



# Initial Occupational Assessment Report

*“This form should be completed by vocational rehabilitation providers following an Initial Occupational Assessment. The form details realistic job options based on client transferable skills”*



Date:

Branch:

Case Manager:

Phone number:

Fax Number:

Email:

## Client details

Client name

Claim number

## Provider details

Provider name

Consultant name:

Phone number:

Fax No

Email

## Work Experience

List below the jobs held by the client, how long the client was employed, the name of the employer, and any related training that the client had. (In the order of the most recent job first.)

Job	Duration in years and months	Employer	Related training
			✓

Years in the work force:          years

Number of job-type changes

Work experience comments

**Education and training**

**Formal qualifications completed by the client**

<i>Qualification</i>	<i>Subject</i>	<i>Institution</i>	<i>Level reached</i>
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Secondary (School Certificate, University Entrance, Sixth Form Certificate, Bursary, NCEA)

Tertiary

Post-Graduate

Incomplete formal qualifications

Yes  No

*Incomplete qualification*

*Ongoing requirement to gain qualification*

Number of years needed to complete employment related qualifications

On-the-job training or informal training the client has participated in

<i>Type of training</i>	<i>Leads to a recognised qualification?</i>	<i>Qualifies the client for a higher level job?</i>	<i>Ongoing training needed for the qualification?</i>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Is the client currently participating in any education or training?

Yes  No

General education comments

Transferable skills

Client's transferable skills and how these are demonstrated

Client's attributes and competencies that will advantage their employability

Types of work that particularly interest the client

Work type options

*The following work type options listed in order or priority are available in NZ and have been based on the client's education, training, work experience, transferable skills and may take into account pre-incapacity earnings. These options have been discussed fully with the client and the client participated in their selection. (List first those types of work that most closely align with the client's pre-injury occupation, then all other work types.)*

Work Type Detail Sheets are attached for each of the listed job options.

1. Work Type

Reason (how work type matches skills):

Please outline how you have considered each of the following points in your assessment.

- Skills:
- Education:
- Qualifications:
- Pre-incapacity earnings, if appropriate:

Strategies for assisting the client to become work ready in this Work Type:

Client comments (if applicable):

2. Work Type:

Reason (how work type matches skills):

Please outline how you have considered each of the following points in your assessment.

- Skills:
- Education:
- Qualifications:
- Pre-incapacity earnings, if appropriate:

Strategies for assisting the client to become work ready in this Work Type:

Client comments (if applicable):

3. Work Type:

Reason (how work type matches skills):

Please outline how you have considered each of the following points in your assessment.

- Skills:
- Education:
- Qualifications:
- Pre-incapacity earnings, if appropriate:

Strategies for assisting the client to become work ready in this Work Type:

Client comments (if applicable):

**4. Work Type:**

**Reason (how work type matches skills):**

**Please outline how you have considered each of the following points in your assessment.**

- **Skills:**
- **Education:**
- **Qualifications:**
- **Pre-incapacity earnings, if appropriate:**

**Strategies for assisting the client to become work ready in this Work Type:**

**Client comments (if applicable):**

**5. Work Type:**

**Reason (how work type matches skills):**

**Please outline how you have considered each of the following points in your assessment.**

- **Skills:**
- **Education:**
- **Qualifications:**
- **Pre-incapacity earnings, if appropriate:**

**Strategies for assisting the client to become work ready in this Work Type:**

**Client comments (if applicable):**

**6. Work Type:**

**Reason (how work type matches skills):**

**Please outline how you have considered each of the following points in your assessment.**

- **Skills:**
- **Education:**
- **Qualifications:**
- **Pre-incapacity earnings, if appropriate:**

**Strategies for assisting the client to become work ready in this Work Type:**

**Client comments (if applicable):**

**7. Work Type:**

**Reason (how work type matches skills):**

**Please outline how you have considered each of the following points in your assessment.**

- **Skills:**
- **Education:**
- **Qualifications:**
- **Pre-incapacity earnings, if appropriate:**

