



PLEASE PRINT
edit date:
2004

JOB FACT SHEET

1 Introduction See Page 4 in Guidebook

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 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 job fact sheet focuses on **CURRENT** job content and requirements. **THIS IS NOT AN APPRAISAL OF YOUR PERFORMANCE ON THE JOB.**

Please read the job fact sheet carefully, and complete each section. Throughout the job fact sheet examples are requested and are important as you describe the job. Attach additional pages if necessary.

Your immediate out of scope supervisor or assigned job fact sheet reviewer (where appropriate) will review your completed job fact sheet. Feel free to keep a copy of the job fact sheet. Please complete the signature Section (17) on page 21.

Any changes, as mutually agreed with your supervisor/job fact reviewer are to be recorded in the specific job fact sheet section and initialed by both parties. Additional job holder comments can be recorded in Section (16) on page 21. Additional supervisor/reviewer comments can be recorded in Section (18) on page 22.

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2 Job Identification See Page 6 in Guidebook

Job Title *Occupational & Physical Therapist Assistant* JEC # 026

Name of person completing the job fact sheet for single employee job or contact person for multi-employee (group) job fact sheet submission.

REPRESENTATIVE JOB FACT SHEET

Home Telephone: _____

Work Telephone: _____

Health District _____

Facility/Agency _____

Department _____

Part-time Full-time Other (specify) _____

See Section (17) on page 21 for signatures.

3 Job Summary See Page 8 in Guidebook

Briefly describe the general purpose of this job. Consider "Why does this job exist?" and "What is this job responsible for?"

Assists with treatment programs to restore, maintain and/or enhance the level of functional independence of clients/patients/residents.

4 Key Work Activities See Page 10 in Guidebook

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 by a phrase, at the top of each box** (i.e. counselling 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. **The total of all key work activity sections should equal 100%.** For example: 1/2 day every day per year = 50%; 3 months per year = 25%; 2 1/2 weeks per year = 5%. (See Guidebook for other examples.)

After summarizing each key work activity, provide details or examples that describe the related job duties or responsibilities.

Key Work Activity A: Therapeutic Intervention**Duties/Responsibilities:**

- ◆ *Performs and/or assists with therapeutic/functional programs and motivates clients/patients/residents (e.g., self-care training, chest therapy, therapeutic exercise, range of motion, hydrotherapy, hot wax).*
- ◆ *Assists clients/patients/residents with mobility (e.g., dangling, walking, transferring, care/use of mobility aids).*
- ◆ *Assists clients/patients/residents with recreation programs (e.g., gardening, cooking, computer use).*
- ◆ *Assists with the application of modalities (e.g., thermal, electrical, Jobst, intermittent compression pump).*
- ◆ *Assists with application and removal of braces and prostheses.*
- ◆ *Liaises with other health care professionals, clients and families.*
- ◆ *Provides home visits for postoperative surgery programs (e.g., deliver/check equipment, review exercise programs, practice balance training, chest therapy).*
- ◆ *Observes, facilitates, monitors and communicates/charts client progress or equipment adaptations.*
- ◆ *Provides input into client/patient/resident care plans.*
- ◆ *Scores standardized assessments.*
- ◆ *Provides Activities of Daily Living training (e.g., correct, cue, prompt, dressing, feeding).*
- ◆ *Educates clients, family members, nursing and other staff (e.g., back education, self-care training, use of equipment, transfers and positioning).*

Key Work Activity B: Equipment

Duties/Responsibilities:

- ◆ *Assists with the modification, fabrication, construction of adaptive equipment and treatment devices (e.g., molding, sewing, splints).*
- ◆ *Liaises with equipment suppliers (e.g., Saskatchewan Abilities Council), where required.*
- ◆ *Maintains, monitors and arranges repair of equipment (e.g., wheelchairs, TENS, ultrasound and interferential current.)*

Key Work Activity C: Related Key Work Activities

Duties/Responsibilities:

- ◆ *Provides occasional guidance to the primary function of others, including training.*
- ◆ *Maintains departmental statistics.*
- ◆ *Escorts/drives clients on outings, where required by the job.*
- ◆ *Performs clerical duties (e.g., word processing, filing, answering telephone).*
- ◆ *Monitors and maintains inventory.*

