

Provider Group – Joint Job Evaluation Job Fact Sheet <u>Job #217 – Purchasing Agent</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 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.

Purpose: This section gathers information regarding the organization	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	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 Do you agree with the responses: Yes No
Title of your immediate Supervisor (if different than above)	COMMENTS (<u>must</u> be completed if "Incomplete" or "No" is selected):
Your current Provincial JE Job Title	
Your current Provincial JE Job Number:	Supervisor's Initials:
Provincial JE Job Titles that report directly to you (if applicable)	

Section	3 – JOB IDEN	TIFICATION						
	Purpose:	This section a	gathers basic identifyin	g material so we can keep tra	ack of comp	leted Job Fact S	Sheets.	
Provide	your name and	work telephone i	number(s) for contact pur	rposes. For group JFS submis	sions, please	note the name ar	nd telephone number(s) of the c	ontact person.
Name o	of person comple OING THE SAI	eting the JFS for a ME JOB):	a single employee, or con	ntact person for group JFS sub	mission (ON	LY COMPLETE	E A GROUP SUBMISSION IF	ALL EMPLOYEES
Name (l	Print):						Employee No.:	
Work T	elephone:			E-Mail Address:				
Saskatcl	hewan Health A	uthority/Affiliate	o:					
Facility	/Site:				Departm	ent:		
See Sec	tion 18 on page	28 for signatures	.					
Provinc	ial JE Job Title:						Date:	
Provinc	ial JE Number:			Office use on	ly:	JEMC No.	<u>M</u>	
Section	4 – JOB SUM	MARY						
	Purpose:		describes why the job ex	xists.				
Briefly	describe the ger	neral purpose of t	his job: <i>Tenders, award</i>	s and manages purchasing co	entracts for s	upplies, services	and equipment for departmen	ts.
Think	about what you	u would say if so	ob Title) exists to" or '	onsible for?" nd asked you about your job. 'The (<u>Job Title</u>) is responsible *******		*****	********	
SUPER	VISOR'S CO	MMENTS – JOI						
Are the	responses to t	his question:	☐ Complete	☐ Incomplete	COMM	ENTS (<u>must</u> be	completed if "Incomplete" or	"No" is selected):
Do you	agree with the	responses:	☐ Yes	□ No				
							Supervisor's Initials	s:
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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: Vendor Negotiation

Duties/Responsibilities:

- Solicits/researches service/equipment/vendors in conjunction with end-user.
- ♦ Solicits quotations and requests for proposal.
- ♦ Coordinates the evaluation of tenders and requests for proposal.
- ♦ Submits requests for tenders.
- ♦ Arranges for product/equipment demonstrations/evaluations.
- ♦ Negotiates and awards service/supply/capital equipment contracts.

SUPERVISOR'S COMMENTS – KEY WORK ACTIVITIES					
Are the responses to this question: \square Complete \square 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>Purchasing Support</u> SUPERVISOR'S COMMENTS – KEY WORK ACTIVITIES Are the responses to this question: Complete Incomplete **Duties/Responsibilities:** • Completes department requisitions, checks for accuracy and verifies discrepancies. □ No Coordinates and channels work to purchasing support staff (e.g., vendor research). Do you agree with the responses: Yes Assists with the development/implementation of policies and procedures. **COMMENTS** (must be completed if "Incomplete" or "No" is selected): Researches suppliers/distributors and products/product alternatives (e.g., catalogues, Internet, business contacts). ♦ Liaises with user departments regarding contracts/tenders. Provides technical explanation/advice on purchasing procedures and practices to user departments. Monitors compliance with purchasing agreements and authorization levels. Reconciles and follows-up on purchase orders/invoices/damaged items/credit items and late deliveries. ♦ Expedites backorders. Supervisor's Initials: Resolves issues regarding quantity, quality and price. Researches/monitors product usage, price fluctuations and vendor performance. Updates vendor/contract information. Conducts audits on vendor performance. Assists other departments with negotiating and administering service contracts. Provides follow-up on end-user satisfaction. Assists with the sale/disposal of used equipment. Negotiates solutions with vendors on warranty claims. SUPERVISOR'S COMMENTS – KEY WORK ACTIVITIES **Key Work Activity C:** Related Key Work Activities **Duties/Responsibilities:** Are the responses to this question: Complete Incomplete ♦ Prepares statistical reports. Do you agree with the responses: \square Yes □ No ♦ Assists with Group Purchasing Agreements. Participates in inventory management (e.g., auditing, updating and reporting). **COMMENTS** (must be completed if "Incomplete" or "No" is selected): Participates in the standardization review process. Provides occasional guidance to the primary function of others, including training. Supervisor's Initials: _____

