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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 *Healthy Workplace Coordinator* JEC # 059

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?"

*Plans, coordinates, implements and evaluates a Healthy Workplace program.*

**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: Health Needs / Priorities / Goals****Duties/Responsibilities:**

- ◆ *Assesses health needs and conducts surveys.*
- ◆ *Generates recommendations for programming.*
- ◆ *Evaluates established programs.*
- ◆ *Seeks and responds to employee and/or committee feedback.*

**Key Work Activity B: Healthy Workplace Programming**

**Duties/Responsibilities:**

- ◆ *Plans, implements, coordinates, promotes and evaluates programs.*
- ◆ *Recruits instructors.*
- ◆ *Establishes contracts with instructors.*
- ◆ *Establishes program schedules for a variety of sites.*
- ◆ *Ensures appropriate equipment is purchased and maintained (e.g., fitness equipment).*
- ◆ *Creates monthly health and safety promotional materials.*

**Key Work Activity C: Administrative Function of Programs**

**Duties/Responsibilities:**

- ◆ *Develops committee guidelines, reports and statistical forms.*
- ◆ *Contributes to formulation of budget (Healthy Workplace programs).*
- ◆ *Orders supplies.*

**Key Work Activity D: Communication**

**Duties/Responsibilities:**

- ◆ *Establishes and maintains co-operative and collaborative relationships with stakeholders to achieve common Healthy Workplace goals.*
- ◆ *Communicates information to create understanding, capture interest and gain support.*
- ◆ *Communicates with program instructors and participants as required (e.g., evaluations).*
- ◆ *Acts as a contact/resource for projects/work relationships.*
- ◆ *Liaises with Public Affairs Department regarding external communications.*
- ◆ *Presents information regarding general Occupational Health and Safety information, policies and procedures to new employees.*

**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: *Operating guidelines for fitness classes* 1 2 3 4

Modify or change established department methods and procedures, but stay within program or legislative boundaries. Example: *Registration process for programs* 1 2 3 4

Develop new solutions to diverse and complex problems with conflicting requirements because there are no guidelines. Example: *Passes for fitness classes* 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) *Director, Occupational Health & Safety* 1 2 3 4

Others in own program/department (Example) *Occupational Health nurses* 1 2 3 4

Others district wide (Example) *Satisfaction surveys* 1 2 3 4

Departmental Management (Example) *Director of Occupational Health* 1 2 3 4

Specialists/Clinical Experts (Example) \_\_\_\_\_ 1 2 3 4

Senior Management (Example) *Vice President* 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) *Certified in Allied Health Program*

\_\_\_\_\_

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)

- ◆ *Intermediate computer skills*
- ◆ *Communication, organizational and interpersonal skills*
- ◆ *Ability to work independently*
- ◆ *Valid drivers license*

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**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 type="checkbox"/> None           | <input checked="" 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 (5) education).

◆ *Twenty-four (24) months previous experience in health care service delivery, health care education and/or service program development, delivery and evaluation.*

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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.

◆ *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: *Some Wellness programs originate from employee s comments, concerns*  
 \_\_\_\_\_
- 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)		✓	✓	✓		✓	
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	<u>1</u>	2	3	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)?	<u>1</u>	2	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: \_\_\_\_\_  
 \_\_\_\_\_

(e) Talk with clients/patients/residents:

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

(f) Talk with families:

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

**9 Working Relationships (cont d)**

How often does your job require you to:

**1 = Almost never  
3 = Often**

**2 = Sometimes  
4 = Most of the time**

(g) Talk with physicians:

Get information from them	<u>1</u>	2	3	4
Inform them	<u>1</u>	2	3	4
Devise mutual goals/objectives with them	<u>1</u>	2	3	4

(h) Talk with general public:

Provide information	1	<u>2</u>	3	4
Respond to questions	1	<u>2</u>	3	4
Make presentations	<u>1</u>	2	3	4

(i) Talk with other employees:

Get information from them	1	<u>2</u>	3	4
Inform them	1	<u>2</u>	3	4
Counsel/persuade them	<u>1</u>	2	3	4
Give them advice on work procedures	1	<u>2</u>	3	4
Get advice from them on work procedures	1	<u>2</u>	3	4
Get cooperation from other parts of the organization on projects and programs	1	<u>2</u>	3	4
Other (specify) _____	1	2	3	4

(j) Talk to vendors, contractors, consultants, government agencies and other external groups or organizations:

Get information from them	1	<u>2</u>	3	4
Confer with peer professionals	1	<u>2</u>	3	4
Inform them	1	<u>2</u>	3	4
Arrange for services	1	<u>2</u>	3	4
Devise mutual goals/objectives with them	<u>1</u>	2	3	4
Lead meetings	1	<u>2</u>	3	4
Check on their progress	<u>1</u>	2	3	4
Other (specify) _____	1	2	3	4

Please give examples:

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**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)  
 ♦ *Ensures certification of instructors*

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Client/patient/resident relations Is an impact likely? Yes  No   
 If yes, please provide an example(s)  
 ♦ *Wellness programs, i.e. smoking cessation*

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

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Provision of services Is an impact likely? Yes  No   
 If yes, please provide an example(s)  
 ♦ *Cancellations, interruption or delayed program participants upset*

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Departmental/site/agency/district operations Is an impact likely? Yes  No   
 If yes, please provide an example(s)  
 ♦ *Priority of Occupational Health & Safety is to support health and safety of district employees*

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Equipment/instruments Is an impact likely? Yes  No   
 If yes, please provide an example(s)  
 ♦ *Fitness equipment aerobic steps*

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Reports and records Is an impact likely? Yes  No   
 If yes, please provide an example(s)  
 ♦ *Registration of participants in programs*

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Financial resources Is an impact likely? Yes  No   
 If yes, please provide an example(s)  
 ♦ *Deposits and records fees for registering in some programs*

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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. *Students, new employees, co-workers*
- Assign and/or check work of others doing work similar to yours. \_\_\_\_\_
- Lead a project team; prioritize tasks, assign work, monitor progress to achieve planned outcome(s). *Summer active physical activity program*
- 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. *Contracts for instructors*
- 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 counselling and/or coaching to others. \_\_\_\_\_
- Provide health promotion/outreach (teaching/instruction). \_\_\_\_\_
- 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>Evaluate Wellness programs</i>                |
| <input checked="" type="checkbox"/> | Make resource allocation choices.                                   | <i>Allocate available budget with Director</i>   |
| <input checked="" type="checkbox"/> | Design programs and/or services for delivery.                       | <i>Wellness programs, seminars</i>               |
| <input checked="" type="checkbox"/> | Develop new methods and/or procedures.                              | <i>Evaluation of programs</i>                    |
| <input checked="" type="checkbox"/> | Modify established methods and/or procedures.                       | <i>Registration process for fitness programs</i> |
| <input checked="" type="checkbox"/> | Establish tests and/or service standards.                           | <i>Program evaluation methods</i>                |
| <input checked="" type="checkbox"/> | Verify accuracy of information provided by others.                  | <i>Scheduling, booking rooms/instructors</i>     |
| <input checked="" type="checkbox"/> | Select vendors/contractors for supply of goods and services.        | <i>Fitness instructors</i>                       |
| <input checked="" type="checkbox"/> | Prioritize order/sequence of tasks carried out.                     | <i>Establish fitness schedules</i>               |
| <input type="checkbox"/>            | Determine training needs for others.                                | _____  |
| <input checked="" type="checkbox"/> | Approve expenditures and/or commitment of resources.                | <i>Purchase supplies, fitness instructors</i>    |
| <input type="checkbox"/>            | Edit reports produced by others.                                    | _____  |
| <input type="checkbox"/>            | Address changes in conditions that affect client/patient care plan. | _____  |
| <input checked="" type="checkbox"/> | Develop expenditures for budget planning.                           | <i>Input with Directors</i>                      |
| <input type="checkbox"/>            | Develop internal control procedures.                                | _____  |
| <input checked="" type="checkbox"/> | Ensure compliance with regulations.                                 | <i>Ensure certification of instructors</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 in office</i>		70%			✓
<i>Walking throughout facility</i>		10%		✓	
<i>Lifting/moving equipment, chairs, tables</i>		10%	✓		
<i>Lifting files and materials</i>		5%	✓		
<i>Moving office supplies and fitness equipment</i>		5%	✓		





**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 staff</i>	30%		✓	
<i>Taking direction/instruction</i>	5%	✓		

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

Yes   
 No

If yes, please give examples: *Creating and developing a promotional poster for one program and receiving phone calls from participants about registering for a different program.*

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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)			

**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: **WHMIS, PART (Professional Assault Response Training)**

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**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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