

INTRODUCTION

The **Job Evaluation Plan** has been designed as one of several systems of comparison for the purpose of arriving at a fair internal pay hierarchy by establishing equivalency and relationships between different types of work.

The **Job Evaluation Plan** contains a rating manual which allows jobs to be placed in a proper relative order dependent upon their rated worth. This rating manual is based upon **four (4) main factors: Skill; Effort; Responsibility; and, Working Conditions.**

To ensure a complete and comprehensive rating manual, which will measure elements of work that are present to a certain degree in all jobs, each factor has been divided into sub-factors, eleven (11) in all. Each of these sub-factors will measure the various compensable components that make up the jobs.

By measuring each of these compensable sub-factors, and assigning a numerical value to them, this plan places a numerical value upon a job.

The value is used for comparing jobs according to their relative worth. This consistent application of the measurement of jobs is the purpose to which a job evaluation plan is put.

The **Job Evaluation Plan** strives to ensure that all aspects of its usage are free of bias in seeking the consistent application of certain values to the wage structure. By evaluating jobs in a manner that shows the true value of the job, without regard to existing wages, internal relativity will be realized. Once the size and location of wage inequities have been identified, they can be addressed by the parties.

In summary, the exercise of job evaluation measures the job as it currently exists. It does not measure an individual who performs a job, nor does it measure a job as it is likely to change in the future. Changes in job content need to be addressed by a reclassification and/or maintenance procedure at the time that they actually change.

The consistent application of this plan will result in the information needed to ensure internal wage equity.

The purpose of this questionnaire is to help you describe your job and tell us the conditions under which you carry it out so we may analyze it. **Please read this questionnaire carefully.**

Complete the questionnaire electronically and save a copy for future reference. Provide as much detail as possible. You may find that some questions do not relate to your job. If this is the case, please write N/A (not applicable) in the space provided.

As you are completing this electronic questionnaire you can press the down arrow on your keyboard as a shortcut to tab to each answer section. There should be no hi-lighted text remaining in your completed questionnaire.

All answers will be treated confidentially and will be used solely to develop job descriptions and carry out an evaluation of the job. This questionnaire is not about your job performance, and your job performance will have no impact on the evaluation of the position.

Employees doing the same job are encouraged to discuss their duties with each other. Group submissions are acceptable if each person doing the same job is in agreement with the response and signs the back page.

It is important that managers read the employees' submissions and are encouraged to make comments. Managers are asked not to change an employee's response but to comment in the space provided for each question.

For further information, please contact the executive manager of human resources.

Feel free to keep a copy of the questionnaire once you and your manager have completed and signed it.

***Completed forms are to be returned to
Executive Manager of Human Resources***

Thank you for your assistance.

GENERAL INFORMATION

1. Employee Name:

[Click here to enter your name.](#)

2. Title of position:

[Click here to see list to choose from.](#)

3. Name and title of your manager:

Name: [Click here to enter your manager's name.](#)

Title: [Click here to enter your manager's title.](#)

4. Do you report to anyone else?

[Click here to see list to choose from.](#)

5. If you responded yes to #4 then:

Name of person you report to: [Click here to enter their name.](#)

Title of person you report to: [Click here to enter their title.](#)

PART "A" - JOB ANALYSIS

QUESTION #1 EDUCATION AND TRAINING

- A) What is the education level required by your employer for your job (education level in your job description)?

[Click here to see list to choose from.](#)

- B) What is the education level you consider is required to do your job?

[Click here to see list to choose from.](#)

- C) Is a special program required to do your job?

[Click here to see list to choose from.](#)

If you responded “yes” to question “C”, then indicate the type and length of the program.

- If a position requires partial or total completion of an apprenticeship program, then indicate the amount of classroom time only.
- Time spent learning on-the-job will be recorded under Question #2 – Experience.

[Click here to enter your answer.](#)

- D) Do you require a license, formal or professional designation, diploma/certificate, award, ticket, or other specialized certification for your job?

[Click here to see list to choose from.](#)

If you responded “yes” to question “D”, then specify.

[Click here to enter your answer.](#)

E) What type of computer work does your job require?

<input type="checkbox"/>	Data search and entry
<input type="checkbox"/>	Create and modify word-processed documents
<input type="checkbox"/>	Create and modify complex spreadsheets
<input type="checkbox"/>	Desktop publishing
<input type="checkbox"/>	Advanced bookkeeping, running an accounting program
<input type="checkbox"/>	System support and programming, hardware installation and repair, software installation and troubleshooting
<input type="checkbox"/>	Other – specify: Click here to enter your answer.