**Strategies for assisting the client to become work ready in this Work Type:**

**Client comments (if applicable):**

**8. Work Type:**

**Reason (how work type matches skills):**

**Please outline how you have considered each of the following points in your assessment.**

- **Skills:**
- **Education:**
- **Qualifications:**
- **Pre-incapacity earnings, if appropriate:**

**Strategies for assisting the client to become work ready in this Work Type:**

**Client comments (if applicable):**

#### Barriers to returning to work

*Based on information obtained during the interview the following are identified as potential barriers to the client successfully obtaining work in the areas identified above (e.g. lack of knowledge about the labour market, lack of interview skills, lack of job search skills)*

#### Client comment

*Please detail all comments made by the client regarding their experience, education, training, potential work type options, proposed options and any other issues raised.*

#### Curriculum Vitae

**Curriculum Vitae completed and attached**  Yes  No

**Advice provided about use of Curriculum Vitae**  Yes  No

#### Other relevant information or comments

*The role of the occupational assessor in the IOA process was explained to the client.*

*The information for the work type options section was obtained from the following sources:*

- *Australia and New Zealand Standard Classification of Occupations, 2006*
- *Career Services KiwiCareers website*
- *Provider knowledge and research of the local job market*

#### Signed

**Consultant name:**

**Consultant signature:**

**Date:**

*The information collected on this form will only be used to fulfil the requirements of the Accident Compensation Act 2001. In the collection, use and storage of information, ACC will at all times comply with the obligations of the Privacy Act 1993 and the Health Information Privacy Code 1994.*



# Initial Occupational Assessment: work detail sheet

*“This form is completed by Occupational Assessors following an initial occupational assessment. A separate work details sheet must be completed for each work type option identified in the assessment report.”*



Client's name .....

## Type of work

Give the type of work (unit group) the client has been assessed as suitable for (based on their education, training, experience and, if appropriate, pre-incapacity earnings).

.....

## Description

Please give a brief description of the work type including tasks and any other suitable related occupations that fall into the same grouping.

.....

.....

.....

## Environment and function

Tick the boxes below to show the type of environment and function of the work that is suitable for the client. (For example, a typist would work indoors seven hours a day with the main activities involving sitting and repetitive movements.) Please state whether the listed functions are: constant, intermittent or uncommon.

### Environment

- |   |   |
|---|---|
| <input type="checkbox"/> Indoors .....                  | <input type="checkbox"/> Outdoors .....               |
| <input type="checkbox"/> Hot .....                      | <input type="checkbox"/> Cold .....                   |
| <input type="checkbox"/> Wet .....                      | <input type="checkbox"/> Dirty .....                  |
| <input type="checkbox"/> Wheelchair access to work site | <input type="checkbox"/> Other (please specify) ..... |

### Function and activity

- |   |   |
|---|---|
| <input type="checkbox"/> Standing .....   | <input type="checkbox"/> Heavy lifting, pulling, or carrying .....                          |
| <input type="checkbox"/> Walking .....  | <input type="checkbox"/> Repetitive movements .....   |
| <input type="checkbox"/> Sitting .....  | <input type="checkbox"/> Driving .....  |
| <input type="checkbox"/> Stretching up or across .....                          | <input type="checkbox"/> Using hand tools .....   |
| <input type="checkbox"/> Squatting or crouching .....                           | <input type="checkbox"/> Bending .....  |
| <input type="checkbox"/> Twisting body or neck .....                            | <input type="checkbox"/> Other (please specify) .....                                       |
| <input type="checkbox"/> Substantial contact with skin irritants or water ..... | <input type="checkbox"/> Mental activities (for example, memory use or concentration) ..... |

Note any further descriptions of the above activities (attach additional information if necessary).

.....

## Assessor details

Name .....

Organisation .....

Signature ..... Date...../...../.....



# Initial Occupational Assessment: work detail sheet

“This form is completed by Occupational Assessors following an initial occupational assessment. A separate work details sheet must be completed for each work type option identified in the assessment report.”



