

Provider Group – Joint Job Evaluation Job Fact Sheet <u>Job #070 - Medical Laboratory Technologist I</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 organizatio	on in which your job functions.								
Complete the Chart below:									
Be sure to write in the Provincial JE Job Title of the position – not the name of	o write in the Provincial JE Job Title of the position – not the name of the person currently in the job.								
Title of your immediate Out-of-Scope Supervisor	SUPERVISOR'S COMMENTS – ORGANIZATIONAL WORK CHART								
·	Are the responses to this question: Complete Incomplete								
	Do you agree with the responses: \square Yes \square No								
	COMMENTS (must be completed if "Incomplete" or "No" is selected):								
Title of your immediate Supervisor (if different than above)									
Your current Provincial JE Job Title									
Tour current Trovincial of odd True	Companying and a Turkinda.								
	Supervisor's Initials:								
Your current Provincial JE Job Number:									
Provincial JE Job Titles that report directly to you (if applicable)									

Section 3 – JOB IDENTIFICATION										
	Purpose: This section gathers basic identifying material so we can keep track of completed Job Fact Sheets.									
Provi	de your name and	work telephone nu	mber(s) for contact pu	rposes. For group JFS submiss	sions, please	note the name a	and telephone number(s) of th	e contact person.		
Name of person completing the JFS for a single employee, or contact person for group JFS submission (ONLY COMPLETE A GROUP SUBMISSION IF ALL EMPLOYEES ARE DOING THE SAME JOB):										
Name	Name (Print): Employee No.:									
Work	Telephone:			E-Mail Address:						
Regio	onal Health Autho	rity/Affiliate:								
Facili	ty/Site:				Departm	ent:				
See S	ection 18 on page	28 for signatures.								
Provi	ncial JE Job Title	:					Date:			
Provi	ncial JE Number:			Office use onl	y :	JEMC No.	<u>M</u>	_		
Section	on 4 – JOB SUM	MARY								
	Purpose:	This section de	scribes why the job e	xists.						
Brief	ly describe the gen	neral purpose of this	s job: Performs labor	atory duties for the detection,	prevention a	and management	t of physiological and pathol	logical conditions.		
▶Thi	Tips: Consider "Why does this job exist?" and "What is this job responsible for?" Think about what you would say if someone approached you and asked you about your job. You may wish to begin with: "The (<u>Job Title</u>) exists to" or "The (<u>Job Title</u>) is responsible for"									
SUPI	ERVISOR'S CO	MMENTS – JOB S		*********	******	*****	*****			
	he responses to t		☐ Complete	☐ Incomplete	COMMENTS (<u>must</u> be completed if "Incomplete" or "No" is selected):					
	ou agree with the	-	☐ Yes							
							Supervisor's Init	ials:		

5 – KEY WORK ACTIVITIES

Purpose:	This section describes the key activities, duties and responsibilities of the job.

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: Specimen Procurement and Analysis

Duties/Responsibilities:

- ♦ Prepares patient (e.g., identification, consent, medical condition, instruction of procedure) for specimen procurement.
- ♦ Collects, transports and prepares samples for in-house testing and/or dispatches to reference laboratories (e.g., Provincial Laboratory, TB Laboratory).
- ♦ Organizes and prioritizes specimens/tests based on urgency of request, stability of specimen and timing protocols.
- ♦ Assesses specimen integrity and maintains stability.
- ♦ Performs laboratory testing, correlates results and evaluates the validity of those results.
- ♦ Responds to critical values, unexpected results and urgent requests according to protocols and policies.
- Performs specialized testing, where required (e.g., bone marrow, allergen testing).
- ♦ Assists in prioritizing the utilization of blood/blood products.

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

Key Work Activity B: Quality Assurance / Quality Control	SUPERVISOR'S COMMENTS – KEY WORK ACTIVITIES			
 Duties/Responsibilities: ◆ Participates in Quality Assurance/Quality Control programs as required by local protocols and government regulations. ◆ Follows preventative maintenance programs by maintaining instrument logs and recognizing equipment malfunctions. 	Are the responses to this question: Complete Incomplete			
Outies/Responsibilities: Performs computer work (e.g., data entry, back up). Provides reception/clerical duties (e.g., telephone, faxing, photocopying, booking appointments). Prepares, communicates and files test results and reports. Prepares statistical reports. Maintains inventory and orders supplies. Completes incident reports (e.g., unlabeled/mislabeled specimens, needle pokes).	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 D: Related Key Work Activities	SUPERVISOR'S COMMENTS – KEY WORK ACTIVITIES			
Puties/Responsibilities: Cleans, maintains, troubleshoots, and calibrates equipment according to established standards. Cleans instruments and work area. Provides occasional guidance to the primary function of others, including training. Provides input into capital equipment purchases. Provides input into policies and procedures. Disposes of biohazardous waste, as per department procedures and policies. Performs ECG's and Holter monitors.	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 E:	SUPERVISOR'S COMMENTS – KEY WORK ACTIVITIES			
uties/Responsibilities:	Are the responses to this question: Complete Incomplete			
	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:				X
	Modify or change established department methods and procedures, but stay within program or legislative boundaries. Example: <i>Modify tests in emergency situations</i>		X		
	Develop new solutions to diverse and complex problems with conflicting requirements because there are no guidelines. Example:	X			

