

Provider Group – Joint Job Evaluation Job Fact Sheet <u>Job #409 – Automation System Technologist</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. **Six-month review of New Job**: Please review all sections of the completed "draft" JFS and "draft" Job Description thoroughly and add any additional information or comments in each section. Also, additional Supervisor comments can be recorded in Section (18) on page 27.
 - c. 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 in which your job functions.		
Complete the Chart below:			
Be sure to write in the Provincial JE Job Title of th	e position – not the name of the person currently in the job.		
Title of your immediate Out-of-Scope S	upervisor SUPERVISOR'S COMMEN CHART	VTS – ORGANIZATIO	NAL WORK
	Are the responses to this que Do you agree with the responses	-	☐ Incomplete
Title of your immediate Supervisor (if differ	ent than above) COMMENTS (must be completed to the complete to	leted if "Incomplete" or "	No" is selected):
V (D : : 1 W 1 1 5			
Your current Provincial JE Job		Supervisor's	Initials:
Your current Provincial JE Job Number:			
Provincial JE Job Titles that report directly to	you (if applicable)		

Section	n 3 – JOB IDEN	NTIFICATION						
	Purpose:	This section g	athers basic identify	ing material so we can keep tr	ack of comp	leted Job Fact S	heets.	
Provid	e your name and	work telephone n	umber(s) for contact p	purposes. For group JFS submis	ssions, please	note the name an	d telephone number(s) of the co	ntact person.
	of person comple OOING THE SA		single employee, or c	contact person for group JFS sub	omission (ON	NLY COMPLETE	A GROUP SUBMISSION IF A	ALL EMPLOYEES
Name	(Print):						Employee No.:	
Work 7	Гelephone:			E-Mail Address:				
Region	al Health Autho	rity/Affiliate:						
Facility	y/Site:				Departn	nent:		
See See	ction 18 on page	28 for signatures.						
Provin	cial JE Job Title	:					Date:	
Provin	cial JE Number:			Office use on	aly:	JEMC No.	M	
Section	n 4 – JOB SUM	MARY						
	Purpose:	This section d	escribes why the job	exists.				
			is job: <i>Coordinates a</i> nd provides technical		tion/life safe	ty systems and as	sociated equipment. Designs, in	nplements and tests
Thin	k about what yo	u would say if son		sponsible for?" 1 and asked you about your job. 1 "The (<u>Job Title</u>) is responsible	ofor"			
				********	******	******	*****	
SUPE	RVISOR'S CO	MMENTS – JOB	SUMMARY		COMM	ENTS (<u>must</u> be o	completed if "Incomplete" or "	'No" is selected):
	e responses to t	-	☐ Complete	☐ Incomplete			<u>-</u>	
Do you	ı agree with the	e responses:	☐ Yes	□ No			Supervisor's Initials:	
							Supervisor's initials:	·

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: Administration, Planning and Scheduling

Duties/Responsibilities:

- ♦ Prioritizes workload and coordinates the operation of the automated control systems and associated equipment.
- Assists in the preparation and monitoring of operating and capital budgets.
- ♦ Acts as a liaison and communicates with other departments/staff and outside agencies/representatives (e.g., Fire Department, Infection Control, project leaders, planners, contractors).
- Coordinates and provides education and training to staff and students.
- ♦ Provides input into hiring and performance appraisal and performance review.
- ♦ Assists in the development, implementation and maintenance of policies and procedures.
- ♦ Coordinates and implements preventative maintenance programs ensuring compliance with preventative maintenance schedules and regulations (e.g., HVAC, Fire Alarms, CSA).
- ♦ Prepares estimates (e.g., repairs, projects, renovations).
- ♦ Prepares reports (e.g., preventative maintenance, energy efficiency, project status and recommendations).
- ♦ Ensures manuals/blueprints are current.
- ♦ Maintains inventory and obtains quotations.
- ♦ Schedules inspections, testing and repair of various building systems.
- ♦ Identifies and creates new solutions for aging equipment and infrastructure.

