

Provider Group – Joint Job Evaluation Job Fact Sheet <u>Job #532 - Print Shop Coordinator</u>

PLEASE PRINT

Section 1 - INTRODUCTION

Purpose:

This section provides general direction for completing the Job Fact Sheet and is further supplemented by the additional instructions set out in the remaining sections of this Job Fact Sheet.

The collection of accurate, complete, up-to-date and gender neutral job information is essential to, and forms the basis of, the job evaluation process.

This Job Fact Sheet (JFS) provides a format and serves as a questionnaire designed to describe a job, to capture the skill, effort and responsibility normally required in the work, and to record the conditions under which it is usually carried out. The JFS focuses on **CURRENT** job content and requirements. **THIS IS NOT AN APPRAISAL OF AN INDIVIDUAL'S PERFORMANCE ON THE JOB.**

Please read the JFS carefully, and complete each section. Throughout the JFS examples are requested and are important as you describe the job. Provide additional information on the back blank pages of this document, additional job holder comments can be recorded in Section (16) on page 25, or attach additional pages if necessary.

SUPERVISOR – STEPS TO FOLLOW:

- 1. a. New Job: complete Job Review Request Form (JRRF), complete a proposed JFS and proposed Job Description.
 - b. Forward all documents to your Human Resources representative.
- 2. DO NOT CHANGE EMPLOYEE'S RESPONSES.

EMPLOYEE - STEPS TO FOLLOW:

- 1. Please read the JFS carefully, and complete each section. If you find that some questions do not relate to your job, please write in "not applicable".
- 2. The information you provide should relate to the job content as it currently exists. When reviewing your duties and responsibilities, ensure that you consider the entire job cycle (activities that regularly occur in a one-year period).
- 3. Group submissions are encouraged for employees doing the same or very similar job duties.
- 4. It is suggested that you complete Sections 6 through 15 before completing Sections 4 and 5. The "Sample Key Activities" (see Appendix A) may assist you in completing Section 5.
- 5. Once you have completed the JFS and if you have not already submitted a JRRF, please complete and forward both documents to your Human Resources representative. Keep a copy of all documentation for your records. Please complete the Signatures Section (17) on page 25.
- 6. Your immediate Out-of-Scope Supervisor (Supervisor) will review your completed JFS and add comments at the end of each section.
- Please keep in mind that, although you are the employee(s) doing the job, what is being described are the current responsibilities of the job not how well you are performing these tasks and responsibilities. It is important that you concentrate only on providing the facts about the job and its responsibilities.

Purpose:	This section gathers information regarding the organization	n in which your job functions.						
Complete the	e Chart below:							
Be sure to write in the Provincial JE Job Title of the position – not the name of the person currently in the job.								
Ti	itle of your immediate Out-of-Scope Supervisor	SUPERVISOR'S COMMENTS – ORGANIZATION CHART	NAL WORK					
		Are the responses to this question: Complete Do you agree with the responses: Yes	☐ Incomple					
Title of	your immediate Supervisor (if different than above)	COMMENTS (must be completed if "Incomplete" or "N	No" is selected):					
	Your current Provincial JE Job Title							
		Supervisor's	Initials:					
Provincial	JE Job Titles that report directly to you (if applicable)							

Section 3 – JOB IDE	ENTIFICATION							
Purpose:	This section g	athers basic identifyin	g material so we can keep t	rack of com	pleted Job Fact S	heets.		
Provide your name ar	nd work telephone n	umber(s) for contact pu	rposes. For group JFS submi	ssions, pleas	e note the name ar	nd telephone nu	mber(s) of the conta	act person.
Name of person comp ARE DOING THE S.		single employee, or co	ntact person for group JFS su	bmission (Ol	NLY COMPLETE	E A GROUP SU	BMISSION IF ALI	L EMPLOYEES
Name (Print):			Employe	ee No.:				
Work Telephone:			_ E-Mail Address:					
Saskatchewan Health	Authority/Affiliate:	:						
Facility/Site:			Department:					
See Section 18 on pag	ge 28 for signatures.		•					
Provincial JE Job Titl	le:		Date:					
Provincial JE Numbe	r:		Office use or	ıly:	JEMC No.	М -	<u> </u>	
Section 4 – JOB SUI	MMARY							
Purpose:		escribes why the job e	xists.					
Briefly describe the g services, costing, ord			ms administration and the d	igital storefr	ont. Provides guid	lance and train	ing to customers re	garding available
	you would say if son	d "What is this job resp neone approached you a						
SUPERVISOR'S CO	OMMENTS – JOB	SUMMARY		COMM	IENTS (<u>must</u> be	completed if "l	Incomplete" or "No	o" is selected):
Are the responses to	this question:	☐ Complete	☐ Incomplete					
Do you agree with th	he responses:	☐ Yes	□ No					<u>-</u>
						Supe	rvisor's Initials: _	
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5 – KEY WORK ACTIVITIES

Purpose:	This section describes the key activities, duties and responsibilities of the job.
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Consider the full range of job duties or responsibilities undertaken over the year. Summarize these in rough form before completing this section.

