

1 Employer name

SECTION A - GENERAL INFORMATION

MAIL FORM TO: 146-148 Forest Road P.O. Box 9000 St. John's NL A1A 3B8 **CALL US AT:** 709.778.1000 1.800.563.9000

FAX FORM TO: 709.778.1302 1.800.276.5257 VISIT US AT: workplacenl.ca



Date (yyyy/mm/dd)

000 .900	0																						
				urned to update													R	Retu		-			Safe Plan
	F	Firm number						Date of injury: yyyy/mm/dd ESRTV									l seque se Pi		Hou	rs			
	Initial Pre-injury job tit					le			Dat	te of	birth	:	ууу	/y/mm	/dd		Cla	im n	umb	er			
lfl	No, p	leas	e exp	lain:																			

2 Worker's last name	First na	ame	Initial	Initial Pre-injury job title					Date of birth: yyyy/mr				numbe	mber		
3 Is a copy of the current prijob description attached?	e-injury	Yes If No	o, please expl	lain:												
ECTION B - ESRTW INFO	ORMAT	ION (See sar	mple for instruc	tions on o	completing	the plan.)										
Is return to work appropria	ate?	Yes If No	o, please expl	lain:												
If Yes, please complete the fo	llowing:	Mc	odified (reduc	ed)							1 1	уууу	/mm/dd		1	
a) State level of hours worke	ed (check	cone) 🗌 Fu	∥ —→ If F	ull, what	was the	date the worl	ker returr	ned to f	ull hou	ırs?						
b) Is the worker performing a If No, list essential pre-injury			o with no restr	ictions?		Yes 🗌 N	lo									
List current restrictions:																
List new duties being perfor	med diffe	erent from the pre-	-injury duties:	:												
c) Have workplace accomi If Yes, what are they?	modatior	ns such as assistiv	e devices or	worksite	e modifica	ations been	provide	d? [] Yes	No	D					
ECTION C - SUBSEQUE	NT PLA	N (DUTIES / HO	URS / STAT	TUS)	(Only co	mplete for pla	ans after tl	ne initial	l plan.)							
5 Have the pre-injury duties changed since the last pla		y being performed	Ye	es 🗌	No If	Yes, have th	ney:	Incr	reased	d 🗌 🛙	Decrea	sed				
6 Have the hours of work cl	hanged s	ince the last plan?	Ye	es 🗌	No If	Yes, have th	ney:	_ Incr	reased	d 🗌 🛙	Decrea	sed				
7 Has the return-to-work pr	ogram st	opped?	Ye	es 🗌	No If	íes, enter da	ate the pr	ogram	stopp	ed.		уууу	/mm/dd	ĺ		
ECTION D - RETURN-TO	-WORK	SCHEDULE												·		
8 From date		To dat	e	Hours	Hours type Sun Mon		ours per day paid by employ			nployer			Gro hou			
(yyyy/mm/dd)	1	(yyyy/mm	n/dd)	type			Tue V		Ned Thur		Fri	ri Sat		wage		
													-+	\$		
													\square	\$		
														\$		
														\$		
				-	Ηοι	ırs type: E -	ESRTW	nours	P - Otł	ner paid le	eave					
ECTION E - ADDITIONAL 9		IENTS									d	s additio	ntation	Ξ.	′es	
ECTION F - SIGNATURE	CONS										a	ttachec	1?		lo	
Has the worker participat in the development of this ESRTW plan?	ed 🔽	Next expected plan review date	n All em Comp suitab receiv I decla	ensation A le and ava ring active are this pla	ct, 2022 to c ilable emplo medical reha n to be com	re required unde co-operate in the yment with the in abilitation for a w plete and correc	e worker's e njury emplo vork injury. at. I understa	arly and yer while and that g	safe retu the wo	urn to rker is		Do you Workpl to call y	laceNL	Ξ.	′es Io	
Yes No If No, p explain Section	in	(yyyy/mm/dd)	\square	information or omitting relevant information is a serious offence. Employer / representative signature Phone number Date (yyyy/mn									mm/dd)	-		

