

Provider Group – Joint Job Evaluation Job Fact Sheet <u>Job #440 – Nuclear Radiation Safety Officer</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.

| urpose: This section gathers information regarding the organization | n in which your job functions. | |
|---|---|-------------------|
| Complete the Chart below: | | |
| se 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 – ORGANIZATION CHART | NAL WORK |
| | Are the responses to this question: Complete | ☐ Incomplet |
| | Do you agree with the responses: Yes | ☐ No |
| Title of your immediate Supervisor (if different than above) | COMMENTS (must be completed if "Incomplete" or "I | No" is selected): |
| Title of your infinemate Supervisor (if different than above) | | |
| | | |
| | | |
| Your current Provincial JE Job Title | | |
| | Supervisor's | Initials: |
| Your current Provincial JE Job Number: | Super visor 5 | |
| Tour current i toyinciai 3E 300 Number. | | |
| | | |
| | | |
| Provincial JE Job Titles that report directly to you (if applicable) | | |
| | | |
| | | |
| | | |
| | | |

| Section 3 – JOB IDENTIFICATION | | | |
|---|--|---|--|
| Purpose: This section a | gathers basic identifying | g material so we can keep track of co | mpleted Job Fact Sheets. |
| rovide your name and work telephone | number(s) for contact pur | poses. For group JFS submissions, ple | ase note the name and telephone number(s) of the contact person. |
| Name of person completing the JFS for a ARE DOING THE SAME JOB): | a single employee, or con | tact person for group JFS submission (| ONLY COMPLETE A GROUP SUBMISSION IF ALL EMPLOYEE |
| Name (Print): | | | Employee No.: |
| Work Telephone: | | E-Mail Address: | |
| Saskatchewan Health Authority/Affiliate | e: | | |
| Facility/Site: | | Depa | rtment: |
| See Section 18 on page 28 for signatures | s. | | |
| Provincial JE Job Title: | | | Date: |
| Provincial JE Number: | | Office use only: | JEMC No. <u>M</u> |
| | | | |
| Section 4 – JOB SUMMARY | | | |
| Purpose: This section of | describes why the job ex | rists. | |
| | ylaws. Develops and over | rsees the radiation safety program and | oactive substances in accordance with the Canadian Nuclear Safety provides radiation safety awareness and education. Prepares |
| adiopharmaceuticals and performs tec | • | | ials for the diagnosis and tracking of disease and pathology. |
| cips: Consider "Why does this job exist?" at Think about what you would say if so | nd " <i>What is this job respo</i> meone approached you a | onsible for?" and asked you about your job. | ials for the diagnosis and tracking of disease and pathology. |
| Fips: Consider "Why does this job exist?" as Think about what you would say if so You may wish to begin with: "The (Jo | nd "What is this job respo meone approached you a ob Title) exists to" or " ********** | onsible for?" and asked you about your job. | |
| Fips: Consider "Why does this job exist?" at Think about what you would say if so You may wish to begin with: "The (Jobupervisor's COMMENTS – JOI | nd "What is this job respondence approached you and the state" of " *********************************** | onsible for?" nd asked you about your job. The (<u>Job Title</u>) is responsible for" ********************************** | |
| | nd "What is this job respo meone approached you a ob Title) exists to" or " ********** | onsible for?" ad asked you about your job. The (<u>Job Title</u>) is responsible for" ************* | ********** |

Section 5 – KEY WORK ACTIVITIES

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

Consider the full range of job duties or responsibilities undertaken over the year. Summarize these in rough form before completing this section.

Group the job duties or responsibilities that are related and summarize them in a phrase, at the top of each box (e.g., counseling and patient education, preventative maintenance, community involvement). Estimate (to the nearest 5%) the percentage of time per year spent on each key work activity summarized in the section(s) below. Most jobs can be described in three to five key work activities.

