

6.5 Modified Work Program

TITANIUM TUBING TECHNOLOGY LTD. has a modified work program in place to assist injured workers to remain active in the work force and to help workers gradually return to normal duties.

Any worker that sustains an injury is required to inform his doctor of the availability of this program with the purpose of obtaining advice in regards to restrictions, and length of time needed for recovery.

Policy

TITANIUM TUBING TECHNOLOGY LTD. will provide and monitor a Modified work program for all employees who have sustained minor injuries while on the job.

Purpose

To speed the rehabilitation of the injured worker and to climate or reduce the number of lost time injuries by making modified work duties available to employees who have sustained minor injuries.

January 1, 2025



Pat Potter - CEO

Date

Responsibilities

Supervisors are responsible for the overall operations of the program. This includes making sure suitable work is made available to the injured worker.

Light Duties Available

The following is a classification of Light Duties available. The Worker's Compensation Board also in accordance with the classification uses these.

New Hire Recruit HSE Orientation & Training

All employees are informed of the return to work Modified Work Program, WCB injury reporting requirements and injury management procedures during the orientation process upon hiring.

Description of Light Duties for All Positions

- Cleaning of lunchroom, shop, yard, jobsite, vans and/or vehicles
- Minor vehicle service (i.e. oil change, lube, cleaning)
- Painting
- Safety man for welder, Bobcat, construction projects
- Tool crib attendant
- Inventory
- Update manuals
- Order parts, equipment and/or materials
- Review turnaround tool list and update
- Safety Audits on jobsites and shops
- Update skills (1st Aid, WHMIS, computer, etc.)
- Ambulance driver/1st Aider
- Assist mechanics in shop
- Clerical work, photocopying, progress reports etc.
- Estimating
- Orientation Program
- Fire extinguisher inspection & maintenance
- Job scheduling assistance
- Monitor production rates
- Q.A. assistance/work program
- Reports
- Security work
- Surveying helper
- Swamper for tractor trailer during equipment moves
- Training
- Update and/or re-stock 1st Aid Kits
- Warehouse/Tool crib attendant
- Welding truck driver and/or helper

Physician and Employee's Information Form

Please see appendix for forms.

Modified Duties Agreement

Please see appendix for forms.



Dear Doctor

Thank you for seeing & attending to our employee medical needs. To Prevent a WCB claim, Titanium Tubing Technology LTD. has developed a disability/modified work management program. Our goal is to assist in the recovery and return to work of an injured employee, without sacrificing their safety or well-being.

The health of our employee is important to us. Titanium Tubing Technology Ltd. is committed to the safe and early return to work of our injured or ill workers. We ask for your assistance in reaching our goal by reviewing the enclosed information and completing the accompanying forms. Titanium Tubing Technology LTD.

In conjunction with the Workers' Compensation Board, we have developed a wide ranging flexible return to work programs, consisting of meaningful modified duties, assisting our temporarily injured or ill worker to gradually return to their regular work duties. Enclosed is a Physical Demands Analysis form and a job description outlining our employee's regular job duties. Please let us know what aspects of the job our employee, can safely perform, and estimated time of recovery.

If this job is not appropriate, we ask that you review the Physical Demands Analyses and let us know what our employee can safely perform. We will provide our injured employee with work ranging from sedentary office duties to modified regular duties as indicated on the accompanying Physician's Report.

If it is necessary to pay a fee for the completion of the attached Physician's Report. Please submit your invoice to:

Titanium Tubing Technology

c/o Lisa Mason
P.O. Box 2062
Lloydminster, AB
T9V 3C3
Fax#: 780-875-5249

Sincerely,

Colin Waterman
QHSE & Compliance Manager
Titanium Tubing Technology Ltd.

