

Crisis Interveners Pay Equity Program

Questionnaire Number



Job Analysis Questionnaire

Introduction

This Job Analysis Questionnaire is intended to collect information towards the pursuit of achieving pay equity for Crisis Interveners who work in the New Brunswick Transition House sector.

The information you provide will not be used to assess your individual performance or your workload. The information will be analyzed only for the purpose of the pay equity program. All information gathered will establish the value of the job, to determine if any pay inequity exists in the Transition House sector.

While at work, you perform a set of duties that;

- requires skills,
- involves various types of responsibilities,
- requires efforts (physical and intellectual), and
- requires you to operate under certain working conditions.

EMPLOYEE – STEPS TO FOLLOW:

1. Please read the Job Analysis Questionnaire carefully, and complete each section using a **pen**. (Please print) If you find that some questions do not relate to your job, please write in "not applicable" N/A.
2. The information you provide should relate to the job as it is presently.
3. In completing each section, be as specific and concise as you can.
4. Once you have completed the Job Analysis Questionnaire, please complete the signature section and then forward it to your Executive Director, Coordinator or Immediate Supervisor for review.

EXECUTIVE DIRECTOR, COORDINATOR OR IMMEDIATE SUPERVISOR – STEPS TO FOLLOW:

1. Please review all sections of the completed questionnaire thoroughly and add any additional information or comments in the Executive Director, Coordinator or Immediate Supervisor's section.
2. **DO NOT CHANGE EMPLOYEE'S RESPONSES.**

Once your Executive Director, Coordinator or Immediate Supervisor has signed off on the Job Analysis Questionnaire, please keep a copy and send the original to the Women's Issues Branch using the enclosed envelope.

If you require assistance, please call our toll free number 1-877-253-0266 or email nbwagegap@qnb.ca.

Please complete the following information:

Transition House:

- Crossroads for Women Inc.**
- Fundy Region Transition House Inc.**
- Gignoo Transition House**
- Hestia House Inc.**
- L'Accueil Sainte-Famille Inc.**
- L'Escale Madavic Inc.**
- Maison de "Passage" House Inc.**
- Maison Notre Dame**
- Maison Sérénité House**
- Miramichi Emergency Centre for Women Inc.**
- Sanctuary House**
- Sussex Vale Transition House**
- Women in Transition House Inc.**

Language of Work:

- English
- French
- Both

Type of Shift:

- Day
- Night
- Shift work

Description of Key Work Activities:

The following section lists key work activities that may be performed by Crisis Interveners in the Transition House sector. Please identify by placing a checkmark in the appropriate boxes, the activities that apply to your job:

Admissions/Intake and Discharge

- Determine if a client fits the criteria for admission into the Transition House (alcohol and drug abuse)
- Determine if client is in immediate crisis during intake process and how to calm them down
- Complete various intake forms (medication form, confidentiality and release of information form, etc.)
- Ensure the health, safety and well-being of all residents
- Orient new residents (describe services, house guidelines, fire and evacuation procedures, house chores, etc.)
- Ensure that residents are provided with daily living supplies (toiletry items, clothes, baby items, medication, etc.)
- Contact the appropriate services (i.e. Mental Health, Sexual Assault Centre, Department of Social Development...)
- Ensure that appropriate paperwork is completed upon discharge

Safety and Security

- Ensure that safety guidelines are being followed (food safety, clear hallways and stairs, alcohol/drugs, etc.)
- Manage prescription/non prescription medication (recording, safe keeping, monitor dosage)
- Ensure that all sharp objects and cleaning supplies are properly stowed away
- Monitor surveillance cameras and/or visual monitors
- Verify who is at the door before opening

Description of Key Work Activities (con't):

Safety and Security (con't)

- Record log ins and outs of residents, staff, visitors, maintenance workers, donators, etc.
- Ensure that doors, windows, fenced-in gates are secured or locked at all times
- Contact emergency personnel (missing resident, injury, drug or alcohol support, suspicious activities, etc.)
- Set alarms and ensure that they are working properly
- Safety assessments and planning
- Ensure that house policies regarding suspected drug/alcohol abuse are adhered to
- Promote and ensure that children are safe while mothers are preparing the meals
- Ensure that house checks are carried out according to house guidelines (i.e. check smoke detectors, fire extinguishers, emergency lights, carry out scheduled fire drills, etc.)
- Accompany clients to various appointments (doctor, court, etc.)
- Identify when furnishings, toys, equipment are unsafe or in need of repair and to take appropriate action (CSA approved)

Crisis Intervention/Case Management

- Assess and determine resident's needs and provide options and adapt interventions (children, pet care)
- Assess and determine if relocation is necessary (i.e. move to another Transition House)
- Encourage, establish and follow up on action plan with resident
- Provide residents with information about community resources (Social Development, Housing, Legal Aid, Mental Health, etc.)