(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)				

(c)	To what extent are the decision-making requirements of this job guided by others (check all reand provide examples)	esponses that apply Almost never	Sometimes	Often	Most of the time
	Immediate supervisor			v	
	Example:			X	
	Others in own program/department			X	
	Example:				
	Others within the RHA Example:		X		
	Departmental Management Example:		X		
	Specialists / Clinical Experts		X		
	Example:		21		
	Senior Management	X			
	Example:				
	Other				
	Example:				
the re	esponses to the question: Complete Incomplete	**************************************			

Purpose:	This section gat	thers information	on the minimum level	of completed formal education required for the job.
			rmal training would be ne	ecessary for a new person being hired into this job? This does not reflect the education
	nimum level of computation or certification		formal training should i	nclude all classroom, laboratory, practicum, clinical, or apprenticeship, etc., time require
(i) High	School:	Grade 10	Grade 11 Grad	le 12 🖂
(ii) Tech	ical/Vocational/Com	munity College:	1 year 2 yea	urs ⊠ 3 years □
Speci	fy (Do not use abbrev	iations): Medical	Laboratory Technology	diploma
	sed Trades: 1 year fy (Do not use abbrev		3 years	4 years
(iv) Univ	rsity: 3 years	4 years	Masters	
Speci	fy (Do not use abbrev	iations):		
Is any Provi	ncial, National or prof	Sessional certificat	ion mandatory? 🛛 🖂 🛚	Yes No
If yes, pleas	specify and provide	the name of the lie	censing / certification / re	gistration body (do not use abbreviations):
			lical Laboratory Science van Society of Medical L	aboratory Technologists.
What addition	nal special skills, trai	ning, or licenses a	re needed to perform the	job? Indicate the length of the course/program:
 Basic c Analyti Ability Commit Organi Interpe 	not use abbreviations omputer skills eal skills o work independently nication skills ational skills esonal skills eiver's license, where	y required by the jo		**********
	OMMENTS – EDUC		PECIFIC TRAINING	
RVISOR'S C				COMMENTS (must be completed if "Incomplete" or "No" is selected):
	the question:	☐ Complete	☐ Incomplete	

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.									
	m relevant exper e requirements o		rior to and/or (b) on-the-jo	b, that is required for a n	ew person with the education recorded in Section 7 to acquire the sk						
For part (b),	ask yourself, "Is	time on the job req		nd responsibilities or to d	adjust to the job? If so, how much?" 17, Education and Specific Training.						
Required pre	vious related job	experience (do no	t include practicum or ap	pprenticeship if covered	in Section 7 – Education and Specific Training)						
None None		6 months	1 year	3 years	5 years						
Up to 3 m	nonths	9 months	2 years	4 years	Other (specify)						
Average ume	•	job to learn and/or	$\boxtimes 1$ year	3 years							
□ 1 month o	or fewer	i b months		I I S Vears							
1 month o		6 months 9 months	2 years	Other (specify)	<u></u>						
☐ 3 months Describe the	tasks and respor	9 months sibilities that need the-job experience	2 years	Other (specify) attisfy the requirements of acility-specific equipments	this job: at and various test procedures and department policies and						
☐ 3 months Describe the Twelve (procedum	tasks and respor	9 months asibilities that need the-job experience	2 years to be learned in order to sa to become familiar with fo	Other (specify) atisfy the requirements of acility-specific equipments ***********************************	this job: at and various test procedures and department policies and ***********************************						
☐ 3 months Describe the Twelve (procedum RVISOR'S CO	tasks and resport (12) months on-tes. OMMENTS – E	9 months sibilities that need the-job experience ********* XPERIENCE	2 years to be learned in order to sa to become familiar with fa	Other (specify) atisfy the requirements of acility-specific equipments ***********************************	this job: at and various test procedures and department policies and						
☐ 3 months Describe the Twelve (procedum	tasks and respond (12) months on-tes. OMMENTS – Ethe question:	9 months asibilities that need the-job experience	2 years to be learned in order to sa to become familiar with fa	Other (specify) atisfy the requirements of acility-specific equipments ***********************************	this job: at and various test procedures and department policies and ***********************************						

