

Provider Group – Joint Job Evaluation Job Fact Sheet Job #514 - Cytotechnologist I - Histology

Section 1 – INTRODUCTION

PLEASE PRINT

Purpose: This section provides general direction for completing the Job Fact Sheet and is further supplemented by the additional instructions set out in the remaining sections of this Job Fact Sheet.

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 (JFS) 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 JFS focuses on **CURRENT** job content and requirements. **THIS IS NOT AN APPRAISAL OF AN INDIVIDUAL'S PERFORMANCE ON THE JOB.**

Please read the JFS carefully, and complete each section. Throughout the JFS examples are requested and are important as you describe the job. Provide additional information on the back blank pages of this document, additional job holder comments can be recorded in Section (16) on page 25, or attach additional pages if necessary.

SUPERVISOR – STEPS TO FOLLOW:

- 1. a. New Job: complete Job Review Request Form (JRRF), complete a proposed JFS and proposed Job Description.
 - b. Forward all documents to your Human Resources representative.
- 2. DO NOT CHANGE EMPLOYEE'S RESPONSES.

EMPLOYEE - STEPS TO FOLLOW:

- 1. Please read the JFS carefully, and complete each section. If you find that some questions do not relate to your job, please write in "not applicable".
- 2. The information you provide should relate to the job content as it currently exists. When reviewing your duties and responsibilities, ensure that you consider the entire job cycle (activities that regularly occur in a one-year period).
- 3. Group submissions are encouraged for employees doing the same or very similar job duties.
- 4. It is suggested that you complete Sections 6 through 15 before completing Sections 4 and 5. The "Sample Key Activities" (see Appendix A) may assist you in completing Section 5.
- 5. Once you have completed the JFS and if you have not already submitted a JRRF, please complete and forward both documents to your Human Resources representative. Keep a copy of all documentation for your records. Please complete the Signatures Section (17) on page 25.
- 6. Your immediate **Out-of-Scope Supervisor** (Supervisor) will review your completed JFS and add comments at the end of each section.
- Please keep in mind that, although you are the employee(s) doing the job, what is being described are the current responsibilities of the job not how well you are performing these tasks and responsibilities. It is important that you concentrate only on providing the facts about the job and its responsibilities.

Section 2 – ORGANIZATIONAL WORK CHART **Purpose:** This section gathers information regarding the organization in which your job functions. Complete the Chart below: Be sure to write in the **Provincial JE Job Title of the position** – **not** the name of the person currently in the job. SUPERVISOR'S COMMENTS – ORGANIZATIONAL WORK Title of your immediate Out-of-Scope Supervisor CHART Are the responses to this question: Complete **Incomplete** Do you agree with the responses: Yes **No COMMENTS** (<u>must</u> be completed if "Incomplete" or "No" is selected): Title of your immediate Supervisor (if different than above) Your current Provincial JE Job Title Supervisor's Initials: _____ Your current Provincial JE Job Number: _____ **Provincial JE Job Titles that report directly to you (if applicable)**

Section 3 – JOB IDENTIFICATION	N			
Purpose: This section	n gathers basic identifyin	g material so we can keep track	of completed Job Fact S	neets.
Provide your name and work telephor	e number(s) for contact pu	rposes. For group JFS submission	ns, please note the name an	d telephone number(s) of the contact person.
Name of person completing the JFS for ARE DOING THE SAME JOB):	or a single employee, or co	ntact person for group JFS submis	ssion (ONLY COMPLETE	A GROUP SUBMISSION IF ALL EMPLOYE
Name (Print):				Employee No.:
Work Telephone:		E-Mail Address:		
Saskatchewan Health Authority/Affili	ate:			
Facility/Site:			Department:	
See Section 18 on page 28 for signatu	res.			
Provincial JE Job Title:				Date:
Provincial JE Number:		Office use only:	JEMC No.	<u>M</u>
Section 4 – JOB SUMMARY				
Purpose: This section	n describes why the job e	xists.		
Briefly describe the general purpose of the diagnosing of precancerous, can			ic interpretation of gyneco	logical and non-gynecological specimens to a
	erous, una injectious uise	use processes.		
Tips: Consider "Why does this job exist?"	and "What is this job resp	onsible for?"		
 Think about what you would say if You may wish to begin with: "The (someone approached you a	nd asked you about your job.	"	
Frou may wish to begin with: The		<i>The</i> (<u>Job Tille</u>) is responsible for		*****
SUPERVISOR'S COMMENTS – J	OB SUMMARY			
			COMMENTS (must be o	completed if "Incomplete" or "No" is selected
Are the responses to this question:	Complete	Incomplete	` <u> </u>	• •
Are the responses to this question: Do you agree with the responses:	Complete	Incomplete No		

5 – KEY WORK ACTIVITIES

Purpose: This section describes the key activities, duties and responsibilities of the job.

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 in a phrase, at the top of each box (e.g., counseling 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. Most jobs can be described in three to five key work activities.