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:

SUPERVISOR'S COMMENTS – KEY WORK ACTIVITIES

Section 5 – KEY WORK ACTIVITIES (cont'd) Key Work Activity B: Equipment Controls / System Maintenance SUPERVISOR'S COMMENTS – KEY WORK ACTIVITIES Are the responses to this question: Complete Incomplete **Duties/Responsibilities:** • Performs inspections, commissioning, verification and calibrations. Do you agree with the responses: Yes □ No ◆ Designs, assembles, installs, troubleshoots, repairs and maintains building control and life safety systems. **COMMENTS** (must be completed if "Incomplete" or "No" is selected): ♦ Analyzes and troubleshoots equipment integration problems and operating anomalies. Develops, modifies, programs and maintains software and graphics for control systems. • Provides technical input in the evaluation of existing process control logic structures and logic programs. Monitors process inputs, observes related process outputs, evaluates and interprets and trends data. Maintains fire alarm and other safety devices and systems as required by applicable codes. Ensures communication between control panels and end devices is maintained. Performs routine preventative maintenance. Supervisor's Initials: _____ May respond to emergency conditions for life safety and fire suppression systems. Key Work Activity C: Project Coordination and Integration SUPERVISOR'S COMMENTS – KEY WORK ACTIVITIES Are the responses to this question: Complete **Duties/Responsibilities: Incomplete** ◆ Plans, coordinates and monitors building automation aspect of renovation and construction Do you agree with the responses: \square Yes □ No ◆ Leads projects, including other trades and contractors when building automation is a major **COMMENTS** (must be completed if "Incomplete" or "No" is selected): part of the projects. • Participates in planning activities to support the services of the building automation controls system with other departments and coordinates the activities with applicable staff. • Participates in the prioritization of projects and maintenance. Supervisor's Initials:

Section 5 – KEY WORK ACTIVITIES (cont'd)	
Key Work Activity D: New Equipment Evaluation / Testing	SUPERVISOR'S COMMENTS – KEY WORK ACTIVITIES
 Duties/Responsibilities: ◆ Provides cost analysis and benefit trends for equipment purchases. ◆ Researches, evaluates and reviews new technologies and equipment. ◆ Develops installation and site plans for new equipment. ◆ Provides technical support to manufacturers/vendors during installation and calibration of new equipment. 	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:	SUPERVISOR'S COMMENTS – KEY WORK ACTIVITIES
Duties/Responsibilities:	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: <i>Codes, fire alarm inspection/commissioning and vendor specific equipment instructions.</i>			X	
	Modify or change established department methods and procedures, but stay within program or legislative boundaries. Example: <i>Modify controls and software graphics for control systems</i> .				X
	Develop new solutions to diverse and complex problems with conflicting requirements because there are no guidelines. Example: Modify or integrate obsolete equipment, develop building automation control strategies to improve occupant comfort, energy efficiencies.			X	

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

(c)	To what extent are the deci 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					v		
						X		
	Others in own program/depa					X		
	Example:					Λ		
	Others within the RHA					X		
	Example:					Λ		
	Departmental Management					X		
	Example:					A		
	Specialists / Clinical Experts					X		
	Example:					A		
	Senior Management				X			
	Example:				1			
	Other							
	Example:							
	SOR'S COMMENTS – DEC			**************************************	omplete"	or "No" is s	elected):	
you ag	ree with the responses:	☐ Yes	□ No					
					Supe	rvisor's Ini	tials:	

Purp	oose: This sec	tion gathers informatio	on on the minimum lev	el of completed	forma	l education required for the job.			
	That minimum level of completed schooling or formal training would be necessary for a new person being hired into this job? This does not reflect the education at you have, but what is the typical minimum requirement of the job.								
	total minimum level to graduation or cert		or formal training shoul	d include all clas	sroom,	laboratory, practicum, clinical, or apprenticeship, etc., time required			
(i)	High School:	Grade 10	Grade 11 G	rade 12 🖂					
(ii)	Technical/Vocation	al/Community College:	1 year 2	years 🗌 💢	3 years				
	Specify (Do not use	e abbreviations): <i>Electri</i>	cal Engineering Techn	ology diploma					
(iii)	Licensed Trades:		rs 3 years	_		5 years			
(iv)	University:	<i>,</i> — ,	rs Masters]					
	Specify (Do not use	abbreviations):							
Is an	y Provincial, Nationa	l or professional certification	ation mandatory?] Yes	⊠ No				
If yes	s, please specify and	provide the name of the	licensing / certification	/ registration boo	⊠ <i>No</i> ly (do n	not use abbreviations):			
What Spec	at additional special skeify (Do not use abbre Advanced computer shanlytical skills Organizational skills Leadership skills Communication skills Interpersonal skills Ability to work indepersonal skills	provide the name of the cills, training, or licenses viations): *kills sendently *where required by the	are needed to perform	/ registration boo	No ly (do n	not use abbreviations): ngth of the course/program:			
What Spec • 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	at additional special skirify (Do not use abbre Advanced computer shalls Organizational skills Communication skills Interpersonal skills Ability to work independent	provide the name of the cills, training, or licenses viations): *kills sendently *where required by the	icensing / certification are needed to perform	registration booth	No ly (do n the ler	not use abbreviations): ngth of the course/program: ***********************************			
Wha Spec	at additional special skeify (Do not use abbre Advanced computer standytical skills Organizational skills Communication skills Interpersonal skills Ability to work independent of the Communication skills of the Communication s	provide the name of the cills, training, or licenses viations): *kills **endently **where required by the ***********************************	job ************************************	registration booth	No ly (do n the ler	not use abbreviations): ngth of the course/program:			
What Spec	at additional special skirify (Do not use abbre Advanced computer shalls Organizational skills Communication skills Interpersonal skills Ability to work independent	provide the name of the cills, training, or licenses viations): skills endently , where required by the ********** EDUCATION AND S :	icensing / certification are needed to perform	registration booth	No ly (do n the ler	not use abbreviations): ngth of the course/program: ***********************************			

