******

**CITY OF WELLAND**

**&**

**CUPE LOCAL 1115**



#

**JOB ANALYSIS QUESTIONNAIRE**

## INTRODUCTION

The purpose of this questionnaire is to help you describe your job and tell us the conditions under which you carry it out so we may analyze it. Please read this questionnaire carefully and write your response legibly in pen. Provide as much detail as possible and attach additional pages, if necessary. You may find that some questions do not relate to your job. If this is the case, please write N/A (not applicable) in the space provided.

All answers will be treated confidentially and will be used solely to develop job descriptions and carry out an evaluation of the job. This questionnaire is not about your job performance, and your job performance will have no impact on the evaluation of the position. Employees doing the same job are encouraged to discuss their duties with each other. Group submissions are preferred if each person is in agreement with the response and signs the back page.

It is important that supervisors read the employees' submissions and are encouraged to make comments. Supervisors are asked not to change an employee's response but to comment in the space provided for each question.

|  |
| --- |
|  **POSITION IDENTIFICATION** Department  Name  Position Title  Title of Immediate Supervisor  Do you report to anyone else  Section Location  |

|  |
| --- |
| **REFERENCE:** **(Position Control I.D.)** |

 **THANK YOU FOR YOUR ASSISTANCE**

|  |
| --- |
| **POSITION SUMMARY** |

Describe briefly the overall purpose of your position. In other words, what do you do?

|  |
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| **POSITION RESPONSIBILITIES** |

Job descriptions exist for the majority of jobs within our organization, some of which are up to date and some are not. Although a description may exist for your job, it is important for you to describe your current responsibilities in your own words.

Please list and clearly describe all duties of your job in order of importance with duty #1 being the most important. These should be ongoing and measurable which any person in the job would be expected to accomplish.

Avoid using the phrase "responsible for" unless referring to activities and objectives of subordinate staff. Use action verbs to describe your responsibilities (e.g., arranges, analyses, co-ordinates, operates, distributes, etc.)

|  |
| --- |
| **POSITION RESPONSIBILITIES (Continued)** |

Activity 1:

Activity 2:

Activity 3:

Activity 4:

Activity 5:

Activity 6:

Activity 7:

Activity 8:

Activity 9:

Activity 10:

|  |
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| **KNOWLEDGE** |

**QUESTION NO 1**

In the corresponding columns:

A) 1 -- Check the education level **required by your employer** for your job.

 2 -- Check the formal education **you consider** is required to do your job.

 3 -- Check the educational level(s) **you have completed**.

|  |  |  |  |
| --- | --- | --- | --- |
|  **EDUCATIONAL LEVEL** | **1** | **2** | **3** |
| Grade 10 or less |  |  |  |
| Grade 10 plus a special programme - Specify Courses |  |  |  |
| Grade 11 |  |  |  |
| Grade 11 plus a special programme - Specify Courses: |  |  |   |
| Grade 12 |  |  |  |
| Grade 12 plus a special programme - Specify Courses: |  |  |  |
| College - Or Polytechnical Institute 1 year: Specify Major |  |  |  |
| College - Or Polytechnical Institute 2 year: Specify Major |  |  |  |
| College - Or Polytechnical Institute 3 year: Specify Major |  |  |  |
| University - Specify Major:  |  |  |  |
| Other - Specify:  |  |  |  |

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| **KNOWLEDGE (Continued)** |

B) Do you require a licence, formal or professional designation or degree/diploma/certificate/course for your job?

|  |
| --- |
| Please specify.  |
|  |
|  |
|  |

C) Does your work require the use of computers or word processors?

|  |  |  |  |
| --- | --- | --- | --- |
|  |  Yes |  |  No |

 If Yes, what type of work is involved?

|  |  |
| --- | --- |
|  | Data search and entry |
|  | Create and modify word-processed documents |
|  | Create and modify complex spreadsheets |
|  | Desktop publishing |
|  | Advanced bookkeeping, running an accounting program |
|  | System support and programming: hardware installation and repair, software installation and troubleshooting |
| Other - Specify:  |
| What programs and/or systems are you required to use? |
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| **KNOWLEDGE (Continued)** |

D) What additional training is **required** to do your job?

|  |  |  |  |
| --- | --- | --- | --- |
|  | Blueprint reading |  | Confined Space Entry |
|  | Cardiopulmonary resuscitation |  | Instruction in a second language |
|  | Diesel mechanics |  | Policy interpretation |
|  | Drafting |  | Enforcement Procedures |
|  | Driver-operator |  | Government Regulations |
|  |  |  |  |
| Other - Specify: |
|  |

