



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 *Acquired Brain Injury Coordinator* JEC # 078

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?"

Coordinates the Acquired Brain Injury program, assisting clients and their families to successfully reintegrate clients into the community through support networks.

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: Client Service**Duties/Responsibilities:**

- ◆ *Participates in client case consultations/conferences.*
- ◆ *Maintains up-to-date client files.*
- ◆ *Coordinates appropriate services for client.*
- ◆ *Assists client in developing, modifying, achieving client goals.*
- ◆ *Provides counseling.*
- ◆ *Travels to client s residence to provide service.*
- ◆ *Liaises with community agencies to enhance client s rehabilitation potential.*
- ◆ *Advocates for client in different arenas.*
- ◆ *Completes assessments.*
- ◆ *Acts as professional liaison for client (e.g., with physicians, nurses, specialists).*
- ◆ *Participates in client reviews with Outreach Team.*
- ◆ *Provides on going follow-up.*
- ◆ *Works with client in context of family and social environment.*

Key Work Activity B: Education / Prevention

Duties/Responsibilities:

- ◆ *Provides public education on safety, prevention, and the Acquired Brain Injury program (e.g., bike rodeo, helmet patrol, mall displays, trade shows, car seat clinic, school presentations).*
- ◆ *Facilitates workshops (e.g., Living with Stroke).*
- ◆ *Provides in-services to community groups, schools, health care professionals.*
- ◆ *Participates in promotion through radio, TV, newspaper.*

Key Work Activity C: Family Support

Duties/Responsibilities:

- ◆ *Facilitates support group.*
- ◆ *Provides support and education for families.*
- ◆ *Provides counseling.*
- ◆ *Advocates for services.*
- ◆ *Assists in establishing a care plan for family use.*
- ◆ *Provides on going follow-up.*

Key Work Activity D: Program Administration

Duties/Responsibilities:

- ◆ *Assists in developing and maintaining program budget.*
- ◆ *Participates in coordinator/team meetings including client file reviews.*
- ◆ *Submits proposals.*
- ◆ *Maintains client files.*
- ◆ *Maintains mandatory statistical documents.*
- ◆ *Participates in fundraising.*
- ◆ *Submits required budget reports to provincial Acquired Brain Injury program.*

Key Work Activity E: Community Involvement

Duties/Responsibilities:

- ◆ *Participates in community agency meetings.*
- ◆ *Partners with health professionals, agencies and services within the communities served to develop responsive support services for individual and program needs.*

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: *Assessments, Saskatchewan Outcomes Questionnaires, Acquired Brain Injury Information System.* 1 2 3 4

Modify or change established department methods and procedures, but stay within program or legislative boundaries. Example: *Release of information.* 1 2 3 4

Develop new solutions to diverse and complex problems with conflicting requirements because there are no guidelines. Example: *Residential proposals, community programming.* 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) *Review budgets and draft proposals.* 1 2 3 4

Others in own program/department (Example) *Province wide Acquired Brain Injury program.* 1 2 3 4

Others district wide (Example) _____ 1 2 3 4

Departmental Management (Example) _____ 1 2 3 4

Specialists/Clinical Experts (Example) *Neurosurgeons, Psychiatrist, etc.* 1 2 3 4

Senior Management (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) _____

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) *Bachelor degree in a health-related discipline*

(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, 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 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 checked="" 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).

◆ *Twelve (12) months previous discipline-related experience in a community-based rehabilitation service.*

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

- | | |
|--|--|
| <input type="checkbox"/> 1 month or less | <input 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 checked="" 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.

- ◆ *Develop Acquired Brain Injury program knowledge and become familiar with region/facility/department policies and procedures.*
- ◆ *Become familiar with community and provincial services.*

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: *Each client and injury is unique presenting unique scenarios which require assessments, judgement and counselling.*
- 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)		X	X	X			
Students		X					
Managers/supervisors of programs/departments or services		X	X	X			
Clients/patients/residents		X	X	X	X		
Family of clients/patients/residents		X	X	X	X		
Physicians		X	X	X			
Business representatives							
Suppliers/contractors	X						
Volunteers	X						
General public		X	X				
Other health care organizations or agencies		X	X	X		X	
Professional organizations/agencies		X	X	X		X	
Government departments		X				X	
Social Service establishments		X	X	X			
Community Agencies		X	X	X		X	
Police and Ambulance		X	X	X			
Foundations	X						
Others (specify) <i>Schools</i>		X	X	X			

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	1	<u>2</u>	3	4
	Other (specify) _____	1	2	3	4
(d)	Have contact with extreme/special needs clients/patients/residents? Specify: <i>Clients with acquired brain injuries require services in many different areas which may or may not be available in their community.</i>	1	2	3	<u>4</u>
(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	2	3	<u>4</u>
	Devise mutual goals/objectives with them	1	2	3	<u>4</u>
	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	3	<u>4</u>
	Counsel them	1	2	3	<u>4</u>
	Devise mutual goals/objectives with them	1	2	3	<u>4</u>
	Check on their progress	1	2	3	<u>4</u>

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

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

◆ Must provide holistic, client centered action/goal plans to ensure successful client s rehabilitation.