Purpose:			n on the minimum rele e-job learning or adjus		ed for a job. Relevant experience may include previous job-
	n relevant experience requirements of this		r to and/or (b) on-the-joi	b, that is required for a n	ew person with the education recorded in Section 7 to acquire the skil
For part (b), a	isk yourself, "Is time	on the job requir		nd responsibilities or to d	adjust to the job? If so, how much?" 7, Education and Specific Training.
Required pre-	vious related job expe	erience (do not i	nclude practicum or ap	pprenticeship if covered	in Section 7 – Education and Specific Training)
☐ None	☐ 6 m	onths	1 year	\boxtimes 3 years	5 years
Up to 3 m	onths 9 m	onths	2 years	4 years	Other (specify)
Describe the	experience requireme	ents gained on pro	evious iobs here or elsev	where needed to prepare	for this job:
	required on the job t		nt including process con just to this job:	ntrol programming.	
1 month o	r fewer	onths	∑ 1 year	3 years	
3 months	☐ 9 m	onths	2 years	Other (specify)	
Describe the	tasks and responsibil	ities that need to	be learned in order to sa	ntisfy the requirements of	this job:
	12) months on the joent policies and proc		iliar with the sequence	and operation of buildin	ng automation systems, controls, all associated facility equipment a
RVISOR'S CO	MMENTS – EXPE		*******	*******	*********
				COMMENTS (m	ust be completed if "Incomplete" or "No" is selected):
ne responses to	•	☐ Complete	☐ Incomplete		
u agree with th	e responses:	☐ Yes	□ No		

Section	n 9 – INDEPEN	DENT JUDGE	MENT		
	Purpose:	This section	gathers information	on the extent to which	the job exercises independent action.
			n, but to varying deg o serve as a guide.	rees. Some jobs are high	nly structured and have many formal procedures, while others require exercising judgement o
			provided to this job. others and direct supe		m rules, instructions, established procedures, defined methods, manuals, policies, professiona
(a)	To what extendirecting action		ontrol its own work a	s opposed to being guide	d by influences such as rules, procedures, policies, supervisory presence or instructions
	Please check	the answer that	most closely repres	ents expected job requi	rements.
	Most job r	equirements (to t	he extent possible) a	re set out within structure	e and rules and/or readily understood schedules to guide job tasks/duties required.
	Some restr	rictions apply, bu	t the control over set	ting work priorities and p	pace of work is contained within the job.
	There are	minimal restricti	ons, leaving significa	ant control over the work	being carried out within the scope of the job.
	Other (plea	ase explain):			
(b)	To what exten	t does this job ex	sercise judgement to	determine how the work	is to be done?
	Please check	the answer that	most closely repres	ents expected job requi	rements.
	☐ Work is m	nostly repetitive a	and predictable with	little need for judgement	. Example:
	∐ Work may	y present some u	nusual circumstances	that require judgement of	or choices to be made. Example:
	─────────────────────────────────────	esents difficult ch	oices or unique situa	tions that require judgen	nent. Example:
	♦ This posi	tion requires a h	igh level of operation	nal and systems underst	anding to facilitate changes to resolve operational problems or to accommodate retrofit re maintained during equipment failures and shutdowns.
SUPE	RVISOR'S CO	MMENTS – INI	**** DEPENDENT JUD		*********************
	e responses to t		☐ Complete	☐ Incomplete	COMMENTS (<u>must</u> be completed if "Incomplete" or "No" is selected):
Do you	ı agree with the	e responses:	☐ Yes	□ No	
-		_			
					Supervisor's Initials:

Section 10 – WORKING RELATIONSHIPS

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

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

Purpose of Contact:

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

		Che	ck of	OF (f all thone, if	hat aj	pply	
	A	В	C	D	E	F	G
Employees in the same department		X	X	X		X	
Employees in another department/site (specify)		X	X	X		X	
Students		X	X	X			
Supervisor / supervisors of programs / departments or services		X	X	X		X	
Clients / patients / residents		X	X	X			
Family of clients / patients / residents		X					
Physicians		X					
Business representatives		X	X	X		X	
Suppliers / contractors		X	X	X		X	X
Volunteers	X						
General Public		X	X				
Other health care organizations or agencies		X	X				
Professional organizations / agencies		X	X	X		X	
Government departments		X	X	X			
Social Service establishments	X						
Community Agencies	X						
Police and Ambulance	X						
Foundations	X						
Others (specify): Fire Department		X	X	X		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.

HOV	V OFTEN DOES YOUR JOB REQUIRE YOU TO:	Almost never	Sometimes	Often	Most of the time
(b)	Have to tell people things they DO NOT 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 	X			
	 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	X			
	 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		

HOV	V OFTEN DOES YOUR JOB REQUIRE YOU TO:	Almost never	Sometimes	Often	Most o
(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				
	COMMENTS (must be completed if "	(ncomplete"	or "No" is s	elected):	
he res	sponses to the question: Complete Incomplete				
ou agi	ree with the responses:				

tion 11 – IMPACT OF ACTION							
	nis section gathers information sponsibility for actions, resou			en carrying out the duties of the job. Consider the			
	your job duties and responsibil as carelessness, willful neglect			pact or an outcome on the following? Such effects are	typic		
Injury or discomfor If yes, please provid	le an example(s):	and HVAC code require	ments may result in service del	Is an impact likely? Yes ays or compromise air quality within facility(ies).	No [
, ,	bublic, client / patient / resident	_	•	Is an impact likely? Yes	No [
♦ Incorrect prog	ramming of HVAC systems m	ay impact service deliver	y in key operational areas (e.g.	., Operating Room, Cancer Clinic, Isolation Rooms).			
If yes, please provid	<u> </u>	·		Is an impact likely? Yes	No [
♦ Incorrectly programmed systems create significant delays in service or inability to use otherwise functional space.							
If yes, please provid	- · · ·		nay result in significant service	Is an impact likely? Yes	No [
Damage to equipme If yes, please provide	ent / instruments			Is an impact likely? Yes	No [
Loss of or inaccurate If yes, please provide Lack of proper	le an example(s):	nadequate preventative n	naintenance and delays in syste	Is an impact likely? Yes	No [
Financial losses inc If yes, please provide	luding withdrawal of commitm le an example(s):	nent or withholding of fur	ads	Is an impact likely? Yes	No [
♦ Improper main	ntenance or programming ma	y affect system performai	nce which may impact operation	onal and utility costs.			
Other – If yes, please provid	le an example(s):			Is an impact likely? Yes	No [
DVICOD'S COMMI	********* NTS – IMPACT OF ACTIO		***********	*******			
e responses to the qu		☐ Incomplete	COMMENTS (must be	completed if "Incomplete" or "No" is selected):			
agree with the resp	onses:	□ No					
				Supervisor's Initials:			

Section 12 – LEADERSHIP/SUPERVISION

-	athers information of able them to carry of	-	pervise others, lead others and / or provide functional guidance or technical
Leadership refers to the require carry out their job. Do not inc			s, provide functional guidance or provide technical direction to enable other employees
Specify any jobs or work group	p as appropriate, und	er one or more of these cat	egories. Check all that apply and provide examples.
			Examples
Familiarize new employee		•	Staff
Assign and/or check work	of others doing work	k similar to yours	Staff, contractors
Lead a project team, prior achieve planned outcome(rk, monitor progress to	Staff, contractors
Provide functional advice tasks	/ instruction to others	s in how to carry out work	Staff, contractors
Provide technical direction carry out their primary job		ld in order for others to	Staff, contractors
Provide input to appraisal,	hiring and/or replace	ement of personnel	Staff
Coordinate replacement an	nd/or scheduling of en	mployees	
Supervise a work group; as take responsibility for all t		e, methods to be used, and	
☐ Supervise the work, practic	ces and procedures o	f a defined program	
☐ Supervise the work, practic	ces and procedures of	f a department	
☐ Provide counseling and/or	coaching to others		
Provide health promotion /	outreach (teaching /	instruction)	
Other (specify)	` 2	,	
CRVISOR'S COMMENTS – LE			**************************************
he responses to the question:	☐ Complete	☐ Incomplete	<u></u>
ou agree with the responses:	☐ Yes	□ No	
			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	40 – 60%			X	
Sitting	40 – 60%			X	
Walking/standing	30 – 50%		X		
Working in awkward positions	10 – 40%			X	
Working from ladders	10 – 40%			X	
Crawling/climbing/lifting	10 – 25%		X		L – M
Pushing/pulling	5%		X		M
Driving	0 – 10%	X			