Group the job duties or responsibilities that are related and summarize them in a phrase, at the top of each box (e.g., counseling and patient education, preventative maintenance, community involvement). Estimate (to the nearest 5%) the percentage of time per year spent on each key work activity summarized in the section(s) below. Most jobs can be described in three to five key work activities.

The total of all key work activity sections should equal but not exceed 100%. For example: ½ day every day per year = 50%; 3 months per year = 25%; 2½ weeks per year = 5%

After summarizing each key work activity, provide details or examples that describe the related job duties or responsibilities. If using abbreviations, acronyms or technical terminology, please initially explain their meaning.

- Don't get lost in detail in describing the duties and responsibilities. Use clear verbs about things that are done in connection with each one. Avoid using a gender biased wording (i.e. he or she) in describing the work.
- It is important that the **whole job** be described, not just a particular dimension or a special project.

The "Sample Key Activities" (see Appendix A) may assist you in completing this section.

Key Work Activity A: Print Shop/Forms Administration

Duties/Responsibilities:

- ♦ Coordinates Digital Storefront and performs system administration such as system/website performance and ensures website functionality.
- ♦ Instructs the vendor on new, revised and deleted forms/products.
- Assists with the development of the Print Services website and ensures that it complies with SHA standards.
- ♦ Makes adjustments to the design and categorization of the Digital Storefront.
- ♦ Ensures Print Services information is up to date on the Intranet.
- ♦ Provides Help Desk Support (Storefront) and tracks and directs unresolved problems to management or the appropriate information technology staff.
- ♦ Uploads and revises clinical form information on the Storefront.
- ♦ Provides end user training and direction to staff on provincial guidelines developed through design and construction documents for specific products (e.g. drawings and specifications required to create non-clinical forms and products).
- ♦ Ensures all clinical and non-clinical forms are current.
- Establishes architectural process guidelines and standards to support consistent best practice methods.
- ♦ Assists with and advises management of critical issues related to system problems or customer/vendor relationships.
- Ensures network security is maintained by informing IT staff when concerns arise.

SUPERVISOR'S COMMENTS – KEY WORK ACTIVITI	ES
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Are the responses to this question: \square Complete \square Incomplete

Do you agree with the responses: \square Yes \square No

COMMENTS (<u>must</u> be completed if "Incomplete" or "No" is selected):

_____ Supervisor's Initials: _____

PLEASE PRINT
SUPERVISOR'S COMMENTS – KEY WORK ACTIVITIES
Are the responses to this question: Complete Incomplete
Do you agree with the responses: Yes No
COMMENTS (must be completed if "Incomplete" or "No" is selected):
Supervisor's Initials:

ey Work Activity C: Administration	SUPERVISOR'S COMMENTS – KEY WORK ACTIVITIES
uties/Responsibilities:	Are the responses to this question: Complete Incomplete
Participates in planning, preparation, design, implementation and tracking of projects. Identifies required improvements to service delivery and operations.	Do you agree with the responses:
Provides statistical reports.	COMMENTS (must be completed if "Incomplete" or "No" is selected)
	Supervisor's Initials:
W A -4''4 D.	SUPERVISOR'S COMMENTS – KEY WORK ACTIVITIES
ey Work Activity D:	Are the responses to this question: Complete Incomplete
uties/Responsibilities	Do you agree with the responses:
	COMMENTS (must be completed if "Incomplete" or "No" is selected)
	Supervisor's Initials:

Section 6 – DECISION-MAKING

Purpose: This section provides a series of situations that may be encountered on the job requiring decision making before taking action.

For each situation, please indicate the response that most appropriately describes your job. Provide examples where requested. Add any additional examples under "Other".

Example: if the job requires you to follow specific instructions/procedures most of the time, check the box under "Most of the time" and give examples. If the job requires you to modify established methods often, check "Often".

(a)	In this job, do you (check all responses that apply)	Almost never	Sometimes	Often	Most of the time
	Follow specific instructions/procedures, use well-defined methods or use established guidelines to achieve desired end results. Example: <i>Purchasing guidelines</i> .			X	
	Modify or change established department methods and procedures, but stay within program or legislative boundaries. Example: Coordinates contracts for program, project, service areas (Implementation of new (DOL) Storefront) / new form design and process improvements/modifications.			X	
	Develop new solutions to diverse and complex problems with conflicting requirements because there are no guidelines. Example:				

(b)	When there is a situation you have not come across before, do you (check all responses that apply)	Almost never	Sometimes	Often	Most of the time
	Immediately ask the supervisor/leader what to do		X		
	Ask co-workers for help in deciding what to do	X			
	Read manuals and figure out what to do		X		
	Decide with your supervisor what to do		X		
	Check guidelines and past practices			X	
	Decide what to do based on your related experience				X
	Get advice with problems from management and/or other sources (e.g. supplier, consultants)		X		
	Other (specify)				