Key Work Activity D: _____ (%)

Duties/Responsibilities:

Key Work Activity E: _____ (%)

Duties/Responsibilities:

5 Decision Making See Page 14 in Guidebook

1 = Almost never
 2 = Sometimes
 3 = Often
 4 = Most of the time

(a) In this job, do you (**circle all responses that apply**):

Follow specific instructions/procedures, use well-defined methods or use established guidelines to achieve desired end results. Example: *For routine pre and post-operative procedures such as hip and knee surgery, precautions and protocols are established but patient care is dynamic.* 1 2 3 4

Modify or change established department methods and procedures, but stay within program or legislative boundaries. Example: *Client education back education, kitchen, bathroom and bath activities are continually modified and updated as necessary (e.g., Safety issues). Do problem solving in a variety of situations, adaptive equipment/resources (e.g., Obese client-transfers, safe chair, safe transport).* 1 2 3 4

Develop new solutions to diverse and complex problems with conflicting requirements because there are no guidelines. Example: 1 2 3 4

Other (specify) _____ 1 2 3 4

(b) When there is a situation you have not come across before do you (**circle all responses that apply**):

Immediately ask the supervisor/leader what to do 1 2 3 4

Ask co-workers for help in deciding what to do 1 2 3 4

Read manuals and figure out what to do 1 2 3 4

Decide with my supervisor what to do 1 2 3 4

Check guidelines and past practices 1 2 3 4

Decide what to do based on my related experience 1 2 3 4

Get advice with problems from management and/or other sources (i.e. suppliers, consultants) eg. *Medichair, Independent Living.* 1 2 3 4

Other (specify) *Ask the client what has been done in the past.* 1 2 3 4

(c) To what extent are the decision making requirements of this job guided by others (**circle all responses that apply**):

Immediate supervisor (Example) *Registered Therapist.* 1 2 3 4

Others in own program/department (Example) _____ 1 2 3 4

Others district wide (Example) _____ 1 2 3 4

Departmental Management (Example) _____ 1 2 3 4

Specialists/Clinical Experts (Example) *Physicians, psychiatrists, speech therapists.* 1 2 3 4

Senior Management (Example) _____ 1 2 3 4

Other (Example) _____ 1 2 3 4

6 Education and Specific Training See Page 16 in Guidebook

(a) What **minimum** level of completed schooling or formal training would be necessary for a **new person** being hired into this job?

Elementary School Grade 8

High School: Grade 9 Grade 10 Grade 11 Grade 12

Technical/Vocational /Community College 1 year 2 yrs 3 yrs

Specify: (Do not use abbreviations) *Occupational Therapist Assistant/Physical Therapist Assistant certificate*

Licensed Trades: 1 yr 2 yrs 3 yrs 4 yrs 5 yrs

Specify: (Do not use abbreviations) _____

University: 3 yrs 4 yrs Masters

Specify: (Do not use abbreviations) _____

(b) Is any Provincial, National or professional certification mandatory? Yes No

Specify: (Do not use abbreviations) _____

(c) What additional special skills, training or licenses are needed to perform the job (please specify) and indicate length of course/program? (Do not use abbreviations)

- ◆ *Basic computer skills*
- ◆ *Communication and interpersonal skills*
- ◆ *Ability to work independently*
- ◆ *Valid drivers license, where required by the job*

7 Experience See Page 18 in Guidebook

Estimate the minimum relevant experience gained prior to (a) and/or on the job (b), that is required for a new person with the education recorded in Section 6, to acquire the skills needed to carry out the requirements of this job.

(a) Required previous related job experience.

- None
- Up to 3 months
- 6 months
- 9 months
- 1 year
- 2 years
- 3 years
- 4 years
- 5 years
- More (specify years) _____

Describe the experience requirements gained on previous jobs here or elsewhere needed to prepare for this job (Do not include practicum or apprenticeship if covered in Section (6) education).

(b) Average time required on the job to learn and/or adjust to this job.

- 1 month or less
- 3 months
- 6 months
- 9 months
- 1 year
- 2 years
- 3 years
- More (specify years) _____

Describe the tasks and responsibilities that need to be learned in order to satisfy the requirements of this job.