The total of all key work activity sections should equal but not exceed 100%. For example: $\frac{1}{2}$ day every day per year = 50%; 3 months per year = 25%; 2 $\frac{1}{2}$ weeks per year = 5%

After summarizing each key work activity, provide details or examples that describe the related job duties or responsibilities. If using abbreviations, acronyms or technical terminology, please initially explain their meaning.

- Don't get lost in detail in describing the duties and responsibilities. Use clear verbs about things that are done in connection with each one. Avoid using a gender biased wording (i.e. he or she) in describing the work.
- It is important that the **whole job** be described, not just a particular dimension or a special project.

The "Sample Key Activities" (see Appendix A) may assist you in completing this section.

Key Work Activity A: Specimen Preparation and Analysis	SUPERVISOR'S COMMENTS – KEY WORK ACTIVITIES
 Duties/Responsibilities: Ensures required information for patient and specimen identification is on requisition and specimen. Organizes and prioritizes specimens based on urgency of request. Enters data and prepares samples for in-house testing. Assesses specimen adequacy and integrity. Performs laboratory testing and evaluates validity of results. Responds appropriately to abnormal results, critical values – urgent requests according to policy and procedure. Performs specialized testing (e.g., fine needle aspiration and thin prep). 	Are the responses to this question: Complete Incomplete Do you agree with the responses: Yes No COMMENTS (must be completed if "Incomplete" or "No" is selected):
 Re-screens slide results performed by students and new employees. Performs laboratory testing, correlates results and evaluates the validity of these results. 	Supervisor's Initials:

Section 5 – KEY WORK ACTIVITIES (cont'd)

Key Work Activity B: *Embedding and Sectioning of Tissue*

Duties/Responsibilities:

- Orientating processed tissue specimens into wax mold.
- Cutting wax mold with a microtome into five (5) micron sections.
- Orientating the section into corresponding glass slide.

SUPERVISOR'S COMMENTS – KEY WORK ACTIVITIES
Are the responses to this question: Complete
Do you agree with the responses: Yes No
COMMENTS (must be completed if "Incomplete" or "No" is selected):
Superviser's Initials
Supervisor's Initials:
SUPERVISOR'S COMMENTS – KEY WORK ACTIVITIES
Are the responses to this question: Complete
Do you agree with the responses: Yes No
COMMENTS (must be completed if "Incomplete" or "No" is selected):
Supervisor's Initials:

Key Work Activity C: <u>Routine and Special Staining</u>

Duties/Responsibilities:

- Staining all tissue sections.
- Performs additional manual staining techniques to demonstrate cellular and tissue components (such as nerve, muscle, bacteria and glycogen, etc.).
- Manually and automated cover slipping of all slides.

Section 5 – KEY WORK ACTIVITIES (cont'd)

Key Work Activity D: <u>Quality Assurance / Quality Control</u>

Duties/Responsibilities:

- Participates in Quality Assurance/Quality Control programs as required by local protocols and government regulations.
- Follows preventative maintenance programs by maintaining instrument logs and recognizing equipment malfunctions.

Key Wor	k Activity E:	Related Key	Work Activities

Duties/Responsibilities:

- Performs preventative maintenance.
- Cleans instruments and work area.
- Maintains, troubleshoots and calibrates equipment according to established standards.
- Provides occasional guidance to the primary function of others, including training.
- Disposes of biohazardous waste, as per departmental procedures and policies.
- Performs computer work (e.g., data entry).
- Prepares, communicates and files test results and reports.
- May provide reception/clerical duties.
- Provides input into capital equipment purchases.
- Provides input into policies and procedures.
- Prepares statistical reports.
- Maintains inventory and orders supplies.
- Completes incident reports.

SUPERVISOR'S COMMENTS -	KEY WORK A	CTIVITIES
Are the responses to this question	: Complete	Incomplete
Do you agree with the responses:	Yes	🗌 No
COMMENTS (must be completed if	"Incomplete" or	"No" is selected):
	Cunouriaania T-	itiala
	Supervisor's In	itials:
SUPERVISOR'S COMMENTS -	KEY WORK A	CTIVITIES
Are the responses to this question:		
Do you agree with the responses:		
COMMENTS (<u>must</u> be completed if		—
Contraction (<u>must</u> be completed in	incomplete of	i is scientu).
	Supervisor's In	itials:

Section 6 – DECISION-MAKING

Purpose: This section provides a series of situations that may be encountered on the job requiring decision making before taking action.

For each situation, please indicate the response that most appropriately describes your job. Provide examples where requested. Add any additional examples under "Other".

Example: if the job requires you to follow specific instructions/procedures most of the time, check the box under "Most of the time" and give examples. If the job requires you to modify established methods often, check "Often".

