

## Provider Group – Joint Job Evaluation Job Fact Sheet <u>Job #221 – Inventory Control Clerk</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.

	on in which your job functions.	
	of the person currently in the job.	
your immediate Out-of-Scope Supervisor	SUPERVISOR'S COMMENTS – ORGANIZATION CHART	NAL WORK
	Are the responses to this question:  Complete Do you agree with the responses:  Yes	☐ Incomplete
immediate Supervisor (if different than above)	COMMENTS (must be completed if "Incomplete" or "I	No" is selected):
our current Provincial JE Job Title		
Provincial JE Job Number:	Supervisor's	Initials:
ob Titles that report directly to you (if applicable)		
	the Provincial JE Job Title of the position – not the name  your immediate Out-of-Scope Supervisor  immediate Supervisor (if different than above)  our current Provincial JE Job Title  Provincial JE Job Number:	supervisor's COMMENTS - ORGANIZATION CHART  Are the responses to this question:   COMMENTS (must be completed if "Incomplete" or "Not the name of the person currently in the job.  SUPERVISOR'S COMMENTS - ORGANIZATION CHART  Are the responses to this question:   COMMENTS (must be completed if "Incomplete" or "Not the name of the person currently in the job.  SUPERVISOR'S COMMENTS - ORGANIZATION CHART  Are the responses to this question:   COMMENTS (must be completed if "Incomplete" or "Not the person currently in the job.  SUPERVISOR'S COMMENTS - ORGANIZATION CHART  Are the responses to this question:   COMMENTS (must be completed if "Incomplete" or "Not the person currently in the job.

Section 3 - J	OB IDENTIFI	CATION						
Purp	pose: Th	is section gat	hers basic identifyii	ng material so we can keep	track of comp	leted Job Fact S	heets.	
Provide your	name and work	telephone nun	nber(s) for contact pu	urposes. For group JFS sub	missions, please	note the name ar	nd telephone number(s) of the	e contact person.
	son completing to		ngle employee, or co	ontact person for group JFS	submission (ON	LY COMPLETE	E A GROUP SUBMISSION	IF ALL EMPLOYEES
Name (Print)	):						Employee No.:	
Work Teleph	one:			E-Mail Address:				
Saskatchewar	n Health Author	ity/Affiliate: _						
Facility/Site:					_ Departm	ent:		
See Section 1	8 on page 28 for	r signatures.						
Provincial JE	Job Title:						Date:	
Provincial JE	Number:			Office use	only:	JEMC No.	<u>M</u>	_
Section 4 – J	OB SUMMAR	Y						
Pur	pose: Th	is section des	cribes why the job	exists.				
Briefly descriproblems.	ibe the general p	ourpose of this	job: <i>Maintains inve</i>	entory levels, monitors inve	ntory usage, ret	urns stock to inv	entory, credits accounts an	l troubleshoots inventory
▶Think abou	ıt what you wou	ld say if some	<u>Title</u> ) exists to" or	and asked you about your jo "The ( <u>Job Title</u> ) is respons	ible for"			
SUPERVISO	OR'S COMME	NTS – JOB S		********	******	******	******	
Are the resp	onses to this qu	estion:	☐ Complete	☐ Incomplete	COMM	ENTS ( <u>must</u> be	completed if "Incomplete"	or "No" is selected):
•	e with the respo		☐ Yes	□ No				
							Supervisor's Ini	ials:

#### 5 – KEY WORK ACTIVITIES

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

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.

# Duties/Responsibilities: ◆ Orders and receives inventory/replacement parts. ◆ Traces and corrects inventory level discrepancies. ◆ Performs daily audits. ◆ Assists staff with product identification and location. ◆ Assists with product counts and recalls; identifies expired, damaged and zero usage products.

- Ensures product shelves are tagged and labeled; creates locations for new additions.
- ♦ Reorganizes product locations to improve stock storage.