Sectio	n 9 – INDEPEN	DENT JUDGEN	MENT								
	Purpose:	This section g	gathers information	n on the extent to which	the job exercises independent action.						
		ndependent action e no precedents to		grees. Some jobs are high	aly structured and have many formal procedures, while others require exercising judgement of						
			provided to this job hers and direct supe		m rules, instructions, established procedures, defined methods, manuals, policies, profession						
(a)		To what extent does this job control its own work as opposed to being guided by influences such as rules, procedures, policies, supervisory presence or instructions directing actions required?									
	Please check	Please check the answer that most closely represents expected job requirements.									
	Most job 1	requirements (to the	e extent possible) a	re set out within structure	e and rules and/or readily understood schedules to guide job tasks/duties required.						
	Some rest	Some restrictions apply, but the control over setting work priorities and pace of work is contained within the job.									
	☐ There are	☐ There are minimal restrictions, leaving significant control over the work being carried out within the scope of the job.									
	Other (ple	Other (please explain):									
(b)	To what exter	To what extent does this job exercise judgement to determine how the work is to be done?									
	Please check	the answer that i	nost closely repres	sents expected job requi	rements.						
		Please check the answer that most closely represents expected job requirements. Work is mostly repetitive and predictable with little need for judgement. Example:									
	⊠ Work ma	y present some un	usual circumstances	s that require judgement of	or choices to be made. Example:						
	♦ Testing,	calibrating, troub	leshooting, repairin	ng and preventative main	tenance. Prioritizing testing within limits of department policies.						
	□ Work pro	sonts difficult abo	ioos or unique situe	tions that require judgeme	out Evenneles						
	Work presents difficult choices or unique situations that require judgement. Example:										
			****	*******	****************						
SUPE	RVISOR'S CO	MMENTS – IND	EPENDENT JUD	GEMENT	COMMENTS (must be completed if "Incomplete" or "No" is colored):						
Are th	e responses to 1	the question:	☐ Complete	☐ Incomplete	COMMENTS (<u>must</u> be completed if "Incomplete" or "No" is selected):						
Do yo	u agree with the	e 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.

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	X	X			
Family of clients / patients / residents		X	X	X			
Physicians		X	X	X			
Business representatives		X	X	X			
Suppliers / contractors		X	X	X			
Volunteers	X						
General Public		X					
Other health care organizations or agencies		X	X	X			
Professional organizations / agencies	X						
Government departments		X	X	X			
Social Service establishments	X						
Community Agencies	X						
Police and Ambulance		X	X	X			
Foundations	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	W 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 		X		
	■ The general public	X			
	Other (specify)				
(c)	Have contact with very upset or very angry:				
	 Clients / patients / residents / families (not other workers) 		X		
	 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:		X		
(e)	Talk with clients / patients / residents to:				
	 Get information from them 			\boldsymbol{X}	
	■ Inform them			X	
	■ Counsel them				
	 Devise mutual goals / objectives with them 	X			
	 Check on their progress 	X			
(f)	Talk with families to:				
	 Get information from them 			X	
	■ Inform them			X	
	■ Counsel them				
	 Devise mutual goals / objectives with them 	X			
	 Check on their progress 	X			
(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)

HOW	OFTEN DOES YOUR JOB REQUIRE YOU TO:	Almost never	Sometimes	Often	Most of the time
(h)	Talk with general public to: Provide information	X			
	 Respond to questions 	X			
	Make presentations	X			
(i)	Talk with other employees to:				
	 Get information from them 			X	
	■ Inform them			X	
	■ Counsel / <u>persuade</u> 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):	·	i	i	·
,					
	*****************	:			
	SOR'S COMMENTS – WORKING RELATIONSHIPS COMMENTS (<u>must</u> be completed if "In	complete" (or "No" is s	elected):	:
ie res	ponses to the question: Complete Incomplete				
u agr	ee with the responses:				
		Supe			