Section 6 -	- DECISION-MAKING (con	t'd)						
(c)	To what extent are the deci and provide examples)	ision-making requi	rements of this job gu	nided by others (check all responses that apply	Almost never	Sometimes	Often	Most of the time
	Immediate supervisor					X		
	Example:							
	Others in own program/depar	X						
	Example:							
	Others within the SHA / Affiliate					X		
	Example:							
	Departmental Management	Departmental Management						
	Example:			X				
	Specialists / Clinical Experts							
	Example:		X					
	Senior Management					TZ.		
	Example:				X			
	Other							
	Example:							
		*******	*******	***********				
SUPERVI	SOR'S COMMENTS – DEC	CISION-MAKING						
Are the responses to the question:		☐ Incomplete	COMMENTS (<u>must</u> be completed if "Inco	omplete"	or "No" is s	elected):		
Do you agree with the responses:		□ No						
	_							
					Supe	rvisor's Ini	tials:	

Purp	oose:	This section ga	thers information	on the minim	ım level of con	pleted form	nal education required for the job.		
			ed schooling or for			y for a new p	person being hired into this job? This does not reflect the educ		
The t	The total minimum level of completed schooling or formal training should include all classroom, laboratory, practicum, clinical, or apprenticeship, etc., time required prior to graduation or certification.								
(i)	High Scho	ol:	Grade 10	Grade 11	Grade 12	\triangleleft			
(ii)	Technical/	Vocational/Com	nmunity College:	1 year 🗌	2 years	3 years	rs 🗌		
	Specify	(Do not use abb	reviations):						
(iii)		rades: 1 year	2 years	•	ars 🗌 4	years 🗌	5 years		
(iv)	University				ers 🗌				
(,	•	•	viations):						
Is an						⊠ Na			
Is any Provincial, National or professional certification mandatory? Yes No If yes, please specify and provide the name of the licensing / certification / registration body (do not use abbreviations):									
Spec	eify (Do not u Intermediate Analytical sk Problem solv Decision ma	se abbreviations Computer Skili ills ing skills king skills rk independentl ion skills I skills	s): I s	are needed to per	form the job?	Indicate the le	length of the course/program:		
e respo	OR'S COMNonses to the ewith the re	question:	CATION AND SE	PECIFIC TRAI	\mathbf{C}	OMMENTS	S (<u>must</u> be completed if "Incomplete" or "No" is selected):		
agree	with the re	, p 0125051	☐ 1 cs				Supervisor's Initials:		

Purpose:		This section gathers information on the minimum relevant experience required for a job. Relevant experience may include previous job-related experience and/or on-the-job learning or adjustment.							
	n relevant experience requirements of t		r to and/or (b) on-the-jo	b, that is required for a new	person with the education recorded in Section 7 to acquire the skil				
For part (b),	ask yourself, "Is tin	ne on the job requir		nd responsibilities or to adj	iust to the job? If so, how much?" 7, Education and Specific Training.				
Required pre	vious related job e	xperience (do not in	nclude practicum or ap	pprenticeship if covered in	Section 7 – Education and Specific Training)				
☐ None	☐ 6	months	1 year	3 years	5 years				
Up to 3 n	nonths 9	months	2 years	4 years	Other (specify)				
Average time	1	b to learn and/or ad months	just to this job: I year	3 years					
♦ Twenty-	four (24) months r	elated previous exp	perience working with b	usiness units/departments	to provide forms administration and technical solutions.				
ŭ	1		3	☐ 3 years					
3 months		months	2 years	Other (specify)					
◆ Twelve ((12) months on the	job to become fam t policies and proce	iliar with service contro dures, computer progro		as, health care forms/products and to become familiar with cific and applicable software training.				
	OMMENTS – EXI	_	_	COMMENTS (must	<u>t</u> be completed if "Incomplete" or "No" is selected):				
e responses to the question:		☐ Complete	☐ Incomplete						
a agree with the responses:		□ No							
agree with th	le responses.								