- ◆ *Applying care plans to a range of clients/patients/residents.*
- ◆ *Become familiar with region/facility/department policies and procedures.*

8 Independent Judgement See Page 20 in Guidebook

All jobs require some independent action, but to varying degrees. Some jobs are highly structured and have many formal procedures, while others require judgements or actions that have no precedents to serve as a guide.

Consider the type and level of guidance provided to this job. Guidance can come from rules, instructions, established procedures, defined methods, manuals, policies, professional standards, precedents, leadership from others and direct supervision.

(a) To what extent does this job control its own work as opposed to being guided by influences such as rules, procedures, policies, supervisory presence or instructions directing actions required. **Please check the answer that most closely represents expected job requirements.**

- Most job requirements (to the extent possible) are set out within structure and rules and/or readily understood schedules to guide job tasks/duties required.
- Some restrictions apply, but the control over setting work priorities and pace of work is contained within the job.
- There are minimal restrictions, leaving significant control over the work being carried out within the scope of the job.
- Other (please explain).

(b) To what extent does this job exercise judgement to determine how the work is to be done? **Please check the answer that most closely represents expected job requirements.**

- Work is mostly repetitive and predictable with little need for judgement.
Example: _____
- Work may present some unusual circumstances that require judgement or choices to be made.
Example: *Constantly exercise judgment to determine client status on a daily basis, and alter programming as situation necessitates.*
- Work presents difficult choices or unique situations that require judgement.
Example: _____
- Other (please explain).

9 Working Relationships See Page 22 in Guidebook

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

Work Related Contact	Check Off All That Apply (more than one if applicable)						
	Purpose of Contact						
	A	B	C	D	E	F	G
Employees in the same department		✓	✓	✓			
Employees in another department/site/agency (specify) <i>Speech Language Therapy, Nursing, Home Care, Maintenance, Activity.</i>		✓	✓	✓			
Students		✓	✓				
Managers/supervisors of programs/departments or services		✓	✓	✓			
Clients/patients/residents		✓	✓	✓	✓		
Family of clients/patients/residents		✓	✓	✓	✓		
Physicians		✓					
Business representatives		✓					
Suppliers/contractors		✓					
Volunteers							
General public		✓					
Other health care organizations or agencies		✓					
Professional organizations/agencies							
Government departments							
Social Service establishments							
Community Agencies		✓					
Police and Ambulance							
Foundations							
Others (specify)							

9 Working Relationships (cont d)

How often does your job require you to:

1 = Almost never
2 = Sometimes
3 = Often
4 = Most of the time

(b) Have to tell people things they don't want to hear?

Other employees	1	<u>2</u>	3	4
Client/patients/residents/families	1	<u>2</u>	3	4
The general public	<u>1</u>	2	3	4
Other (specify) _____	1	2	3	4

(c) Have contact with very upset or very angry:

Clients/patients/residents/families (not other workers)?	1	<u>2</u>	3	4
Outside groups (not other workers)?	<u>1</u>	2	3	4
General public	<u>1</u>	2	3	4
Other employees	1	<u>2</u>	3	4
Management	<u>1</u>	2	3	4
Physicians	<u>1</u>	2	3	4
Other (specify) _____	1	2	3	4

(d) Have contact with extreme/special needs clients/patients/residents? Specify: *Mentally, physically disabled, stroke survivors, cancer clients, brain injuries, quadriplegics.*

1	2	3	<u>4</u>
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(e) Talk with clients/patients/residents:

Get information from them	1	2	3	<u>4</u>
Inform them	1	2	3	<u>4</u>
Counsel them	1	<u>2</u>	3	4
Devise mutual goals/objectives with them	1	2	<u>3</u>	4
Check on their progress	1	2	3	<u>4</u>

(f) Talk with families:

Get information from them	1	2	3	<u>4</u>
Inform them	1	2	<u>3</u>	4
Counsel them	1	<u>2</u>	3	4
Devise mutual goals/objectives with them	1	<u>2</u>	3	4
Check on their progress	<u>1</u>	2	3	4

10 Impact of Action See Page 26 in Guidebook

When carrying out your job duties and responsibilities what is the likelihood that there would be an impact or outcome affecting the following? Such affects are typical and are not to be classed as carelessness, wilful neglect or extreme circumstances.