Key Work Activity A: Inventory Control

- ♦ Analyzes quantity on hand and adjusts according to usage levels.
- ♦ Moves stock to replenish consumed product, transfers stock to other sites.
- ♦ Processes returns, sorts, identifies, counts, and prepares return sheet.
- ♦ Prepares and distributes lists and returns items to proper location.
- ♦ Searches for inventory stock number when items ordered by description only.

Key Work Activity B: <u>Ordering</u>	SUPERVISOR'S COMMENTS – KEY WORK ACTIVITIES		
<ul> <li>Duties/Responsibilities:</li> <li>◆ Processes over-the-counter requisitions, emergency orders and severe stock shortages/backorders.</li> <li>◆ Processes phone orders, creates pick lists and delivers.</li> <li>◆ Orders stock from outside suppliers or other sites.</li> <li>◆ Processes special and urgent orders.</li> <li>◆ Investigates and processes stock change errors.</li> </ul>	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:		
Duties/Responsibilities:  Enters data and performs clerical duties (e.g. processing orders, returns, transfers, product identification, labeling, billing and exchange carts).  Creates/amends right sheets, pick sheets and issue sheets.  Orders department stationary and supplies.  Creates and distributes signs and other documents.  Creates templates for auditing.  Assists staff with computer, printer and scanner issues.  Researches order histories.  Maintains billing authority files, case/exchange cart files, department statistics.  Maintains all hard copy records of daily transactions.	SUPERVISOR'S COMMENTS – KEY WORK ACTIVITIES  Are the responses to this question:   Complete Incomplete  Do you agree with the responses:   Yes No  COMMENTS (must be completed if "Incomplete" or "No" is selected)  Supervisor's Initials:		

Section 5 – KEY WORK ACTIVITIES (cont'd)	
Key Work Activity D: Related Key Work Activities	SUPERVISOR'S COMMENTS – KEY WORK ACTIVITIES
<ul> <li>Duties/Responsibilities:</li> <li>♠ Re-stocks supplies.</li> <li>♦ Assembles supply kits and modules.</li> <li>♦ Changes carts/cart make-up.</li> <li>♦ Tags and labels products, carts, product location.</li> <li>♦ May show others how to perform tasks or duties by familiarizing new employees with the work area and processes.</li> <li>♦ Arranges and tracks courier services.</li> <li>♦ Maintains order and cleanliness in work area (e.g., delivery carts, storeroom, storage areas and equipment).</li> </ul>	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:
Key Work Activity E:  Duties/Responsibilities:	SUPERVISOR'S COMMENTS – KEY WORK ACTIVITIES  Are the responses to this question:   Complete Incomplete  Do you agree with the responses:   Yes No  COMMENTS (must be completed if "Incomplete" or "No" is selected):
	Supervisor's Initials:

#### **Section 6 – DECISION-MAKING**

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

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

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

(a)	In this job, do you (check all responses that apply)	Almost never	Sometimes	Often	Most of the time
	Follow specific instructions/procedures, use well-defined methods or use established guidelines to achieve desired end results.  Example:				X
	Modify or change established department methods and procedures, but stay within program or legislative boundaries.  Example: <i>Modify cart layout, stocking procedures, ordering procedures.</i>			X	
	Develop new solutions to diverse and complex problems with conflicting requirements because there are no guidelines.  Example:				

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

(c)	To what extent are the deci and provide examples)	sion-making requ	irements of this job gui	ided by others (check all responses that apply	Almost never	Sometimes	Often	Most of the time
	Immediate supervisor		X					
	Example:							
	Others in own program/depart		X					
	Example:  Others within the SHA / Affiliate							
	Example:					X		
	Departmental Management  Example:  Specialists / Clinical Experts							
	Example: Senior Management					X		
	Example:		X					
	Other							
	Example:							
e the re	ISOR'S COMMENTS – DEC esponses to the question: gree with the responses:		**************************************	**************************************				
					Supe	rvisor's Init	tials:	