Client's name <%=getFirstName(pageContext,"CLAIMANT")%>  
 <%=getMiddleName(pageContext,"CLAIMANT")%>  
 <%=getLastName(pageContext,"CLAIMANT")%>

## Type of work

Give the type of work (unit group) the client has been assessed as suitable for (based on their education, training, experience and, if appropriate, pre-incapacity earnings).

.....

## Description

Please give a brief description of the work type including tasks and any other suitable related occupations that fall into the same grouping.

.....  
 .....  
 .....

## Environment and function

Tick the boxes below to show the type of environment and function of the work that is suitable for the client. (For example, a typist would work indoors seven hours a day with the main activities involving sitting and repetitive movements.) Please state whether the listed functions are: constant, intermittent or uncommon.

### Environment

- |   |   |
|---|---|
| <input type="checkbox"/> Indoors .....                  | <input type="checkbox"/> Outdoors .....               |
| <input type="checkbox"/> Hot .....                      | <input type="checkbox"/> Cold .....                   |
| <input type="checkbox"/> Wet .....                      | <input type="checkbox"/> Dirty .....                  |
| <input type="checkbox"/> Wheelchair access to work site | <input type="checkbox"/> Other (please specify) ..... |

### Function and activity

- |   |   |
|---|---|
| <input type="checkbox"/> Standing .....   | <input type="checkbox"/> Heavy lifting, pulling, or carrying .....                          |
| <input type="checkbox"/> Walking .....  | <input type="checkbox"/> Repetitive movements .....   |
| <input type="checkbox"/> Sitting .....  | <input type="checkbox"/> Driving .....  |
| <input type="checkbox"/> Stretching up or across .....                          | <input type="checkbox"/> Using hand tools .....   |
| <input type="checkbox"/> Squatting or crouching .....                           | <input type="checkbox"/> Bending .....  |
| <input type="checkbox"/> Twisting body or neck .....                            | <input type="checkbox"/> Other (please specify) .....                                       |
| <input type="checkbox"/> Substantial contact with skin irritants or water ..... | <input type="checkbox"/> Mental activities (for example, memory use or concentration) ..... |

Note any further descriptions of the above activities (attach additional information if necessary).

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 .....

## Assessor details

Name .....

Organisation .....

Signature ..... Date ...../...../.....





# Initial Occupational Assessment Report

*“This form should be completed by vocational rehabilitation providers following an Initial Occupational Assessment. The form details realistic job options based on client transferable skills”*



Date:

Branch:

Case Manager:

Phone number:

Fax Number:

Email:

## Client details

Client name

Claim number

## Provider details

Provider name

Consultant name:

Phone number:

Fax No

Email

## Work Experience

List below the jobs held by the client, how long the client was employed, the name of the employer, and any related training that the client had. (In the order of the most recent job first.)

<b>Job</b>	<b>Duration in years and months</b>	<b>Employer</b>	<b>Related training</b>
			✓

Years in the work force:          years

Number of job-type changes

Work experience comments

**Education and training**

**Formal qualifications completed by the client**

<i>Qualification</i>	<i>Subject</i>	<i>Institution</i>	<i>Level reached</i>
----------------------	----------------	--------------------	----------------------

Secondary (School Certificate, University Entrance, Sixth Form Certificate, Bursary, NCEA)

Tertiary

Post-Graduate

Incomplete formal qualifications

Yes  No

*Incomplete qualification*

*Ongoing requirement to gain qualification*

Number of years needed to complete employment related qualifications

On-the-job training or informal training the client has participated in

<i>Type of training</i>	<i>Leads to a recognised qualification?</i>	<i>Qualifies the client for a higher level job?</i>	<i>Ongoing training needed for the qualification?</i>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Is the client currently participating in any education or training?

Yes  No

General education comments

**Transferable skills**

Client's transferable skills and how these are demonstrated

Client's attributes and competencies that will advantage their employability

Types of work that particularly interest the client

Work type options

*The following work type options listed in order or priority are available in NZ and have been based on the client's education, training, work experience, transferable skills and may take into account pre-incapacity earnings. These options have been discussed fully with the client and the client participated in their selection. (List first those types of work that most closely align with the client's pre-injury occupation, then all other work types.)*

Work Type Detail Sheets are attached for each of the listed job options.