Description of Key Work Activities (con't):

Crisis Intervention/Case Management (con't)

- Input pertinent resident information into appropriate programs or forms (daily and monthly stats)
- Write daily reports on individual residents and update Crisis Intervener during shift changes
- Address noncompliance to policies and taking appropriate action (missing curfews, drug and/or alcohol abuse, etc.)
- Conflict resolutions between residents, residents and staff
- Prepare and facilitate meetings with residents (general house meetings, special topic meetings, etc.)
- Determine if resident's stay needs to be extended
- Monitor and respond to 24/7 crisis phone line
- Contact community resources for resident if requested
- Promote appropriate reading material to residents
- Authorize transportation services to transport resident to Transition House

House Duties/Maintenance

Perform cleaning and maintenance tasks:

- Prepare chore charts for residents and ensure that the chores assigned are being carried out
- Groceries
- Ensure that entrances and exits are clear of snow and ice
- Contact service providers and contractors
- Dishes, utensils and food preparation area

Description of Key Work Activities (con't):

House Duties/Maintenance

- Laundry
- Sweep and clean floors; vacuuming
- Fill containers and dispensers
- Empty and take out garbage and recycling boxes
- Disinfect and sanitize kitchen and bathrooms, door knobs, railings, mattresses
- Wash bedding
- Repair household items (toilets, unclogging sinks, toys, furniture, etc.)
- Ensure all storage areas and closets are clean and organized

Outdoor and seasonal chores:

- Maintain the lawn and/or garden
- Shovel
- Paint

Description of Key Work Activities (con't):

Food and Nutrition

- Plan menus according to Canada's Food Guide, cultural and religious practices, and any allergies and/or medical conditions
- Assist residents in preparing meals according to Canada's Food Guide, cultural and religious practices, and any allergies and/or medical conditions
- Prepare meals according to Canada's Food Guide, cultural and religious practices, and any allergies and/or medical conditions
- Monitor and make suggestions concerning proper nutrition
- Ensure that foods and kitchen appliances are up to standards (i.e. food safety standards, check and log temperature of fridge/freezer, gloves are worn during meal preparation, etc.)

Fundraising/Marketing

- Participate in fundraising events or activities
- Accept, sort through and record donations on behalf of the house
- Write acknowledgment letters to donators
- Public relations (community groups and schools)
- Promote special events and dates related to domestic violence (Family Violence Month, International Women's Day, etc.)

Description of Key Work Activities (con't):

Administration

- Monitor and act upon incoming and outgoing communications (emails, mail, telephone, etc.)
- Ensure that house guidelines and standards are adhered to
- Financial responsibilities (i.e. balancing petty cash, credit card, receipts, bank deposits, etc.)
- Record(s) management (i.e. resident's files, child files)
- Assist in emergency response (i.e. power outages, communicable diseases, floods, fires, serious illnesses and/or injuries)
- Prepare proof of residency letters
- Attend staff meetings
- Secure cash donations
- Orientate and train new staff members and volunteers
- Facilitate liaison with Child Support Worker, Outreach Worker, Executive Director/Coordinator
- Accept complaints and grievances from residents

Description of Key Work Activities (con't):

Please specify **any other** key work activities that you may perform:

Required Qualifications

Education

What do you think is the level of education or formal training required to be a Crisis Intervener in the Transition House sector? **(Please note that this question is *not* referring to the education that you have, but what is required for the job.)**

(Please check one box only.)

- Less than High School
- Less than High School with related training
- High School or equivalent
- High School or equivalent with related training
- High School plus one-year post-secondary program (i.e. Certificate)
- High School plus two-year post-secondary program (i.e. Diploma)
- Undergraduate Degree in related field

Other courses/training required, please specify:

Experience

What do you think is the **minimum** amount of experience required for a new person to acquire the skills needed to carry out the requirements of this job?