SUPERVISOR'S COMMENTS – KEY WORK ACTIVITIES
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)
Supervisor's Initials:
Supervisor's initials.
SUPERVISOR'S COMMENTS – KEY WORK ACTIVITIES
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:
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
results.	ific instructions/procedures, use well-defined methods or use established guidelines to achieve desired end <i>urchasing guidelines</i> .			X	
•	nange established department methods and procedures but stay within program or legislative boundaries. Segotiating contracts for program/project/service areas (e.g. purchase of new MRI).			X	
	v solutions to diverse and complex problems with conflicting requirements because there are no guidelines.				

(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 al and provide examples)	l responses that apply Almo never	Sometimes	Often	Most of the time
	Immediate supervisor		v		
	Example:		X		
	Others in own program/department		X		
	Others within the SHA / Affiliate	X			
	Example:	<i>\lambda</i>			
	Departmental Management Example:		X		
	Specialists / Clinical Experts Example:	X			
	Senior Management Example:		X		
	Other			X	
	Example: 3sHealth, Provincial contract compliance	<u>"</u>			
the re	esponses to the question: Complete Incomplete	ust be completed if "Incomplete			
ou ag	gree with the responses:				

	ose:	This section g	athers information	on the minimum level o	f completed form	l education required fo	or the job.	
				rmal training would be nea	cessary for a new p	erson being hired into th	is job? This does not reflect the e	ducatio
	otal minimu to graduation			r formal training should in	clude all classroon	laboratory, practicum, o	clinical, or apprenticeship, etc., time	e require
(i)	High Schoo	1:	Grade 10	Grade 11 Grade	e 12 🖂			
(ii)			mmunity College:	1 year 2 year	-			
	Specify (Do	not use abbr	eviations): <i>Supply</i>	Chain Canada – Supply N	Ianagement Train	ng		
(iii)		rades: 1 yea o not use abb	reviations):	_ · -	4 years	5 years		
(iv)	University:		ars 4 years					
, ,	Specify (Do	not use abbr	eviations):					
	D							
Is any	y Provincial,	National or p	ofessional certificat	tion mandatory? \(\Boxed{\Boxes}\) \(\Y\)	es $\boxtimes N_0$			
•		-		tion mandatory? Y Y Y Censing / certification / reg		not use abbreviations):		
If yes.	s, please spec	ify and provic	le the name of the li	·	gistration body (do		am:	
If yes.	s, please spec	ify and provic	le the name of the li	censing / certification / reg	gistration body (do		am:	
If yes. What Specif	s, please spect t additional sp ify (Do not us Intermediate	ify and providence abbreviation computer skills.	le the name of the li raining, or licenses a ns):	censing / certification / reg	gistration body (do		am:	
If yes. What Specif	s, please spectaditional spirity (Do not us intermediate of interpersonal)	ify and providence abbreviation computer skills	le the name of the li raining, or licenses a ns):	censing / certification / reg	gistration body (do		am:	
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### If yes. What Specify ### In ### A ### A ### A	s, please spectadditional spirity (Do not us Intermediate Interpersonal Communication Analytical skillity to wor	ify and providence abbreviation computer skills on skills all skills wills all skills kindependente	the name of the licenses ans):	censing / certification / regarder needed to perform the	gistration body (do		am:	
### If yes. What Specify ### In ### A ### A ### A	s, please spectadditional spirity (Do not us Intermediate Interpersonal Communication Analytical skillity to wor	ify and providence abbreviation computer skills on skills all skills wills all skills kindependente	the name of the literaining, or licenses ans): Its Its	censing / certification / regare needed to perform the	gistration body (do	ngth of the course/progra		
If yes. What Specif In In In In In In In In In I	s, please spectadditional spaints (Do not us Intermediate Communicational School of the Communicational of the Communicational School of the Communicational School of the Communication of the Commun	ify and providencial skills, to see abbreviation computer skills on skills lls al skills k independen license, when	tly re required by the jo	censing / certification / researce needed to perform the	gistration body (do	ngth of the course/progra		
If yes. What Specif In In In In In In In In In I	s, please spectadditional spaints (Do not us Intermediate Communicational School of the Communicational of the Communicational School of the Communicational School of the Communication of the Commun	ify and providencial skills, to see abbreviation computer skills on skills lls al skills k independen license, when	tly re required by the jo	censing / certification / regare needed to perform the	gistration body (do	ngth of the course/progra		
What Specified In the Control of the	s, please spectadditional spaints (Do not us Intermediate Communicational School of the Communicational of the Communicational School of the Communicational School of the Communication of the Commun	ify and providence abbreviation computer skills on skills lls all skills kindependent license, when	tly re required by the journal of the line raining, or licenses ans):	censing / certification / researce needed to perform the	gistration body (do	ngth of the course/progra	***	
What Specifi If yes. What Specifi A B A A A V RVISOI	s, please spectadditional spaints (Do not us Intermediate Interpersonal Communicati Analytical ski Organizational Ability to work Valid driver's COMM	ify and providencial skills, to be abbreviation computer skills on skills lls all skills k independenticense, when the bearing the bearing of	tly re required by the journal of the line in the line	censing / certification / regard needed to perform the solution of the solutio	gistration body (do	ngth of the course/progra	***	