)	In this job, do you (check all responses that apply)	Almost never	Sometimes	Often	Most of the time
	Follow specific instructions/procedures, use well-defined methods or use established guidelines to achieve desired end results. Example: <i>Guidelines for staining and specimen preparation</i> .				X
-	Modify or change established department methods and procedures, but stay within program or legislative boundaries. Example: <i>Evaluate and change special stain procedures</i> .		X		
-	Develop new solutions to diverse and complex problems with conflicting requirements because there are no guidelines. Example:	X			

When there is a situation you have not come across before, do you (check all responses that apply)	Almost never	Sometimes	Often	Most of the time
Immediately ask the supervisor/leader what to do			X	
Ask co-workers for help in deciding what to do			X	
Read manuals and figure out what to do			X	
Decide with your supervisor what to do			X	
Check guidelines and past practices			X	
Decide what to do based on your related experience			X	
Get advice with problems from management and/or other sources (e.g. supplier, consultants)		X		
Other (specify)				

(c)	To what extent are the decision-making requirements of this job guided by others (check all responses that apply and provide examples)	Almost never	Sometimes	Often	Most of the time
	Immediate supervisor Example:			X	
	Others in own program/department Example:			X	
	Others within the SHA / Affiliate Example:	X			
	Departmental Management Example:	X			
	Specialists / Clinical Experts Example:			X	
	Senior Management Example:	X			
	Other Example:				
the re	**************************************				

Section 7	– EDUCATI	ON AND SPECIE	FIC TRAINING		
P	Purpose:	This section ga	thers information	on the minimum level of c	completed formal education required for the job.
					ssary for a new person being hired into this job? This does not reflect the education
 that you have, but what is the typical minimum requirement of the job. The total minimum level of completed schooling or formal training should include all classroom, laboratory prior to graduation or certification. (i) High School: Grade 10 Grade 11 Grade 12 ⊠ (ii) Technical/Vocational/Community College: 1 year 2 years 3 years 3 years 5 Specify (Do not use abbreviations): Cytotechnology diploma (iii) Licensed Trades: 1 year 2 years 3 years 4 years 5 years 5 Specify (Do not use abbreviations): Cytotechnology diploma (iii) Licensed Trades: 1 year 2 years 3 years 4 years 5 years 5 Specify (Do not use abbreviations):	ude all classroom, laboratory, practicum, clinical, or apprenticeship, etc., time required				
((i) High Sc	hool:	Grade 10	Grade 11 Grade 1	2 🖂
(\square 3 years \square
((iii) License	d Trades: 1 year	2 years	3 years	
(
(b) I	ls any Provinci	ial, National or pro	fessional certificat	ion mandatory? 🛛 🛛 Yes	□ No
I	lf yes, please s	pecify and provide	the name of the lic	censing / certification / regis	tration body (do not use abbreviations):
					zists
(c) V	What additiona	al special skills, tra	ining, or licenses a	re needed to perform the job	? Indicate the length of the course/program:
	 Basic com Analytical Ability to Communi Organizat Interperso Valid driv 	pputer skills I skills work independentl cation skills ional skills onal skills er's license, where	y e required by the jo **********	******	*****
SUPERV	'ISOR'S CON	AMENTS – EDU	CATION AND SP	PECIFIC TRAINING	COMMENTS (must be completed if "Incomplete" or "No" is selected).
Are the r	esponses to th	ne question:	Complete	Incomplete	
Do you a	gree with the	responses:	Yes	No No	
(ii) Technical/Vocational/Community College: 1 year 2 years 3 years 3 years Specify (Do not use abbreviations): Cytotechnology diploma (iii) Licensed Trades: 1 year 2 years 3 years 4 years 5 years Specify (Do not use abbreviations):					

ł	Purpose:					
	ui pose.		ion gathers information xperience and/or on-the			for a job. Relevant experience may include previous job-
	the minimum r carry out the re			to and/or (b) on-the-jol	o, that is required for a new	person with the education recorded in Section 7 to acquire the
🕨 F	For part (b), ask	yourself, "	Is previous related job ex Is time on the job require 7, practicum, clinical or	ed to learn new tasks ar	nd responsibilities or to adj	ust to the job? If so, how much?" , Education and Specific Training.
F	Required previo	ous related j	ob experience (do not in	clude practicum or ap	prenticeship if covered in	Section 7 – Education and Specific Training)
	🛛 None		6 months	1 year	3 years	5 years
Γ	Up to 3 mon	ths	9 months	2 years	4 years	Other (specify)
Ι	Describe the exp	perience rec	quirements gained on pre	vious jobs here or elsev	where needed to prepare for	this job:
•	• No previou	s experienc	e.			
ŀ	Average time re	quired on the	he job to learn and/or adj	ust to this job:		
[1 month or f	ewer	6 months	🛛 1 year	3 years	
[3 months	l	9 months	2 years	Other (specify)	
Ι	Describe the tas	ks and resp	onsibilities that need to b	e learned in order to sa	tisfy the requirements of th	is job:
	◆ Twelve (12)) months or	n the iob to apply and de	velon essential technia	ues and skills and become	familiar with department policies and procedures.
			J	1		
PERV	ISOR'S COM	MENTS –	EXPERIENCE	******	******	**********
a tha r	esponses to the	a uestion.	Complete	Incomplete	COMMENTS (mus	t be completed if "Incomplete" or "No" is selected):
	gree with the r	-				
, ou uş	B- co with the I	-sponses.				
						Supervisor's Initials:

Section 9 – INDEPENDENT JUDGEMENT

	Purpose:	This section g	athers information	on the extent to which	n the job exercises independent action.
		dependent action, no precedents to		rees. Some jobs are hig	hly structured and have many formal procedures, while others require exercising judgement or
			rovided to this job. hers and direct supe		om rules, instructions, established procedures, defined methods, manuals, policies, professional
(a)	To what extent directing action		trol its own work as	s opposed to being guide	ed by influences such as rules, procedures, policies, supervisory presence or instructions
	Please check t	he answer that n	nost closely represe	ents expected job requi	irements.
	🗌 Most job re	quirements (to the	e extent possible) ar	e set out within structur	e and rules and/or readily understood schedules to guide job tasks/duties required.
	🔀 Some restri	ctions apply, but	the control over sett	ing work priorities and	pace of work is contained within the job.
	There are m	ninimal restriction	s, leaving significat	nt control over the work	being carried out within the scope of the job.
	Other (plea	se explain):			
	Work is me	ostly repetitive an	d predictable with l		irements. . Example:
			-	ons that require judgem orrective actions as req	-
GUDE					*****
SUPE.	KVISUK'S CON	IMENTS – INDI	EPENDENT JUD(COMMENTS (must be completed if "Incomplete" or "No" is selected):
Are th	e responses to th	e question:		Incomplete	
Do you	u agree with the	responses:	Yes	🗌 No	
					Supervisor's Initials:
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Section 10 – WORKING RELATIONSHIPS

Purpose: This section gathers information on the typical contacts or working relationships <u>necessary</u> in doing the job.

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

Purpose of Contact:

A No exchange

С

- **B** Exchange of factual or work-related information
 - Explanation and interpretation of information or ideas
- **E** Counseling
- **F** Secure cooperation of others for the development of services, programs, policies or agreements on behalf of the Program / Department
- **D** Discussion of problems with a view to obtaining consent, cooperation and/or coordination of activities
- G Negotiation of service and / or supply agreements

		PURPOSE OF CONTACT Check off all that apply (more than one, if applicable) A B C D E F G X X X X X								
	(more	than							
	Α	B	C	D	E	F	G			
Students Supervisor / supervisors of programs / departments or services Clients / patients / residents Pamily of clients / patients / residents Physicians Business representatives Suppliers / contractors Volunteers General Public Other health care organizations or agencies Professional organizations / agencies Sovernment departments Social Service establishments Community Agencies Police and Ambulance		X	X	X						
Employees in another department/site (specify)		X	X	X						
Students		X	X							
Supervisor / supervisors of programs / departments or services		X	X	X						
Clients / patients / residents		X								
Family of clients / patients / residents		X								
Physicians		X	X	X						
Business representatives		X								
Suppliers / contractors		X								
Volunteers	X									
General Public	X									
Other health care organizations or agencies		X	X							
Professional organizations / agencies		X								
Government departments	X									
Social Service establishments	X									
Community Agencies	X									
Police and Ambulance	X									
Foundations	X									
Others (specify)										

Section 10 – WORKING RELATIONSHIPS (cont'd)

• Questions (b) to (k) that follow provide a series of situations that may be encountered in your job. Please provide the response that fits best for each situation. Provide examples or specify where requested.

ном	OFTEN DOES YOUR JOB REQUIRE YOU TO:	Almost never	Sometimes	Often	Most of the time
(b)	Have to tell people things they <u>DO NOT</u> want to hear?				
	 Other employees 		X		
-	 Client / patients / residents / families 	X			
	The general public	X			
	• Other (specify)				
(c)	Have contact with very upset or very angry:				
	 Clients / patients / residents / families (not other workers) 	X			
	 Outside groups (not other workers) 	X			
-	General public	X			
	 Other employees 	X			
	 Management 	X			
-	Physicians		X		
-	• Other (specify)				
(d)	Have contact with extreme / special needs clients / patients / residents? Specify:				
(e)	Talk with clients / patients / residents to:				
-	Get information from them		X		
	Inform them		X		
	Counsel them				
	 Devise mutual goals / objectives with them 	X			
	 Check on their progress 	X			
(f)	Talk with families to:				
-	Get information from them		X		
-	Inform them		X		
-	Counsel them				
	 Devise mutual goals / objectives with them 	X			
	 Check on their progress 	X			
(g)	Talk with physicians to:				
-	Get information from them			X	
	Inform them		X		
	 Devise mutual goals / objectives with them 		X		

Section 10 – WORKING RELATIONSHIPS (cont'd)