	PHYSICIAN'S MEDICAL STATUS REPORT	Document Number:	TTT-HS-FRM-0072
		Division:	QHSE
		Incident Date:	

TITANIUM TUBING TECHNOLOGY LTD. has a policy requiring all employees seeking medical treatment for work related injury, condition of illness to provide this form to their attending physician for completion. The employee should first complete the following authorization to allow the attending physicians to release appropriate medical information to be used in planning modified work in a customized Modified Duties Program.

PART A: AUTHORIZATION OF RELEASE OF MEDICAL INFORMATION – To be completed by employee

This serves an authority to release to my employer, or their agent or representative, any relevant medical records and or information regarding diagnosis, assessment or treatment related to my current, work related injury, condition or illness

Employee Name: _____ Accident Date: _____
Employee Address: _____ Date of Birth: _____
Home Phone #: _____ Work Phone#: _____
Employee Signature: _____ Date: _____

JOB DESCRIPTION: ____ OFFICE ADMINISTRATION ____ LABOUR ____ TRUCK DRIVER ____ EQUIPMENT OPERATOR ____ CREW SUPERVISOR ____ MANAGEMENT

Part B: Medical Information – To be complete by Attending Physician

Titanium Tubing Technology wishes to ensure prompt and safe recovery and rehabilitation of our employee. We have a comprehensive Modified Work Program. Please complete the follow to assist us in developing this employee's Modified Work Plan. If you would like more information prior to completing this please call the HSE & Compliance Manager at 780 872-6978 or the office at 780 872-6978

Date of Treatment: _____ Description of Injury: _____
Description of Accident / Mechanism of Injury: _____
Description of Physical / Objective findings: _____
Test Ordered (X-Rays, Blood Work, etc.): _____
Diagnosis: _____
Physical Treatment (Drugs, Physio, Cast, Crutches, etc): _____
Date Expected to Return to Full Duties: _____

PART C MODIFIED WORK PROGRAM APPROVAL – To be completed by attending Physician.

Please check which of the following work placements is immediately suitable for our employee, or contact our HSE Manager for a customized program

- ☐ **INTERIM WORK PLACEMENT: SEDENTARY**, self-activity (i.e. sitting) no requirement to lift, carry or climb, limb elevation as required.
- ☐ **LIGHT DUTIES:** Standing or sitting with limb elevation as required; Walk from one task to another; Limited lifting, pushing or pulling no greater than 10kg; and no climbing.
- ☐ **MEDIUM DUTIES:** Standing, walking, sitting as required; Limited lifting, carrying, pushing, pulling, no greater than 15kg; and limited lifting
- ☐ **REGULAR DUTIES:** (Limited to no restrictions)

PART D PHYSICIANS IDENTIFICATION, CONTACT INFORMATION & SIGNATURE – To be completed by attending Physician.

Physician's Signature: _____ Date: _____
Physicians Name: _____ Phone: _____
Address: _____ Fax #: _____

Ensure to Scan & Email to HSE Manager and Fax to 1-780-875-5249

	MODIFIED WORK ABILITY	Document Number:	TTT-HS-FRM-0073
		Division:	QHSE
		Incident Date:	

TITANIUM TUBING TECHNOLOGY LTD. has a Transitional Modified Work Program in place to help its injured or sick employees to gradually return to normal duties. Our Transitional Modified Work Program is closely monitored by Colin Waterman (Health & Safety Manager), who in conjunction with a physician will find the most suitable rehabilitation tasks for the injured or sick worker for a LIMITED period of time.