Purpose:			n on the minimum rele e-job learning or adju		ed for a job. Relevant experience may include previous job-
	m relevant experien e requirements of th		to and/or (b) on-the-jo	b, that is required for a ne	ew person with the education recorded in Section 7 to acquire the skil
For part (b),	ask yourself, "Is tin	ie on the job requir		nd responsibilities or to a	adjust to the job? If so, how much?" n 7, Education and Specific Training.
Required pre	evious related job ex	perience (do not in	nclude practicum or ap	prenticeship if covered	in Section 7 – Education and Specific Training)
☐ None	□ 6	months	1 year	3 years	5 years
Up to 3 r	nonths 9	months	2 years	4 years	Other (specify)
	•		·	where needed to prepare	·
♦ Twenty-	four (24) months p	revious experience	working in computeriz	ed purchasing/stores/dis	stribution.
Average tim	e required on the jo	b to learn and/or ad	just to this job:		
1 month	or fewer 6	months	1 year	3 years	
3 months	<u> </u>	months	2 years	Other (specify)) 18 months
♦ Eightee	n (18) months on th	ne job to become fa			this job: ct agreements/negotiations, capital equipment purchases, health
RVISOR'S CO	OMMENTS – EXP		*******	********	**********
e responses to	the question:	☐ Complete	☐ Incomplete	COMMENTS (m	ust be completed if "Incomplete" or "No" is selected):
agree with th	_	☐ Yes			

