

	WESTERN MILLCRAFT INC. 12506 – 128 STREET EDMONTON, AB, T5L 1C8	Effective Date: 1 OCTOBER, 2011	Revised by: JFK
	OCCUPATIONAL HEALTH & SAFETY MANUAL COMPANY RULES AND REGULATIONS MODIFIED WORK PROGRAM	Page 1 of 2	HSE: 5.41: 8.34: 10.3 Revision: 00

Western Millcraft Inc. Modified Work Program is designed to combat the impact associated with injuries in the workplace. Western Millcraft Inc. values the well-being of all our employees, so we encourage an early return to work after a workplace injury. Western Millcraft Inc. fully recognizes and appreciates the effect an injury can have on the physical and mental well-being of our employees and it is our intention to minimize those consequences.

In order to accomplish this goal Western Millcraft Inc. has implemented a Modified Work Program to assist employees in obtaining timely medical assistance and return to regular work duties as early as possible. This program requires the full co-operation of all employees along with full commitment of management.

EMPLOYEE COMMITMENT:

I understand if I am injured on the job I am expected to:

- Report all accidents immediately, both minor and major, to my supervisor, except in the cases of emergency, where I will report as soon as possible
- Obtain medical attention as soon as possible after the injury occurs and inform the Doctor that Western Millcraft Inc. has a modified work program
- Provide the Doctor with a Modified Work Program Package
- Assist my supervisor in completing accident reports
- Accept transportation to a medical facility as provided by Western Millcraft Inc.
- Report to my supervisor with all necessary documentation after consulting with the treating physician
- Accept and participate in the Modified Work Program at Western Millcraft Inc.
- Communicate any concerns to the Program Coordinator so those potential problems can be resolved
- If unable to perform modified work, report to Western Millcraft Inc. Human Resource Department or the Health, Safety, and Environment Manager at (780) , on a daily basis and attend rehabilitation meetings as required to discuss my progress

I have read and understand the policies of the Modified Work Program at Western Millcraft Inc., and comprehend the objectives and responsibilities of all those involved. I understand that I play an important part in making this program a success and I agree to follow it directives.

Date

Employee's Name (Printed)

Employee's Signature



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MEDICAL RELEASE FORM

Western Millcraft Inc.

MODIFIED WORK PROGRAM

Employee Consent Form

Re: Contract with Health Care Professional

I, _____ grant permission to Western Millcraft Inc. to contact my attending Health Professional, (Physician, Physiotherapist, Chiropractor, etc.) regarding my medical treatment. I understand that this information will be used to accomplish the goals of the Modified Work Program. I am also aware that all information will remain with the WCB Coordinator to honor my right to confidentiality. I am also aware that this authorization will only be used in the event of a workplace injury and only for information relevant to the injury and my rehabilitation.

Date

Employee's Name (Printed)

Employee's Signature

The Information in this policy does not take precedence over the OH&S Act, Regulation, Codes, or applicable Government Legislation

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