Safety of others

Is an impact likely? Yes No

If yes, please provide an example(s)

- ◆ *Aware of orders in chart. Transfers and lifts patients. Equipment is properly maintained for patient use.*

Client/patient/resident relations

Is an impact likely? Yes No

If yes, please provide an example(s)

- ◆ *Trust has to be maintained for effective delivery of therapy. All interactions will have impact.*

Family of clients/patients/residents

Is an impact likely? Yes No

If yes, please provide an example(s)

- ◆ *Instruct family on how to help with exercise programs and teach body mechanics.*

Provision of services

Is an impact likely? Yes No

If yes, please provide an example(s)

- ◆ *Without therapist assistants only the highest priority clients could be treated.*

Departmental/site/agency/district operations

Is an impact likely? Yes No

If yes, please provide an example(s)

- ◆ *Professionalism and accuracy.*

Equipment/instruments

Is an impact likely? Yes No

If yes, please provide an example(s)

- ◆ *Equipment needs to be maintained and kept in excellent working condition to provide safety and to get results.*

Reports and records

Is an impact likely? Yes No

If yes, please provide an example(s)

- ◆ *Accuracy of recording and organizing client charts.*

Financial resources

Is an impact likely? Yes No

If yes, please provide an example(s)

- ◆ *Billing of adaptational devices that are fabricated for clients.*

Other

Is an impact likely? Yes No

If yes, please provide an example(s)

11 Leadership/Supervision See Page 28 in Guidebook

Leadership refers to the requirements of the job to supervise others, lead others, provide functional guidance or provide technical direction to enable others to carry out their job. Do not include clients/patients/residents.

Specify any jobs or work group as appropriate, under one or more of these categories. **Check all that apply and provide examples.**

Examples

- | | | |
|-------------------------------------|--|---|
| <input checked="" type="checkbox"/> | Provide occasional orientation to others. | <i>Students, new Therapy Assistants.</i> |
| <input checked="" type="checkbox"/> | Assign and/or check work of others doing work similar to yours. | <i>Students, new staff.</i> |
| <input type="checkbox"/> | Lead a project team; prioritize tasks, assign work, monitor progress to achieve planned outcome(s). | _____ |
| <input checked="" type="checkbox"/> | Provide functional advice/instruction to others in how to carry out work tasks. | <i>Provide transfer and lift for caregivers information to nursing staff.</i> |
| <input type="checkbox"/> | Provide technical direction as an expert in a field in order for others to carry out their primary job responsibilities. | _____ |
| <input checked="" type="checkbox"/> | Provide input to appraisal, and/or hiring. | <i>Students.</i> |
| <input type="checkbox"/> | Coordinate replacement and/or scheduling of employees. | _____ |
| <input type="checkbox"/> | Supervise a work group; assign work to be done, methods to be used, and take responsibility for all the group. | _____ |
| <input type="checkbox"/> | Supervise the work, practices and procedures of a defined program. | _____ |
| <input type="checkbox"/> | Supervise the work, practices and procedures of a department. | _____ |
| <input type="checkbox"/> | Provide counseling and/or coaching to others. | _____ |
| <input type="checkbox"/> | Provide health promotion/outreach (teaching/instruction). | _____ |
| <input type="checkbox"/> | Other (specify) | _____ |

12 Responsibility for Resources See Page 30 in Guidebook

Responsibility for resources refers to the responsibility of the job for determining the use of resources, setting service standards and/or monitoring the results produced by others.

Determining the use of resources affects the way resources such as information, material, processes, instrumentation, equipment, technology and finances are utilized at the workplace in order to contribute to the control and/or flow of work.

While all jobs have a responsibility to ensure quality, service and/or performance criteria established for the job are met, some jobs are also responsible for setting service standards and/or monitoring the results produced by other jobs.

From the following, please check all that apply.