	Purpo	ose: This sec	tion gathers information	on the minimum level	of completed formal education required for the job.
			completed schooling or for is the typical minimum r		ecessary for a <b>new person</b> being hired into this job? This does not reflect the education
		otal <b>minimum</b> level to graduation or certi		formal training should	include all classroom, laboratory, practicum, clinical, or apprenticeship, etc., time required
	(i)	High School:	Grade 10	Grade 11 Gra	de 12 🖂
	(ii)		al/Community College:	• — •	ears 3 years 5
	(iii)	Licensed Trades: Specify (Do not us	1 year 2 years e abbreviations):		4 years   5 years
	(iv)	University: Specify (Do not use	3 years 4 years abbreviations):	<del>_</del>	
	Is any	Provincial, Nationa	l or professional certificat	ion mandatory?	Yes $\boxtimes No$
	If yes,	, please specify and p	provide the name of the li-	censing / certification / r	egistration body (do not use abbreviations):
	Specif	fy (Do not use abbre ntermediate compute organizational skills communication skill bility to work independent of medical cowledge of medical	viations): er skills s	where required by the jo	e job? Indicate the length of the course/program:  b
ER	VISOI	R'S COMMENTS -	************* - EDUCATION AND SF		**************************************
the	respoi	nses to the question	: Complete	☐ Incomplete	
ou a	agree '	with the responses:	☐ Yes	□ No	
					Supervisor's Initials:

Purpose:		This section gathers information on the minimum relevant experience required for a job. Relevant experience may include previous job-related experience and/or on-the-job learning or adjustment.								
	m relevant experience requirements of the		r to and/or ( <b>b</b> ) on-the-jol	b, that is required for a no	ew person with the education recorded in Section 7 to acquire the sk					
For part (b),	ask yourself, "Is tim	ne on the job requi		าd responsibilities or to c	adjust to the job? If so, how much?"  17, Education and Specific Training.					
Required pr	evious related job ex	perience (do not i	nclude practicum or ap	prenticeship if covered	in Section 7 – Education and Specific Training)					
☐ None	<b>(2)</b> 6	months	1 year	3 years	5 years					
Up to 3 i	months 9	months	2 years	4 years	Other (specify)					
Six (6) nutritio		perience in a hosp	ital setting to gain a bas	ic familiarity with suppl	lies required in specific departments (e.g., medical, surgical, food					
Average tim	e required on the job	o to learn and/or ac	ljust to this job:							
1 month	or fewer 🗵 6	months	1 year	3 years						
3 months	9:	months	2 years	Other (specify)	·					
Describe the	tasks and responsib	oilities that need to	be learned in order to sa	tisfy the requirements of	this job:					
			with inventory, shipping policies and procedure		s, acquire appropriate training (e.g., Transportation of Dangerous					
Goods)	OMMENTS – EXP		*******	*******	*********					
Goods)			*******************************	COMMENTS (m	**************************************					
Goods) ERVISOR'S CO	the question:	ERIENCE		COMMENTS (m	ust be completed if "Incomplete" or "No" is selected):					

Sectio	n 9 – INDEPEN	NDENT JUDGEMENT								
	Purpose:	This section gathers information on the extent to which the job exercises independent action.								
		independent action, but to varying degrees. Some jobs are highly structured and have many formal procedures, while others require exercising judgement re no precedents to serve as a guide.								
		level of guidance provided to this job. Guidance can come from rules, instructions, established procedures, defined methods, manuals, policies, profession leadership from others and direct supervision.								
(a)	To what exten directing actio	nt does this job control its own work as opposed to being guided by influences such as rules, procedures, policies, supervisory presence or instructions ons required?								
	Please check	the answer that most closely represents expected job requirements.								
	Most job re	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 r	minimal restrictions, leaving significant control over the work being carried out within the scope of the job.								
	Other (plea	ease 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 m	mostly repetitive and predictable with little need for judgement. Example:								
	⊠ Work may	by present some unusual circumstances that require judgement or choices to be made. Example:								
	♦ Prioritize	e workload (emergent, routine). Dealing with product shortages, incorrect orders/charge-outs.								
	☐ Work pres	esents difficult choices or unique situations that require judgement. Example:								
		******************								
SUPE	RVISOR'S CO	OMMENTS – INDEPENDENT JUDGEMENT  COMMENTS ( <u>must</u> be completed if "Incomplete" or "No" is selected):								
Are th	e responses to t									
Do yo	u agree with the	e responses:								