E) What reading and understanding is required on a regular basis?

|  |  |
| --- | --- |
|  | Understand verbal work orders and instructions. |
|  | Read short notes, brief forms or instructions. |
|  | Read material such as detailed forms, standard memos or letters. |
|  | Read and understand material such as detailed operating and procedure manuals, case histories, blueprints and diagrams, etc. |
|  | Read and understand material such as very specialized and technical manuals. |
| Please give examples of the above: |
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| **KNOWLEDGE (Continued)** |

F) What writing is required on a regular basis?

|  |  |
| --- | --- |
|  | Write short notes, brief forms, instructions, or records. |
|  | Write material such as standard memos, letters, or detailed forms. |
|  | Take minutes of meetings or dictation. |
|  | Write straightforward material such as progress reports, procedures, or non-standard letters |
|  | Write complex material such as specialized and technical reports. |
| Please give examples of the above: |
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|  |

G) What mathematical skills are required on the job?

|  |  |
| --- | --- |
|  | Little or no mathematical work. |
|  | Adding, subtracting, multiplying, dividing. |
|  | Calculation of percentages, ratios or averages. |
|  | Calculation using mathematical formulas or pre-established equations (i.e. calculus, standard deviations, coefficients of variation, etc. |
|  | Identification and application of a wide range of mathematical or statistical concepts. |
| Please give examples of the above. |
|  |
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| **SUPERVISOR'S COMMENTS ON QUESTION # 1** |
| ***Are the responses to this question: ¨ Complete ¨ Incomplete*** ***Do you agree with the responses? ¨ yes ¨ no***   |
| ***Comments:*** |
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| ***Supervisor's Initials:*** |

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| **EXPERIENCE AND TRAINING** |

**QUESTION NO 2**

How many months and/or years of experience (acquired either on the job or elsewhere) are needed to acquire the skills necessary to do your job satisfactorily? (i.e. the time required to learn internal and external procedures, resources, as well as specialized skills).

|  |  |  |
| --- | --- | --- |
|  **PERIOD OF TIME** | **PREVIOUS RELATED EXPERIENCE** |  **ON THE JOB** **EXPERIENCE** |
|  | up to one month |  |  |
|  | over 1 up to 3 months |  |  |
|  | over 3 up to 6 months |  |  |
|  | over 6 months up to 1 year |  |  |
|  | over 1 up to 2 years  |  |  |
|  | over 2 up to 3 years |  |  |
|  | over 3 up to 4 years |  |  |
|  | over 4 up to 5 years |  |  |
|  | over 5 years - specify: |  |  |
| Please give examples of the job duties you were considering in making your determination(s): |
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| **SUPERVISOR'S COMMENTS ON QUESTION # 2** |
| ***Are the responses to this question: ¨ Complete ¨ Incomplete*** ***Do you agree with the responses? ¨ yes ¨ no***   |
| ***Comments:*** |
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|  ***Supervisor's Initials:***  |

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| **INITIATIVE, JUDGEMENT AND CHOICE OF ACTION** |

**QUESTION NO 3**

A) When there is a situation I have not come across before:

 *1 = Almost never*

 *2 = Once in a while*

 *3 = Often*

 *4 = Most of the time*

|  |  |
| --- | --- |
| I immediately ask my supervisor what to do |  |
| I ask co-worker for help in deciding what to do |  |
| I read manuals and figure out what to do |  |
| My supervisor and I together decide what to do |  |
| I decide what to do based on my previous experience as well as checking guidelines and precedent |  |
| I get advice with problems from senior management, and other sources, i.e., Council |  |
| Ministry |  |
| Other (specify):  |  |
| Provide examples:   |  |

B) In your job, do you:

|  |  |
| --- | --- |
|  | Follow specific instruction/procedures exactly |
|  | Use well-defined methods and procedures as guidelines for assignments |
|  | Use established guidelines to achieve desired end results |
|  | Modify or change established methods and procedures, but stay within program or legislative boundaries |
|  | Develop new solutions to diverse and complex problems with conflicting requirements because there are no guidelines. |
|  | Other (specify) |
|  | Please provide examples: |

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| **INITIATIVE, JUDGEMENT AND CHOICE OF ACTION (Continued)** |

C) Before making a **major** decision, whom would you consult?

|  |  |
| --- | --- |
|  | Immediate supervisor |
|  | Peers in own department |
|  | Peers in other department |
|  | Senior management |
|  | Department Head |
|  | Council |
|  Other (Please specify): Please provide examples: |

D) What guidelines, procedures and/or manuals assist you in carrying out your job duties?

