

Return-to-Work Plan – Supervisor Assessment Checklist

Worker: _____ Supervisor: _____

Complete the following:

	✓ or N/A
The necessary modifications or additional equipment required on the RTW plan have been put in place	
Coworkers have been advised of the return of the injured worker and how the RTW plan will impact them	
Coworkers have been instructed to report any problems or concerns they may have with the RTW plan	
The necessary job modifications or additional equipment required on the RTW plan has been discussed with the worker	
The worker has been trained in the operation of any new equipment or procedure required by the RTW plan	
Job tasks identified on the plan have been discussed with the worker	
Activities and/or restrictions the worker must <u>not</u> engage in have been discussed with the worker	
The worker has been instructed to report any problems or concerns he/she has with the RTW plan immediately	
List any adjustments/changes made to the RTW plan at the supervisor level	

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1. Worker comments or observations

List any difficulties you are experiencing in conducting any work task assigned on your RTW plan. Indicate which task/s and describe the problem.

Do you have any suggestions on how your RTW plan can be improved?

2. Supervisor comments or observations

List any difficulties you have observed the worker experiencing on his/her RTW plan.

List any difficulties you have observed and/or have been reported to you on the impact the RTW plan has had on coworkers.

Do you have any suggestions on how his/her RTW plan can be improved?

Forward this form to the RTW Coordinator every week or whenever a problem or issue with the RTW plan has been identified.

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