Section	on 9 – INDEPEN	NDENT JUDGEN	MENT		PLEASE PRIN						
	Purpose:	This section	gathers information	n on the extent to whic	th the job exercises independent action.						
			n, but to varying deg o serve as a guide.	grees. Some jobs are hig	ghly structured and have many formal procedures, while others require exercising judgement or						
			provided to this job thers and direct supe		om rules, instructions, established procedures, defined methods, manuals, policies, professiona						
(a)	To what exter directing action		ntrol its own work a	s opposed to being guid	led by influences such as rules, procedures, policies, supervisory presence or instructions						
	Please check	the answer that	most closely repres	ents expected job requ	nirements.						
	Most job 1	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 restriction	ons, leaving significa	ant control over the worl	k being carried out within the scope of the job.						
	Other (please explain):										
(b)	To what exter	nt does this job ex	ercise judgement to	determine how the work	k is to be done?						
	Please check	the answer that	most closely repres	ents expected job requ	nirements.						
	☐ Work is n	mostly repetitive a	and predictable with	little need for judgemen	nt. Example:						
	☐ Work ma	y present some ur	nusual circumstances	s that require judgement	or choices to be made. Example:						
	Work pre Work pre	sents difficult cho	oices or unique situat	tions that require judger	ment. Example:						
	♦ Sourcing	emergent altern	ate supplies. Determ	ining price/quantity fo	r contracts. Selecting vendors based on department needs.						

SUPE	ERVISOR'S CO	MMENTS – INI	DEPENDENT JUD	GEMENT	COMMENTS (must be completed if "Incomplete" or "No" is selected):						
Are t	he responses to t	the question:	☐ Complete	☐ Incomplete	COMMENTS (<u>must</u> be completed if incomplete of incomplete						
Do yo	ou 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.

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

Purpose of Contact:

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

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

Section 10 – WORKING RELATIONSHIPS (cont'd)

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

HOV	V OFTEN DOES YOUR JOB REQUIRE YOU TO:	Almost never	Sometimes	Often	Most of the time
(b)	Have to tell people things they <u>DO NOT</u> want to hear?				
	Other employees		X		
	Client / patients / residents / families	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:				
(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		

Section 10 – WORKING RELATIONSHIPS (cont'd)

HOV	V OFTEN DOES YOUR JOB REQUIRE YOU TO:	Almost never	Sometimes	Often	Most of the time
(h)	Talk with general public to:				
	Provide information	X			
	Respond to questions	X			
	Make presentations	X			
(i)	Talk with other employees to:				
	 Get information from them 			X	
	■ Inform them			X	
	 Counsel / persuade them 		X		
	Give them advice on work procedures			X	
	Get advice from them on work procedures		X		
	 Get cooperation from other parts of the organization on projects and programs 			X	
	Other (specify)				
(j)	Talk to vendors, contractors, consultants, government agencies and other external groups or organizations to:				
	Get information from them				X
	 Confer with peer professionals 			X	
	■ Inform them				X
	Arrange for services				X
	Devise mutual goals / objectives with them				X
	Lead meetings			X	
	Check on their progress				X
	Other (specify)				
(k)	Other (specify):				

ERVI	SOR'S COMMENTS – WORKING RELATIONSHIPS				
ha	COMMENTS (<u>must</u> be completed if "Incomplete	omplete"	or "No" is s	elected):	
	sponses to the question: Complete Incomplete				
u agı	ree with the responses:				
		Supe	rvisor's Init	ials:	

Section 11 – IMPACT OF ACTION

Purpose:	This section gathers inforn responsibility for actions, 1			rying out the duties of the job. Consider th	e
	out your job duties and respon ered as carelessness, willful neg			an outcome on the following? Such effects	are typic
	mfort of others provide an example(s):			Is an impact likely? Yes	No [
If yes, please p	t in public, client / patient / resi provide an example(s): incomplete orders may lead to		nployee relations	Is an impact likely? Yes 🖂	No [
If yes, please p	essing or handling of information or or example (s): ordering may cause substantia		ees ssive rush orders/contract amendment	Is an impact likely? Yes 🖂	No [
Actions which If yes, please p	impact on departmental / site / provide an example(s): te quantities may delay service.	agency / SHA / Affiliate ope	rations	Is an impact likely? Yes	No [
Damage to equ	nipment / instruments provide an example(s):	3 1		Is an impact likely? Yes □	No [
If yes, please p	ccurate information provide an example(s): completion/tracking of purcha	se orders leads to over-billin	ng or surplus/shortage of supplies.	Is an impact likely? Yes ⊠	No [
Financial losse If yes, please p	es including withdrawal of comprovide an example(s):	mitment or withholding of fu		Is an impact likely? Yes ⊠	No [
Other –	provide an example(s):		g or surprussionings of supprussi	Is an impact likely? Yes	No [
			**********	*****	
RVISOR'S COM	MMENTS – IMPACT OF AC ne question: Comp	_	COMMENTS (<u>must</u> be comple	eted if "Incomplete" or "No" is selected):	
agree with the	responses: Yes	□ No		Supervisor's Initials:	

