



Dear Doctor,

AWF is an Accredited Employer in the ACC Accredited Employer Programme, as such we are committed to helping our employees return to work after an injury.

In order to facilitate a safe return to work, we are able to offer suitable duties in line with any activity restrictions an injured employee may have.

We would appreciate if you could complete the attached 'Work Capacity Checklist' which will allow us to select appropriate alternative duties for our injured employee. Some of our clients will also assist in keeping our employees working in a reduced capacity or reduced hours, so knowing what they can or can't do will be of great assistance to us.

Please note this is not intended to replace an ACC18 and one should still be issued to the employee.

Below is a list of some of the alternative duties we have available.

Please contact me on 0272026321 if you have any questions.

Yours Sincerely,

Melanie Ault
Group Manger People & Safety
AWF Ltd

Alternative duties we have available include:

- Sweeping around yard
- General driving duties
- Traffic Control work
- General Office work including filing/ shredding
- Vehicle washing
- Envelope stuffing
- Sorting/ distributing employee PPE and tools
- Alternative work at the employee's current placement



WORK CAPACITY CHECKLIST

Please tick appropriate boxes and issue employee with an ACC18 (ARC18):

I certify that _____ is:

- Fit to return to normal duties at work
- Partially fit and capable of performing alternate duties with the following activity restrictions.
 - Reduced work hours: _____ hours/ day, _____ days/ week
 - Lifting weights of no more than _____ kgs
 - Not to use: Right/ Left – Hand/ Arm/ Shoulder/ Leg
 - No repetitive arm/ hand/ wrist actions
 - No repetitive bending/ twisting/ squatting
 - No prolonged standing or walking, to stand/ walk for only _____ mins
 - No prolonged sitting
 - Sedentary duties only
 - No walking on uneven terrain
 - No climbing stairs/ ladders or working at heights
 - No reaching above shoulder height
 - To avoid exposure to _____
 - Other – please specify _____
- Fully unfit to work – please provide an explanation as to why this employee is completely unable to undertake any duties _____

A referral has been made to:

- Specialist _____
- Physiotherapist _____
- Other – please specify _____

A review is required:

- Yes, on _____
- No, the patient will be fit to resume normal duties at the expiry of the ACC18

Signed, Dr _____ Phone: _____

Name, Dr _____ Date: _____