Purpose:					n carrying out the duties of the job. Consider th	he	
	responsibility	for actions, resou	rces and services, and the e	extent of the losses.			
When carrying out your job duties and responsibilities, what is the likelihood of your actions having an impact or an outcome on the following? Such effects are and not considered as carelessness, willful neglect or extreme circumstances.							
	rovide an exampl		scomfort to clients/patients/1	residents.	Is an impact likely? Yes		
Embarrassment If yes, please pr	in public, client rovide an exampl	/ patient / resident, e(s):	families, business or employ	yee relations	Is an impact likely? Yes		
♦ Improper	test results may	lead to serious med	lical complications resulting	g in identifiable deterioratio	on in public relations.		
If yes, please pr	rovide an exampl		in the delivery of services osis/treatment.		Is an impact likely? Yes 🖂		
If yes, please pr	rovide an exampl		cy / region operations osis/treatment.		Is an impact likely? Yes		
If yes, please pr	ipment / instrume rovide an exampl e maintenance n	e(s):	and inaccurate test results.		Is an impact likely? Yes 🖂		
Loss of or inacc If yes, please pr	curate informatio rovide an exampl	n e(s):	equent diagnosis/treatment.		Is an impact likely? Yes 🖂		
Financial losses If yes, please pr	s including withd rovide an exampl	rawal of commitme	ent or withholding of funds to expensive equipment.		Is an impact likely? Yes		
Other –	rovide an exampl		o capensire equipmenii		Is an impact likely? Yes		
RVISOR'S COM		ACT OF ACTION	N ☐ Incomplete	COMMENTS (must be c	completed if "Incomplete" or "No" is selected):		
agree with the	responses:	☐ Yes	□ No				
					Supervisor's Initials:		

Section 12 – LEADERSHIP/SUPERVISION

Leadership refers to the requirer carry out their job. Do not incl			s, provide functional guidance or provide technical direction to enable other employees
Specify any jobs or work group	as appropriate, unde	er one or more of these cate	egories. Check all that apply and provide examples.
M. p			Examples
Familiarize new employees		•	Staff, students
Assign and/or check work of	C	•	Staff, students
Lead a project team, prioritize achieve planned outcome(s)	ze tasks, assign worl	x, monitor progress to	
Provide functional advice / i tasks	nstruction to others	in how to carry out work	Staff, students
Provide technical direction a carry out their primary job re		l in order for others to	
Provide input to appraisal, h	iring and/or replace	ment of personnel	
Coordinate replacement and	or scheduling of en	nployees	
Supervise a work group; assitate responsibility for all the		, methods to be used, and	
☐ Supervise the work, practice	s and procedures of	a defined program	
☐ Supervise the work, practice	s and procedures of	a department	
☐ Provide counseling and/or co	paching to others		
Provide health promotion / o	outreach (teaching /	instruction)	
Other (specify)			
PERVISOR'S COMMENTS – LEA			*****************
e the responses to the question:	☐ Complete	☐ Incomplete	COMMENTS (<u>must</u> be completed if "Incomplete" or "No" is selected):
you agree with the responses:	☐ Yes		

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		FREQUENC	Y	WEIGHT
ACTIVITY EXAMPLES	Approximate % of time/day	Occasional	Regular	Frequent	Light, Medium, Heavy (specify)
Walking, standing, working in awkward positions	25 - 75%			X	L
Moving equipment, transporting/assisting patients	10%		X		L - H
Specimen procurement and processing	10 - 50%			X	L - H
Lifting/moving inventory, mixing reagents	10%		X		L - H
Sitting/standing at bench, performing tests, microscope work - repetitive body movements	10 - 50%			X	L
Driving	0 – 10%	X			
Computer operation	30 – 50%			X	

Section	13_	PHYSICAL	DEMANDS	(cont'd)
bechon	15 -	\mathbf{I}		ttont u,

(b) 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, repairing fine instruments/equipment; floor polishers; folding laundry; mechanical; plumbing; giving injections; dispensing oral medications; lawn mowers; sorting mail; electrical; driving; drafting; using long-handled tools such as mops and shovels; stocking shelves; positioning patients and equipment; carpentry.

Place a checkmark in the chart below indicating the frequency of occurrence 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	FREQUENCY			
ACTIVITY EXAMPLES	Approximate % of time/day	Occasional	Regular	Frequent	
Testing	10 – 80%			X	
Venipuncture, pipetting, microscope work	20 – 60%			X	
Computer operation	30 - 50%			X	
Repairing instruments	5 - 20%	X			
Driving	0 – 10%	X			

	*******	*******	********************			
SUPERVISOR'S COMMENTS – PHY	SICAL DEMAND	OS				
Are the responses to the question:	☐ Complete	☐ Incomplete	COMMENTS (<u>must</u> be completed if "Incomplete" or "No" are selected):			
Do you agree with the responses:	☐ Yes	□ No				
						
