylinder to drying rack about 3m away.
 | Doctor Approval[ ]  Yes [ ]  NoComments: |
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| L:\RTW Fund Project\Stage Three SAWIC Codes 472801, 473601 & 485601\Machinery and Equipment Wholesalers\Fire Systems Services\IMG_1577.JPGL:\RTW Fund Project\Stage Three SAWIC Codes 472801, 473601 & 485601\Machinery and Equipment Wholesalers\Fire Systems Services\IMG_1579.JPGL:\RTW Fund Project\Stage Three SAWIC Codes 472801, 473601 & 485601\Machinery and Equipment Wholesalers\Fire Systems Services\IMG_1533.JPG | **Filling Cylinders*** Lifting empty cylinder onto scales and attaching hose.
* Closing cage door and adjusting knobs (approx. shoulder heights) to fill cylinder with gas.
* Lifting full cylinder out and placing upright to tighten lid and remove plug. Bilateral gripping with force required.
 | 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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