

Provider Group – Joint Job Evaluation Job Fact Sheet <u>Job #142 – Steamfitter - Pipefitter</u>

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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 26, 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 26.
- 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.

Section 2 – ORGANIZATIONAL WORK CHART **Purpose:** This section gathers information regarding the organization 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 the person currently in the job. • SUPERVISOR'S COMMENTS - ORGANIZATIONAL WORK Title of your immediate Out-of-Scope Supervisor CHART Are the responses to this question: Complete **Incomplete** Do you agree with the responses: Yes **No COMMENTS** (<u>must</u> be completed if "Incomplete" or "No" is selected): Title of your immediate Supervisor (if different than above) Your current Provincial JE Job Title 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 ma | terial so we can keep tracl | k of completed Job Fact Sheets. | | | | |
| Provide your name and work telephone number(s) for contact purposes. For group JFS submissions, please note the name and telephone number(s) of the contact person. | | | | | | | |
| Name of person completing the JFS for ARE DOING THE SAME JOB): | a single employee, or contact | person for group JFS submi | ission (ONLY COMPLETE A GROUP SUBMISSION IF ALL EMPLOYEES | | | | |
| Name (Print): | | | Employee No.: | | | | |
| Work Telephone: | 1 | E-Mail Address: | | | | | |
| Saskatchewan Health Authority/Affiliate | e: | | | | | | |
| Facility/Site: | | | Department: | | | | |
| See Section 18 on page 28 for signature. | <i>S</i> . | | | | | | |
| Provincial JE Job Title: | | | Date: | | | | |
| Provincial JE Number: | | Office use only: | : JEMC No. <u>M</u> | | | | |
| | | | | | | | |
| Section 4 – JOB SUMMARY | | | | | | | |
| Purpose: This section | describes why the job exists | | | | | | |
| Briefly describe the general purpose of t | his job: <i>Installs, maintains a</i> | and repairs piping systems a | and their components. | | | | |
| Tips: ▶ Consider "Why does this job exist?" a | nd "What is this job responsi | ale for?" | | | | | |
| Think about what you would say if so | meone approached you and as | sked you about your job. | | | | | |
| You may wish to begin with:"The (<u>Jo</u> | <u>b Title</u>) exists to" or "The (| (<u>Job Title</u>) is responsible for | r" | | | | |
| | | | ***** | | | | |
| SUPERVISOR'S COMMENTS – JOI | | • * * * * * * * * * * * * * * * * * * * | | | | | |
| Are the responses to this question: | Complete | Incomplete | COMMENTS (<u>must</u> be completed if "Incomplete" or "No" is selected): | | | | |
| Do you agree with the responses: | Yes | No | | | | | |
| | | | Supervisor's Initials: | | | | |
| | | | | | | | |

Section 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: $\frac{1}{2}$ day every day per year = 50%; 3 months per year = 25%; 2 $\frac{1}{2}$ 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: <u>Preventative Maintenance</u> | SUPERVISOR'S COMMENTS – KEY WORK ACTIVITIES |
|--|---|
| Duties/Responsibilities: Participates in preventative maintenance program and assists in its on-going development. Performs filter changes on hydronic heating systems, control air and air-handling units. Lubricates mechanical equipment (e.g., pumps, compressors and various equipment bearings). Assists HVAC personnel with service of HVAC systems. Aligns pump motor to pump shaft. Cleans condensate traps and equipment strainers. Checks fluid levels, temperature and pressure within heating/cooling systems. Adjusts steam station pressure-reducing valves. Maintains correct glycol concentration in freeze-protected heating systems. | 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: |

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Section 5 – KEY WORK ACTIVITIES (cont'd)

Key Work Activity B: <u>Repair</u>

Duties/Responsibilities:

- Troubleshoots and repairs plumbing systems, boilers, hydronic heating systems, humidifiers, kitchen equipment, equipment fillers and strainers, natural gas appliances, steam stations and steam operated equipment, and all related controls.
- Repairs and/or diagnoses cooling system issues.
- Assists in the repair of ventilation equipment (e.g., exhaust fans, air handlers and mixing boxes)
- Repairs reverse osmosis water processing, medical gas systems and specialty piping (e.g., lab and home dialysis).
- Find or fabricate suitable substitutions for obsolete parts.