F) What programs and/or systems are you required to use?

[Click here to enter your answer.](#)

G) What additional training is required to do your job?

<input type="checkbox"/>	Blueprint reading	<input type="checkbox"/>	Policy interpretation
<input type="checkbox"/>	Diesel mechanics	<input type="checkbox"/>	Drivers license - class 5
<input type="checkbox"/>	Electronics	<input type="checkbox"/>	Drivers license - other
<input type="checkbox"/>	Hydraulics	<input type="checkbox"/>	Accounting
<input type="checkbox"/>	Welding	<input type="checkbox"/>	Keyboarding skills
<input type="checkbox"/>	Mechanics	<input type="checkbox"/>	Drafting
<input type="checkbox"/>	Other – specify: Click here to enter your answer.		

**H) What reading and understanding is required on a regular basis?
Please provide examples in table below.**

<input type="checkbox"/>	Understand verbal work orders and instructions. Examples: Click here to enter your answer.
<input type="checkbox"/>	Read short notes, brief forms or instructions. Examples: Click here to enter your answer.
<input type="checkbox"/>	Read material such as detailed forms, standard memos or letters. Examples: Click here to enter your answer.
<input type="checkbox"/>	Read and understand material such as detailed operating and procedure manuals, case histories, blueprints and diagrams, etc. Examples: Click here to enter your answer.
<input type="checkbox"/>	Read and understand material such as very specialized and technical manuals. Examples: Click here to enter your answer.

I) What writing is required on a regular basis?
Please provide examples in the table below.

<input type="checkbox"/>	Write short notes, brief forms, instructions, or records. Examples: Click here to enter your answer.
<input type="checkbox"/>	Write material such as standard memos, letters, or detailed forms. Examples: Click here to enter your answer.
<input type="checkbox"/>	Take minutes of meetings. Examples: Click here to enter your answer.
<input type="checkbox"/>	Write material such as progress reports, procedures, or non-standard letters Examples: Click here to enter your answer.
<input type="checkbox"/>	Write complex material such as specialized and technical reports. Examples: Click here to enter your answer.

J) What mathematical skills are required on the job?
Please provide examples in the table below.

<input type="checkbox"/>	Little or no mathematical work. Examples: Click here to enter your answer.
<input type="checkbox"/>	Adding, subtracting, multiplying, dividing. Examples: Click here to enter your answer.
<input type="checkbox"/>	Calculation of percentages, ratios or averages. Examples: Click here to enter your answer.
<input type="checkbox"/>	Calculation using mathematical formulas or pre-established equations (e.g. calculus, standard deviations, coefficients of variation, etc.) Examples: Click here to enter your answer.
<input type="checkbox"/>	Identification and application of a wide range of mathematical or statistical concepts. Examples: Click here to enter your answer.

MANAGER'S COMMENTS ON QUESTION # 1

Are the responses to this question: ☐ Complete ☐ Incomplete

Do you agree with the responses? ☐ Yes ☐ No

Comments:

Manager's initials:

QUESTION #2 EXPERIENCE

A) How many months and/or years of experience (acquired either on the job or elsewhere) are needed to acquire the skills necessary to do your job satisfactorily (i.e. the time required to learn internal and external procedures, resources, as well as specialized skills)?

- Record the amount of experience a typical position incumbent would normally require, not the amount of experience you personally have.
- If a position requires partial or total completion of an apprenticeship program, indicate the amount of time spent learning on-the-job (not classroom time).

Period of Time	Previous related experience	On the job experience
up to one month	<input type="checkbox"/>	<input type="checkbox"/>
over 1 up to 3 months	<input type="checkbox"/>	<input type="checkbox"/>
over 3 up to 6 months	<input type="checkbox"/>	<input type="checkbox"/>
over 6 months up to 1 year	<input type="checkbox"/>	<input type="checkbox"/>
over 1 up to 2 years	<input type="checkbox"/>	<input type="checkbox"/>
over 2 up to 3 years	<input type="checkbox"/>	<input type="checkbox"/>
over 3 up to 4 years	<input type="checkbox"/>	<input type="checkbox"/>
over 4 up to 5 years	<input type="checkbox"/>	<input type="checkbox"/>
over 5 years – <u>specify:</u> Click here to enter your answer.	<input type="checkbox"/>	<input type="checkbox"/>

B) Please give examples of the job duties you were considering in making your determination(s):

[Click here to enter your answer.](#)

MANAGER'S COMMENTS ON QUESTION # 2		
<i>Are the responses to this question:</i>	<input type="checkbox"/> Complete	<input type="checkbox"/> Incomplete
<i>Do you agree with the responses?</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>Comments:</i>		
<i>Manager's Initials:</i>		

QUESTION #3 JUDGEMENT (initiative and choice of action)

- A) Describe some typical problems that you generally solve on your own, using your experience and expertise.