(Experience may be acquired in any related work or in any pertinent life experience.)

- Less than 3 months
- From 3 months to less than 6 months
- From 6 months to less than 12 months
- From one (1) year to less than two (2) years
- From two (2) years to less than three (3) years
- From three (3) years to less than five (5) years
- Five (5) years or more

Dexterity and Coordination

Does your work require **accurate hand/eye or hand/foot coordination**?

- **Fine motor skills:** using small muscles, i.e. keyboard/writing skills, dressing children, repairing small toys/equipment, handing out oral medications, assembling objects, changing diapers, picking up small objects
- **Gross motor skills:** using large muscles, i.e. using long-handled tools such as mops and brooms, stocking shelves, folding laundry, sorting mail, lifting/carrying, climbing/bending, running

Using the chart below:

- Please provide examples of activities that require dexterity and coordination, that are applicable to your job.
- Please check off **fine** motor skills and/or **gross** motor skills where they apply.
- Place a checkmark in the chart below indicating the frequency of the activity.

Frequency Table:

- **Sometimes** – Once in a while, when necessary
- **Often** – Several times a day or at least five days per week

ACTIVITY EXAMPLES	DEXTERITY/ COORDINATION			FREQUENCY	
	Fine	Gross	Fine & Gross	Sometimes	Often
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Dexterity and Coordination (con't)

Is **speed** a factor when performing the activities of your job?

Yes

No

If yes, please provide detailed examples:

Responsibilities

Accountability / Decision Making

For each situation, please indicate the response that most appropriately describes your job.

When there is a situation you have not come across before, do you (check all responses that apply)	Never	Sometimes	Often	Most of the time	Not applicable (N/A)
Ask your Executive Director, Coordinator or Immediate Supervisor what to do	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ask your Executive Director, Coordinator or Immediate Supervisor for help in deciding what to do	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ask funders/stakeholders what to do	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ask funders/stakeholders for help in deciding what to do	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ask colleagues (crisis interveners, child support workers, outreach workers, support workers) for help in deciding what to do	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Read manuals and figure out what to do	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Check guidelines and past practices	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Decide what to do based on your related experience	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (please specify) _____ _____ _____ _____ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Accountability / Decision Making (con't)

For each situation, please indicate the response that most appropriately describes your job.

To what extent is the decision making of this job guided by others (check all responses that apply and provide examples)	Never	Sometimes	Often	Most of the time	Not applicable (N/A)
Executive Director, Coordinator or Immediate Supervisor Example _____ _____ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Funders/Stakeholders Example _____ _____ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Colleagues (crisis interveners, child support workers, outreach workers, support workers) Example _____ _____ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Health and Other Professionals (i.e. Social Workers, Police, Lawyers, Mental Health, etc.) Example _____ _____ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Community Resources (i.e. Family Resource Centers, Day Cares, Outreach Services, etc.) Example _____ _____ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other, please specify: _____ _____ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Communication/Interpersonal Relations

Referring to the table below please specify all levels of Communication/Interpersonal Relations required on a regular and/or routine basis in performing your job. (Consider verbal or written communications or sign language)

Level of Communication	
A. <u>No Exchange.</u>	D. <u>Discussions:</u> To discuss problems with people in order to get approval, cooperation and/or coordinating activities.
B. <u>Exchanging:</u> To exchange information.	E. <u>Collaboration:</u> Working with people and providing guidance in order to help them by using your professional experience and specialized knowledge.
C. <u>Explanation and interpretation:</u> To explain information or ideas.	F. <u>Persuading and negotiating:</u> Presenting arguments to persuade people to take certain steps or to make decisions in order to come to an agreement or a solution.

CONTACT	A	B	C	D	E	F
Clients, residents, non residents, ex-residents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Colleagues (crisis interveners, child support workers, outreach workers, support workers)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Volunteers/students	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Executive Director, Coordinator or Immediate Supervisor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Family, friends, other third parties	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Abusers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Suppliers, contractors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Community (i.e. Schools, Groups)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Transition House or other organizations (i.e. Sexual Assault Centre and/or other immediate partners)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Health and Other Professionals (i.e. Social Workers, Lawyers, Mental Health, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Administration (Networks, Executive Director)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Women's Issues Branch, Violence Prevention Initiatives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emergency Personnel (Police, Fire Department and Ambulance)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Inspectors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Others (please specify):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Supervision

Do your job duties involve one or more of the following activities? If so, please provide an example.