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

◆ Must provide support and education to family members.

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

◆ Health promotion and education.

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

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

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

◆ Incorrect and incomplete documentation could impact client care.

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

◆ Lack of resources would terminate service.

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

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>Educational in-services.</i> |
| <input type="checkbox"/> | Assign and/or check work of others doing work similar to yours. | _____ |
| <input checked="" type="checkbox"/> | Lead a project team; prioritize tasks, assign work, monitor progress to achieve planned outcome(s). | <i>Coordinate community project proposals.</i> |
| <input checked="" type="checkbox"/> | Provide functional advice/instruction to others in how to carry out work tasks. | <i>Consultation for team members.</i> |
| <input checked="" type="checkbox"/> | Provide technical direction as an expert in a field in order for others to carry out their primary job responsibilities. | <i>Establishing client care plans in nursing homes.</i> |
| <input type="checkbox"/> | Provide input to appraisal, and/or hiring. | _____ |
| <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 checked="" type="checkbox"/> | Provide counselling and/or coaching to others. | <i>Peer professionals, community agencies.</i> |
| <input checked="" type="checkbox"/> | Provide health promotion/outreach (teaching/instruction). | <i>Schools, bike patrol, living with stroke workshops.</i> |
| <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>Saskatchewan Outcomes Questionnaire, client satisfaction surveys.</i> |
| <input checked="" type="checkbox"/> Make resource allocation choices. | <i>Responsible for finances to administrative director.</i> |
| <input checked="" type="checkbox"/> Design programs and/or services for delivery. | <i>Develop individualized client programs.</i> |
| <input checked="" type="checkbox"/> Develop new methods and/or procedures. | <i>Implement workshops.</i> |
| <input checked="" type="checkbox"/> Modify established methods and/or procedures. | <i>Modify client programs.</i> |
| <input type="checkbox"/> Establish tests and/or service standards. | _____ |
| <input checked="" type="checkbox"/> Verify accuracy of information provided by others. | <i>Cross reference client self assessments.</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>Program delivery.</i> |
| <input checked="" type="checkbox"/> Determine training needs for others. | <i>Pending approval of grant proposal.</i> |
| <input checked="" type="checkbox"/> Approve expenditures and/or commitment of resources. | <i>Acknowledge receipt in good order, sign off invoices, authorized by director.</i> |
| <input type="checkbox"/> Edit reports produced by others. | _____ |
| <input checked="" type="checkbox"/> Address changes in conditions that affect client/patient care plan. | <i>Modify care plan.</i> |
| <input checked="" type="checkbox"/> Develop expenditures for budget planning. | <i>Work with director to develop budget submission.</i> |
| <input checked="" type="checkbox"/> Develop internal control procedures. | <i>Cross reference data.</i> |
| <input checked="" type="checkbox"/> Ensure compliance with regulations. | <i>Review of district regulations.</i> |
| <input checked="" type="checkbox"/> Other (specify) | <i>Writing and submitting grant proposals.</i> |

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/computer operation</i>		40%			X
<i>Driving</i>		10 - 40%			X
<i>Working with clients</i>		10%	X		

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>Keyboard skills</i>	35%			X
<i>Writing and charting</i>	50%			X
<i>Driving</i>	10 40%			X

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 clients</i>	40%		X	
<i>Operating computer</i>	35%			X
<i>Reading</i>	12%		X	
<i>Filing</i>	12%		X	
<i>Writing and charting</i>	50%		X	
<i>Collecting data</i>	6%	X		
<i>Driving</i>	10 40%			X
<i>Reviewing budget</i>	12%		X	
<i>Previewing videos</i>	10%		X	

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>Record meetings (writing)</i>	25%		X	
<i>Take directions</i>	6%	X		
<i>Observe clients</i>	35%		X	
<i>Case conferencing</i>	35%	X		
<i>Counselling</i>	6 40%		X	
<i>Telephone communication</i>	40%			X

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

Yes

No

If yes, please give examples:

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

(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: *Wear isolation, protective wear while visiting patients*

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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