#### Section 10 – WORKING RELATIONSHIPS

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

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

#### **Purpose of Contact:**

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

		PURPOSE OF CONTACT Check off all that apply (more than one, if applicable)							
	A	В	C	D	E	F	G		
Employees in the same department		X	X	X					
Employees in another department/site (specify)		X	X	X					
Students		X							
Supervisor / supervisors of programs / departments or services		X	X	X					
Clients / patients / residents		X							
Family of clients / patients / residents		X							
Physicians		X							
Business representatives		X							
Suppliers / contractors		X	X	X					
Volunteers	X								
General Public	X								
Other health care organizations or agencies		X	X						
Professional organizations / agencies 3sHealth		X	X	X					
Government departments	X								
Social Service establishments	X								
Community Agencies	X								
Police and Ambulance	X								
Foundations	X								
Others (specify) couriers		X							

#### 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.

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

#### Section 10 – WORKING RELATIONSHIPS (cont'd)

HOV	V OFTEN DOES YOUR JOB REQUI	IRE YOU TO	:		Almost never	Sometimes	Often	Most of the time
(h)	Talk with general public to:							
	<ul> <li>Provide information</li> </ul>				X			
	<ul> <li>Respond to questions</li> </ul>				X			
	<ul><li>Make presentations</li></ul>				X			
(i)	Talk with other employees to:							
	<ul> <li>Get information from them</li> </ul>							X
	<ul><li>Inform them</li></ul>							X
	■ Counsel / <i>persuade</i> them							
	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		
	<ul><li>Other (specify)</li></ul>							
(j)	Talk to vendors, contractors, consul	ltants, govern	ment agencies and	d other external groups or organizations to:				
•	<ul> <li>Get information from them</li> </ul>	78	8			X		
	■ Confer with peer professionals					X		
	■ Inform them					X		
	Arrange for services					X		
	<ul> <li>Devise mutual goals / objecti</li> </ul>	ves with them				X		
	<ul> <li>Lead meetings</li> </ul>				X			
	<ul> <li>Check on their progress</li> </ul>				X			
	<ul><li>Other (specify)</li></ul>							
(k)	Other (specify):							
()	(specify)							
				****************	•			
ERVI	SOR'S COMMENTS – WORKING I	RELATIONS	HIPS	COMMENTS (must be seemplated if (I)	omnloto!!	on 66N1022 to ~	olootod):	
he re	sponses to the question:	omplete [	Incomplete	COMMENTS ( <u>must</u> be completed if "Ind	complete" (	DE "INO" IS SO	eiectea):	;
		-	_					
ou agi	ree with the responses:	es	No					
					Supe	rvisor's Init	ials:	

Purpose:			on the likelihood of im res and services, and th		carrying out the duties of the job. Consider th	e
			ies, what is the likelihood or extreme circumstances.		act or an outcome on the following? Such effects a	re typi
Injury or disco If yes, please p	mfort of others rovide an examp	ble(s):			Is an impact likely? Yes	No
If yes, please p	rovide an examp	ole(s):	families, business or emp		Is an impact likely? Yes 🖂	No
Delays in proce If yes, please p	essing or handlir rovide an examp	ng of information or able(s):	in the delivery of services s may result in minor de	S	Is an impact likely? Yes 🖂	No
Actions which If yes, please p	impact on depar	tmental / site / agenc ble(s):	y / SHA / Affiliate opera s may result in minor de	tions	Is an impact likely? Yes 🖂	No
Damage to equ	ipment / instrum rovide an examp	nents			Is an impact likely? Yes	No
If yes, please p	curate informati rovide an examp issuance, credit	ole(s):	ct department records ar	nd budgets.	Is an impact likely? Yes	No
Financial losse If yes, please p	s including with rovide an examp	drawal of commitme	nt or withholding of fund		Is an impact likely? Yes	No
Other – If yes, please p	rovide an examp	ple(s):			Is an impact likely? Yes	No
				*********	*****	
VISOR'S CON	MENTS – IM	PACT OF ACTION	Ī	COMMENTS (must be co	ompleted if "Incomplete" or "No" is selected):	
responses to th	-	☐ Complete	☐ Incomplete		•	
agree with the	responses:	☐ Yes	□ No		Supervisor's Initials:	