[Click here to enter your answer.](#)

- B) Describe some typical problems that you would usually pass on to your manager or a colleague.

[Click here to enter your answer.](#)

- C) Describe some typical problems that you would solve by referring to manuals, policy books or industry codes.

[Click here to enter your answer.](#)

- D) What guidelines, procedures and/or manuals assist you in carrying out your job duties? Please provide specific examples.

[Click here to enter your answer.](#)

- E) Does your job require you to develop new work methods, procedures or manuals?

[Click here to see list to choose from.](#)

If yes, please explain by providing a specific example.

[Click here to enter your answer.](#)

MANAGER'S COMMENTS ON QUESTION # 3		
<i>Are the responses to this question:</i>	<input type="checkbox"/> <i>Complete</i>	<input type="checkbox"/> <i>Incomplete</i>
<i>Do you agree with the responses?</i>	<input type="checkbox"/> <i>Yes</i>	<input type="checkbox"/> <i>No</i>
<i>Comments:</i>		
<i>Manager's Initials:</i>		

QUESTION #4 CONCENTRATION (mental effort)

- A) Please describe those duties of your job which require periods of mental, aural (listening) and visual concentration such as operating a switchboard, reading, driving, data input, or a combination of the five senses, sight, taste, smell, touch and hearing are required in the course of doing the job that result in mental/sensory fatigue.

	DURATION	FREQUENCY		
Give examples of concentration:	Approx. minutes or hours of each activity	Once in a While	Several Times Daily	Most Working Hours
Click here to enter your answer.	Click here.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Click here to enter your answer.	Click here.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Click here to enter your answer.	Click here.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Click here to enter your answer.	Click here.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Click here to enter your answer.	Click here.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- B) Must attention be shifted frequently from one job detail to another?

[Click here to see list to choose from.](#)

If yes, please give examples:

[Click here to enter your answer.](#)

- C) Are there interruptions or distracting influences?

[Click here to see list to choose from.](#)

Please explain:

[Click here to enter your answer.](#)

- D) Must you deal with simultaneous multiple demands which must be attended to “on-the-spot” and which require greater mental concentration?

[Click here to see list to choose from.](#)

Please explain.

[Click here to enter your answer.](#)

- E) During peak periods, must you deal with multiple deadlines requiring an accelerated work pace over which you have no control and which require greater mental concentration?

[Click here to see list to choose from.](#)

Please explain.

[Click here to enter your answer.](#)

MANAGER'S COMMENTS ON QUESTION # 4		
<i>Are the responses to this question:</i>	<input type="checkbox"/> <i>Complete</i>	<input type="checkbox"/> <i>Incomplete</i>
<i>Do you agree with the responses?</i>	<input type="checkbox"/> <i>Yes</i>	<input type="checkbox"/> <i>No</i>
<i>Comments:</i>		
<i>Manager's Initials:</i>		

QUESTION #5 PHYSICAL EFFORT

A) Not taking into account exceptional circumstances, does your job require?

Examples of Physical Activities	In emergency situation	Up to & including 1 hr/day	Over 1 hr up to 2 hrs/day	More than 2 hrs/day
Work in a seated position; driving of a car; observation. Specify: Click here to enter your answer.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Use of manual tools such as a saw, pliers, hammer, etc.; lifting of light weights (less than 5 kg.); driving of a truck, tractor; operation of the controls of a machine; sweeping, cleaning, shovelling. Specify: Click here to enter your answer.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Use of tools such as an asphalt rake, etc.; lifting of materials of moderate weight (over 5 kg up to 10 kg); climbing a ladder; pushing or pulling of carts; moving of equipment or patients in a wheelchair. Specify: Click here to enter your answer.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Use of tools such as a sledge hammer; lifting of heavy materials (over 10 kg); operation of pneumatic tools; pushing or holding large equipment; working in a difficult position (leaning, crouching, etc.). Specify: Click here to enter your answer.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lifting, pushing or pulling with extreme effort; the pushing or holding of heavy equipment or weight. Specify: Click here to enter your answer.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Specify: Click here to enter your answer.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