| | VISUR'S COM | IMENTS – KE | LI WURK A | CTIVITIES |
|---------|-----------------------------------|------------------|------------------------|---------------------------------|
| Are the | responses to th | is question: |] Complete | |
| Do you | agree with the | responses: |] Yes | 🗌 No |
| СОММ | ENTS (<u>must</u> be | completed if "In | ncomplete" or | "No" is selected) |
| | | | | |
| | | Suț | pervisor's In | itials: |
| SUPER | VISOR'S COM | IMENTS – KE | EY WORK A | CTIVITIES |
| Are the | responses to th | is question: 🗌 |] Complete | Incomplet |
| | responses to th agree with the | - | - | Incomplet |
| Do you | agree with the | responses: |] Yes | Incomplete No "No" is selected) |
| Do you | agree with the | responses: |] Yes | □ No |
| Do you | agree with the | completed if "Ir |] Yes ncomplete" or | □ No |

Key Work Activity C: *Installation*

Duties/Responsibilities:

- Installs new mechanical equipment (e.g., pumps, compressors, air dryers, converters, heat exchangers, relief valves, pressure-reducing valves, condensate tanks, recirculation pumps, booster pumps, pneumatic controls, coils, isolation valves, 3-way valves and condensate traps).
- Designs layout and installs low, medium, and high pressure steam systems, hydronic heating systems, cooling systems and associated controls; ensures they meet code requirements.
- Fabricates and welds piping/equipment supports, brackets and guides.
- Fits up and prepares piping requiring welded joints.
- Liaises and collaborates with other trades, contractors, consultants and suppliers.
- Inspects new construction/renovation projects.
- Researches and recommends new and replacement equipment.
- Researches and orders parts and materials for installation.
- Obtains quotes from vendors and suppliers.

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Section 5 – KEY WORK ACTIVITIES (cont'd)

Key Work Activity D: <u>Related Key Work Activities</u>

Duties/Responsibilities:

Duties/Responsibilities:

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- Maintains accurate records for provincial license requirements.
- Updates blueprints (as-built drawings) with equipment locations as required.
- Organizes shutdowns (both planned and emergency) with those it affects.
- Communicates with provinicial inspectors to ensure compliance with code requirements.
- Provides occasional guidance to the primary function of others, including training.
- Processes work orders, maintains documentation and records.
- Ensures all work complies with Infection Prevention and Control Standards (hoarding).

Plans, coordinates and monitors building, HVAC, renovation and construction projects.

• Maintains inventory and orders supplies.

Key Work Activity E: Project Coordination

| Are the responses to this que | stion: 🗌 Complete | Incomple |
|--|---------------------------------|-------------------|
| Do you agree with the respon | ses: 🗌 Yes | No |
| COMMENTS (<u>must</u> be comple | eted if "Incomplete" of | r "No" is selecte |
| | | |
| | Supervisor's In | nitials: |
| | | |
| SUPERVISOR'S COMMEN | TS – KEY WORK A | ACTIVITIES |
| SUPERVISOR'S COMMEN Are the responses to this que | | |
| | stion: 🗌 Complete | |
| Are the responses to this que | stion: 🗌 Complete ses: 🗌 Yes | Incomple No |
| Are the responses to this ques Do you agree with the respon | stion: 🗌 Complete ses: 🗌 Yes | Incomple No |

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>Governed by numerous legislated codes</i> . | | | | X |
| | Modify or change established department methods and procedures, but stay within program or legislative boundaries. Example: <i>Renovation and construction work</i> . | | | X | |
| | Develop new solutions to diverse and complex problems with conflicting requirements because there are no guidelines. Example: <i>Resolving design deficiencies</i> . | | | X | |