The total of all key work activity sections should equal but not exceed 100%. For example: 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: Radiation Safety Coordination/Administration

Duties/Responsibilities:

- ♦ Coordinates and controls all licensing for required departments.
- ♦ Reports to Canadian Nuclear Safety Commission (CNSC) on all matters concerning the implementation of safety regulations.
- ♦ Establishes, implements, supervises and maintains administrative controls and procedures for radiation safety as required by local protocols and government regulations (e.g., purchase, transport, disposal, bioassay measurements, and sealed source inventory).
- ♦ Develops and maintains policies and procedures of the radiation safety program (e.g., audits, personal protection, manuals).
- Ensures that appropriate radiation safety programs are implemented and maintained.
- ♦ Provides instruction/training to staff (e.g., radiation safety, Nuclear Energy Workers (NEWS), reducing radiation exposure).
- ♦ Provides functional advice/technical expertise and problem solving.
- Acts as a liaison with other departments.
- ♦ Commissions/decommissions spaces.

| bei ERVIDOR D'COMMENTO RET WORK HEITVIILED |
|---|
| Are the responses to this question: Complete Incomplete |
| Do you agree with the responses: \square Yes \square No |
| COMMENTS (must be completed if "Incomplete" or "No" is selected): |
| |
| |
| |
| Supervisor's Initials: |
| |

SUPERVISOR'S COMMENTS - KEY WORK ACTIVITIES

| New Work Activity B: Diagnostic and Therapeutic Procedures Duties/Responsibilities: Assist/ansports, assesses, screens, prepares, instructs and positions patient. Amonitors patients during procedures. Surts/administers various media/radiopharmaceuticals/medications. Monitors patients during procedures (e.g., Nuclear Medicine exams). Modifies technical data to ensure complete series of diagnostic tests are obtained for physician to view and interpret. Performs various laboratory procedures (e.g., collecting, pipetting, labeling, separation and inagging). Assists physicians during interventional and sterile procedures. Participates in research projects. Key Work Activity C: Quality Assurance / Quality Control Duties/Responsibilities: Exabilishes and maintains Quality Assurance/Quality Control programs as required by local protocols and government regulations (e.g., shielding requirements for planned construction projects). Follows preventative maintenance programs by maintaining instrument logs and reconguizing equipment malfunctions. Performs and record quality control checks on all equipment. Records radiopharmaceutical information for the Canadian Nuclear Safety Commission. Follows radiation safety protocols in accordance with the Medical Radiation Health and Safety Act. Supervisor's Initials: Supervisor's Initials: Supervisor's Initials: | Section 5 – KEY WORK ACTIVITIES (cont'd) | |
|--|---|---|
| Assists/transports, assesses, screens, prepares, instructs and positions patient. Monitors patients during procedures. Performs diagnostic and therapeutic procedures (e.g., Nuclear Medicine exams). Modifies technical data to ensure complete series of diagnostic tests are obtained for physician to view and interpret. Performs various laboratory procedures (e.g., collecting, pipetting, labeling, separation and tagging). Assists physicians during interventional and sterile procedures. Participates in research projects. Supervisor's Initials: Establishes and maintains Quality Assurance/Quality Control programs as required by local protocols and government regulations (e.g. shielding requirements for planned construction projects). Follows preventative maintenance programs by maintaining instrument logs and recognizing equipment malfunctions. Performs and records quality control checks on all equipment. Records radiopharmaceutical information for the Canadian Nuclear Safety Commission. Follows radiation safety protocols in accordance with the Medical Radiation Health and Safety Act. | Key Work Activity B: <u>Diagnostic and Therapeutic Procedures</u> | SUPERVISOR'S COMMENTS – KEY WORK ACTIVITIES |
| Key Work Activity C: Quality Assurance / Quality Control Duties/Responsibilities: • Establishes and maintains Quality Assurance/Quality Control programs as required by local protocols and government regulations (e.g. shielding requirements for planned construction projects). • Follows preventative maintenance programs by maintaining instrument logs and recognizing equipment malfunctions. • Performs and records quality control checks on all equipment. • Records radiopharmaceutical information for the Canadian Nuclear Safety Commission. • Follows radiation safety protocols in accordance with the Medical Radiation Health and Safety Act. | Assists/transports, assesses, screens, prepares, instructs and positions patient. Monitors patients during procedures. Starts/administers various media/radiopharmaceuticals/medications. Performs diagnostic and therapeutic procedures (e.g., Nuclear Medicine exams). Modifies technical data to ensure complete series of diagnostic tests are obtained for physician to view and interpret. Performs various laboratory procedures (e.g., collecting, pipetting, labeling, separation and tagging). Assists physicians during interventional and sterile procedures. | Do you agree with the responses: Yes No COMMENTS (must be completed if "Incomplete" or "No" is selected): |
| | Duties/Responsibilities: ♦ Establishes and maintains Quality Assurance/Quality Control programs as required by local protocols and government regulations (e.g. shielding requirements for planned construction projects). ♦ Follows preventative maintenance programs by maintaining instrument logs and recognizing equipment malfunctions. ♦ Performs and records quality control checks on all equipment. ♦ Records radiopharmaceutical information for the Canadian Nuclear Safety Commission. ♦ Follows radiation safety protocols in accordance with the Medical Radiation Health and | 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): |