но	V OFTEN DOES YOUR JOB REQUIRE YOU TO:		Almost never	Sometimes	Often	Most of the time
(h)	Talk with general public to:					
	 Provide information 		X			
	 Respond to questions 		X			
	 Make presentations 		X			
(i)	Talk with other employees to:					
	 Get information from them 				X	
	 Inform them 				X	
	 Counsel / persuade them 		X			
	 Give them advice on work procedures 				X	
	 Get advice from them on work procedures 				X	
	 Get cooperation from other parts of the organization on projects and progr 	ams		X		
	• Other (specify)					
(j)	Talk to vendors, contractors, consultants, government agencies and other exte	rnal groups or organizations to:				
-	 Get information from them 			X		
	Confer with peer professionals					
	 Inform them 		X			
	 Arrange for services 		X			
	 Devise mutual goals / objectives with them 		X			
	 Lead meetings 		X			
	Check on their progress		X			
	• Other (specify)					
(k)	Other (specify):					
ERVI	**************************************	*****				
	COM	IMENTS (<u>must</u> be completed if "Incor	nplete" o	or "No" is s	elected):	
the responses to the question:					······	
ou ag	ree with the responses:					
			Supe	rvisor's Init	ials:	
			upu			

Job #514 – Cytotechnologist I - Histology (February 12, 2025)

Section 11 – IMPACT OF ACTION

Purpose: This section gathers information on the likelihood of impact of action occurring when carrying out the duties of the job. Consider the responsibility for actions, resources and services, and the extent of the losses.

When carrying out your job duties and responsibilities, what is the likelihood of your actions having an impact or an outcome on the following? Such effects are typical and not considered as carelessness, willful neglect or extreme circumstances.

Injury or discomfort of others If yes, please provide an example(s):	Is an impact likely? Yes	No 🗌
 Improper disposal of biohazardous materials may lead to serious disc 	comfort to others.	
 Embarrassment in public, client / patient / resident, families, business or em If yes, please provide an example(s): <i>Mislabeling specimens may impact patient diagnosis and may cause</i> 		No 🗌
 Delays in processing or handling of information or in the delivery of servic If yes, please provide an example(s): <i>Mislabeling specimens may impact patient diagnosis and may cause</i> 		No 🗌
 Actions which impact on departmental / site / agency / SHA / Affiliate open If yes, please provide an example(s): Improper specimen preparation may impact department's ability to department. 		No 🗌
 Damage to equipment / instruments If yes, please provide an example(s): Improper servicing of equipment may lead to delays in services provi 	Is an impact likely? Yes 🖂	No 🗌
 Loss of or inaccurate information If yes, please provide an example(s): Incorrect patient information may lead to unnecessary or lack of treat 	Is an impact likely? Yes 🖂	No 🗌
 Financial losses including withdrawal of commitment or withholding of fur Improperly handled specimens may require re-testing which increase 	· · ·	No 🗌
Other – If yes, please provide an example(s):	Is an impact likely? Yes	No 🗌
********************************	*******	
SUPERVISOR'S COMMENTS – IMPACT OF ACTION	COMMENTS (must be completed if "Incomplete" or "No" is selected):	
Are the responses to the question: Complete Incomplete		
Do you agree with the responses: Yes No	Supervisor's Initials:	

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Section 12 – LEADERSHIP/SUPERVISION

	athers information on the requi nable them to carry out their jol	irements to supervise others, lead others and / or provide functional guidance or technical b.
	ements of the job to supervise oth clude clients / patients / resident	hers, lead others, provide functional guidance or provide technical direction to enable other employees t ts.
Specify any jobs or work grou	p as appropriate, under one or mo	ore of these categories. Check all that apply and provide examples.
🛛 Familiarize new employee	s with the work area and processe	es Staff, students
Assign and/or check work	of others doing work similar to ye	yours Staff
Lead a project team, priori achieve planned outcome(tize tasks, assign work, monitor p s)	progress to
Provide functional advice / tasks	instruction to others in how to ca	arry out work Staff, students
Provide technical direction carry out their primary job	as an expert in a field in order for responsibilities	or others to
Provide input to <i>appraisal</i> ,	, hiring and/or replacement of per	rsonnel Staff, students
Coordinate replacement an	d/or scheduling of employees	
Supervise a work group; as take responsibility for all t	ssign work to be done, methods to he group	o be used, and
Supervise the work, practic	ces and procedures of a defined p	program
Supervise the work, practic	ces and procedures of a department	ent
Provide counseling and/or	coaching to others	
Provide health promotion /	outreach (teaching / instruction)	
Other (specify)		
PERVISOR'S COMMENTS – LE		******************
the responses to the question:	Complete Incon	COMMENTS (<u>must</u> be completed if "Incomplete" or "No" is selected): nplete
you agree with the responses:	Yes No	•
		Supervisor's Initials:
#544 Outotookaalaaiat	istology (Esbrugry 12, 2025)	Page 16 of 26

Section 13 – PHYSICAL DEMANDS

This section gathers information on the physical effort and for the accurate hand/eye or hand/foot coordination required on a regular basis **Purpose:** in your job.