| 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) | | | | |
| | | | | |

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| (c) | To what extent are the dec and provide examples) | ision-making requ | irements of this job gu | ided by others (check all responses that apply | Almost never | Sometimes | Often | Most of the time |
|--------|--|----------------------|-------------------------|--|-----------------|---------------|-----------|---------------------|
| | Immediate supervisor | | | | | X | | |
| | Example: Schedule the wor | | Λ | | | | | |
| | Others in own program/depa | artment | | | | v | | |
| | Example: Consult with co- | worker on availabili | ity of assisting staff | | | X | | |
| | Others within the SHA | | | | | | | |
| | Example: | | | | X | | | |
| | Departmental Management Example: <i>Work scheduling</i> Specialists / Clinical Experts Example: <i>Other trades</i> | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | Senior Management | | | | | | | |
| | Example: Upgrading equipment | | | | | | | |
| | Other | | | | | | | |
| | Example: | | | | | | | |
| | SOR'S COMMENTS – DEG | CISION-MAKING | | ************************************** | omplete" o | or "No" is s | elected): | |
| | sponses to the question: | Complete | Incomplete | | | | | |
| you ag | ee with the responses: | Ves | 🗌 No | | | | | |
| | | | | | Sumo | rvisor's Init | | |

| Section | n 7 – EDUCATION AND SPEC | IFIC TRAINING | | | | | |
|---------|--|------------------------|----------------------|--|--|--|--|
| | Purpose: This section | gathers information | n on the minimum | m level of completed formal education required for the job. | | | |
| (a) | What minimum level of comp that you have, but what is the | | | uld be necessary for a new person being hired into this job? This does not reflect the education he job. | | | |
| • | The total minimum level of co prior to graduation or certificat | | r formal training sh | should include all classroom, laboratory, practicum, clinical, or apprenticeship, etc., time required | | | |
| | (i) High School: | Grade 10 🖂 | Grade 11 | Grade 12 | | | |
| | (ii) Technical/Vocational/Co | ommunity College: | 1 year 🗌 | 2 years 3 years | | | |
| | Specify (Do not use abbreviations): | | | | | | |
| | (iii) Licensed Trades: 1 ye | ar 🗌 2 year | s 🗌 3 years | rs 🗌 4 years 🖂 5 years 🗌 | | | |
| | Specify (Do not use abb | previations): Journe | yperson Steamfitter | tter-Pipefitter certification | | | |
| | (iv) University: 3 ye | ars 🗌 4 year | s 🗌 Masters | ers | | | |
| | Specify (Do not use abb | reviations): | | | | | |
| (b) | Is any Provincial. National or n | rofessional certifica | tion mandatory? | 🛛 Yes 🗌 No | | | |
| (0) | Is any Provincial, National or professional certification mandatory? Xes If yes, please specify and provide the name of the licensing / certification / registration body (do not use abbreviations): | | | | | | |
| | Journeyperson Steamfitter Domestic Gasfitter Li | r-Pipefitter certifica | - | | | | |
| | General Gasfitter Lice | | | | | | |
| (c) | What additional special skills, | raining, or licenses | are needed to perfor | form the job? Indicate the length of the course/program: | | | |
| | Specify (Do not use abbreviation | ons): | | | | | |
| | Basic computer skills Ability to work independent | ntlv | | | | | |
| | Communication skills | lity | | | | | |
| | Organizational skills | | | | | | |
| | Interpersonal skills Valid driver's license | | | | | | |
| | | | | ************************************* | | | |
| SUPEI | RVISOR'S COMMENTS – ED | UCATION AND S | PECIFIC TRAINI | NING COMMENTS (<u>must</u> be completed if "Incomplete" or "No" is selected): | | | |
| Are the | e responses to the question: | Complete | Incomplete | | | | |
| Do you | agree with the responses: | Yes | 🗌 No | | | | |
| | | | | Supervisor's Initials: | | | |
| L | | | | | | | |

| Section 8 | 8 – | EXPE | RIENCE |
|-----------|-----|------|--------|
|-----------|-----|------|--------|

