



**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 *Hearing Aid Practitioner* JEC # 033

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.

Office use only:

**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?"

*Provides a wide range of audiometric services to clients/patients/residents in the region.*

**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: Audiometric Services****Duties/Responsibilities:**

- ◆ *Assesses client needs.*
- ◆ *Dispenses, adjusts, fits, repairs and maintains hearing aids and other related audiological equipment.*
- ◆ *Takes ear impressions for ear moulds or plugs.*
- ◆ *Records results of programmed hearing aids, sound field testing and real ear measurements.*
- ◆ *Performs otoscopic examinations.*
- ◆ *Discerns/relays client concerns/problems with the manufacturer regarding hearing aids and adjustment.*
- ◆ *Tailors computer programs to individual hearing losses.*

**Key Work Activity B: Education**

**Duties/Responsibilities:**

- ◆ *Promotes proper hearing aid usage.*
- ◆ *Explains test results and hearing aid operation to clients.*
- ◆ *Discusses any related problems that clients may be experiencing.*
- ◆ *Provides education seminars (e.g., nursing homes, clinics).*

**Key Work Activity C: Clerical**

**Duties/Responsibilities:**

- ◆ *Schedules appointments (e.g., programming, testing, repair).*
- ◆ *Documents all client visits and follow-up.*
- ◆ *Corresponds with clients and government agencies.*
- ◆ *Receives, reviews, processes, files requisitions, reports and third-party billings.*
- ◆ *Records the removal, return or sales to hearing aid inventory.*
- ◆ *Records the issuance of hearing aid loan stock.*
- ◆ *Handles cash sales and invoicing.*
- ◆ *Balances cash receipts and completes bank deposits.*

**Key Work Activity D: Travel**

**Duties/Responsibilities:**

- ◆ *Travels to various regional clinics, personal care homes, nursing homes and private home visits.*

**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: \_\_\_\_\_ 1 2 3 4

Modify or change established department methods and procedures, but stay within program or legislative boundaries. Example: *When dispensing, adjusting, repairing and maintaining aids and equipment.* 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) 1 2 3 4

Other (specify) \_\_\_\_\_ 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) \_\_\_\_\_ 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) \_\_\_\_\_ 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 yr  2 yrs  3 yrs

Specify: (Do not use abbreviations) *Hearing Aid Practitioner diploma*

\_\_\_\_\_

Licenced 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)

- ◆ *Intermediate computer skills*
- ◆ *Interpersonal and communication 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.

- |  |   |
|--|---|
| <input checked="" type="checkbox"/> None | <input type="checkbox"/> 2 years                    |
| <input type="checkbox"/> Up to 3 months  | <input type="checkbox"/> 3 years                    |
| <input type="checkbox"/> 6 months        | <input type="checkbox"/> 4 years                    |
| <input type="checkbox"/> 9 months        | <input type="checkbox"/> 5 years                    |
| <input type="checkbox"/> 1 year          | <input type="checkbox"/> 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).

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

- |  |  |
|--|--|
| <input type="checkbox"/> 1 month or less | <input checked="" type="checkbox"/> 1 year           |
| <input type="checkbox"/> 3 months        | <input type="checkbox"/> 2 years                     |
| <input type="checkbox"/> 6 months        | <input type="checkbox"/> 3 years                     |
| <input type="checkbox"/> 9 months        | <input type="checkbox"/> More (specify years ) _____ |

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

- ◆ *Gain knowledge of various facilities and equipment*
- ◆ *Become familiar with region/facility/department policies and procedures*

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**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: \_\_\_\_\_
- Work presents difficult choices or unique situations that require judgement.  
Example: *Analyzing and troubleshooting problems regarding hearing aid moulding/fitting.*  
\_\_\_\_\_
- 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)		✓	✓	✓			
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	2	<u>3</u>	4
The general public	1	<u>2</u>	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	2	<u>3</u>	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	1	<u>2</u>	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?

1      2      3      4

Specify: *Mentally challenged, Alzheimer s, other dementia*

\_\_\_\_\_

(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	<u>1</u>	2	3	4
Devise mutual goals/objectives with them	1	2	<u>3</u>	4
Check on their progress	1	<u>2</u>	3	4

(f) Talk with families:

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

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Client/patient/resident relations Is an impact likely? Yes  No   
If yes, please provide an example(s)

◆ ***Improperly fitted aids cause hearing loss and discomfort, patient frustration.***

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Family of clients/patients/residents Is an impact likely? Yes  No   
If yes, please provide an example(s)

◆ ***Improper fittings/settings cause family frustration and extra visits.***

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Provision of services Is an impact likely? Yes  No   
If yes, please provide an example(s)

◆ ***Errors cause delay of services, waiting periods to get warranty repair work or warranty/trial period expires.***

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Departmental/site/agency/district operations Is an impact likely? Yes  No   
If yes, please provide an example(s)

◆ ***Poor service/relations results in patients looking to private clinics for service.***