What **physical effort** is required on a **typical** basis for your job? Please provide examples that are applicable to your job. (a)

Duration means individual periods of **uninterrupted time** (except for scheduled breaks) – i.e. how long you have to perform the activity each time.

Frequency means how often each activity occurs within the day.

Indicate the duration of time that the activity is present during the normal workday or shift (e.g., for an 8 hour shift – 6 hours = 75%; 4 hours = 50%; 2 hours = 25%; 1 hour = 12%; 1/2 hour = 6%). Percentages may not add up to 100% (due to simultaneous activities).

Place a checkmark in the chart below indicating the duration, frequency and weight of the activity. Only indicate weight where applicable.

Light weight – up to 9 kg / 20 lbs

Medium weight – over 9 kg / 20 lbs

Occasional - means the activity occurs once in a while - less than 50% of the time

Heavy weight – over 23kg / 50 lbs

Regular – means the activity occurs often – between 50% - 75% of the time Frequent – means the activity occurs every day – over 75% of the time

Exertions that are infrequent or that are not typical of the performance of the job should not be considered.

	DURATION		FREQUENC	WEIGHT	
ACTIVITY EXAMPLES	Approximate % of time/day	Occasional	Regular	Frequent	Light, Medium, Heavy (specify)
Sitting	75 - 90%			X	
Computer operation	25 - 40%			X	
Standing	10 - 25%			X	
Preparation of reagents, transport of slides	15%	X			<i>M</i> – <i>H</i>
Working in awkward positions	10%		X		
Filing	5 - 10%			X	L
Driving	0 - 10%	X			

Section 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 hours = 75%; 4 hours = 50%; 2 hours = 25%; 1 hour = 12%; 1/2 hour = 6%). Percentages may not add up to 100% (due to simultaneous activities).

Examples: keyboard skills, repairing fine instruments/equipment; floor polishers; folding laundry; mechanical; plumbing; giving injections; dispensing oral medications; lawn mowers; sorting mail; electrical; driving; drafting; using long-handled tools such as mops and shovels; stocking shelves; positioning patients and equipment; carpentry.

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

Occasional	– means the activity occurs once in a while – less than 50% of the time
Regular	– means the activity occurs often – between 50% - 75% of the time
Frequent	- means the activity occurs every day - over 75% of the time

ACTIVITY EXAMPLES	Approximate % of time/day	Occasional	Regular	Frequen
petitive hand/eye motions	75 - 90%			X
mputer operation	25 – 40%			X
ining/processing	25%			X
de preparation from fine needle aspirations	15%		X	
easuring reagents/stains	5 - 10%	X		
iving	0 - 10%	X		
***************	****	****		
DR'S COMMENTS – PHYSICAL DEMANDS	**************************************			

Are the responses to the question: Complete Do you agree with the responses: Yes	☐ Incomplete ☐ No	
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Section 14 – SENSORY DEMANDS

Purpose: This section gathers information on the frequency and duration of sensory demands required by your job.

(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 hours = 75%; 4 hours = 50%; 2 hours = 25%; 1 hour = 12%; 1/2 hour = 6%). Percentages may not add up to 100% (due to simultaneous activities).

Duration means individual periods of **uninterrupted time** (except for scheduled breaks) – i.e. how long you have to perform the activity each time.

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

Frequency means **how often** each activity occurs within the day or week.

Occasional	- means the activity occurs once in a while - less than 50% of the time
Regular	- means the activity occurs often - between 50% - 75% of the time
Frequent	– means the activity occurs every day – over 75% of the time

	DURATION	FREQUENCY		
ACTIVITY EXAMPLES	Approximate % of time/day	Occasional	Regular	Frequent
Concentration on precision work (e.g. microscope)	75 - 90%			X
Computer operation	25 - 40%			X
Staining/processing	25%			X
Monitoring equipment	15 - 25%			X
Slide preparation from fine needle aspiration	15%		X	
Measuring reagents/stains	5 - 10%	X		
Filing	5 - 10%			X
Driving	0 - 10%	X		

Section 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 hours = 75%; 4 hours = 50%; 2 hours = 25%; 1 hour = 12%; 1/2 hour = 6%). Percentages may not add up to 100% (due to simultaneous activities).

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

- **Examples**: taking dictation, counseling; negotiating; taking minutes of meetings; taking telephone messages; operating a switchboard; alarm systems; mechanical/equipment sounds; taking directions or instructions; observing clients/patients/residents.
- Duration means individual periods of **uninterrupted time** (except for scheduled breaks) i.e. how long you have to perform the activity each time.
- Frequency means how often each activity occurs within the day or week.