1. Work Type

Reason (how work type matches skills):

Please outline how you have considered each of the following points in your assessment.

- Skills:
- Education:
- Qualifications:
- Pre-incapacity earnings, if appropriate:

Strategies for assisting the client to become work ready in this Work Type:

Client comments (if applicable):

2. Work Type:

Reason (how work type matches skills):

Please outline how you have considered each of the following points in your assessment.

- Skills:
- Education:
- Qualifications:
- Pre-incapacity earnings, if appropriate:

Strategies for assisting the client to become work ready in this Work Type:

Client comments (if applicable):

3. Work Type:

Reason (how work type matches skills):

Please outline how you have considered each of the following points in your assessment.

- Skills:
- Education:
- Qualifications:
- Pre-incapacity earnings, if appropriate:

Strategies for assisting the client to become work ready in this Work Type:

Client comments (if applicable):

**4. Work Type:**

**Reason (how work type matches skills):**

**Please outline how you have considered each of the following points in your assessment.**

- **Skills:**
- **Education:**
- **Qualifications:**
- **Pre-incapacity earnings, if appropriate:**

**Strategies for assisting the client to become work ready in this Work Type:**

**Client comments (if applicable):**

**5. Work Type:**

**Reason (how work type matches skills):**

**Please outline how you have considered each of the following points in your assessment.**

- **Skills:**
- **Education:**
- **Qualifications:**
- **Pre-incapacity earnings, if appropriate:**

**Strategies for assisting the client to become work ready in this Work Type:**

**Client comments (if applicable):**

**6. Work Type:**

**Reason (how work type matches skills):**

**Please outline how you have considered each of the following points in your assessment.**

- **Skills:**
- **Education:**
- **Qualifications:**
- **Pre-incapacity earnings, if appropriate:**

**Strategies for assisting the client to become work ready in this Work Type:**

**Client comments (if applicable):**

**7. Work Type:**

**Reason (how work type matches skills):**

**Please outline how you have considered each of the following points in your assessment.**

- **Skills:**
- **Education:**
- **Qualifications:**
- **Pre-incapacity earnings, if appropriate:**

**Strategies for assisting the client to become work ready in this Work Type:**

**Client comments (if applicable):**

**8. Work Type:**

**Reason (how work type matches skills):**

**Please outline how you have considered each of the following points in your assessment.**

- **Skills:**
- **Education:**
- **Qualifications:**
- **Pre-incapacity earnings, if appropriate:**

**Strategies for assisting the client to become work ready in this Work Type:**

**Client comments (if applicable):**

#### Barriers to returning to work

*Based on information obtained during the interview the following are identified as potential barriers to the client successfully obtaining work in the areas identified above (e.g. lack of knowledge about the labour market, lack of interview skills, lack of job search skills)*

#### Client comment

*Please detail all comments made by the client regarding their experience, education, training, potential work type options, proposed options and any other issues raised.*

#### Curriculum Vitae

**Curriculum Vitae completed and attached**  Yes  No

**Advice provided about use of Curriculum Vitae**  Yes  No

#### Other relevant information or comments

*The role of the occupational assessor in the IOA process was explained to the client.*

*The information for the work type options section was obtained from the following sources:*

- *Australia and New Zealand Standard Classification of Occupations, 2006*
- *Career Services KiwiCareers website*
- *Provider knowledge and research of the local job market*

#### Signed

**Consultant name:**

**Consultant signature:**

**Date:**

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# Initial Occupational Assessment Report

*"This form should be completed by vocational rehabilitation providers following an Initial Occupational Assessment. The form details realistic job options based on client transferable skills"*



PREVENTION. CARE. RECOVERY.

Date:

Branch:

Case Manager:

Phone number:

Fax Number:

Email:

## Client details

Client name

Claim number

## Provider details

Provider name

Consultant name:

Phone number:

Fax No

Email

## Work Experience

List below the jobs held by the client, how long the client was employed, the name of the employer, and any related training that the client had. (In the order of the most recent job first.)