Section	on 9 – INDEPEN	DENT JUDGEMEN	Γ							
	Purpose:	This section gathe	rs information	on the extent to which	h the job exercises independent action.					
		ndependent action, but e no precedents to serv		rees. Some jobs are hig	thly structured and have many formal procedures, while others require exercising judgement of					
		evel of guidance provi eadership from others			om rules, instructions, established procedures, defined methods, manuals, policies, professiona					
(a)	To what extendirecting action		its own work as	opposed to being guide	ed by influences such as rules, procedures, policies, supervisory presence or instructions					
	Please check	Please check the answer that most closely represents expected job requirements.								
	Most job r	equirements (to the ext	tent possible) ar	e set out within structur	re and rules and/or readily understood schedules to guide job tasks/duties required.					
	Some restr	Some restrictions apply, but the control over setting work priorities and pace of work is contained within the job.								
	There are minimal restrictions, leaving significant control over the work being carried out within the scope of the job.									
	Other (please explain):									
(b)	To what extent does this job exercise judgement to determine how the work is to be done?									
	Please check	the answer that most	closely represe	ents expected job requi	irements.					
	☐ Work is n	Work is mostly repetitive and predictable with little need for judgement. Example:								
	Work may	present some unusual	circumstances	that require judgement	or choices to be made. Example:					
	♦ Sourcing	emergent alternate su	pplies, urgent i	request requiring imme	ediate resolution.					
	☐ Work pres	sents difficult choices of	or unique situati	ons that require judgem	nent. Example:					
			****	*******	*****************					
SUPE	CRVISOR'S CO	MMENTS – INDEPE	NDENT JUD(EEMENT						
					COMMENTS (<u>must</u> be completed if "Incomplete" or "No" is selected):					
	he responses to t	-	_ Complete	☐ Incomplete						
Do yo	u agree with the	responses:	Yes	□ No						
					Supervisor's Initials:					

Section 10 – WORKING RELATIONSHIPS

Purpose: This section gathers information on the typical contacts or working relationships <u>necessary</u> in doing the job.

(a) What are the typical contacts or working relationships **necessary** in doing this job? For each contact listed, determine the purpose of the contact and **check off all that apply** in the chart below. **Do not include contact with employees you supervise.**

Purpose of Contact:

- A No exchange
- **B** Exchange of factual or work-related information
- C Explanation and interpretation of information or ideas
- **D** Discussion of problems with a view to obtaining consent, cooperation and/or coordination of activities
- **E** Counseling
- **F** Secure cooperation of others for the development of services, programs, policies or agreements on behalf of the Program / Department
- **G** Negotiation of service and / or supply agreements

	PURPOSE OF CONTACT Check off all that apply (more than one, if applicable)								
	A	В	C	D	E	F	G		
Employees in the same department		X	X	X					
Employees in another department/site (specify)		X	X	X					
Students		X	X	X					
Supervisor / supervisors of programs / departments or services		X	X	X					
Clients / patients / residents	X								
Family of clients / patients / residents	X								
Physicians		X	X						
Business representatives		X	X	X					
Suppliers / contractors		X	X	X					
Volunteers		X	X	X					
General Public		X							
Other health care organizations or agencies		X	X	X					
Professional organizations / agencies		X	X	X					
Government departments		X	X	X					
Social Service establishments		X	X	X					
Community Agencies		X	X	X					
Police and Ambulance		X	X	X					
Foundations		X	X	X					
Others (specify)									

Section 10 – WORKING RELATIONSHIPS (cont'd)

Questions (b) to (k) that follow provide a series of situations that may be encountered in your job. Please provide the response that fits best for each situation. Provide examples or specify where requested.

HOV	V OFTEN DOES YOUR JOB REQUIRE YOU TO:	Almost never	Sometimes	Often	Most of the time
(b)	Have to tell people things they <u>DO NOT</u> want to hear?				
	Other employees		X		
	Client / patients / residents / families				
	The general public	X			
	Other (specify) Vendors		X		
(c)	Have contact with very upset or very angry:				
	 Clients / patients / residents / families (not other workers) 				
	Outside groups (not other workers)		X		
	■ General public	X			
	 Other employees 		X		
	 Management 		X		
	■ Physicians	X			
	Other (specify)				
(d)	Have contact with extreme / special needs clients / patients / residents? Specify:				
(e)	Talk with clients / patients / residents to:				
	 Get information from them 				
	■ Inform them				
	 Devise mutual goals / objectives with them 				
	 Check on their progress 				
(f)	Talk with families to:				
	 Get information from them 				
	■ Inform them				
	Counsel them				
	 Devise mutual goals / objectives with them 				
	 Check on their progress 				
(g)	Talk with physicians to:				
	Get information from them	X			
	■ Inform them	X			
	 Devise mutual goals / objectives with them 	X			

Section 10 – WORKING RELATIONSHIPS (cont'd)

HOV	V OFTEN DOES YOUR JOB REQUIRE YOU TO:	Almost never	Sometimes	Often	Most of the time
(h)	Talk with general public to:				
	 Provide information 				
	Respond to questions				
	 Make presentations 				
(i)	Talk with other employees to:				
	Get information from them				X
	■ Inform them				X
	 Counsel / persuade them 			X	
	Give them advice on work procedures				X
	Get advice from them on work procedures		X		
	 Get cooperation from other parts of the organization on projects and programs 				X
	Other (specify)				
(j)	Talk to vendors, contractors, consultants, government agencies and other external groups or organizations to:				
	 Get information from them 				X
	Confer with peer professionals				X
	■ Inform them				X
	Arrange for services				X
	Devise mutual goals / objectives with them			X	
	 Lead meetings 		X		
	Check on their progress				X
	Other (specify)				
(k)	Other (specify):				
	********************************	:			
	SOR'S COMMENTS – WORKING RELATIONSHIPS COMMENTS (<u>must</u> be completed if "Incomplete"	complete"	or "No" is s	elected):	
u ag	ree with the responses:				
		C			
		Supe	rvisor's Init	nais:	