Section	13_	PHV	SICAT	. DEM A	NDS	(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	
Computer operation	40 – 60%			X	
Troubleshooting/repairing fine instruments/equipment	25 – 50%		X		
Working from ladders	10 – 40%			X	
Precision wiring	15 – 25%		X		
Power/hand tools	20%		X		
Writing	10%	X			
Driving	0 – 10%	X			

	4-			
SUPERVISOR'S COMMENTS – PHY	YSICAL DEMAND	OS	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	40 - 60%			X	
Troubleshooting/repairing fine instruments/equipment	25 – 50%		X		
Preparing reports and accessing data	10 – 20%		X		
Reading reports/manuals	10%			X	
Research reference material and reports	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

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
Equipment/alarm sounds	50 - 60%			X
Communications (radio/telephone)	40%			X
Giving instructions	10%			X
Taking direction	5%		X	

Section	on 14 – SENSORY DEMANDS	S (cont'd)								
(c)	Must attention be shifted free	Must attention be shifted frequently from one job detail to another?								
)	Examples: keyboarding and	answering the telepho	ne; dictatyping; repairin	ng and listening to equipment						
	Yes 🖂 N	бо								
	If yes, please give examples	If yes, please give examples :								
	♦ Shifting priorities and s	chedules to accommo	date failures, projects a	and operational requirements.						
SUPE	CRVISOR'S COMMENTS – S			*************************						
Are tl	he responses to the question:	☐ Complete	☐ Incomplete	COMMENTS (<u>must</u> be completed if "Incomplete" or "No" are selected):						
Do yo	ou 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.

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): Cleaning solutions		X	
Cold	X		
Congested workplace	X		
Dust	X		
Extreme temperature: <i>Energy Centre boiler room</i>		X	
Foul language	X		
Grease	X		
Head lice			
Heat: Steam Systems		X	
Inadequate lighting: Mechanical rooms		X	
Inadequate ventilation	X		
Insects, rodents, etc.	X		
Interruptions			X
Isolation	X		
Latex			
Moisture	X		
Mold	X		
Multiple deadlines		X	
Noise: Energy Centre/Mechanical rooms		X	
Odor	X		
Oil	X		
Radiation exposure (specify):			
Second-hand smoke			
Soiled linens			
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) Cleaning solutions		X	
Traveling in inclement weather			
Excessive / unpredictable weights			
Exposure to infectious disease (specify): Isolation rooms	X		
Extreme noise	X		
Faulty / inadequate equipment		X	
Personal injury			
Personal safety at risk due to isolation			
Radiation exposure (specify):			
Sharp objects	X		
Small aircraft			
Steam		X	
Verbal and/or physical abuse			
Violence			
Working from heights		X	
Other (specify)			

Sectio	n 15 – WORKING CONDITIO	NS (cont'd)		
(c)	Do you have to take certain training 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, Repositi Fall Arrest Training Scissor lift and Boom Tra Confined Space training 	ioning (TLR)		
SUPE	RVISOR'S COMMENTS – WO			********
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:

e	e add any additional information or comments and reference th	ne specific IFS section and question as appropriate				
	·					
ес по 1)	In 17 – SIGNATURES Single job submission: NAME: (Please Print Legibly):					
	SIGNATURE:	DATE:				
	Group submission (NAMES OF EMPLOYEES DOING THE SAME JOB). Please print your name, then sign:					
	NAME:	SIGNATURE:				
	NAME:	SIGNATURE:				
	NAME:	SIGNATURE:				
	NAME:	SIGNATURE:				
	NAME:	SIGNATURE:				
	NAME:	SIGNATURE:				
		SIGNATURE:				
	NAME:					
	NAME: DATE:					
	DATE:					

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

Appendix A Sample Key Activity Summary Statements

A

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

В

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

C

- Carpentry functions
- Cleaning designated areas

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

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

D

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

\mathbf{E}

Education

JE: Revised Dec 19/06

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

F

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

G

General office duties

H

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

]

- Installations
- Investigations

L

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

M

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

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

N

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

0

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

P

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

JE: Revised Dec 19/06

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

Q

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

R

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

S

- Scheduling and coordination activities
- Scheduling and processing

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

\mathbf{T}

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

U

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

\mathbf{W}

• Word processing and typing function

JE: Revised Dec 19/06