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| --- |
|  |
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|  |

E) Does your job require you to develop new work methods, procedures or manuals?

|  |  |  |  |
| --- | --- | --- | --- |
|  |  Yes |  |  No |

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| If yes, please explain by providing a specific example: |
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|  |
| **INITIATIVE, JUDGEMENT AND CHOICE OF ACTION (Continued)** |

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| **SUPERVISOR'S COMMENTS ON QUESTION # 3** |
| ***Are the responses to this question: ¨ Complete ¨ Incomplete*** ***Do you agree with the responses? ¨ yes ¨ no***   |
| ***Comments:*** |
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|  ***Supervisor's Initials:***  |
| **MENTAL EFFORT** |

**QUESTION NO 4**

A) Please describe those duties of your job which require periods of mental, aural (listening) and visual concentration such as operating a switchboard, reading, driving, inputting data, or a combination of the five senses, sight, taste, smell, touch and hearing are required in the course of doing the job that result in mental/sensory fatigue.

|  |  |  |
| --- | --- | --- |
|  | **DURATION** |  **FREQUENCY** |
| **Give examples of mental effort:** |  **Approx.** **Hrs/Day** | **Once in a While** | **Several** **Times Daily** | **Most Working Hours** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
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| --- |
| **MENTAL EFFORT (Continued)** |

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

|  |  |  |  |
| --- | --- | --- | --- |
|  |  Yes |  |  No |

|  |
| --- |
| If yes, please give examples: |
|  |
|  |
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|  |

C) Are there interruptions or distracting influences?

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| --- |
| Please explain: |
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| **SUPERVISOR'S COMMENTS ON QUESTION # 4** |
| ***Are the responses to this question: ¨ Complete ¨Incomplete*** ***Do you agree with the responses? ¨ yes ¨ no***   |
| ***Comments:*** |
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|  ***Supervisor's Initials:***  |

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| **PHYSICAL EFFORT** |

**QUESTION NO 5**

A) Not taking into account exceptional circumstances, does your job require?

|  |  |  |  |
| --- | --- | --- | --- |
| **EXAMPLES OF PHYSICAL ACTIVITIES:** | **Up to and including 1 hr/day** | **Over 1 hr up to 2 hrs/day** | **More than 2 hrs/day** |
| Work in a seated position; driving of a car; observation; Specify:  |  |  |  |
| Use of manual tools: List: Lifting of light materials (less than 5 kg.): List: Operation of the controls of a machine: List: Specify:  |  |  |  |
| Use of tools: List:Such as lifting of materials of moderate weight (over 5 kg up to 10 kg): List: Climbing a ladder: List:Pushing or pulling of carts: List: Moving of equipment or patients in a wheelchair: List:Specify:  |  |  |  |
| Use of tools such as a: List: Lifting of heavy materials (over 10 kg): List: Working in a difficult position (leaning, crouching, stooping):List:Specify:   |  |  |  |
| Lifting, pushing or pulling with extreme effort, the holding or lifting of patients/handicapped students; the pushing or holding of heavy equipment or material.Specify:  |  |  |  |
| Other: Specify:  |  |  |  |
| **PHYSICAL EFFORT (Continued)** |

1. During the course of a working day or shift, what period of time are you **required** to:

|  |  |
| --- | --- |
|  **ACTIVITY**  |  **APPROXIMATE HRS/DAY** |
|  | Sit at a desk or machine, etc.  |  |
|  | Walk |  |
|  | Stand at a counter, or machine, etc. |  |
|  | Stoop/crouch/kneel |  |
|  | Climb up and down stairs |  |
|  |
| Please explain: |
|  |
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| **SUPERVISOR’S COMMENTS ON QUESTION # 5** |
| ***Are the responses to this question: ¨ Complete ¨ Incomplete******Do you agree with the responses? ¨ yes ¨ no***   |
| ***Comments:*** |
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|  ***Supervisor’s Initials:***  |

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| **DEXTERITY** |

**QUESTION NO 6**

1. Does your work require accurate hand/eye or hand/foot coordination? This can be a **fine movement** such as keyboard skills, welding, drafting, repairing fine instruments/equipment, dispensing oral medications