TITANIUM TUBING TECHNOLOGY LTD. requires that every worker inform his doctor of the availability of this program with the length of time needed for recovery. This form has been designed with the physician in mind. Please fill in the Transitional Modified Work Program form and return it to the worker to be present to the above named @ Fax to 1-780-872-5991

DIAGNOSIS: Primary: _____

Secondary: _____

Does this injury keep the worker from performing his/her regular duties: ____ YES ____ NO

ITEM	LIMITATIONS – PLEASE MARK AND “X” IF THERE ARE NO LIMITATIONS	IDENTIFY SPECIAL CONSIDERATIONS
SITTING		
STANDING		
WALKING		
BENDING		
LIFTING		
RESTING		
HAND WRIST MOVEMENT		
REHABILITATION EXERCISES		

RECOMMENDED TREATMENT

Therapy and Frequency: _____

	MODIFIED WORK OFFER	Document Number:	TTT-HS-FRM-0074
		Division:	QHSE
		Incident Date:	

TITANIUM TUBING TECHNOLOGY LTD. has a Transitional Modified Work Program in place to help its injured or sick employees to gradually return to normal duties. Our Transitional Modified Work Program is closely monitored by Colin Waterman (Health & Safety Manager), who in conjunction with a physician will find the most suitable rehabilitation tasks for the injured or sick worker for a LIMITED period of time.

I, _____ agree to accept modified duties offer with TITANIUM TUBING TECHNOLOGY LTD. as a result of an injury/illness sustained.

On (Date) _____ I understand that my rate of pay on modified duties will be the same rate I was receiving before my injury/illness.

I understand that I am to apply myself diligently to assigned modified duties and that duties, which may present difficulty relating to my injury/illness, will not be assigned.

I shall attend my physician at the request of TITANIUM TUBING TECHNOLOGY LTD. while on modified duties and obtain a written progress report from my physician.

I understand and acknowledge that if I operate outside of the boundaries of the modified work agreement that my actions will be subject to disciplinary actions and a breach of the agreement.

I understand that when I am physically capable in accordance with my physician, I will be returned to normal duties.

I understand that a report on the accident/incident will be sent to the appropriate Workers' Compensation Board as part of the OH&S requirements.

Signed this ____ day of _____, 20____ at (City) _____

Injured Employee's Signature

Titanium Tubing Tech Representative

	MODIFIED WORK OFFER	Document Number:	TTT-HS-FRM-0074
		Division:	QHSE
		Incident Date:	

Ensure to Scan & Email to HSE Manager and Fax to 1-780-875-5249



Document Number:	TTT-HS-FRM-0075
Division:	QHSE
Incident Date:	

1. If performing you modified work in the office or shop, your hours are as stated:

Start of Shift Time: 8:00 am End of Shift Time: 5:00pm
One Hour for Lunch
2. If you are unable to attend your modified work shift, you must advise your designated supervisor prior to the start of your expected shift.

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3. While on Modified work you shall receive the same hourly rate of pay you had received while at regular work
4. You are required to continue to complete your timesheet. It is your responsibility to complete the timesheet each day, and then have your supervisor sign it at the end of the week. You must submit your timesheet into HR or email a copy for processing.
5. If you require days off from modified work, your supervisor will provide you with a (Request for Days Off / Decline Modified Work) form to complete.
6. You must continue to attend medical appointments as directed by your Physician.
7. You must convey all your appointments to your supervisor.
8. Each time you attend a medical appointment with your Physician, you must take with you a Physician's Medical Status Report, to be completed by the Physician, and returned to your supervisor
9. Cancellation of medical appointments is your responsibility.
10. Cost incurred from cancellation of medical appointments are you responsibility.
11. You are required to work under the provided modified work program as explained in Appendix A and B.

I understand and agree to the rules of the Modified Work program

Employee Name (Print)	Employee (Signature)	Date
Witness Name (Print)	Witness (Signature)	Date

	MODIFIED WORK AGREEMENT	Document Number:	TTT-HS-FRM-0075
		Division:	QHSE
		Incident Date:	