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Equipment/instruments Is an impact likely? Yes  No   
If yes, please provide an example(s)

◆ ***Poorly maintained/malfunctioning equipment means re-scheduling appointments resulting in inconvenience for out-of-town clients.***

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Reports and records Is an impact likely? Yes  No   
If yes, please provide an example(s)

◆ ***Poor record keeping results in inability to provide quality patient care.***

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Financial resources Is an impact likely? Yes  No   
If yes, please provide an example(s)

◆ ***Inadequately fitted devices cause wastage of materials and supplies. Failure to track loaned out devices may result in loss of inventory.***

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Other Is an impact likely? Yes  No   
If yes, please provide an example(s)

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**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**

- Provide occasional orientation to others. *New staff and trainees*
- Assign and/or check work of others doing work similar to yours. *Annual chart audit*
- Lead a project team; prioritize tasks, assign work, monitor progress to achieve planned outcome(s). \_\_\_\_\_
- Provide functional advice/instruction to others in how to carry out work tasks. \_\_\_\_\_
- Provide technical direction as an expert in a field in order for others to carry out their primary job responsibilities. \_\_\_\_\_
- Provide input to appraisal, and/or hiring. \_\_\_\_\_
- Coordinate replacement and/or scheduling of employees. \_\_\_\_\_
- Supervise a work group; assign work to be done, methods to be used, and take responsibility for all the group. \_\_\_\_\_
- Supervise the work, practices and procedures of a defined program. \_\_\_\_\_
- Supervise the work, practices and procedures of a department. \_\_\_\_\_
- Provide counseling and/or *coaching* to others. *Client and family members*
- Provide health promotion/outreach (teaching/instruction). *Regional Clinics*
- 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.**

- |  | <b>Examples</b>                                  |
|--|--|
| <input checked="" type="checkbox"/> Provide input for the evaluation of services delivered.  | <i>Client satisfaction surveys</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 checked="" type="checkbox"/> Modify established methods and/or procedures.            | <i>Modifies to fit individual client's needs</i> |
| <input type="checkbox"/> Establish tests and/or service standards.                           | _____  |
| <input checked="" type="checkbox"/> Verify accuracy of information provided by others.       | <i>Chart audits</i>                              |
| <input type="checkbox"/> Select vendors/contractors for supply of goods and services.        | _____  |
| <input checked="" type="checkbox"/> Prioritize order/sequence of tasks carried out.          | _____  |
| <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 type="checkbox"/> Address changes in conditions that affect client/patient care plan. | _____  |
| <input type="checkbox"/> Develop expenditures for budget planning.                           | _____  |
| <input type="checkbox"/> Develop internal control procedures.                                | _____  |
| <input checked="" type="checkbox"/> Ensure compliance with regulations.                      | _____  |
| <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>Assisting/transporting patients</i>	<i>L - H</i>	<i>6%</i>		✓	
<i>Carrying medical equipment</i>	<i>M</i>	<i>6%</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>Cleaning, repairing, adjusting hearing aids</i>	70%			✓
<i>Computer operation</i>	20%			✓
<i>Operating audiometric equipment</i>	30%			✓

**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>Cleaning, repairing, adjusting hearing aids</i>	70%			✓
<i>Computer operation</i>	20%			✓
<i>Operating audiometric equipment</i>	30%			✓
<i>Autoscopic examination of ear</i>	20%		✓	
<i>Making ear impressions</i>	15%		✓	

**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>Listening to clients, testing clients and equipment</i>	80%			✓
<i>Discussion with co-workers</i>	20%			✓

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

Yes   
 No

If yes, please give examples: *Constant interruptions such as phone calls and requests from staff, Audiologists or fellow Technicians for assistance / advice.*

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**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)		✓	
Cold			
Congested workplace			
Dust			
Extreme temperature			
Foul language	✓		
Grease			
Head lice			
Heat			
Inadequate lighting			
Inadequate ventilation			
Insects, rodents, etc.			
Interruptions			✓
Isolation			
Latex			
Moisture			
Mold			
Multiple deadlines		✓	
Noise	✓		
Odour		✓	
Oil			
Radiation exposure (specify)			
Second hand smoke			
Soiled linens			
Steam			
Transporting or handling human remains			
Travel		✓	
Vibration			
Other (specify)			
<i>Dirt</i>		✓	
<i>Corrosion</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)		✓	
Travelling in inclement weather	✓		
Excessive/unpredictable weights			
Exposure to infectious disease (specify)	✓		
Extreme noise	✓		
Faulty/inadequate equipment	✓		
Personal injury			
Personal safety at risk due to isolation			
Radiation exposure (specify)			
Sharp objects	✓		
Small aircraft			
Steam			
Verbal and/or physical abuse	✓		
Video display terminal		✓	
Violence			
Working from heights			
Other (specify)			

(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: *Gloves and goggles.*

\_\_\_\_\_

**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.

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**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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