 **OR**

 **coarse movement** such as using long-handled tools such as mops and shovels, stocking shelves, folding laundry, sorting mail.

|  |
| --- |
| Please give examples of movements in your job requiring co-ordination. |
|  |
|  |
|  |

1. Is speed an additional requirement for the accurate co-ordination of your work?

|  |  |  |  |
| --- | --- | --- | --- |
|  |  Yes |  |  No |

|  |
| --- |
| If yes, explain giving examples: |
|  |
|  |
|  |
|  |

1. Please indicate the type of tools, equipment, machines, etc., you are required to use or operate in carrying out your job duties.

|  |
| --- |
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|  |
| **DEXTERITY (Continued)** |

1. Are you required to clean, maintain, adjust, service or repair any of the tools, equipment or machines you have listed above?

|  |
| --- |
| Please give details: |
|  |
|  |
|  |
|  |

1. Hand movements

|  |  |  |
| --- | --- | --- |
| **Hand movement:** Use one hand for most tasks ¨ Use both hands for most tasks ¨ |  |  |
| **Activity** | **Number of Hours you Perform each Activity** | **% of Time you Perform each Activity** |
| Writing |  |  |
| Keyboarding |  |  |
| Forceful Gripping |  |  |
| Testing and Other Equipment |  |  |
| Do you wear gloves: ¨ Yes ¨ No | Number of hours per day:  |
| Equipment/tools used most frequently:  |

|  |
| --- |
| **SUPERVISOR’S COMMENTS ON QUESTION # 6** |
| ***Are the responses to this question: ¨ Complete ¨ Incomplete******Do you agree with the responses? ¨ yes ¨ no***   |
| ***Comments:*** |
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|  ***Supervisor’s Initials:***  |

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| **ACCOUNTABILITY** |

**QUESTION NO 7**

It is recognized that innocent **errors** can happen when carrying out job duties, such **errors** are not classed as careless mistakes and are not punishable;

1. Which statement best describes the likely consequences of an **error** in doing your work? Please give examples of significant **errors** which could be made in your job and indicate the consequences such as delays, financial loss, effect on others, disruption or delay of service.

|  |  |
| --- | --- |
|  | An error would have little or no direct consequences on others, I could correct it myself.Explain: |
|  | An activity involving others could be delayed or an error would result in minor loss of resource.Explain: |
|  | Others could suffer damages or some physical/psychological discomfort; or an error would result in significant loss of time or resource.Explain: |
|  | Others could suffer significant physical/psychological harm; probable errors could involve considerable expenditures of time or resource or significant embarrassment within the organization.Explain:  |
|  | Others could suffer permanent physical/psychological impairment; probable errors could involve major expenditure of time or resource or cause severe embarrassment within the organization.Explain: |
|  | Death |

|  |
| --- |
| **ACCOUNTABILITY (Continued)** |

1. What would be the effect of errors on others in terms of the loss of time, the effect on the work or the impact on the public image of the most serious errors that could be committed in the carrying out of your job duties?

|  |
| --- |
| Give precise examples of errors and explain their impact: |
|  |
|  |
|  |
|  |

1. If you made an error or an incorrect recommendation, who would normally become involved in correcting it?

|  |  |
| --- | --- |
|  | I could correct it myself |
|  | My supervisor would become involved and would tell me how to correct it |
|  | My supervisor or manager would become involved and would provide instructions on how the problem should be corrected |
|  | The Department Head would become involved in developing a solution to the problem |
|  | Council would become involved in developing a solution to the problem |
|  | Other: (Please Specify)Example: |

K) Financial processing and commitment. Please check the most appropriate to your position:

|  |  |
| --- | --- |
|  | Very little/no responsibility for handling or processing cash, purchase orders, cheques, bonds. |
|  | Some responsibility for handling or processing cash, purchase orders, cheques, bonds, contracts. |
| Example:  |
| SUPERVISOR’S COMMENTS ON QUESTION # 7 |
| ***Are the responses to this question: ¨ Complete ¨ Incomplete******Do you agree with the responses? ¨ yes ¨ no***   |
| ***Comments:*** |
|  |
|  ***Supervisor’s Initials:***  |

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| **SAFETY OF OTHERS** |

**QUESTION NO 8**

The workplace, machines, tools and equipment must be safe and employees must observe safety rules.