- | | Examples |
|---|---|
| <input checked="" type="checkbox"/> Provide input for the evaluation of services delivered. | <i>Client satisfaction surveys.
Audits, progression of programs.</i> |
| <input type="checkbox"/> Make resource allocation choices. | _____ |
| <input type="checkbox"/> Design programs and/or services for delivery. | _____ |
| <input type="checkbox"/> Develop new methods and/or procedures. | _____ |
| <input type="checkbox"/> Modify established methods and/or procedures. | _____ |
| <input type="checkbox"/> Establish tests and/or service standards. | _____ |
| <input checked="" type="checkbox"/> Verify accuracy of information provided by others. | <i>Verify client information.</i> |
| <input type="checkbox"/> Select vendors/contractors for supply of goods and services. | _____ |
| <input checked="" type="checkbox"/> Prioritize order/sequence of tasks carried out. | <i>Prioritize caseload/paper work.
Preventative maintenance inspections.</i> |
| <input type="checkbox"/> Determine training needs for others. | _____ |
| <input type="checkbox"/> Approve expenditures and/or commitment of resources. | _____ |
| <input type="checkbox"/> Edit reports produced by others. | _____ |
| <input checked="" type="checkbox"/> Address changes in conditions that affect client/patient care plan. | <i>Continually monitor client progress and communicate to team or outside agencies such as Home Care.</i> |
| <input type="checkbox"/> Develop expenditures for budget planning. | _____ |
| <input type="checkbox"/> Develop internal control procedures. | _____ |
| <input checked="" type="checkbox"/> Ensure compliance with regulations. | <i>WHMIS, OH&S, temperature control daily on fridge, hot packs, wax machine.</i> |
| <input type="checkbox"/> Other (specify) | _____ |

13 Physical Demands See Page 32 in Guidebook

(a) What **physical effort** is required on a **regular** basis for 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 hrs = 75%, 4 hrs = 50%, 2 hrs = 25%, 1 hr = 12%, ½ hr = 6%). **Percentages may not add to 100%.**

Place a checkmark in the chart below indicating the frequency of occurrence over a year. Indicate weight where applicable.

Light weight up to 9 kg/20 lbs

Medium weight over 9 kg/20 lbs

Heavy weight over 23 kg/50 lbs

Occasional - means the activity occurs once in a while.

Frequent - means the activity occurs often.

Continuous - means the activity occurs almost every day.

ACTIVITY EXAMPLES	WEIGHT	DURATION	FREQUENCY		
	Light, Medium, Heavy (specify)	Approximate % of time/day	Occasional	Frequent	Continuous
<i>Sitting</i>		<i>10 - 15%</i>			✓
<i>Walking/standing</i>		<i>40 - 60%</i>			✓
<i>Lifting</i>	<i>L - H</i>	<i>3 - 12%</i>			✓
<i>Assisting with clients</i> <i>- working in awkward positions</i> <i>- stretching</i> <i>-repetitious body motion</i> <i>- reaching</i> <i>- crouching</i> <i>- transferring</i> <i>- twisting</i> <i>- pulling or positioning patients or equipment</i>	<i>L - H</i>	<i>75%</i>			✓

13 Physical Demands (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 hrs = 75%, 4 hrs = 50%, 2 hrs = 25%, 1 hr = 12%, ½ hr = 6%). **Percentages may not add to 100%.**

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

Occasional - means the activity occurs once in a while

Frequent - means the activity occurs often.

Continuous - means the activity occurs almost every day.

ACTIVITY EXAMPLES	DURATION	FREQUENCY		
	Approximate % of time/day	Occasional	Frequent	Continuous
<i>Computer operation</i>	6%		✓	
<i>Charting</i>	6%			✓
<i>Driving</i>	25%		✓	
<i>Modalities</i>	25%			✓
<i>Sewing</i>	6%		✓	
<i>Splinting</i>	6%	✓		
<i>Adjusting and repairing equipment</i>	6%		✓	
<i>Walking with clients</i>	25%			✓
<i>Transferring patients</i>	50%			✓

14 Sensory Demands See Page 36 in Guidebook

(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 hrs = 75%, 4 hrs = 50%, 2 hrs = 25%, 1 hr = 12%, ½ hr = 6%). **Percentages may not add to 100%.**

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

Occasional - means the activity occurs once in a while.

Frequent - means the activity occurs often.

Continuous - means the activity occurs almost every day.