| | Purpose: | | | n on the minimum releva e-job learning or adjust | | for a job. Relevant experience may include previous job- | | |
|-----|--|--------------------|-----------------------|---|------------------------------|---|--|--|
| | te the minimum re l to carry out the re | | | to and/or (b) on-the-job, | that is required for a new | person with the education recorded in Section 7 to acquire the skills | | |
| | For part (b), ask | yourself, "Is time | e on the job requir | | l responsibilities or to adj | ust to the job? If so, how much?" , Education and Specific Training. | | |
| (a) | Required previo | us related job exp | perience (do not in | clude practicum or app | renticeship if covered in | Section 7 – Education and Specific Training) | | |
| | None None | ☐ 6 n | nonths | 1 year | 3 years | 5 years | | |
| | Up to 3 mont | ths 🛛 🛛 9 n | nonths | 2 years | 4 years | Other (specify) | | |
| | Describe the experience requirements gained on previous jobs here or elsewhere needed to prepare for this job: | | | | | | | |
| | • Nine (9) months post-ticket experience in an industrial/institutional/commercial maintenance environment. | | | | | | | |
| (b) | Average time rea | quired on the job | to learn and/or ad | just to this job: | | | | |
| | \Box 1 month or fe | ewer 6 n | nonths | 1 year | 3 years | | | |
| | 3 months | 🛛 9 n | nonths | 2 years | Other (specify) | | | |
| | Describe the tasl | ks and responsibi | lities that need to l | be learned in order to sati | sfy the requirements of th | is job: | | |
| | ♦ Nine (9) mo | onths to become j | familiar with syste | ms and equipment and t | o become familiar with d | epartment policies and procedures. | | |
| | | | ***** | **** | **** | **** | | |
| | | | | | | | | |
| | RVISOR'S COM | | ERIENCE | Incomplete | COMMENTS (must | t be completed if "Incomplete" or "No" is selected): | | |
| | agree with the re | - | | | | | | |
| | | | | | | Supervisor's Initials: | | |

Section 9 – INDEPENDENT JUDGEMENT

Purpose: This section gathers information on the extent to which the job exercises independent action.

All jobs require some independent action, but to varying degrees. Some jobs are highly structured and have many formal procedures, while others require exercising judgement or taking actions that have no precedents to serve as a guide.

Consider the type and level of guidance provided to this job. Guidance can come from rules, instructions, established procedures, defined methods, manuals, policies, professional standards, precedents, leadership from others and direct supervision.

(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 the answer that most closely represents expected job requirements.

- Most job requirements (to the extent possible) are set out within structure and rules and/or readily understood schedules to guide job tasks/duties required.
- 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 represents expected job requirements.

| Work is mostly | v repetitive and | predictable with | little need for judgement | . Example: |
|----------------|------------------|------------------|---------------------------|------------|
| | | | | |

Work may present some unusual circumstances that require judgement or choices to be made. Example:

• Prioritizing emergency calls over regularly scheduled work. Finding solutions to difficult problems or unique situation

Work presents difficult choices or unique situations that require judgement. Example:

SUPERVISOR'S COMMENTS – INDEPENDENT JUDGEMENT

| Are the responses to the question: | Complete | Incomplete | COMMENTS (<u>must</u> be completed if "Incomplete" or "No" is selected): |
|------------------------------------|----------|------------|---|
| Do you agree with the responses: | Ves | □ 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
- E Counseling
- **F** Secure cooperation of others for the development of services, programs, policies or agreements on behalf of the Program / Department
- D Discussion of problems with a view to obtaining consent, cooperation and/or coordination of activities
 G Negotiation of service and / or supply agreements

| | | Che | X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X | | | | |
|--|---|-----|---|---|---|---|---|
| | Α | В | С | D | Е | F | G |
| Employees in the same department | | X | X | X | | | |
| Employees in another department/site (specify) | | X | X | X | | | |
| Students | X | | | | | | |
| Supervisor / supervisors of programs / departments or services | | X | X | X | | | |
| Clients / patients / residents | | | | X | | | |
| Family of clients / patients / residents | | | | 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 | | | | | | |
| Professional organizations / agencies | | X | X | X | | | |
| Government departments | | X | | | | | |
| Social Service establishments | X | | | | | | |
| Community Agencies | X | | | | | | |
| Police and Ambulance | 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.

| | OFTEN DOES YOUR JOB REQUIRE YOU TO: | Almost never | Sometimes | Often | Most o the tim |
|------------|---|-----------------|-----------|-------|-------------------|
| 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 | | 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 | | |