			Supervisor's Initials:			

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	
Testing	10 – 80%			X	
Venipuncture, pipetting, microscope work	20 – 60%			X	
Computer operation	30 – 50%			X	
Repairing instruments	5 - 20%		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	
Patients	10 – 80%			X	
Orders, direction, co-worker interaction	25%			X	
Equipment sounds/alarms	10 – 80%			X	

Section	14 – SENSORY DEMAND	S (cont'd)					
(c)	Must attention be shifted fre	equently from one job d	etail to another?				
•	Examples: keyboarding and answering the telephone; dictatyping; repairing and listening to equipment						
	Yes 🖂	No 🗌					
	If yes, please give examples	S:					
	♦ Phone calls, physician	orders, stat procedure	·s.				
		******	******	*****			
SUPEF	RVISOR'S COMMENTS – S						
Are the	e responses to the question:	☐ Complete	☐ Incomplete	COMMENTS (must be completed if "Incomplete" or "No" are selected):			
Do you	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			X
Chemical substances (specify)			X
Cold			
Congested workplace			
Dust			
Extreme temperature			
Foul language	X		
Grease			
Head lice	X		
Heat			
Inadequate lighting			
Inadequate ventilation			
Insects, rodents, etc.			
Interruptions			X
Isolation <i>Home visits/collections</i>	X		
Latex			
Moisture			
Mold			
Multiple deadlines			X
Noise			X
Odor		X	
Oil			
Radiation exposure (specify) Assisting in x-ray	X		
Second-hand smoke			
Soiled linens			X
Steam			
Transporting or handling human remains			X
Travel <i>Home visits/collections</i>	X		
Vibration Centrifuges		X	
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	X		
Blood / body fluids			X
Chemical substances (specify)			X
Traveling in inclement weather <i>Home collections</i>	X		
Excessive / unpredictable weights	X		
Exposure to infectious disease (specify)			X
Extreme noise			
Faulty / inadequate equipment	X		
Personal injury	X		
Personal safety at risk due to isolation <i>Home collections</i>	X		
Radiation exposure (specify) Assisting in x-ray	X		
Sharp objects			X
Small aircraft			
Steam Autoclaves	X		
Verbal and/or physical abuse			
Violence			
Working from heights			
Other (specify)			

Section	15 – WORKING COND	OITIONS (cont'd)					
(c)	Do you have to take certa precaution(s) normally ta		wear protective clothing	g to avoid a work injury? (Check one and provide an explanation or example of the type of			
	Yes 🖂	No 🗌					
	Please explain your answ	/er:					
	◆ PPE, TLR, WHMIS	S.					

			☐ Incomplete	COMMENTS (must be completed if "Incomplete" or "No" are selected):			
	responses to the question agree with the responses	_	☐ No				
Do you	agree with the responses	Tes					
				Supervisor's Initials:			

	add any additional information or comments and reference	e the specific IFS section and question as appropriate				
	•					
ctio	n 17 – SIGNATURES					
)	Single job submission: NAME: (Please Pr	rint Legibly):				
	SIGNATURE:	DATE:				
))	Group submission (NAMES OF EMPLOYEES DOING	Group submission (NAMES OF EMPLOYEES DOING THE SAME JOB). Please print your name, then sign:				
	NAME:	SIGNATURE:				
	NAME:					
		SIGNATURE:				
	NAME:	SIGNATURE: SIGNATURE:				
	NAME:	SIGNATURE: SIGNATURE: SIGNATURE:				
	NAME:NAME:	SIGNATURE: SIGNATURE: SIGNATURE: SIGNATURE:				
	NAME: NAME: NAME:	SIGNATURE: SIGNATURE: SIGNATURE: SIGNATURE: SIGNATURE:				
	NAME: NAME: NAME: NAME: NAME:	SIGNATURE: SIGNATURE: SIGNATURE: SIGNATURE: SIGNATURE: SIGNATURE: SIGNATURE:				

Section 18 – OUT-OF-SCOPE SUPERVISOR'S COMMENTS						
Please add any additional information or c	omments and reference the specific JFS s	section and question as appropr	riate.			
Immediate Out-of-Scope Supervisor						
Illimediate Out-or-scope Supervisor						
Name: (Please print legibly)						
Signature:						
Signature.						
Job Title:						
Department:						
2 oparament						
Work Phone Number:						
E-Mail Address:						
2						
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

В

- 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

\mathbf{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 audit
- Nursing care process
- Nutritional and dietary assessment

0

- 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

\mathbf{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

W

• Word processing and typing function

JE: Revised Dec 19/06