Section 12 – LEADERSHIP/SUPERVISION

Leadership refers to the requirements of the job to supervise others, lead other carry out their job. Do not include clients / patients / residents.	rs, provide functional guidance or provide technical direction to enable other employees
Specify any jobs or work group as appropriate, under one or more of these cat	regaries. Cheek all that apply and provide examples
specify any jobs of work group as appropriate, under one of more of these car	Examples
☐ Familiarize new employees with the work area and processes	Staff Examples
Assign and/or check work of others doing work similar to yours	Staff
Lead a project team, prioritize tasks, assign work, monitor progress to achieve planned outcome(s)	
Provide functional advice / instruction to others in how to carry out work tasks	Staff
Provide technical direction as an expert in a field in order for others to carry out their primary job responsibilities	Staff
Provide input to appraisal, hiring and/or replacement of personnel	Staff
Coordinate replacement and/or scheduling of employees	
☐ Supervise a work group; assign work to be done, methods to be used, and take responsibility for all the group	
☐ Supervise the work, practices and procedures of a defined program	
☐ Supervise the work, practices and procedures of a department	
Provide counseling and/or coaching to others	
Provide health promotion / outreach (teaching / instruction)	
Other (specify)	
**************************************	**************************************
the responses to the question:	or completed if Incomplete of The Is selected).
ou agree with the responses:	
	Supervisor's Initials:

Section 13 – PHYSICAL DEMANDS

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

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

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

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

Light weight – up to 9 kg / 20 lbs

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

Medium weight – over 9 kg / 20 lbs

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

Heavy weight – over 23kg / 50 lbs

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

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

	DURATION	FREQUENCY		WEIGHT	
ACTIVITY EXAMPLES	Approximate % of time/day	Occasional	Regular	Frequent	Light, Medium, Heavy (specify)
Computer operation	75 – 90%			X	
Standing/walking/bending/filing	5 – 10%			X	
Lifting/moving	5 – 10%	X			L - H
Driving	0 – 10%	X			

Section 13 –	PHYSICAL	DEMANDS	(cont'd)
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(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			
Approximate % of time/day	Occasional	Regular	Frequent	
75 – 90%			\boldsymbol{X}	
5 – 10%	X			
10 – 40%		X		
0 – 10%	X			
	Approximate % of time/day 75 - 90% 5 - 10% 10 - 40%	Approximate % of time/day 75 - 90% 5 - 10%	Approximate % of time/day Occasional Regular 75 - 90% X 5 - 10% X 10 - 40% X	

CUREDING OD O CONTROL DAY			********************************
SUPERVISOR'S COMMENTS – PHY	YSICAL DEMAND	08	COMMENTS (must be completed if "Incomplete" or "No" are selected):
Are the responses to the question:	☐ Complete	☐ Incomplete	COMMENTS (<u>must</u> be completed if incomplete of 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	
Computer operation	75 – 90%			X	
Reading/report writing	10 – 40%		X		
Filing	5 – 10%	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

- 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
Communication (e.g., meetings, telephone calls)	30 - 50%			X

Section	n 14 – SENSORY DEMAND	OS (cont'd)		
(c)	Must attention be shifted from	equently from one job d	etail to another?	
•	Examples: keyboarding and	d answering the telepho	ne; dictatyping; repairin	ng and listening to equipment
	Yes 🖂	No 🗌		
	If yes, please give example	s:		
	♦ Working on computer,	answer phone, walk-in	a clients/business repres	sentatives.
SUPE	RVISOR'S COMMENTS -			*******************************
Are th	ne responses to the question:	☐ Complete	☐ Incomplete	COMMENTS (<u>must</u> be completed if "Incomplete" or "No" are selected):
Do yo	u agree with the responses:	☐ Yes	□ No	
				Supervisor's Initials:

Section 15 – WORKING CONDITIONS

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

out.