<b>Job</b>	<b>Duration in years and months</b>	<b>Employer</b>	<b>Related training</b>
			✓

Years in the work force:      years

Number of job-type changes

Work experience comments

**Education and training**

**Formal qualifications completed by the client**

<i>Qualification</i>	<i>Subject</i>	<i>Institution</i>	<i>Level reached</i>
----------------------	----------------	--------------------	----------------------

Secondary (School Certificate, University Entrance, Sixth Form Certificate, Bursary)

Tertiary

Post-Graduate

Incomplete formal qualifications

Yes  No

*Incomplete qualification*

*Ongoing requirement to gain qualification*

Number of years needed to complete employment related qualifications

On-the-job training or informal training the client has participated in

<i>Type of training</i>	<i>Leads to a recognised qualification?</i>	<i>Qualifies the client for a higher level job?</i>	<i>Ongoing training needed for the qualification?</i>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Is the client currently participating in any education or training?

Yes  No

General education comments

Transferable skills

Client's transferable skills and how these are demonstrated

Client's attributes and competencies that will advantage their employability

Types of work that particularly interest the client

Work type options

*The following work type options listed in order or priority are available in NZ and have been based on the client's education, training, work experience, pre-incapacity earnings and transferable skills. These options have been discussed fully with the client and the client participated in their selection. (List first those types of work that most closely align with the client's pre-injury occupation, then all other work types.)*

Work Type Detail Sheets are attached for each of the listed job options.

1. Work Type

Reason (how work type matches skills):

Please outline how you have considered each of the following points in your assessment.

- Skills:
- Education:
- Qualifications:
- Pre-incapacity earnings:

Strategies for assisting the client to become work ready in this Work Type:

Client comments (if applicable):

2. Work Type:

Reason (how work type matches skills):

Please outline how you have considered each of the following points in your assessment.

- Skills:
- Education:
- Qualifications:
- Pre-incapacity earnings:

Strategies for assisting the client to become work ready in this Work Type:

Client comments (if applicable):

3. Work Type:

Reason (how work type matches skills):

Please outline how you have considered each of the following points in your assessment.

- Skills:
- Education:
- Qualifications:
- Pre-incapacity earnings:

Strategies for assisting the client to become work ready in this Work Type:

Client comments (if applicable):



4. **Work Type:**  
**Reason (how work type matches skills):**

Please outline how you have considered each of the following points in your assessment.

- **Skills:**
- **Education:**
- **Qualifications:**
- **Pre-incapacity earnings:**

**Strategies for assisting the client to become work ready in this Work Type:**

**Client comments (if applicable):**

5. **Work Type:**  
**Reason (how work type matches skills):**

Please outline how you have considered each of the following points in your assessment.

- **Skills:**
- **Education:**
- **Qualifications:**
- **Pre-incapacity earnings:**

**Strategies for assisting the client to become work ready in this Work Type:**

**Client comments (if applicable):**

6. **Work Type:**  
**Reason (how work type matches skills):**

Please outline how you have considered each of the following points in your assessment.

- **Skills:**
- **Education:**
- **Qualifications:**
- **Pre-incapacity earnings:**

**Strategies for assisting the client to become work ready in this Work Type:**

**Client comments (if applicable):**

7. **Work Type:**  
**Reason (how work type matches skills):**

Please outline how you have considered each of the following points in your assessment.

- **Skills:**
- **Education:**
- **Qualifications:**
- **Pre-incapacity earnings:**

**Strategies for assisting the client to become work ready in this Work Type:**

**Client comments (if applicable):**

8. **Work Type:**  
**Reason (how work type matches skills):**

Please outline how you have considered each of the following points in your assessment.