| Key Work Activity D: <u>Clerical</u> | SUPERVISOR'S COMMENTS – KEY WORK ACTIVITIES | | | | | |
|--|--|--|--|--|--|--|
| Duties/Responsibilities: Retrieves, files and distributes requisitions and reports. Maintains daily log of patients and examinations. Performs computer work (e.g., data entry, back-up). Responds to telephone calls and inquiries from physicians/patients and other staff members Prepares, communicates and files test results and reports. Prepares statistical reports. Audits information input by department staff. | 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) | | | | | |
| Key Work Activity E: <u>Related Key Work Activities</u> | Supervisor's Initials: SUPERVISOR'S COMMENTS – KEY WORK ACTIVITIES | | | | | |
| Outies/Responsibilities: Prepares and maintains chemical mixtures. Disposes of radioactive and biohazardous waste, as per departmental procedures and policies. Maintains inventory and orders supplies. Cleans, maintains, troubleshoots and calibrates diagnostic equipment according to established standards. | 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: Specific license requirements as set by Canadian Nuclear Safety Commission (CNSC) | | | | X |
| | Modify or change established department methods and procedures, but stay within program or legislative boundaries. Example: Develop radiation safety policies to fulfill licensing requirements | | | | X |
| | Develop new solutions to diverse and complex problems with conflicting requirements because there are no guidelines. Example: Recommends and coordinates procedures to reduce radiation exposures in the interest of ALARA (As Low As Reasonably Achievable) | | | | 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): | | | | |
| | | | | | |

| m/department A/Affiliate | | | | X X | | |
|-----------------------------|---------|---------|---------|-----------|-----------|------------|
| m/department A/Affiliate | | | | | | |
| n/department A/Affiliate | | | | X | | |
| A/Affiliate | | | | A | | |
| | | | | | | |
| | | | X | | | |
| | | | Λ | | | |
| ement | | | | X | | |
| Example: | | | | | | |
| | | | | | | |
| Example: | | | | | | X |
| Senior Management | | | | | | |
| | | | X | | | |
| | | | | | | |
| | | | | | | |
| Ι | Experts | Experts | Experts | Experts X | Experts X | Experts X |

| | 7 – EDUCATIO Purpose: | | | | on the minimur | ı level of co | npleted for | nal e | education required for the job. |
|----------|--|---|-----------------------------|----------------------|--------------------|-----------------|---------------------|--------------|---|
| <u> </u> | What minimum that you have, b | | | | | | ry for a new | pers | rson being hired into this job? This does not reflect the education |
| • | The total minim prior to graduation | | | schooling or | formal training s | hould includ | e all classroo | om, la | laboratory, practicum, clinical, or apprenticeship, etc., time required |
| | (i) High Scho | ool: | Gra | de 10 🗌 | Grade 11 | Grade 12 | \boxtimes | | |
| | (ii) Technical | /Vocation | nal/Communit | y College: | 1 year 🗌 | 2 years 🗵 | 3 yea | ars [| |
| | Specify (I | Oo not use | e abbreviation | s): <i>Nuclear</i> I | Medicine Techno | logy diplom | a plus Radia | tion | Safety Officer (RSO-1) certificate |
| | | | 1 year e abbreviation | 2 years ns): | | s <u> </u> | years 🗌 | | 5 years |
| | (iv) University Specify (I | | 3 years ☐ e abbreviation | 4 years s): | ☐ Maste | | | | |
| | Is any Provincial | l, Nationa | l or profession | nal certificati | on mandatory? | Yes | 1 | No | |
| | If yes, please spe | ecify and | provide the na | me of the lic | ensing / certifica | tion / registra | tion body (d | o no | ot use abbreviations): |
| | ♦ License | d and Re | _ | College of M | | | | _ | s of Saskatchewan |
| | What additional | special sk | tills, training, | or licenses a | re needed to perfe | orm the job? | Indicate the | leng | gth of the course/program: |
| | • | e comput al skills ations skil kills ving skill nal skills skills ork as a n | er skills Us | | b | | | | |
| | | | | ****** | ****** | | | | ************ |
| e the | e responses to the | question | : 🗆 | Complete | ☐ Incomplete | | OMMENT | 8 (<u>m</u> | nust be completed if "Incomplete" or "No" is selected): |
| you | agree with the re | esponses: | | Yes | □ No | _ | | | |
| | | | | | | | | | Supervisor's Initials: |
| | | | | | | _ | | | Supervisor 8 initials |