B) During the course of a working day or shift, what period of time are you required to:

Activity	Approx. hours/day
Sit at a desk or machine, etc.	Click here to enter your answer.
Walk	Click here to enter your answer.
Stand at a counter, or machine, etc.	Click here to enter your answer.
Stoop/crouch/kneel	Click here to enter your answer.
Climb up and down stairs	Click here to enter your answer.

Please explain:

[Click here to enter your answer.](#)

MANAGER'S COMMENTS ON QUESTION #5		
<i>Are the responses to this question:</i>	<input type="checkbox"/> <i>Complete</i>	<input type="checkbox"/> <i>Incomplete</i>
<i>Do you agree with the responses?</i>	<input type="checkbox"/> <i>Yes</i>	<input type="checkbox"/> <i>No</i>
<i>Comments:</i>		
<i>Manager's initials:</i>		

QUESTION #6 DEXTERITY

- A) Does your work require:
accurate hand/eye or hand/foot co-ordination (this can be a fine movement such as keyboard skills, arc welding, drafting, repairing fine instruments/equipment);

OR

coarse movement such as using long-handled tools such as mops and shovels, lawn mowers, sorting mail?

- B) Please give examples of activities in your job requiring dexterity or physical coordination.

[Click here to enter your answer.](#)

- C) Is speed an additional requirement when undertaking your work?

[Click here to see list to choose from.](#)

If yes, explain giving examples.

[Click here to enter your answer.](#)

- D) Please indicate the type of tools, equipment, machines, etc., you are required to use or operate in carrying out your job duties.

[Click here to enter your answer.](#)

- E) Are you required to clean, maintain, adjust, service or repair any of the tools, equipment or machines you have listed above?

[Click here to see list to choose from.](#)

If yes, please give details.

[Click here to enter your answer.](#)

MANAGER'S COMMENTS ON QUESTION #6		
<i>Are the responses to this question:</i>	<input type="checkbox"/> <i>Complete</i>	<input type="checkbox"/> <i>Incomplete</i>
<i>Do you agree with the responses?</i>	<input type="checkbox"/> <i>Yes</i>	<input type="checkbox"/> <i>No</i>
<i>Comments:</i>		
<i>Manager's initials:</i>		

QUESTION #7 ACCOUNTABILITY

This factor measures the consequence of errors in judgment (not careless errors).

- A) Choose the statement which best describes the likely consequences of an error in doing your work.

<input type="checkbox"/>	An error would have little or no direct consequences on others, I could correct it myself. <u>Explain:</u> Click here to enter your answer.
<input type="checkbox"/>	An activity involving others could be delayed or an error would result in minor loss of resource. <u>Explain:</u> Click here to enter your answer.
<input type="checkbox"/>	Others could suffer damages or some physical/psychological discomfort; or an error would result in significant loss of time or resource. <u>Explain:</u> Click here to enter your answer.
<input type="checkbox"/>	Others could suffer significant physical/psychological harm; probable errors could involve considerable expenditures of time or resource or significant embarrassment within the organization. <u>Explain:</u> Click here to enter your answer.
<input type="checkbox"/>	Others could suffer permanent physical/psychological impairment; probable errors could involve major expenditure of time or resource or cause severe embarrassment within the organization. <u>Explain:</u> Click here to enter your answer.

- B) In the above table, please give examples of significant errors which could be made in your job and indicate the consequences such as delays, financial loss, effect on others, disruption or delay of service.
- C) What would be the effect of errors on others in terms of the loss of time, the effect on the work or the impact on the public image of the most serious errors that could be committed in the carrying out of your job duties?

[Click here to enter your answer.](#)

- D) Provide precise examples of errors and explain their impact.

[Click here to enter your answer.](#)

- E) How would such errors be discovered, corrected and resolved?

[Click here to enter your answer.](#)

MANAGER'S COMMENTS ON QUESTION # 7		
<i>Are the responses to this question:</i>	<input type="checkbox"/> <i>Complete</i>	<input type="checkbox"/> <i>Incomplete</i>
<i>Do you agree with the responses?</i>	<input type="checkbox"/> <i>Yes</i>	<input type="checkbox"/> <i>No</i>
<i>Comments:</i>		
<i>Manager's initials:</i>		

QUESTION #8 SAFETY OF OTHERS

The workplace, machines, tools and equipment must be safe and employees must observe safety rules.