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Section 10 – WORKING RELATIONSHIPS (cont'd)

| Most of the time | Often | Sometimes | Almost never | | то: | B REQUIRE YOU | N DOES YOUR JO | V OFTE | ноу |
|---------------------|-----------|----------------|-----------------|---|--------------------------|----------------------------------|----------------------------------|----------|--------------|
| | | | | | | 0: | ith general public t | Talk w | (h) |
| | | | X | | | n | Provide informatio | | |
| | | X | | | | ons | Respond to question | | |
| | <u> </u> | | X | | | S | Make presentations | • | |
| | | | | | | s to: | ith other employees | Talk w | (i) |
| | X | | | | | om them | Get information fro | • | |
| | X | | | | | | Inform them | • | |
| | | | X | | | e them | Counsel / persuade | • | |
| | | X | | | | on work procedures | Give them advice of | • | |
| | | X | | | | em on work procedu | | • | |
| | X | | | and programs | organization on projects | om other parts of the | Get cooperation fro | • | |
| | | | | | | | Other (specify) | | |
| | | | | her external groups or organizations to: | ernment agencies and o | ors, consultants, gov | vendors, contracto | Talk to | (j) |
| | | X | | | C | | Get information fro | • | |
| | | X | | | | rofessionals | Confer with peer p | | |
| | | X | | | | | Inform them | | |
| | | X | | | | es | Arrange for service | | |
| | | X | | | em | ls / objectives with th | Devise mutual goa | | |
| | | X | | | | | Lead meetings | | |
| | | X | | | | gress | Check on their pro | • | |
| | | | | | | | Other (specify) | | |
| | | | | | | | (specify): | Other | (k) |
| | | | | | | | | | |
| : | elected): | or "No" is se | omplete" o | COMMENTS (<u>must</u> be completed if "Inc | | ************** ORKING RELATIO | COMMENTS – WO o the question: | | |
| | | | | | No | Yes | the responses: | ree with | ыі яд |
| | ials: | rvisor's Initi | Super | | | | me responses. | | u ug |
| | 1410. | | | | | | | | |

Section 11 – IMPACT OF ACTION

This section gathers information on the likelihood of impact of action occurring when carrying out the duties of the job. Consider the **Purpose:** responsibility for actions, resources and services, and the 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 typical and not considered as carelessness, willful neglect or extreme circumstances.

| Injury or discomfort of others If yes, please provide an examp | ble(s): | Is an impact likely? Yes | No 🗌 |
|--|---|---|------|
| | may result in ruptured pipes causing floods (| or minor injuries. | |
| Embarrassment in public, clien If yes, please provide an examp | t / patient / resident, families, business or emp | - | No 🗌 |
| Delays in processing or handlir If yes, please provide an examp | ng of information or in the delivery of services | | No 🗌 |
| Actions which impact on depar If yes, please provide an examp | tmental / site / agency / SHA / Affiliate opera | tions Is an impact likely? Yes | No 🗌 |
| Damage to equipment / instrum If yes, please provide an examp | nents | Is an impact likely? Yes | No 🗌 |
| Loss of or inaccurate information If yes, please provide an examp | on | Is an impact likely? Yes | No 🗌 |
| Financial losses including with If yes, please provide an examp | drawal of commitment or withholding of fund | | No 🗌 |
| Other – If yes, please provide an examp | | Is an impact likely? Yes | No 🗌 |
| | **** | ***** | |
| SUPERVISOR'S COMMENTS – IM | | COMMENTS (<u>must</u> be completed if "Incomplete" or "No" is selected): | |
| Are the responses to the question: | ☐ Complete ☐ Incomplete ☐ Yes ☐ No | | |
| Do you agree with the responses: | Yes No | Supervisor's Initials: | |
| | | | |