Purpose:	This section gathers information on the likelihood of impact of action occurring we responsibility for actions, resources and services, and the extent of the losses.	when carrying out the duties of the job. Consider th	ie
	g out your job duties and responsibilities, what is the likelihood of your actions having an idered as carelessness, willful neglect or extreme circumstances.	impact or an outcome on the following? Such effects	are typ
	omfort of others provide an example(s):	Is an impact likely? Yes	N
If yes, please	nt in public, client / patient / resident, families, business or employee relations provide an example(s): ate testing of products may cause minor delays in the availability of printed materials.	Is an impact likely? Yes 🖂	N
If yes, please	cessing or handling of information or in the delivery of services provide an example(s): n ordering may cause unnecessary shortages resulting in rush orders.	Is an impact likely? Yes 🖂	N
If yes, please	n impact on departmental / site / agency / SHA / Affiliate operations provide an example(s): n updating technical information may cause disruption or delay of related services.	Is an impact likely? Yes 🖂	N
	uipment / instruments provide an example(s):	Is an impact likely? Yes	N
If yes, please	ccurate information provide an example(s): r saving/storage of information may result in data loss.	Is an impact likely? Yes	N
Financial loss If yes, please	es including withdrawal of commitment or withholding of funds provide an example(s): ate sourcing may result in cost overruns.	Is an impact likely? Yes	N
Other – If yes, please	provide an example(s):	Is an impact likely? Yes	N
	*****************	********	
EVISOR'S CO		pe completed if "Incomplete" or "No" is selected):	
agree with the		Supervisor's Initials:	

Section 12 – LEADERSHIP/SUPERVISION

Purpose: This section gathers information on the requirements to supdirection to enable them to carry out their job.	pervise others, lead others and / or provide functional guidance or technical
Leadership refers to the requirements of the job to supervise others, lead other carry out their job. Do not include clients / patients / residents.	s, provide functional guidance or provide technical direction to enable other employees to
Specify any jobs or work group as appropriate, under one or more of these cate	egories. Check all that apply and provide examples.
☐ Familiarize new employees with the work area and processes	Examples Staff
Assign and/or check work of others doing work similar to yours	
Lead a project team, prioritize tasks, assign work, monitor progress to achieve planned outcome(s)	
Provide functional advice / instruction to others in how to carry out work tasks	Staff
☑ Provide technical direction as an expert in a field in order for others to carry out their primary job responsibilities	Staff
Provide input to appraisal, hiring and/or replacement of personnel	
Coordinate replacement and/or scheduling of employees	
☐ Supervise a work group; assign work to be done, methods to be used, and take responsibility for all the group	
Supervise the work, practices and procedures of a defined program	
☐ Supervise the work, practices and procedures of a department	
Provide counseling and/or coaching to others	
Provide health promotion / outreach (teaching / instruction)	
Other (specify)	
****************	**************
SUPERVISOR'S COMMENTS – LEADERSHIP/SUPERVISION	COMMENTS (must be completed if "Incomplete" or "No" is selected):
Are the responses to the question: Complete Incomplete	
Do you agree with the responses:	
	Supervisor's Initials:

Section 13 – PHYSICAL DEMANDS

Purpose: This section gathers information on the physical effort and for the accurate hand/eye or hand/foot coordination required on a regular basis in your job.

- (a) What **physical effort** is required on a **typical** basis for your job? Please provide examples that are applicable to your job.
 - Duration means individual periods of **uninterrupted time** (except for scheduled breaks) i.e. how long you have to perform the activity each time.
 - Frequency means **how often** each activity occurs within the day.

Indicate the duration of time that the activity is present during the normal workday or shift (e.g., for an 8 hour shift – 6 hours = 75%; 4 hours = 50%; 2 hours = 25%; 1 hour = 12%; 1/2 hour = 6%). **Percentages may not add up to 100% (due to simultaneous activities).**

Place a checkmark in the chart below indicating the duration, frequency and weight of the activity. **Only indicate weight where applicable**.

Light weight – up to 9 kg / 20 lbs

Occasional – means the activity occurs once in a while – less than 50% of the time

Medium weight – over 9 kg / 20 lbs

Regular – means the activity occurs often – between 50% - 75% of the time

Heavy weight – over 23kg / 50 lbs

Frequent – means the activity occurs every day – over 75% of the time

Exertions that are infrequent or that are not typical of the performance of the job should not be considered.