| on 8 – EXPERIENCE | | | | |
|--|---|----------------------------|------------------------------|---|
| | his section gathers informational lated experience and/or on-the | | | d for a job. Relevant experience may include previous job- |
| nate the minimum releved to carry out the requi | | or to and/or (b) on-the-jo | b, that is required for a ne | w person with the education recorded in Section 7 to acquire the ski |
| For part (b), ask you | | red to learn new tasks a | nd responsibilities or to ac | ljust to the job? If so, how much?" 7, Education and Specific Training. |
| Required previous r | related job experience (do not i | nclude practicum or ap | pprenticeship if covered i | in Section 7 – Education and Specific Training) |
| ☐ None | 6 months | 1 year | \boxtimes 3 years | 5 years |
| Up to 3 months | 9 months | 2 years | 4 years | Other (specify) |
| Describe the experie | ence requirements gained on p | revious jobs here or elsev | where needed to prepare fo | or this job: |
| ♦ <i>Thirty-six</i> (36) | months previous experience a | s a Nuclear Medicine T | echnologist to consolidate | e knowledge and skills. |
| Average time requir | red on the job to learn and/or a | djust to this job: | | |
| 1 month or fewe | er 6 months | 🛛 1 year | 3 years | |
| 3 months | 9 months | 2 years | Other (specify) | |
| Describe the tasks a | and responsibilities that need to | be learned in order to sa | atisfy the requirements of t | his job: |
| | onths on the job to obtain certi partment policies and procedu | | ian Nuclear Safety Comn | nission and to consolidate knowledge of CNSC regulations and |
| ERVISOR'S COMME | ******** ENTS – EXPERIENCE | ******* | ******* | |
| he responses to the qu | estion: Complete | ☐ Incomplete | COMMENTS (mu | st be completed if "Incomplete" or "No" is selected): |
| ou agree with the resp | onses: | □ No | | |
| | | | | Supervisor's Initials: |

| n 9 – INDEPEN | DENT JUDGEN | IENT | | |
|---------------------------------------|-----------------------------------|---|-----------------------------|---|
| Purpose: | This section g | athers information | n on the extent to which | the job exercises independent action. |
| | dependent action no precedents to | | grees. Some jobs are high | aly structured and have many formal procedures, while others require exercising judgement |
| | | provided to this job. hers and direct supe | | m rules, instructions, established procedures, defined methods, manuals, policies, profession |
| To what exten directing actio | | ntrol its own work a | s opposed to being guide | d by influences such as rules, procedures, policies, supervisory presence or instructions |
| Please check t | he answer that 1 | nost closely repres | ents expected job requi | rements. |
| Most job re | quirements (to th | e extent possible) a | re set out within structure | e and rules and/or readily understood schedules to guide job tasks/duties required. |
| Some restr | ctions apply, but | the control over set | ting work priorities and p | pace of work is contained within the job. |
| ☐ There are r | ninimal restriction | ns, leaving significa | ant control over the work | being carried out within the scope of the job. |
| Other (plea | se explain): | | | |
| To what exten | does this job exe | ercise judgement to | determine how the work | is to be done? |
| Please check t | he answer that 1 | nost closely repres | ents expected job requi | rements. |
| ☐ Work is m | ostly repetitive a | nd predictable with | little need for judgement. | Example: |
| ☐ Work may | present some un | usual circumstances | s that require judgement of | or choices to be made. Example: |
| ───────────────────────────────────── | ents difficult cho | ces or unique situat | tions that require judgeme | ent. Example: |
| ♦ Coordina | tes action plans i | o correct inspection | n deficiencies while meet | ting deadlines. |
| | | | | ************** |
| RVISOR'S CO | MMENTS – IND | EPENDENT JUD | GEMENT | COMMENTS (must be completed if "Incomplete" or "No" is selected): |
| e responses to tl | ne question: | ☐ Complete | ☐ Incomplete | |
| agree with the | responses: | ☐ Yes | □ No | |
| | | | | |