- **Skills:**
- **Education:**
- **Qualifications:**
- **Pre-incapacity earnings:**

**Strategies for assisting the client to become work ready in this Work Type:**

**Client comments (if applicable):**

#### Barriers to returning to work

*Based on information obtained during the interview the following are identified as potential barriers to the client successfully obtaining work in the areas identified above (e.g. lack of knowledge about the labour market, lack of interview skills, lack of job search skills)*

#### Client comment

*Please detail all comments made by the client regarding their experience, education, training, potential work type options, proposed options and any other issues raised.*

#### Curriculum Vitae

**Curriculum Vitae completed and attached**  Yes  No

**Advice provided about use of Curriculum Vitae**  Yes  No

#### Other relevant information or comments

*The role of the occupational assessor in the IOA process was explained to the client.*

*The information for the work type options section was obtained from the following sources:*

- *Australia and New Zealand Standard Classification of Occupations, 2006*
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#### Signed

**Consultant name:**

**Consultant signature:**

**Date:**

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# Initial Occupational Assessment: work detail sheet

*“This form is completed by Occupational Assessors following an initial occupational assessment. A separate work details sheet must be completed for each work type option identified in the assessment report.”*



Client's name .....

## Type of work

Give the type of work (unit group) the client has been assessed as suitable for (based on their education, training, experience and, if appropriate, pre-incapacity earnings).

.....

## Description

Please give a brief description of the work type including tasks and any other suitable related occupations that fall into the same grouping.

.....  
.....  
.....

## Environment and function

Tick the boxes below to show the type of environment and function of the work that is suitable for the client. (For example, a typist would work indoors seven hours a day with the main activities involving sitting and repetitive movements.) Please state whether the listed functions are: constant, intermittent or uncommon.

### Environment

- |   |   |
|---|---|
| <input type="checkbox"/> Indoors .....                  | <input type="checkbox"/> Outdoors .....               |
| <input type="checkbox"/> Hot .....                      | <input type="checkbox"/> Cold .....                   |
| <input type="checkbox"/> Wet .....                      | <input type="checkbox"/> Dirty .....                  |
| <input type="checkbox"/> Wheelchair access to work site | <input type="checkbox"/> Other (please specify) ..... |

### Function and activity

- |   |   |
|---|---|
| <input type="checkbox"/> Standing .....   | <input type="checkbox"/> Heavy lifting, pulling, or carrying .....                          |
| <input type="checkbox"/> Walking .....  | <input type="checkbox"/> Repetitive movements .....   |
| <input type="checkbox"/> Sitting .....  | <input type="checkbox"/> Driving .....  |
| <input type="checkbox"/> Stretching up or across .....                          | <input type="checkbox"/> Using hand tools .....   |
| <input type="checkbox"/> Squatting or crouching .....                           | <input type="checkbox"/> Bending .....  |
| <input type="checkbox"/> Twisting body or neck .....                            | <input type="checkbox"/> Other (please specify) .....                                       |
| <input type="checkbox"/> Substantial contact with skin irritants or water ..... | <input type="checkbox"/> Mental activities (for example, memory use or concentration) ..... |

Note any further descriptions of the above activities (attach additional information if necessary).

.....  
.....

## Assessor details

Name .....

Organisation .....

Signature ..... Date...../...../.....



# Initial Occupational Assessment: work detail sheet

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Client's name .....

## Type of work

Give the type of work (unit group) the client has been assessed as suitable for (based on their education, earnings, training, and experience).

.....

## Description

Please give a brief description of the work type including tasks and any other suitable related occupations that fall into the same grouping.

.....

.....

.....

## Environment and function

Tick the boxes below to show the type of environment and function of the work that is suitable for the client. (For example, a typist would work indoors seven hours a day with the main activities involving sitting and repetitive movements.) Please state whether the listed functions are: constant, intermittent or uncommon.

### Environment

- |   |   |
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| <input type="checkbox"/> Indoors .....                  | <input type="checkbox"/> Outdoors .....               |
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| <input type="checkbox"/> Wheelchair access to work site | <input type="checkbox"/> Other (please specify) ..... |

### Function and activity

- |   |   |
|---|---|
| <input type="checkbox"/> Standing .....   | <input type="checkbox"/> Heavy lifting, pulling, or carrying .....                          |
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| <input type="checkbox"/> Twisting body or neck .....                            | <input type="checkbox"/> Other (please specify) .....                                       |
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## Assessor details

Name .....

Organisation .....

Signature ..... Date ...../...../.....