A) Do you work:

|  |  |
| --- | --- |
|  | Alone  |
|  | As part of a work team or group (with other employees, whether or not they belong to your organization). |
|  | How many people are in your team/group?  |

B) What potential physical injury or harm could you cause to co-workers and/or others?

|  |
| --- |
| Please explain by describing the nature and seriousness of the injury that may occur. |
|  |
|  |
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C) What **precautions** need to be taken to prevent injury to others?

|  |
| --- |
| Please give examples: |
|  |
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| **SUPERVISOR'S COMMENTS ON QUESTION # 8** |
| ***Are the responses to this question: ¨ Complete ¨ Incomplete******Do you agree with the responses? ¨ yes ¨ no***   |
| ***Comments:*** |
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|  ***Supervisor's Initials:***  |

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| **SUPERVISION OF OTHERS** |

**QUESTION NO 9**

A) Does your job require you to perform any of the following:

*Please include staff, students, volunteers, contractors, etc. when answering the questions*.

|  |  |
| --- | --- |
|  |  **FREQUENCY** |
|  | **RARELY** | **OCCASIONALLY** | **REGULARLY** |  **TO WHOM?** **(JOB TITLE)** |
| Provide guidance, instruction and direction to others |  |  |  |  |
| Schedule and/or co-ordinate work of others |  |  |  |  |
| Assign work and/or personnel |  |  |  |  |
| Maintain quality, accuracy, quantity of work of others |  |  |  |  |
| Develop work procedures and training for others |  |  |  |  |
| Other - Specify: |  |  |  |  |

B) Which statement best describes your responsibility for supervision of the work of others?

|  |  |
| --- | --- |
|  | No responsibility for supervision of others  |
|  | Supervise others who do essentially the same work |
|  | Supervise others who hold different positions within the same area of activity |
|  | Supervise others who hold different positions within different areas of activity |
|  | Other - Specify:  |

|  |
| --- |
| C) How many people do you supervise?  |

|  |
| --- |
| **SUPERVISION OF OTHERS (Continued)** |

D) Please complete the following chart and fill in the titles and numbers of employees reporting to you. Indicate part-time employees where applicable.

 Your supervisor (Title)

 +---------+

 ¦

 +---------+

 |

 |

 |

 +---------+

 ¦

Your Position +---------+

 +-----------------------------+--------------------------------

 ¦ | |

 +-------+ +-------+ +-------+

 ¦

 ¦

 +-------+ +-------+ +-------+

Position reporting to your direct sub-ordinates

 If this cannot accommodate the reporting structure of your sub-ordinates, please draw your organizational chart on back of the form or attach an existing organizational chart.

|  |
| --- |
| **SUPERVISOR'S COMMENTS ON QUESTION # 9** |
| ***Are the responses to this question: ¨ Complete ¨ Incomplete*** ***Do you agree with the responses? ¨ yes ¨ no***   |
| ***Comments:*** |
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|  ***Supervisor's Initials:***  |

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| **INTERPERSONAL SKILLS** |

**QUESTION NO 10**

From the list below, identify the usual contacts you are required to make in your job. Communication skills include oral presentations, writing, listening and/or observation skills. Choose the words that best describe the **nature or purpose of your contact** from the following list of words:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 1 | Obtain or hand out information | 4 | Problem solving for others | 7 | Counsel |
| 2 | Explain and exchange information | 5 | Interpret/resolve conflicts | 8 | Mediate/Negotiate |
| 3 | Handle complaints | 6 | Teach/train | 9 | No Contact |
|  |  |  |  | 10 | Other |

|  |  |  |
| --- | --- | --- |
|  **CONTACTS** |  **#** |  **Explain the purpose or nature of contact** |
| Business representatives  |  |  |
| Clients |  |  |
| Contractors/Suppliers |  |  |
| Employees in the same department as yours |  |  |
| Employees in another department |  |  |
| Family |  |  |
| General public |  |  |
| Heads of departments or services (other than yours) |  |  |
| Patients |  |  |
| Professional residents/interns/physicians |  |  |
| Representatives of professional agencies/governments |  |  |
| Salespersons |  |  |
| Students |  |  |
| Teachers |  |  |
| Volunteers |  |  |
| Other - Specify: City Solicitor, Council members |  |  |

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| **SUPERVISOR'S COMMENTS ON QUESTION # 10** |
| ***Are the responses to this question: ¨ Complete ¨ Incomplete*** ***Do you agree with the responses? ¨ yes ¨ no***   |
| ***Comments:*** |
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|  ***Supervisor's Initials:***  |