#### Section 12 – LEADERSHIP/SUPERVISION

	gathers information enable them to carry		supervise others, lead others and / or provide functional guidance or technical
Leadership refers to the requestry out their job. <b>Do not</b>			ners, provide functional guidance or provide technical direction to enable other employees t
Specify any jobs or work gr	oup as appropriate, und	er one or more of these c	categories. Check all that apply and provide examples.
☐ Familiarize new employ	ees with the work area	and processes	Examples Staff
Assign and/or check wor	k of others doing work	similar to yours	
Lead a project team, pricachieve planned outcom		k, monitor progress to	
Provide functional advictasks	e / instruction to others	in how to carry out work	<u> </u>
Provide technical directi carry out their primary jo		d in order for others to	
Provide input to appraisa	al, hiring and/or replace	ement of personnel	
Coordinate replacement	and/or scheduling of er	mployees	
☐ Supervise a work group; take responsibility for al		e, methods to be used, and	d 
☐ Supervise the work, prac	tices and procedures of	f a defined program	
Supervise the work, prac	tices and procedures of	f a department	
☐ Provide counseling and/	or coaching to others		
Provide health promotion	n / outreach (teaching /	instruction)	
Other (specify)			
ERVISOR'S COMMENTS – I the responses to the question: ou agree with the responses:			COMMENTS (must be completed if "Incomplete" or "No" is selected):
ou agree with the responses:	□ 1es	□ 1 <b>10</b>	
			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		FREQUENC	Y	WEIGHT
ACTIVITY EXAMPLES	Approximate % of time/day	Occasional	Regular	Frequent	Light, Medium, Heavy (specify)
Computer operation	25 – 50%			X	L
Walking/standing/lifting	20 - 60%			X	L – H
Pushing/Pulling	15 – 35%			X	L – H
Stretching	10 – 30%		X		
Crouching	10 – 20%		X		
Driving	0 – 10%	X			
		-			
		-			
		-			

Section 13 – PHYSICAL DEMANDS (cont'd)

PLEASE PRIN
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Indicate the duration of time that	at the activity is pres	ent during the normal w	orkday or shift	(e.g., for an 8 hour shif	t – 6 hours = 75%	$6: 4 \text{ hours} = 50^{\circ}$	%: 2 hours = 2
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% hour = 12%; 1/2 hour = 6%). <b>Percentages may not add up to 100% (due to simultaneous activities).</b>							
<b>Examples</b> : keyboard skills, replawn mowers; sorting mail; elector carpentry.							
Place a checkmark in the chart	below indicating the	frequency of occurrence	e over a year.				
<b>Regular</b> – means the a	ctivity occurs often	n a while – less than 50 – between 50% - 75% o day – over 75% of the t	f the time				
				DURATION		FREQUENCY	Z
ACTIVITY EXAMPLES				Approximate % of time/day	Occasional	Regular	Frequent
Computer operation				25 – 50%			X
Stocking shelves/moving equi	ipment			20 – 40%			X
Taking inventory				15 – 40%			X
Driving				0 – 10%	X		
					<u></u>		
	<b>*********</b>	******	<b></b>	· • • • • • • • • • • • • • • • • • • •	<b>&gt;</b>		
VISOR'S COMMENTS – PH							
responses to the question:	☐ Complete	☐ Incomplete	COMMI	ENTS ( <u>must</u> be comple	ted if "Incomple	te" or "No" ar	re selected):
agree with the responses:	☐ Yes	□ No					