A) Do you work (please check one):

<input type="checkbox"/>	Alone?
<input type="checkbox"/>	As part of a work team or group (with other employees, whether or not they belong to your organization)? How many people are in your team/group? Click here.

B) What potential physical injury or harm could you cause to co-workers and/or others? Please explain by describing the nature and seriousness of the injury that may occur.

[Click here to enter your answer.](#)

C) What precautions need to be taken to prevent injury to others? Please give examples:

[Click here to enter your answer.](#)

MANAGER'S COMMENTS ON QUESTION #8		
<i>Are the responses to this question:</i>	<input type="checkbox"/> <i>Complete</i>	<input type="checkbox"/> <i>Incomplete</i>
<i>Do you agree with the responses?</i>	<input type="checkbox"/> <i>Yes</i>	<input type="checkbox"/> <i>No</i>
<i>Comments:</i>		
<i>Manager's initials</i>		

QUESTION #9 COORDINATION OF OTHERS

- A) Does your job require you to perform any of the following: (*Please include staff, volunteers, contractors, patrons, etc. when answering the questions*)?

	FREQUENCY			To whom? (title)
	Rarely	Occasionally	Regularly	
Provide guidance, instruction and direction to others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click here.
Schedule and/or co-ordinate work of others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click here.
Assign work and/or personnel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click here.
Maintain quality, accuracy, quantity of work of others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click here.
Develop work procedures and training for others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click here.
Other Specify: Click here.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Click here.

- B) Which statement best describes your responsibility for supervision of the work of others?

<input type="checkbox"/>	No responsibility for supervision of others
<input type="checkbox"/>	Supervise others who do essentially the same work
<input type="checkbox"/>	Supervise others who hold different positions within the same area of activity
<input type="checkbox"/>	Supervise others who hold different positions within different areas of activity
<input type="checkbox"/>	Other - Specify: Click here.

- C) How many people do you supervise? [Click here to enter your answer.](#)

- D) Please list job titles and number of positions.**

[Click here to enter your answer.](#)

MANAGER'S COMMENTS ON QUESTION # 9		
<i>Are the responses to this question:</i>	<input type="checkbox"/> <i>Complete</i>	<input type="checkbox"/> <i>Incomplete</i>
<i>Do you agree with the responses?</i>	<input type="checkbox"/> <i>Yes</i>	<input type="checkbox"/> <i>No</i>
<i>Comments:</i>		
<i>Manager's initials:</i>		

QUESTION #10 CONTACTS

The following chart lists the nature or purpose of contacts from #1 – 11 that may be required for your job.

- | | |
|-------------------------------------|--|
| 1. Obtain or hand out information | 7. Counsel |
| 2. Explain and exchange information | 8. Mediate / negotiate |
| 3. Handle complaints | 9. Influence, persuade and secure the co-operation of others |
| 4. Problem solving for others | |
| 5. Interpret/resolve conflicts | 10. Motivate others |
| 6. Teach/train | 11. No contact required |

Using the list below, identify the usual contacts you are required to make in your job, record the nature of the contact by indicating the appropriate number from 1 – 11, and then provide an explanation.

Contacts	#	Explain the purpose or nature of contact
Elected Officials	Click here.	Click here to enter your answer.
Business representatives	Click here.	Click here to enter your answer.
Consultants	Click here.	Click here to enter your answer.
Contractors/Suppliers	Click here.	Click here to enter your answer.
Employees in the same department as yours	Click here.	Click here to enter your answer.
Employees in another department	Click here.	Click here to enter your answer.
General public	Click here.	Click here to enter your answer.
Heads of departments or services (other than yours)	Click here.	Click here to enter your answer.
Representatives of professional agencies/governments	Click here.	Click here to enter your answer.
Salespersons	Click here.	Click here to enter your answer.
Students	Click here.	Click here to enter your answer.
Volunteers	Click here.	Click here to enter your answer.
Other Specify: Click here.	Click here.	Click here to enter your answer.