Section 12 – LEADERSHIP/SUPERVISION

| | thers information of ble them to carry | | pervise others, lead others and / or provide functional guidance or technical |
|---|--|----------------------------|---|
| Leadership refers to the requirem carry out their job. Do not incl | | | rs, provide functional guidance or provide technical direction to enable other employees to |
| Specify any jobs or work group | as appropriate, und | er one or more of these ca | tegories. Check all that apply and provide examples. |
| Familiarize new employees | with the work area | and processes | Examples Staff, contractors |
| Assign and/or check work of | f others doing work | similar to yours | Staff, contractors |
| Lead a project team, prioritiz achieve planned outcome(s) | | k, monitor progress to | Staff, contractors |
| Provide functional advice / i tasks | nstruction to others | in how to carry out work | Staff |
| Provide technical direction a carry out their primary job r | | d in order for others to | Staff, contractors |
| Provide input to appraisal, h | iring and/or replace | ement of personnel | |
| Coordinate replacement and | /or scheduling of er | nployees | |
| Supervise a work group; ass take responsibility for all the | ign work to be done e group | e, methods to be used, and | |
| Supervise the work, practice | s and procedures of | f a defined program | |
| Supervise the work, practice | s and procedures of | f a department | |
| Provide counseling and/or co | oaching to others | | |
| Provide health promotion / c | outreach (teaching / | instruction) | |
| Other (specify) | | | |
| | ****** | ***** | ***** |
| PERVISOR'S COMMENTS – LEA | DERSHIP/SUPE | RVISION | COMMENTS (much be completed 28 (if a completely or (NL)) is related. |
| e the responses to the question: | Complete | Incomplete | COMMENTS (<u>must</u> be completed if "Incomplete" or "No" is selected): |
| o you agree with the responses: | Yes | No | |
| | | | Supervisor's Initials: |
| h #142 Steemfitter Direfitter | (longer (10, 000) | 2) | Dage 16 of 26 |

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

Medium weight – over 9 kg / 20 lbs

 $\mathbf{I}_{\mathbf{2}} = \mathbf{1}_{\mathbf{2}} + \mathbf{1}_{\mathbf{2}} +$

 $\mathbf{Occasional}-\text{means}$ 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

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 | | | |
|--|------------------------------|------------|-----------|----------|-----------------------------------|--|
| ACTIVITY EXAMPLES | Approximate % of time/day | Occasional | Regular | Frequent | Light, Medium, Heavy (specify) | |
| Walking | 80% | | | X | | |
| Working in awkward positions (e.g., cramped positions) | 30 - 55% | | | X | | |
| Maintaining one position (e.g., kneeling, crouching) | 10 - 20% | | X | | | |
| Lifting | 10 - 50% | | | X | L - H | |
| Climbing | 10% | | X | | | |
| Pushing and/or pulling | 40 - 50% | | | X | L - H | |
| Twisting and/or reaching | 10 - 30% | | X | | | |
| Driving | 5 - 10% | X | | | | |
| Computer operation | 10% | X | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| Others (please specify) | | | | | | |

Section 13 – PHYSICAL DEMANDS (cont'd)

- (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 | |
| Climbing ladders | 5% | | X | | |
| Using tools | 75% | | | X | |
| Assembling, installing and repairing equipment, systems and fixtures | 10 - 80% | | | X | |
| Climbing over obstacles | 20% | | X | | |
| Driving | 5 - 10% | X | | | |
| Computer operation | 10% | X | | | |
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SUPERVISOR'S COMMENTS - PHYSICAL DEMANDS

| 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 |
|------------|---|
| 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 | Y | |
|------------------------------|---|---|---|--|
| Approximate % of time/day | Occasional | Regular | Frequent | |
| 10 % | X | | | |
| 50% | | | X | |
| 20% | | | X | |
| 5 - 10% | X | | | |
| 20 - 30% | | | X | |
| 20 - 30% | | | X | |
| | | | | |
| | | | | |
| | Approximate % of time/day 10 % 50% 20% 5 - 10% 20 - 30% | Approximate % of time/day Occasional 10 % X 50% 20% 5 - 10% X 20 - 30% X | Approximate % of time/dayOccasionalRegular10 %X50% | |

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 | 10 - 20% | | | X | |
| System alarms | 5% | | | X | |
| Telephone, pager, radio (e.g., emergency codes) | 5% | | | X | |
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| Section 14 – SENSORY DEMANDS (cont'd) | |
|---|--|
| (c) Must attention be shifted frequently from one job detail to another? | |
| Examples: keyboarding and answering the telephone; dictatyping; repairing a <i>Yes</i> No If yes, please give examples: <i>Shifting of priorities and multi-tasking.</i> | and listening to equipment |
| | |
| ************************************** | ************************************** |
| Job #142 – Steamfitter - Pipefitter (January 18, 2023) | Supervisor's Initials: Page 21 of 26 |