#### **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	25 - 50%			X	
Taking inventory	15 – 40%			X	
Filling orders	20 - 50%			X	
Reading/writing/documenting	20 - 50%			X	
Reconciling invoices	25 - 50%			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	25 - 50%			X	
Buzzers, alarms, equipment sounds	10 – 35%			X	

Section	14 – SENSORY DEMANDS (	cont'd)		
(c)	Must attention be shifted freque	ently from one job de	etail to another?	
•	Examples: keyboarding and an	swering the telephor	ne; dictatyping; repairing	and listening to equipment
	Yes 🖂 No [			
	If yes, please give <b>examples</b> :			
	♦ Keyboarding, telephone, r	eceiving deliveries.		
SHPFI	RVISOR'S COMMENTS – SEI			******************
	e responses to the question:	☐ Complete	☐ Incomplete	COMMENTS ( <u>must</u> be completed if "Incomplete" or "No" are selected):
	agree with the responses:	☐ Yes		
				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			
Congested workplace	X		
Dust	X		
Extreme temperature	X		
Foul language	X		
Grease			
Head lice			
Heat			
Inadequate lighting			
Inadequate ventilation exhaust fumes	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	X		
Personal safety at risk due to isolation			
Radiation exposure (specify)			
Sharp objects	X		
Small aircraft			
Steam			
Verbal and/or physical abuse			
Violence			
Working from heights	X		
Other (specify)			

Section	n 15 – WORKING CONDITION	NS (cont'd)		
(c)	Do you have to take certain training, precautions or wear protective clothing to avoid a work injury? (Check one and provide an explanation or example of the ty precaution(s) normally taken.)			
	Yes 🖂 No [			
	Please explain your answer:			
	<ul> <li>Workplace Hazardous Ma</li> <li>Transferring Lifting Repo</li> <li>Personal Protective Equip</li> <li>Pallet Jack training</li> <li>Fork Lift training</li> </ul>	sitioning (TLR)	System (WHMIS)	
				****************************
SUPE	RVISOR'S COMMENTS – WO	ORKING CONDIT		COMMENTS (must be completed if "Incomplete" or "No" are selected):
	e responses to the question:	☐ Complete	☐ Incomplete	
Do you	u agree with the responses:	☐ Yes	□ No	
				Supervisor's Initials:

	d any additional information	or comments and reference the specific JFS section	•	
			and question as appropriate.	
	7 – SIGNATURES Single job submission:	NAME: (Plagge Print Logibly):		
	Single Job submission:	NAME: (Please Print Legibly):		_
٤	SIGNATURE:		DATE:	
(	Group submission (NAMES	OF EMPLOYEES DOING THE SAME JOB). Ple	ase print your name, then sign:	
1	NAME:		SIGNATURE:	
1	NAME:		SIGNATURE:	
1	NAME:		SIGNATURE:	
ľ	NAME:		SIGNATURE:	
ľ	NAME:		SIGNATURE:	
ľ	NAME:		SIGNATURE:	
ľ	NAME:		SIGNATURE:	
ľ	DATE:			
1	PLEASE SUBMIT TO	REGIONAL HUMAN RESOURCES I	EPARTMENT OR AFFILIATE ADMI	NISTRATOR/EXECUT

Section 18 – OUT-OF-SCOPE SUPERV	/ISOR'S COMMENTS			
Please add any additional information or comments and reference the specific JFS section and question as appropriate.				
Immediate Out-of-Scope Supervisor				
Infinediate Out-of-Scope Supervisor				
Name: (Please print legibly)		_		
C'anadana				
Signature:		_		
Job Title:		_		
Department:		_		
Work Phone Number:				
Work I hole I tuliber.		_		
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 processNutritional and dietary assessment

#### 0

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

#### P

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

JE: Revised Dec 19/06

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

#### Q

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

#### R

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

#### S

- Scheduling and coordination activities
- Scheduling and processing

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

#### 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