Occasional	- means the activity occurs once in a while - less than 50% of the time	
Regular	– means the activity occurs often – between 50% - 75% of the time	
Frequent	- means the activity occurs every day - over 75% of the time	

ACTIVITY EXAMPLES	DURATION	FREQUENCY			
	Approximate % of time/day	Occasional	Regular	Frequent	
Equipment sounds	50%			X	
Communication	10 - 50%		X		

Section	n 14 – SENSORY DEMANDS	(cont'd)					
(c)	Must attention be shifted frequ	ently from one job d	etail to another?				
►	Examples: keyboarding and a	nswering the telephor	ne; dictatyping; repairin	g and listening to equipment			
	Yes 🖂 No						
	If yes, please give examples :						
• Microscope work, computer operation, telephone.							
SUDET	RVISOR'S COMMENTS – SE			**********			
	e responses to the question:		Incomplete	COMMENTS (must be completed if "Incomplete" or "No" are selected):			
	agree with the responses:	Yes					
				Supervisor's Initials:			
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Section 15 – WORKING CONDITIONS

Purpose:	This section gathers information on the undesirable or disagreeable environmental conditions or hazards under which the job is carried
	out.

(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", "regular", or "frequent".

Occasional
Regular- means the condition occurs once in a while - less than 50% of the time
- means the condition occurs often - between 50% - 75% of the time
- means the condition occurs every day - over 75% of the time

CONDITION (specify if applicable)	Occasional	Regular	Frequent
Blood / body fluids		X	
Chemical substances (specify) Alcohol, Xylene, Formalin			X
Cold			
Congested workplace			
Dust			
Extreme temperature			
Foul language			
Grease			
Head lice			
Heat			
Inadequate lighting			
Inadequate ventilation			
Insects, rodents, etc.			
Interruptions			X
Isolation			
Latex			
Moisture			
Mold			
Multiple deadlines			X
Noise			
Odor			X
Oil			
Radiation exposure (specify)			
Second-hand smoke			
Soiled linens	X		
Steam			
Transporting or handling human remains			
Travel	X		
Vibration			
Other (specify)			

Section 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", "regular", or "frequent".

Occasional	- means the condition occurs once in a while - less than 50% of the time
Regular	- means the condition occurs often - between 50% - 75% of the time
Frequent	- means the condition occurs every day - over 75% of the time

CONDITION (specify if applicable)	Occasional	Regular	Frequent
Abusive clients			
Blood / body fluids		X	
Chemical substances (specify) Alcohol, Xylene, Formalin			X
Traveling in inclement weather	X		
Excessive / unpredictable weights			
Exposure to infectious disease (specify)		X	
Extreme noise			
Faulty / inadequate equipment	X		
Personal injury			
Personal safety at risk due to isolation			
Radiation exposure (specify)			
Sharp objects			X
Small aircraft			
Steam			
Verbal and/or physical abuse			
Violence			
Working from heights			
Other (specify)			

Section	15 – WORKING CONDITION	IS (cont'd)							
(c)	Do you have to take certain train precaution(s) normally taken.)	ning, precautions or	wear protective clothin	g to avoid a work injury? (Check one and provide an explanation or example of the type of					
	Yes 🖂 No 🗌								
	Please explain your answer:								
	• Transportation of Dang		G)						
	 Personal Protective Equ Transfer, Lifting, Repos 								
	 Workplace Hazardous N 		ion System (WHMIS						
SUPER	VISOR'S COMMENTS – WO			******************					
				COMMENTS (must be completed if "Incomplete" or "No" are selected):					
	e responses to the question:	Complete	Incomplete						
Do you	agree with the responses:	Series Yes	🗌 No						
				Supervisor's Initials:					

17 – SIGNATURES		
Single job submission: NAME: (Please Print Legibly):		
SIGNATURE:	DATE:	
Group submission (NAMES OF EMPLOYEES DOING THE SAME JOB). P	lease print your name, then sign:	
NAME:	SIGNATURE:	
DATE:		
	17 - SIGNATURES Single job submission: NAME: (Please Print Legibly): SIGNATURE: Group submission (NAMES OF EMPLOYEES DOING THE SAME JOB). P NAME: NAME:	Single job submission: NAME: (Please Print Legibly): SIGNATURE:

Section 18 – OUT-C	F-SCOPE SUPERVIS	SOR'S COMMENTS				
Please add any additi	onal information or com	nments and reference th	e specific JFS section	and question as appro	opriate.	
Immediate Out-of-Sc	cope Supervisor					
Name: (Ple	ase print legibly)				_	
a.						
Signature:					_	
Job Title:					_	
Department	:				_	
Work Phone	e Number:				_	
E-Mail Add	ress:				-	
Date:						
					_	
		(= 1 10.00				

Appendix A Sample Key Activity Summary Statements

A

- Accounting
- Accounting operation
- Activities and events
- Administration and communication
- Administration duties
- Administrative activities
- Administrative functions
- Administrative procedures
- Administrative support to executive levels
- Admission, discharges and transfers
- Analysis and detection of epidemics
- Assessment and diagnosis
- Assists with training programs

B

- Budget activities
- Budget administration
- Budget and financial management
- Budget and professional development
- Budget and unit administration
- Budget management
- Budget preparation and control
- Budget unit administration