	DURATION	FREQUENCY			WEIGHT
ACTIVITY EXAMPLES	Approximate % of time/day	Occasional	Regular	Frequent	Light, Medium, Heavy (specify)
Standing/Walking/Lifting	15%		X		L - M
Computer operation	75 – 90%			X	
Driving	0 – 10%	X			

Section	13 – PHYSICAL DEMAN	DS (cont'd)						PLEASE F		
b)	Does your work require ac	Does your work require accurate hand/eye or hand/foot coordination? Please provide examples that are applicable to your job.								
		Indicate the duration of time that the activity is present during the normal workday or shift (e.g., for an 8 hour shift – 6 hours = 75%; 4 hours = 50%; 2 hours = 25%; 1 hour = 12%; 1/2 hour = 6%). Percentages may not add up to 100% (due to simultaneous activities).								
•	Examples : keyboard skills lawn mowers; sorting mail carpentry.									
	Place a checkmark in the c	nart below indicating the	e frequency of occurrence	e over a year.						
	Occasional – means the activity occurs once in a while – less than 50% of the time Regular – means the activity occurs often – between 50% - 75% of the time Frequent – means the activity occurs every day – over 75% of the time									
					DURATION		FREQUENC'	Y		
	ACTIVITY EXAMPLES				Approximate % of time/day	Occasional	Regular	Frequent		
	Computer operation				75 – 90%			X		
	Driving				0 – 10%	X				
			********	*****	*********	*****				
JPEI	RVISOR'S COMMENTS –	PHYSICAL DEMANI	OS	COMME	ENTS (must be comple	eted if "Incomple	te" or "No" a	re selected):		
e th	e responses to the question:	☐ Complete	☐ Incomplete							
you	agree with the responses:	☐ Yes	□ No							
						c	lumouricoule T-	nitials:		

Section 14 – SENSORY DEMANDS

Purpose: This section gathers information on the frequency and duration of sensory demands required by your job.

(a) What **Visual Effort** is required on a **concentrated** basis in your job? Please provide **examples** that are applicable to your job.

Indicate the duration of time that the activity is present during the normal workday or shift (e.g., for an 8 hour shift – 6 hours = 75%; 4 hours = 50%; 2 hours = 25%; 1 hour = 12%; 1/2 hour = 6%). **Percentages may not add up to 100% (due to simultaneous activities).**

Duration means individual periods of **uninterrupted time** (except for scheduled breaks) – i.e. how long you have to perform the activity each time.

Place a checkmark in the chart below indicating the frequency of occurrence over a year.

Frequency means **how often** each activity occurs within the day or week.

Occasional – means the activity occurs once in a while – less than 50% of the time

- means the activity occurs often – between 50% - 75% of the time

- means the activity occurs every day – over 75% of the time

	DURATION	FREQUENCY			
ACTIVITY EXAMPLES	Approximate % of time/day	Occasional	Regular	Frequent	
Computer operation	75 – 90%			\boldsymbol{X}	
Making presentations	10%	X			
Preparation of written / electronic materials	50 - 75%		X		
Provide training, instruction	75%			X	
Driving	0 – 10%	X			

Section 14 – SENSORY DEMANDS (cont'd)

(b) Does your job require that you **Listen Attentively**? Please provide **examples** that are applicable to your job.

Indicate the duration of time that the activity is present during the normal workday or shift (e.g., for an 8 hour shift – 6 hours = 75%; 4 hours = 50%; 2 hours = 25%; 1 hour = 12%; 1/2 hour = 6%). **Percentages may not add up to 100% (due to simultaneous activities).**

Place a checkmark in the chart below indicating the frequency of occurrence over a year.

- **Examples**: taking dictation, counseling; negotiating; taking minutes of meetings; taking telephone messages; operating a switchboard; alarm systems; mechanical/equipment sounds; taking directions or instructions; observing clients/patients/residents.
- Duration means individual periods of **uninterrupted time** (except for scheduled breaks) i.e. how long you have to perform the activity each time.
- Frequency means **how often** each activity occurs within the day or week.

Occasional – means the activity occurs once in a while – less than 50% of the time

Regular – means the activity occurs often – between 50% - 75% of the time

Frequent – means the activity occurs every day – over 75% of the time

	DURATION	FREQUENCY			
ACTIVITY EXAMPLES	Approximate % of time/day	Occasional	Regular	Frequent	
Communication	50 - 75%			X	

Sectio	on 14 – SENSORY DEMAN	DS (cont'd)		
(c)	Must attention be shifted fi	requently from one job d	etail to another?	
	Yes 🖂	No 🗌		
	If yes, please give exampl	es:		
	♦ Computer operation,	multiple projects, troubl	eshooting.	
		*******	*******	**************
SUPE	RVISOR'S COMMENTS -	SENSORY DEMAND	S	COMMENTS (must be completed if "Incomplete" or "No" are selected):
Are tl	ne responses to the question:	☐ Complete	☐ Incomplete	COMMEN 18 (<u>must</u> be completed if "Incomplete" of "No" are selected):
Do yo	u agree with the responses:	☐ Yes	□ No	
				Supervisor's Initials:

Section 15 – WORKING CONDITIONS

Purpose: This section gathers information on the undesirable or disagreeable environmental conditions or hazards under which the job is carried

out.