Section 10 – WORKING RELATIONSHIPS

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

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

Purpose of Contact:

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

| | | PURPOSE OF CONTACT Check off all that apply (more than one, if applicable | | | | | | |
|--|---|---|---|---|---|---|---|--|
| | A | В | C | D | E | F | G | |
| Employees in the same department | | X | X | X | | X | | |
| Employees in another department/site (specify): | | X | X | X | | X | | |
| Students | | X | 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 | X | X | | | | |
| Physicians | | X | X | X | | X | | |
| Business representatives | | X | X | | | | | |
| Suppliers / contractors | | X | X | X | | | | |
| Volunteers | | X | X | | | | | |
| General Public | | X | X | | | | | |
| Other health care organizations or agencies | | X | X | X | | X | | |
| Professional organizations / agencies | | X | X | | | | | |
| Government departments | | X | X | X | | X | | |
| Social Service establishments | | | | | | | | |
| Community Agencies | | | | | | | | |
| Police and Ambulance | | X | X | X | | | | |
| Foundations | | | | | | | | |
| 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 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 | | | | |
| | Devise mutual goals / objectives with them | X | | | |
| | Check on their progress | | X | | |
| (f) | Talk with families to: | | | | |
| | Get information from them | | | X | |
| | ■ Inform them | | | X | |
| | Counsel them | | | | |
| | Devise mutual goals / objectives with them | X | | | |
| | Check on their progress | X | | | |
| (g) | Talk with physicians to: | | | | |
| | Get information from them | | | X | |
| | ■ Inform them | | | X | |
| | Devise mutual goals / objectives with them | | | X | |

Section 10 – WORKING RELATIONSHIPS (cont'd)

| ноч | W 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 organization | s 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): | | | | |
| | | | | | |
| | ************************************** | | or "No" is s | elected): | |
| | gree with the responses: | | | | |
| . ag | | ~ | | | |
| | | Supe | rvisor's Init | tials: | |

| n 11 – IMPACT OF ACTION | | | | |
|--|----------------------------------|---|--|-----------------------|
| | | n on the likelihood of in rees and services, and t | npact of action occurring when carrying out the duties of the job. C he extent of the losses. | onsider the |
| When carrying out your job dut and not considered as carelessn | | | d of your actions having an impact or an outcome on the following? Su | ch effects are typica |
| Injury or discomfort of others If yes, please provide an examp • Improper storage and m | | pactive materials may re | Is an impact likely? Is sult in serious injury with potential for long term health consequences | |
| Embarrassment in public, client If yes, please provide an examp • Improper storage and m | le(s): | | ployee relations Is an impact likely? Is sult in identifiable deterioration of public relations. | Yes No [|
| Delays in processing or handlin If yes, please provide an examp • Delays in license applica | g of information or $le(s)$: | in the delivery of servic | Is an impact likely? | Yes 🖂 No [|
| Actions which impact on depar If yes, please provide an examp • Non-compliance with C. | tmental / site / agend le(s): | cy / SHA / Affiliate oper | ations Is an impact likely? | Yes 🖂 No [|
| Damage to equipment / instrum If yes, please provide an examp • Inadequate maintenance | le(s): | in service. | Is an impact likely? | Yes ⊠ No [|
| Loss of or inaccurate information If yes, please provide an examp Inaccurate reports may | le(s): | | Is an impact likely? | Yes ⊠ No [|
| Financial losses including with If yes, please provide an ex- | drawal of commitme | | ds Is an impact likely? If license and monetary penalties. | Yes 🖂 No [|
| Other – If yes, please provide an examp | - | , | Is an impact likely? | Yes No [|
| | ******* | ******* | *********** | |
| RVISOR'S COMMENTS – IMI | PACT OF ACTION | N ☐ Incomplete | COMMENTS (<u>must</u> be completed if "Incomplete" or "No" is s | elected): |
| u agree with the responses: | ☐ Yes | □ No | Supervisor's Ini | tials: |