С

- Carpentry functions
- Cleaning designated areas

- Cleaning functions
- Clerical duties
- Clinical and patient pastoral services
- Clinical nursing practice
- Clinical pharmacy
- Clinical practice
- Clinical services
- Coding and abstracting
- Collaboration and Education
- Committee and coordination activities
- Committee and professional development
- Committee involvement
- Committee participation
- Committee representation
- Committees and communication
- Committees and community liaison
- Committees and meetings
- Communication and coordination
- Communications and public relations
- Community involvement
- Community resources and liaison
- Compiling reports and statistics
- Consultation
- Consultation and collaboration
- Consultation and program development
- Consultation with team
- Contact with medical staff
- Contact with vendor representatives
- Continuing education

- Control and allocation of beds
- Control of expenditures and government regulations
- Coordination and communication
- Coordination of health services functions
- Coordination of internal and external health care professionals
- Counseling
- Counseling and patient education
- Counseling, treatment and referrals

D

- Daily accounts receivable functions
- Department and administrative activities
- Department management
- Development of departments
- Development of nursing education programs
- Development of quality assurance programs
- Diagnosis
- Discharge planning
- Dispensing drugs and monitoring patient profiles
- Drug distribution
- Drug selection and information services

E

• Education

- Education (non patient)
- Education and research
- Education consultant
- Education program implementation
- Educational and professional development
- Emergency procedures
- Enforces security, fire and safety regulations
- Equipment testing
- Evaluates radiographs for quality
- Evaluation

F

- Financial and department planning
- Financial management
- Financial systems and controls
- First aid
- Food distribution
- Food preparation
- Food service and nutritional services

G

• General office duties

H

- Health records and quality assurance
- Hospital management
- Housekeeping activities
- Human resource and budget management
- Human resource functions
- Human resources management

Ι

- Installations
- Investigations

L

- Laboratory Aide functions
- Laboratory technical functions
- Labour relations functions
- Laundry operations
- Lawn and garden maintenance
- Life safety programs and services

\mathbf{M}

- Mail and filing
- Maintains directory and files
- Maintains inventory control
- Maintenance and administration
- Maintenance and cleanliness
- Maintenance and committee work
- Maintenance and trouble shooting
- Maintenance of equipment
- Maintenance of records
- Maintenance of telephone and records
- Management of department
- Management of Health Records Department
- Management of laboratory
- Management of systems contractors and suppliers
- Management of the library
- Management of volunteers
- Materials management programs
- Media relations
- Medical management

- Menu board maintenance
- Mobilization and transporting of patients
- Monitors entry and exit of visitors/patients in and out of hospital

Ν

- Narcotic and controlled drugs
- Narcotic control drug audit
- Nursing care process
- Nutritional and dietary assessment

0

- Occupational therapy program
- Ongoing health program administration
- Operates cash register
- Ordering supplies
- Ordering supplies and inventory
- Orientation
- Orientation of new staff
- Other secretarial functions

Р

- Painting functions
- Participation in committees
- Patient care
- Performs electrical circuit installations and completes electrical change requests
- Performs laboratory test procedures
- Performs preventative maintenance
- Performs radiographic examinations
- Pharmacy budget and committees
- Pharmacy functions
- Physiotherapy program
- Planning and organizing

- Planning and organizing carpentry activities
- Planning and organizing of daily painting activities
- Planning and organizing plumbing activities
- Planning and unit administration
- Plant maintenance
- Plant operations
- Play therapy
- Plumbing functions
- Policy and procedure development
- Preparation of annual budgets
- Prepares and writes programs
- Processing of doctors orders
- Production reports and records
- Professional development
- Professional growth
- Professional standards
- Program development
- Protection of hospital building and premises
- Provides assistance to departments on request
- Provides information and Library Services
- Provides physical care to patients
- Psycho-social assessment and counseling
- Public inquires
- Public relations
- Pulmonary function testing
- Purchasing activities

Q

- Quality assurance and audit
- Quality assurance and maintenance of equipment
- Quality assurance/control
- Quality control and preventative maintenance

R

- Receipt and delivered items
- Reception and telephone
- Receptionist functions
- Recording and monitoring results
- Releasing information
- Repairs and maintenance to equipment
- Report production
- Reporting and communication
- Reporting and documentation
- Reporting the test results
- Reports and records information required by nursing staff
- Research
- Research and education
- Research into hospital activities
- Respiratory care
- Responds to incoming/outgoing telephone calls and inquires
- Reviewing test results

S

- Scheduling and coordination activities
- Scheduling and processing

- Scoring and interpretation
- Secretarial functions
- Selects, acquires and organizes library materials
- Social work functions
- Sterile product preparation
- Strategic planning
- Supervises activities
- Supervises technicians
- Supervision
- Surveillance of nursing units
- Systems development process
- Systems planning and maintenance

Т

- Teaching and education
- Telephone and reception
- Test administration
- Testing procedure
- Therapeutic counseling and treatment
- Training
- Transcription of medical reports

U

- Unit administration
- Unit management
- Unit nursing specialized activities
- Unit/technical management

W

• Word processing and typing function