Appendix A

#	Modified Duty Task List	☒
1.	Load and unload trucks and trailers	☐
2.	Clean and organize truck cabs, toolboxes etc.	☐
3.	Assist mechanic with repairs and preventative maintenance	☐
4.	Oil Changes, Greasing Driveshaft and unit equipment, Fluid checks	☐
5.	Minor repairs to unit lights, reflectors, mirrors etc. to bring units up to code	☐
6.	Fix door handles, grounding cables, cabinet handles and locks etc.	☐
7.	Clean & sanitize trucks, shop & office spaces like lunchroom, reception area etc.	☐
8.	Inspect safety equipment around shop and in units	☐
9.	Clean out and remove garbage and waste from trucks and shop	☐
10.	Follow waste management program to remove waste, garbage and plastic container	☐
11.	Clean and organize shop work stations, benches and areas like oil change area	☐
12.	Update HSE Manuals and SDS Binders, books and material	☐
13.	Complete WHMIS management system for fluid and controlled material around shops	☐
14.	Organize exiting filling cabinets to current status	☐
15.	Assist crews with prepping units for field operations	☐
16.	Act as spotter and assist vehicle backing up in yard and picker lifting operations	☐
17.	Assist with fabrication division with preparing units or equipment for field work	☐
18.	Complete inventory or tools and supplies	☐
19.	Clean and organize tool crib	☐
20.	General cleaning with wash-bay shop and office	☐
21.	Cut grass and trim weed and edging	☐
22.	Remove empty or garbage plastic containers from shop and units according to waste management	☐
23.	Organize Bolt Bin and product line divisional shelving	☐
24.	Wash down wall in wash bay and certain spots in shop to improve lighting & visibility	☐
25.	Sweep and clean Stairwells	☐
26.	Audit Employee Certificates to ensure employee certs are up to date	☐
27.	Complete Daily pre-use inspections of all Powered Mobile equipment	☐

Appendix B

#	Boundaries
A.	Attend and participate all Morning Safety Meetings
B.	Not operate any company vehicles during the course of the modified duty program
C.	Not operate any powered mobile equipment during the modified duty programs
D.	Not participate in negative or destructive behaviour physically or verbally
E.	Complete a thorough inspection of any hand or power tools required to use to complete any task in Appendix A
F.	Report all incident and accident using the Hazard Management System
G.	Document all repairs and maintenance in the appropriate Equipment Repair Form
H.	Complete 1 Stop & Think Submission per day

Ensure to Scan & Email to HSE Manager and Fax to 1-780-875-5249

	DECLINE MODIFIED DUTY REQUEST FOR DAYS OFF	Document Number:	TTT-HS-FRM-0076
		Division:	
		Incident Date:	

I, _____, an employee of Titanium Tubing Technology Ltd., who has sustained a work related injury/condition, to which benefits may be payable to me from the Workers' Compensation Board, hereby confirm that:

- I have been offered Modified Duties by Titanium Tubing Technology Ltd.
- I have been medically approved by my Physician to participate in the Modified Work Program
- The Modified Duties have been reviewed and approved by both Titanium Tubing Technology Ltd. and the WCB as fair and reasonable.
- It has been explained to me that my wages paid by Titanium Tubing Technology Ltd., and any benefits payable to me by the WCB in relation to my injury, may be suspended or terminated if I choose to either decline to participate in the Modified Work Program or Request Days Off.

DECLINING MODIFIED WORK		
After having all of the foregoing explained to me, and my understanding of the same, I have chosen to decline the offer of Modified Duties.		
_____ Injured Employee Name (Print)	_____ Injured Employee Signature	_____ Date
_____ Witness Name (Print)	_____ Witness Signature	_____ Date
The reason(s) for declining the offer of Modified Duties is/are: _____ _____ _____		

DAYS OFF REQUEST		
I am planning to take time off for		
Holidays	From: _____	To: _____
Days off	From: _____	To: _____
Schedule Days Off	From: _____	To: _____
During my time from work, I can be reached at the following telephone contact #'s 1.) _____ 2.) _____		
_____ Injured Employee Name (Print)	_____ Injured Employee Signature	_____ Date
_____ Witness Name (Print)	_____ Witness Signature	_____ Date