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| **DISAGREEABLE CONDITIONS** |

**QUESTION NO 11**

A) Is there some degree of unpleasantness in the day-to-day activities of your job. For each condition which is applicable, give an example or indicate not applicable (N/A). Check only one frequency level.

|  |  |
| --- | --- |
| Little | Once in a while |
| Occasional | Once in a while, most days |
| Frequent | Several times a day on a daily basis, or at least four days per week |
| Very Frequent | Almost all working hours for at least an average of four days per week |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Element** | Example or N/A | **Little** | **Occasional** | **Frequent** | **Very Frequent** |
| Body wastes and fluids |  |  |  |  |  |
| Chemical/cleaning substances |  |  |  |  |  |
| Dust/Dirt |  |  |  |  |  |
| Extreme temperatures |  |  |  |  |  |
| Grease/Oil |  |  |  |  |  |
| Inadequate ventilation |  |  |  |  |  |
| Inadequate lighting |  |  |  |  |  |
| Inclement weather |  |  |  |  |  |
| Infectious disease |  |  |  |  |  |
| Infectious animals |  |  |  |  |  |
| Interruptions |  |  |  |  |  |
| Lack of privacy |  |  |  |  |  |
| Lack of work space |  |  |  |  |  |

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| --- |
| **DISAGREEABLE CONDITIONS (Continued)** |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Element** | Example or N/A | **Little** | **Occasional** | **Frequent** | **Very Frequent** |
| Moisture/Steam |  |  |  |  |  |
| Noise |  |  |  |  |  |
| Odour |  |  |  |  |  |
| Smoke/Fumes |  |  |  |  |  |
| Driving |  |  |  |  |  |
| Vibration |  |  |  |  |  |
| Exposure to Sunlight |  |  |  |  |  |
| Other – Specify: |  |  |  |  |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | B) Do you work: | **Year Round** | **Spring** |  **Summer** |  **Fall** |  **Winter** |
|  | Equally indoors and outdoors |  |  |  |  |  |
|  | Always outdoors |  |  |  |  |  |
|  | Always indoors |  |  |  |  |  |
|  | Outdoors more often |  |  |  |  |  |
|  | Indoors more often |  |  |  |  |  |

C) What precautions or safety measures do you need to take to avoid a work injury to yourself?

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| Explain: |
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| **DISAGREEABLE CONDITIONS (Continued)** |

D) Are you exposed to any of the following conditions?

|  |  |
| --- | --- |
|  | Foul language/Verbal abuseExplain: |
|  | Physical abuseExplain: |
|  | ThreatsExplain: |
|  | Clients, patients, students, taxpayers, general public, etc. who are difficult to deal withExplain:  |

|  |
| --- |
| **SUPERVISOR'S COMMENTS ON QUESTION # 11** |
| ***Are the responses to this question: ¨ Complete ¨ Incomplete*** ***Do you agree with the responses? ¨ yes ¨ no***   |
| ***Comments:*** |
|  |
|  ***Supervisor's Initials:***  |

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| EMPLOYEE'S SUMMARY |

*(Please add any additional information or comments)*

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| **EMPLOYEE'S SUMMARY (Continued)** |

Signature Date

*If this questionnaire is being submitted on behalf of a group of employees doing the same job, then each employee must sign to indicate that he/she agrees with the responses.*

**Signature Date**

**Signature Date**

**Signature Date**

**Signature Date**

**Signature Date**

 (Forward to your supervisor for review and comments)

|  |
| --- |
| **IMMEDIATE SUPERVISOR (NON-UNION)** |
| Supervisors must review and sign off this questionnaire as their understanding of the position may differ from that of the employee. ***Do not change the employee's description of his/her position***. Remember that the sole purpose of the questionnaire is to provide information to be used by the Joint Job Evaluation Committee to write job descriptions and rate the job. The information provided in the previous pages must not be used to evaluate the employee's performance, and your comments must not concern performance.***YOUR COMMENTS MUST BE CONCERNED SOLELY WITH JOB CONTENT*.** *(Please use an additional sheet of paper, if required)* |

**SUPERVISOR'S SUMMARY**

 ***(Please add any additional information or comments)***

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| **Signature of Immediate Supervisor**  |  |  **Date** |  |  **Telephone No.** |

***Please forward the completed questionnaire***

***to the Human Resources Department.***