(a) Are you exposed to some degree of unpleasantness in the day-to-day activities of your job? Check all conditions that apply to you, and indicate only one of "occasional", "regular", or "frequent".

Occasional – means the condition occurs once in a while – less than 50% of the time

Regular – means the condition occurs often – between 50% - 75% of the time

Frequent – means the condition occurs every day – over 75% of the time

CONDITION (specify if applicable)	Occasional	Regular	Frequent
Blood / body fluids			
Chemical substances (specify) Cleaning Solutions		X	
Cold			
Congested workplace			
Dust			
Extreme temperature			
Foul language	X		
Grease			
Head lice			
Heat			
Inadequate lighting			
Inadequate ventilation			
Insects, rodents, etc.			
Interruptions			X
Isolation			
Latex			
Moisture			
Mold			
Multiple deadlines			X
Noise			
Odor			
Oil			
Radiation exposure (specify)			
Second-hand smoke			
Soiled linens			
Steam			
Transporting or handling human remains			
Travel	X		
Vibration			
Other (specify)			

Section 15 – WORKING CONDITIONS (cont'd)

(b) Is there some degree of exposure to hazards in the day-to-day activities of your job? Check all hazards that apply to you, and indicate only one of "occasional", "regular", or "frequent".

Occasional – means the condition occurs once in a while – less than 50% of the time

Regular – means the condition occurs often – between 50% - 75% of the time

Frequent – means the condition occurs every day – over 75% of the time

CONDITION (specify if applicable)	Occasional	Regular	Frequent
Abusive clients			
Blood / body fluids			
Chemical substances (specify) Cleaning solutions		X	
Traveling in inclement weather	X		
Excessive / unpredictable weights			
Exposure to infectious disease (specify)			
Extreme noise			
Faulty / inadequate equipment			
Personal injury			
Personal safety at risk due to isolation			
Radiation exposure (specify)			
Sharp objects			
Small aircraft			
Steam			
Verbal and/or physical abuse			
Violence			
Working from heights			
Other (specify)			

Section	n 15 – WORKING CONDITIO	NS (cont'd)							
(c)	Do you have to take certain training, precautions or wear protective clothing to avoid a work injury? (Check one and provide an explanation or example of the type of precaution(s) normally taken.)								
	Yes 🖂 No								
	Please explain your answer:								
	 ◆ Personal Protective Equipment (PPE) ◆ Transfer, Lifting, Repositioning (TLR) ◆ Workplace Hazardous Material Information System (WHMIS) 								
Are th	RVISOR'S COMMENTS – WO ne responses to the question: nu agree with the responses:			**************************************					
				Supervisor's Initials:					

e	add any additional information or comments and reference the specific JFS section	n and question as appropriate.	
	45 GYGN MYDDG		
tior	17 – SIGNATURES Single job submission: NAME: (Dleage Drint Legibly).		
	Single job submission: NAME: (Please Print Legibly):		
	SIGNATURE:	DATE:	
	SIGNATURE: Group submission (NAMES OF EMPLOYEES DOING THE SAME JOB). P		
		ease print your name, then sign:	
	Group submission (NAMES OF EMPLOYEES DOING THE SAME JOB). P	ease print your name, then sign:SIGNATURE:	
	Group submission (NAMES OF EMPLOYEES DOING THE SAME JOB). P. NAME:	ease print your name, then sign: SIGNATURE: SIGNATURE:	
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	Group submission (NAMES OF EMPLOYEES DOING THE SAME JOB). P. NAME: NAME: NAME: NAME: NAME:	SIGNATURE:	

ection 18 – OUT-OF-SCOPE SUPERVISOR'S COMMENTS						
lease add any additional information or comments and reference the specific JFS section and question as appropriate.						
mmediate Out-of-Scope Supervisor						
Name: (Please print legibly)		-				
Signature:		_				
Job Title:		_				
Department:		_				
Work Phone Number:	, 	-				
E-Mail Address:						
2 11 2011 120000		-				
Date:		_				

Appendix A Sample Key Activity Summary Statements

A

- Accounting
- Accounting operation
- Activities and events
- Administration and communication
- Administration duties
- Administrative activities
- Administrative functions
- Administrative procedures
- Administrative support to executive levels
- Admission, discharges and transfers
- Analysis and detection of epidemics
- Assessment and diagnosis
- Assists with training programs

B

- Budget activities
- Budget administration
- Budget and financial management
- Budget and professional development
- Budget and unit administration
- Budget management
- Budget preparation and control
- Budget unit administration