Section 12 – LEADERSHIP/SUPERVISION

| | | | | ers, provide functional guidance or provide technical direction to enable other employees |
|---|--|---------------------|----------------------------|---|
| carry out their job. | | - | | ategories. Check all that apply and provide examples. |
| specify any jobs of | i work group as | s appropriate, und | er one or more or mese ca | Examples |
| | v employees wi | th the work area a | nd processes | Staff, students |
| ⊠ Assign and/or | check work of o | others doing work | similar to yours | Staff, students |
| Lead a project achieve planne | | e tasks, assign wor | k, monitor progress to | |
| Provide functi tasks | onal advice / in | struction to others | in how to carry out work | Staff, students |
| | cal direction as primary job res | | d in order for others to | Staff, students |
| Provide input t | o appraisal, hiri | ng and/or replace | ment of personnel | Staff, students |
| Coordinate rep | lacement and/o | or scheduling of en | nployees | |
| | ork group; assig lity for all the g | | e, methods to be used, and | l |
| Supervise the v | vork, practices | and procedures of | a defined program | Radiation safety |
| ☐ Supervise the | work, practices | and procedures of | a department | |
| Provide counse | ling and/or coa | ching to others | | Staff, students |
| Provide health | promotion / ou | treach (teaching / | instruction) | |
| Other (specify) | | | | |
| PERVISOR'S COMM the responses to the q you agree with the res | uestion: | | | COMMENTS (must be completed if "Incomplete" or "No" is selected): |
| | | | | 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) | | |
| Lifting/moving, assisting, transporting/positioning patients, equipment and supplies | 20% - 60% | | X | | L – M | | |
| Walking, standing, working in awkward positions, wearing protective equipment (i.e. lead aprons) | 20% - 60% | | | X | L – H | | |
| Computer operation | 50 – 75% | | | X | L | | |
| Driving | 0 – 10% | X | | | | | |
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| Others (please specify) | | | | | | | |

| Section | 13_ | PHV | SICAI | DEM A | NDS | (cont'd) |
|---------|------|----------|-------|-------|------|-----------|
| Section | 13 - | . 1 11 1 | JICAL | | מעוו | (COIIL U) |

(b) Does your work require accurate hand/eye or hand/foot coordination? Please provide examples that are applicable to your job.

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

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

Place a checkmark in the chart below indicating the frequency of occurrence over a year.

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

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

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

| | DURATION | FREQUENCY | | | |
|--|---------------------------|------------|---------|----------|--|
| ACTIVITY EXAMPLES | Approximate % of time/day | Occasional | Regular | Frequent | |
| Lifting/moving, assisting, transporting/positioning patients, equipment and supplies | 20 - 60% | | X | | |
| Venipuncture, injections, pipetting | 10 – 30% | | X | | |
| Preparation of doses, diagnostic media, non-intravenous contrasts, etc. | 10 – 30% | | | X | |
| Computer operation | 50 - 75% | | | X | |
| Driving | 0 – 10% | X | | | |
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| | ******* | ******** | ****** |
|------------------------------------|--------------|--------------|--|
| SUPERVISOR'S COMMENTS – PHY | SICAL DEMAND | OS | |
| Are the responses to the question: | ☐ Complete | ☐ Incomplete | COMMENTS (<u>must</u> be completed if "Incomplete" or "No" are selected): |
| Do you agree with the responses: | Yes | □ No | |
| | | | |
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| | | | Supervisor's Initials: |
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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 | |
| Concentration on precision work (e.g., positioning patients, injections, dosage) | 40% | | X | | |
| Computer operation | 50 – 75% | | | X | |
| Preparation of written / electronic materials | 20 – 70% | | | X | |
| Making presentations, training and instruction | 10% | | X | | |
| Observing clients / patients / residents | 20 – 40% | | | X | |
| Viewing equipment / instruments (e.g. Imaging) | 50 - 70% | | | X | |
| Observing staff work practices | 50 - 80% | | | X | |
| Driving | 0 – 10% | X | | | |
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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 | |
| Patient observation | 20 – 40% | | | X | |
| Communication | 70% | | | X | |
| Listening for equipment (eg. imaging). | 20 – 40% | | | X | |
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| | 14 – SENSORY DEMANDS | (conta) | | |
|-------|---------------------------------------|-------------------------|---------------------------|--|
| (c) | Must attention be shifted frequ | uently from one job de | etail to another? | |
| • | Examples: keyboarding and a | nswering the telephor | ne; dictatyping; repairin | g and listening to equipment |
| | Yes 🖂 No | | | |
| | If yes, please give examples : | | | |
| | • Patient testing, instruction | n to staff, observing e | equipment. | |
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| SUPEI | RVISOR'S COMMENTS – SE | | | ****************************** |
| | e responses to the question: | ☐ Complete | ☐ Incomplete | COMMENTS (<u>must</u> be completed if "Incomplete" or "No" are selected): |
| | agree with the responses: | ☐ Yes | □ No | |
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| | | | | Supervisor's Initials: |
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Section 15 – WORKING CONDITIONS