MANAGER'S COMMENTS ON QUESTION #10		
<i>Are the responses to this question:</i>	<input type="checkbox"/> <i>Complete</i>	<input type="checkbox"/> <i>Incomplete</i>
<i>Do you agree with the responses?</i>	<input type="checkbox"/> <i>Yes</i>	<input type="checkbox"/> <i>No</i>
<i>Comments:</i>		
<i>Manager's initials:</i>		

QUESTION #11 DISAGREEABLE CONDITIONS

- A) Is there some degree of unpleasantness in the day-to-day activities of your job that cannot be changed? For each condition that is applicable, give an example or indicate not applicable (N/A). Check only one frequency level.

Little	Once in a while
Occasional	Once in a while, most days
Frequent	Several times a day on a daily basis, or at least four days per week
Almost continuous	Almost all working hours for at least an average of four days per week

Element	Example or N/A	Little	Occasional	Frequent	Almost continuous
Body wastes and fluids	Click here.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chemical	Click here.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dust/Dirt	Click here.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Extreme temperatures	Click here.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Grease/Oil	Click here.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Inadequate ventilation	Click here.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Inadequate lighting	Click here.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Inclement weather	Click here.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Infectious disease	Click here.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interruptions	Click here.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lack of work space/confined	Click here.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Moisture/Steam	Click here.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Noise	Click here.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Odour	Click here.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Smoke/Fumes	Click here.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Travel	Click here.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vibration	Click here.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Specify: Click here.	Click here.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

B) Do you work:

	Year Round	Spring	Summer	Fall	Winter
Equally indoors and outdoors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Always outdoors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Always indoors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Outdoors more often	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Indoors more often	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pool	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Arena	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

C) Are you exposed to the following conditions?

Condition	Example or N/A	Little	Occasional	Frequent	Almost continuous
Foul language or verbal abuse	Click here.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physical aggression/abuse	Click here.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Situations that involve conflict and difficult human conditions	Click here.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Threats	Click here.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Situations that may result in minor physical harm	Click here.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Situations that may result in serious physical harm	Click here.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Situations that may result in death	Click here.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

D) What precautions or safety measures do you need to take to avoid a work injury to yourself?

[Click here to enter your answer.](#)

MANAGER'S COMMENTS ON QUESTION #11		
<i>Are the responses to this question:</i>	<input type="checkbox"/> <i>Complete</i>	<input type="checkbox"/> <i>Incomplete</i>
<i>Do you agree with the responses?</i>	<input type="checkbox"/> <i>Yes</i>	<input type="checkbox"/> <i>No</i>
<i>Comments:</i>		
<i>Manager's initials:</i>		

PART "B" - JOB DESCRIPTION

In order for your job description to reflect accurately the position you currently occupy, it is essential that you ***describe clearly and precisely*** all the elements of your job. Do not include any duties you volunteer to do. You may use the attached job description as a guide (if you wish). If the job description provided is reasonably accurate, please record any changes directly on the job description and highlight the revisions.

1. List the duties you regularly perform EACH DAY, indicating for each the number of hours.

[illegible]

5. JOB SUMMARY

In a few words, provide a general description of your job. In other words, what do you do?

[Click here to enter your answer.](#)

6. EMPLOYEE'S SUMMARY

Please add any additional information or comments.

[Click here to enter your answer.](#)

<hr/>	Click here to enter a date.
Signature	Date
<i>If this questionnaire is being submitted on behalf of a group of employees doing the same job, then each employee must sign to indicate that he/she agrees with the responses.</i>	
<hr/>	Click here to enter a date.
Signature	Date
<hr/>	Click here to enter a date.
Signature	Date
<hr/>	Click here to enter a date.
Signature	Date
<hr/>	Click here to enter a date.
Signature	Date

Thank you for completing this questionnaire.

Please forward it to your manager for review and comments.

PART "C" - MANAGER

Managers must review and sign off this questionnaire as their understanding of the position may differ from that of the employee. ***Do not change the employee's description of his/her position.*** Remember that the sole purpose of the questionnaire is to provide information to be used by the Joint Job Evaluation Committee to rate the job. The information provided in the previous pages must not be used to evaluate the employee's performance, and your comments must not concern performance.

YOUR COMMENTS MUST BE CONCERNED SOLELY WITH JOB CONTENT.

MANAGER'S SUMMARY

Please add any additional information or comments.

[Click here to enter your answer.](#)

[Click here to enter a date.](#)

Signature of Manager

Date

Please return the completed questionnaire to Human Resources.

Thank you.