ACTIVITY EXAMPLES	DURATION	FREQUENCY		
	Approximate % of time/day	Occasional	Frequent	Continuous
<i>Observing client during treatment and therapeutic programs</i>	75%			✓
<i>Observing equipment</i>	15%			✓
<i>Computer operation</i>	6%		✓	
<i>Charting</i>	6 20%			✓
<i>Driving</i>	6 25%			✓
<i>Clerical duties</i>	12%		✓	

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 hrs = 75%, 4 hrs = 50%, 2 hrs = 25%, 1 hr = 12%, ½ hr = 6%). **Percentages may not add to 100%.**

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

Occasional - means the activity occurs once in a while.

Frequent - means the activity occurs often.

Continuous - means the activity occurs almost every day.

ACTIVITY EXAMPLES	DURATION	FREQUENCY		
	Approximate % of time/day	Occasional	Frequent	Continuous
<i>Listen to client</i>	75%			✓
<i>Telephone</i>	6%			✓
<i>Taking direction or instruction</i>	25%			✓
<i>Alarms</i>	6%			✓
<i>Equipment sounds</i>	6%			✓

(c) Must attention be shifted frequently from one job detail to another?

- Yes
- No

If yes, please give examples: *Unpredictability of client requires constant shifting focus from one activity to another and more than one at a time.*

15 Working Conditions See Page 40 in Guidebook

(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", "frequent", "continuous".**

Occasional - means the condition occurs once in a while.

Frequent - means the condition occurs often.

Continuous - means the condition occurs almost every day.

CONDITION (specify if applicable)	OCCASIONAL	FREQUENT	CONTINUOUS
Blood/body fluids		✓	
Chemical substances (specify) <i>Cleaning solutions</i>			✓
Cold	✓		
Congested workplace		✓	
Dust	✓		
Extreme temperature	✓		
Foul language	✓		
Grease		✓	
Head lice	✓		
Heat		✓	
Inadequate lighting		✓	
Inadequate ventilation		✓	
Insects, rodents, etc.			
Interruptions			✓
Isolation <i>Home Care</i>		✓	
Latex	✓		
Moisture			✓
Mold	✓		
Multiple deadlines			✓
Noise			✓
Odour		✓	
Oil	✓		
Radiation exposure (specify)			
Second hand smoke <i>Home Care</i>		✓	
Soiled linens			✓
Steam	✓		
Transporting or handling human remains <i>Home Care</i>	✓		
Travel <i>Home Care</i>			✓
Vibration <i>Grinder, drill</i>		✓	
Other (specify) <i>Pets</i>		✓	

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", "frequent", "continuous".**

Occasional - means exposed to hazards once in a while.

Frequent - means exposed to hazards often.

Continuous - means exposed to hazards almost every day.

HAZARD (specify if applicable)	OCCASIONAL	FREQUENT	CONTINUOUS
Abusive clients	✓		
Blood/body fluids		✓	
Chemical substances (specify) <i>Cleaning supplies</i>	✓		
Travelling in inclement weather	✓		
Excessive/unpredictable weights		✓	
Exposure to infectious disease (specify) <i>HIV, Staph., Hepatitis, TB</i>	✓		
Extreme noise	✓		
Faulty/inadequate equipment	✓		
Personal injury		✓	
Personal safety at risk due to isolation <i>Home Care</i>	✓		
Radiation exposure (specify)			
Sharp objects	✓		
Small aircraft			
Steam <i>Hydroculator</i>	✓		
Verbal and/or physical abuse	✓		
Video display terminal	✓		
Violence <i>Mental health clients</i>	✓		
Working from heights			
Other (specify) <i>Pets (Home Care)</i>	✓		

(c) Do you have to take certain training, precautions or wear protective clothing to avoid a work injury?
(Check one and provide an explanation or example of the type of precaution(s) normally taken).

Yes

No

Please explain your answer: *Universal precautions, TLC, PART, WHMIS.*

16 Other Comments See Page 44 in Guidebook

Please add any additional information or comments and reference the specific job fact sheet section and question as appropriate.

USE ADDITIONAL SHEETS IF NECESSARY.

17 Signatures See Page 46 in Guidebook

(a) Single job submission

Signature: _____

Date: _____

(b) Multiple job/group submission

Signatures:

Date: _____

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