C

- Carpentry functions
- Cleaning designated areas

- Cleaning functions
- Clerical duties
- Clinical and patient pastoral services
- Clinical nursing practice
- Clinical pharmacy
- Clinical practice
- Clinical services
- Coding and abstracting
- Collaboration and Education
- Committee and coordination activities
- Committee and professional development
- Committee involvement
- Committee participation
- Committee representation
- Committees and communication
- Committees and community liaison
- Committees and meetings
- Communication and coordination
- Communications and public relations
- Community involvement
- Community resources and liaison
- Compiling reports and statistics
- Consultation
- Consultation and collaboration
- Consultation and program development
- Consultation with team
- Contact with medical staff
- Contact with vendor representatives
- Continuing education

- Control and allocation of beds
- Control of expenditures and government regulations
- Coordination and communication
- Coordination of health services functions
- Coordination of internal and external health care professionals
- Counseling
- Counseling and patient education
- Counseling, treatment and referrals

D

- Daily accounts receivable functions
- Department and administrative activities
- Department management
- Development of departments
- Development of nursing education programs
- Development of quality assurance programs
- Diagnosis
- Discharge planning
- Dispensing drugs and monitoring patient profiles
- Drug distribution
- Drug selection and information services

\mathbf{E}

Education

JE: Revised Dec 19/06

- Education (non patient)
- Education and research
- Education consultant
- Education program implementation
- Educational and professional development
- Emergency procedures
- Enforces security, fire and safety regulations
- Equipment testing
- Evaluates radiographs for quality
- Evaluation

F

- Financial and department planning
- Financial management
- Financial systems and controls
- First aid
- Food distribution
- Food preparation
- Food service and nutritional services

G

General office duties

H

- Health records and quality assurance
- Hospital management
- Housekeeping activities
- Human resource and budget management
- Human resource functions
- Human resources management

]

- Installations
- Investigations

L

- Laboratory Aide functions
- Laboratory technical functions
- Labour relations functions
- Laundry operations
- Lawn and garden maintenance
- Life safety programs and services

M

- Mail and filing
- Maintains directory and files
- Maintains inventory control
- Maintenance and administration
- Maintenance and cleanliness
- Maintenance and committee work
- Maintenance and trouble shooting
- Maintenance of equipment
- Maintenance of records
- Maintenance of telephone and records
- Management of department
- Management of Health Records Department
- Management of laboratory
- Management of systems contractors and suppliers
- Management of the library
- Management of volunteers
- Materials management programs
- Media relations
- Medical management

- Menu board maintenance
- Mobilization and transporting of patients
- Monitors entry and exit of visitors/patients in and out of hospital

N

- Narcotic and controlled drugs
- Narcotic control drug auditNursing care process
- Nutritional and dietary assessment

\mathbf{O}

- Occupational therapy program
- Ongoing health program administration
- Operates cash register
- Ordering supplies
- Ordering supplies and inventory
- Orientation
- Orientation of new staff
- Other secretarial functions

P

- Painting functions
- Participation in committees
- Patient care
- Performs electrical circuit installations and completes electrical change requests
- Performs laboratory test procedures
- Performs preventative maintenance
- Performs radiographic examinations
- Pharmacy budget and committees
- Pharmacy functions
- Physiotherapy program
- Planning and organizing

JE: Revised Dec 19/06

- Planning and organizing carpentry activities
- Planning and organizing of daily painting activities
- Planning and organizing plumbing activities
- Planning and unit administration
- Plant maintenance
- Plant operations
- Play therapy
- Plumbing functions
- Policy and procedure development
- Preparation of annual budgets
- Prepares and writes programs
- Processing of doctors orders
- Production reports and records
- Professional development
- Professional growth
- Professional standards
- Program development
- Protection of hospital building and premises
- Provides assistance to departments on request
- Provides information and Library Services
- Provides physical care to patients
- Psycho-social assessment and counseling
- Public inquires
- Public relations
- Pulmonary function testing
- Purchasing activities

Q

- Quality assurance and audit
- Quality assurance and maintenance of equipment
- Quality assurance/control
- Quality control and preventative maintenance

R

- Receipt and delivered items
- Reception and telephone
- Receptionist functions
- Recording and monitoring results
- Releasing information
- Repairs and maintenance to equipment
- Report production
- Reporting and communication
- Reporting and documentation
- Reporting the test results
- Reports and records information required by nursing staff
- Research
- Research and education
- Research into hospital activities
- Respiratory care
- Responds to incoming/outgoing telephone calls and inquires
- Reviewing test results

S

- Scheduling and coordination activities
- Scheduling and processing

- Scoring and interpretation
- Secretarial functions
- Selects, acquires and organizes library materials
- Social work functions
- Sterile product preparation
- Strategic planning
- Supervises activities
- Supervises technicians
- Supervision
- Surveillance of nursing units
- Systems development process
- Systems planning and maintenance

T

- Teaching and education
- Telephone and reception
- Test administration
- Testing procedure
- Therapeutic counseling and treatment
- Training
- Transcription of medical reports

U

- Unit administration
- Unit management
- Unit nursing specialized activities
- Unit/technical management

\mathbf{W}

• Word processing and typing function

JE: Revised Dec 19/06