							14017				Page 2 of	2– Mar. 2021	
۷	VorkplaceNL	MAIL FORM TO: 146-148 Forest Roa P.O. Box 9000 St. Jo CALL US AT: 709.778.1000 1.800.563.9000		A1A 3B	709.	ORM TO: 778.1302 0.276.5257	work	US AT: placenl.ca			ES	RTW	
			nust be retu	Irned to W	/orkplaceNL	within five da	ays from re	eceipt of fund	ctional			and Safe	
<u>SEC</u>	TION A - GENERAL INFORM Employer name	MATION abilities info		updated E	ESRTW plan	must be sub Date of inju	mitted whe		ire made.			/ork Plan	
•	Employer name						iny. y		ESR plan	TW 🛄 type: 🚺	Initial Subseque	nt	
	XYZ Inc.	1	23	4 5	67	2 0 1	4 0	70			Revise Pri	or Hours	
2	Worker's last name First	name	Initial	itial Pre-injury job title Date of birth: yyyy/mm/dd Claim n									
	Doe John	7	Р	P Cashier 1 9 7 0 0 1 0 1 1 2 3 4 5									
3	job description attached? No No current job description												
	TION B - ESRTW INFORMA Is return to work appropriate?				ompleting th	ne plan.)							
	4 Is return to work appropriate? Yes If No, please explain: ✓ No												
lf Y	If Yes, please complete the following: Modified (reduced)												
a)	State level of hours worked (che	_	•	,	was the da	ate the work	ker return	ed to full he	ours?				
b)	Is the worker performing all dutie	s of the pre-injury job with	n no restri	ctions?		íes 🗌 N	0						
 b) Is the worker performing all duties of the pre-injury job with no restrictions? Yes No If No, list essential pre-injury job duties being performed: 													
	gular cashier duties	es being performed.											
_	·												
List current restrictions:													
	avoid repetitive lifting												
	List new duties being performed different from the pre-injury duties:												
	eeping floor												
c)	Have workplace accommodation	ons such as assistive de	evices or	worksite	modificat	ions been	provideo	l? 💟 Ye	s 🗌 No)			
١f ١	res, what are they? <i>right side c</i>	cash only											
	TION C - SUBSEQUENT PL		S / STAT	US)	(Only com	plete for pla	ins after th	e initial plan	.)				
5	Have the pre-injury duties curren changed since the last plan?	tly being performed	Ye	es 🗌	No If Ye	es, have th	ey:	Increas	ed 🗌 D	ecrease)	d		
6	Have the hours of work changed	since the last plan?	Ye	es 🗌	No If Ye	es, have th	ey:	Increas	ed 🗌 D	ecrease	d		
7	Has the return-to-work program s	stopped?	☐ Ye	es 🔽	No If Ye	es, enter da	ite the pro	ogram stop	ped.		yyyy/mm/dd		
<u>SEC</u> 8	TION D - RETURN-TO-WOR	K SCHEDULE										Cross	
0	From date	To date		Hours type			•	iy paid by e	. ,	F :	Cat	Gross hourly	
	(yyyy/mm/dd)	(yyyy/mm/dd)	1	E	Sun Ø	Mon 2	Tue 2	Wed 2	Thur 2	Fri <i>2</i>	Sat O	wage	
	2 0 1 4 1 2 0 1 2 0 1 4 1 2 0 8	¹ 2 0 1 4 1 2 3 2 0 1 4 1 2		E	0	4	4	4	2	4	0	\$ 15.00 \$ 15.00	
				P	0	8	8	8	8	8	0		
				<i>'</i>		0	0		0	0	U	\$ 15.00	
					Hour	s type: E -	ESRTW h	ours P-C)ther paid le	21/0		<u>\$.</u>	
SEC	TION E - ADDITIONAL COM	MENTS			Tiours	stype. L-	LOITIVI			ave			
9										docu	dditional umentation ched?	☐ Yes ✔ No	
	TION F - SIGNATURE, CON	SENT AND DECLAR											
10				All employers and workers are required under the Workplace Health, Safety and Compensation Act, 2022 to co-operate in the worker's early and safe return to suitableand available employment with the injury employer while the worker is receiving active medical rehabilitation for a work injury.									
10	Has the worker participated in the development of this ESRTW plan?	Next expected plan review date	suitab receivi	leand availa	able employm nedical rehab	ent with the in litation for a w	ijury employ ork injury.						
10	in the development of this ESRTW plan?		suitabl receivi I decla inform	leand availa ing active m are this plan	able employm nedical rehab to be comple itting relevan	ent with the in litation for a w	ijury employ ork injury. t. I understa	nd that giving ffence.		to o		No No	