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): Solvents, cleaning products | | X | |
| Cold | X | | |
| Congested workplace | | | X |
| Dust | | | X |
| Extreme temperature | | | X |
| Foul language | X | | |
| Grease | X | | |
| Head lice | | | |
| Heat | | | X |
| Inadequate lighting | | | X |
| Inadequate ventilation | | | X |
| Insects, rodents, etc. | X | | |
| Interruptions | | | X |
| Isolation | | X | |
| Latex | | | |
| Moisture | | | X |
| Mold | | | X |
| Multiple deadlines | | | X |
| Noise | | X | |
| Odor | | | X |
| Oil | | X | |
| Radiation exposure (specify) | X | | |
| Soiled linens | X | | |
| Steam | | | X |
| Transporting or handling human remains | | | |
| Travel | X | | |
| Vibration | | 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 | | | |
| Blood / body fluids | X | | |
| Chemical substances (specify): Solvents, cleaning supplies | | X | |
| Traveling in inclement weather | | | |
| Excessive / unpredictable weights | | X | |
| Exposure to infectious disease (specify): Sewer lines/medical vacuum - isolation room equipment | | | X |
| Extreme noise | | X | |
| Faulty / inadequate equipment | X | | |
| Personal injury | | | X |
| Personal safety at risk due to isolation | | | |
| Radiation exposure (specify): Radioactive waste systems | X | | |
| Sharp objects | | | X |
| Small aircraft | X | | |
| Steam | | | X |
| Verbal and/or physical abuse | X | | |
| Violence | | | |
| Working from heights | | | X |
| Other (specify) | | | |
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| Section 1 | 15 – WORKING CONDITIONS | S (cont'd) | | |
|-----------|--|--------------------|--------------------------|---|
| | Do you have to take certain training precaution(s) normally taken.) | ng, precautions or | wear protective clothing | to avoid a work injury? (Check one and provide an explanation or example of the type of |
| | Yes 🖂 No 🗌 | | | |
| | Please explain your answer: | | | |
| | PPE, TLR, WHMIS Fall Arrest training Confined Space training | | | |
| | ♦ Asbestos Awareness training | | | |
| | • Scissor Lift and Boom traini | ing | | |
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| | | ****** | ***** | ***** |
| SUPERV | VISOR'S COMMENTS – WOR | KING CONDITI | ONS | |
| Are the | responses to the question: | Complete | Incomplete | COMMENTS (<u>must</u> be completed if "Incomplete" or "No" are selected): |
| Do you ٤ | gree with the responses: | Yes | 🗌 No | |
| | | | | |
| | | | | |
| | | | | Supervisor's Initials: |
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| | 2 - Staamfittar - Binafittar (I | | <u></u> | $\mathbf{P}_{2000} 24 \text{ of } 26$ |

| ectio | on 16 – OTHER COMMENTS | |
|-------|---|--|
| lease | e add any additional information or comments and reference the spec | cific JFS section and question as appropriate. |
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| | on 17 – SIGNATURES | |
| a) | | ibly): |
| | | |
| | SIGNATURE: | DATE: |
| (b) | Group submission (NAMES OF EMPLOYEES DOING THE SA | AME JOB). Please print your name, then sign: |
| | NAME: | SIGNATURE: |
| | DATE: | |
| | <u>PLEASE SUBMIT TO REGIONAL HUMAN RES</u> <u>DIRECTOR</u> | SOURCES DEPARTMENT OR AFFILIATE ADMINISTRATOR/EXECUTIV |

| Please add any additional information or comments and reference the specific JFS section and question as appropriate. | | | | | |
|---|--|--|--|--|--|
| Please add any additional information or comments and reference the specific JFS section and question as appropriate. | | | | | |
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| Immediate Out-of-Scope Supervisor | | | | | |
| Name: (Please print legibly) | | | | | |
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| Signature: | | | | | |
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| Job Title: | | | | | |
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| Department: | | | | | |
| Work Phone Number: | | | | | |
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| E-Mail Address: | | | | | |
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| Date: | | | | | |
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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

С

- 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

E

• Education

- 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

Ι

- 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

Ν

- 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

Р

- 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

- 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

Т

- 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