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

out.

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

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

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

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

| CONDITION (specify if applicable) | Occasional | Regular | Frequent |
|--|------------|---------|----------|
| Blood / body fluids | | X | |
| Chemical substances (specify): Acetone | | X | |
| Cold | | | |
| Congested workplace | | | |
| Dust | | | |
| Extreme temperature | | | |
| Foul language | X | | |
| Grease | | | |
| Head lice | X | | |
| Heat | | | |
| Inadequate lighting | | | |
| Inadequate ventilation | | | |
| Insects, rodents, etc. | | | |
| Interruptions | | | X |
| Isolation | | | |
| Latex | | | |
| Moisture | | | |
| Mold | | | |
| Multiple deadlines | | | X |
| Noise | X | | |
| Odor | X | | |
| Oil | | | |
| Radiation exposure (specify) | | X | |
| Second-hand smoke | | | |
| Soiled linens | | X | |
| Steam | | | |
| Transporting or handling human remains | X | | |
| 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 | X | | |
| Blood / body fluids | | X | |
| Chemical substances (specify): Acetone | | X | |
| Traveling in inclement weather | X | | |
| Excessive / unpredictable weights | X | | |
| Exposure to infectious disease (specify) | X | | |
| Extreme noise | | | |
| Faulty / inadequate equipment | X | | |
| Personal injury | | | |
| Personal safety at risk due to isolation | | | |
| Radiation exposure (specify) | | X | |
| Sharp objects | | X | |
| Small aircraft | | | |
| Steam | | | |
| Verbal and/or physical abuse | X | | |
| Violence | | | |
| Working from heights | | | |
| Other (specify) | | | |
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| Sectio | n 15 – WORKING CONI | OITIONS (cont'd) | | | | |
|--------|--|------------------|--|--|--|--|
| (c) | Do you have to take cert precaution(s) normally to | | ng to avoid a work injury? (Check one and provide an explanation or example of the type of | | | |
| | Yes 🖂 | No 🗌 | | | | |
| | Please explain your answ | ver: | | | | |
| | Personal Protective Equipment (PPE) Transfer, Lifting, Repositioning (TLR) Workplace Hazardous Material Information System (WHMIS) Transportation of Dangerous Goods (TDG) Radiation Safety training | | | | | |
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| SUPE | RVISOR'S COMMENTS | | | COMMENTS (must be completed if "Incomplete" or "No" are selected): | | |
| | ne responses to the question u agree with the responses | _ | ☐ Incomplete ☐ No | | | |
| | | | | Supervisor's Initials: | | |
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| ise ac | dd any additional information or comments and reference t | the specific JFS section and question as appropriate. |
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| tion 1 | 17 – SIGNATURES | |
| | Single job submission: NAME: (Please Prin | nt Legibly): |
| | SIGNATURE: | DATE: |
| (b) Group submission (NAMES OF EMPLOYEES DOING THE SAME JOB). Please print your name, then sign: | | |
| | NAME: | SIGNATURE: |
| | DATE: | |

| 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. | | | | | | |
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| Immediate Out-of-Scope Supervisor | | | | | | |
| Name: (Please print legibly) | | | | | | |
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| Signature: | | - | | | | |
| Job Title: | | | | | | |
| Job Title. | | - | | | | |
| Department: | | _ | | | | |
| W I N N I | | | | | | |
| Work Phone Number: | | - | | | | |
| E-Mail Address: | | _ | | | | |
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| Date: | | - | | | | |
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Appendix A Sample Key Activity Summary Statements

A

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

B

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

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

\mathbf{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