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

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

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

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

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

Section 15 – WORKING CONDITIONS (cont'd)

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

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

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

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

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

Sectio	on 15 – WORKING CONDITIO	NS (cont'd)		
(c)	Do you have to take certain train precaution(s) normally taken.)	ining, precautions or	wear protective clothin	g to avoid a work injury? (Check one and provide an explanation or example of the type of
	Yes 🖂 No			
	Please explain your answer:			
	 Personal Protective Equip Transfer, Lifting, Reposite Workplace Hazardous Ma 	ioning (TLR)	System (WHMIS)	
CLIDE	DVICODIS COMMENTS W			************************************
SUPERVISOR'S COMMENTS – WORKING CONDITIONS			COMMENTS (must be completed if "Incomplete" or "No" are selected):	
	ne responses to the question: u agree with the responses:		☐ Incomplete	
				Supervisor's Initials:

	add any additional information or comments an	reference the specific JFS section and question as appropriate.	
-			
-			
tio	n 17 – SIGNATURES		
	Single job submission: NAME:	Please Print Legibly):	
	CYCNA TYPE	D.A.TWI	
	SIGNATURE:	11A'I'E'•	
		DATE:	
		DOING THE SAME JOB). Please print your name, then sign:	
		DOING THE SAME JOB). Please print your name, then sign:	
	Group submission (NAMES OF EMPLOYER	DOING THE SAME JOB). Please print your name, then sign: SIGNATURE:	
	Group submission (NAMES OF EMPLOYED NAME:	DOING THE SAME JOB). Please print your name, then sign: SIGNATURE: SIGNATURE:	
	Group submission (NAMES OF EMPLOYED NAME:	DOING THE SAME JOB). Please print your name, then sign: SIGNATURE: SIGNATURE: SIGNATURE:	
	Group submission (NAMES OF EMPLOYED NAME:	DOING THE SAME JOB). Please print your name, then sign: SIGNATURE: SIGNATURE: SIGNATURE: SIGNATURE: SIGNATURE:	
	Group submission (NAMES OF EMPLOYED NAME: NAME: NAME: NAME:	DOING THE SAME JOB). Please print your name, then sign: SIGNATURE: SIGNATURE: SIGNATURE: SIGNATURE: SIGNATURE: SIGNATURE: SIGNATURE:	
	Group submission (NAMES OF EMPLOYED NAME: NAME: NAME: NAME: NAME:	DOING THE SAME JOB). Please print your name, then sign: SIGNATURE: SIGNATURE: SIGNATURE: SIGNATURE: SIGNATURE: SIGNATURE: SIGNATURE: SIGNATURE:	
	Group submission (NAMES OF EMPLOYED NAME: NAME: NAME: NAME: NAME: NAME:	DOING THE SAME JOB). Please print your name, then sign: SIGNATURE: SIGNATURE: SIGNATURE: SIGNATURE: SIGNATURE: SIGNATURE: SIGNATURE: SIGNATURE: SIGNATURE: SIGNATURE:	

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

Appendix A Sample Key Activity Summary Statements

A

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

B

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

C

- Carpentry functions
- Cleaning designated areas

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

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

D

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

\mathbf{E}

Education

JE: Revised Dec 19/06

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

F

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

G

General office duties

H

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

- Installations
- Investigations

L

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

\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

\mathbf{O}

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

P

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

JE: Revised Dec 19/06

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

Q

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

R

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

S

- Scheduling and coordination activities
- Scheduling and processing

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

T

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

U

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

\mathbf{W}

• Word processing and typing function

JE: Revised Dec 19/06