Activity	Never	Sometimes	Often	Most of the time	Not applicable (N/A)	Example
Provide orientation to coworkers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Provide direction to others on how to carry out job duties	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Assign and/or check work of other staff (i.e. volunteers, students, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Supervise a group of staff members	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Coach/mentor work of other staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Ensure that work complies with standards and procedures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Schedule staff/coordinate replacements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Evaluate staff performance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Establish staff's workplan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Responsible for taking staff disciplinary measures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Which statement best describes your responsibility for supervising the work of others?

- No responsibility for supervision of other staff
- Supervise other staff who do essentially the same work
- Supervise other staff who hold different positions within the same area of activity
- Other, please specify: _____

How many employees do you supervise? _____

Required Effort

Intellectual Effort

Please place **one** checkmark (✓) next to the statement that best describes the challenges of your job. Please consider how much judgment and thought is required to do your job, as well as how hard the duties are to do. Also think about whether procedures and standards are available to help you in making decisions.

- Job duties are very routine with little or no choice as to the procedures used in achieving results.
- Job duties are semi-routine with few choices as to what procedures should be followed. Requires some judgment in making minor decisions.
- Job duties are somewhat complex with some choices as to what procedures should be followed. Requires a moderate level of judgment in selecting appropriate procedures and standards.
- Job duties are complex with several choices as to what procedures should be followed. Requires the use of considerable judgment in adapting procedures and standards to fit facts and conditions.
- Job duties are difficult and complex. Requires a high level of judgment where answers and solutions can only be found after careful thought and analysis.

Please provide examples to support/describe the choice made above:

Example 1

Example 2

Intellectual Effort (con't)

What is the most difficult aspect of your job?

Concentration and Sensory Attention

Referring to the table below, please indicate the activities which you perform in your job that requires concentration and sensory attention (seeing, tasting, smelling, touching, hearing).

For each activity that pertains to your job, place a checkmark in the chart below indicating the duration and frequency.

- **Duration** how long you work on an activity each time.
- **Frequency** means **how often** each activity occurs within the day or week.
 - **Sometimes** – Once in a while, most days
 - **Often** – Several times a day
 - **Always** – Most working hours

ACTIVITIES REQUIRING CONCENTRATION & SENSORY ATTENTION	DURATION (cumulative)			FREQUENCY			N/A
	Up to and including 1 hr	Over 1 hr up to 2 hrs	More than 2 hrs	Sometimes	Often	Always	
Preparing written/electronic materials (i.e. log book, stats, reports)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dealing with requests from clients, residents, non residents, ex-residents, children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Driving	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Concentration on precise work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Making presentations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Group sessions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intakes and/or discharge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interacting/observing children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Supervision of children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interacting/observing clients, residents, non residents, ex-residents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Active listening/interpretation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reading	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Meal and snack preparation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oral communication (in person or telephone calls)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Answering crisis calls	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (please specify):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Concentration and Sensory Attention (con't)

In performing your job duties, please provide examples where you perform **two or more activities at once** (i.e. keyboarding and answering the telephone; listening and reading, observing and speaking, observing and writing) and/or where your attention must be shifted from one job duty to another.

Example 1:

Example 2:

Example 3:

Physical Effort

For each physical activity that pertains to your job, please specify the frequency, and corresponding duration using the levels indicated below. Also, for each physical activity selected, please specify the working situation.

Frequency

Sometimes: 2-3 times per week

Always: Everyday

Duration means **how long** you have to perform the activity each time

Physical Activity	Frequency		Duration (cumulative)			Working Situations
	Sometimes	Always	Up to & including 1 hr	Over 1 hr up to 2 hrs	More than 2 hours	
Lifting, pushing, pulling, holding or moving light weights/objects (less than 10kg/22lbs)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Lifting, pushing, pulling, holding or moving medium weights/objects (from 10kg/22lbs up to 25kg/55lbs)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Lifting, pushing, pulling, holding or moving heavy weights/objects (more than 25kg/55lbs)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Climbing (stairs, ladders, etc.), running, jumping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Bending over, hunching, squatting, kneeling, climbing over, crawling, reaching, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Working while seated (can get up from time to time)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Working while standing (including walking) (i.e. making presentations)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Performing repetitive motions (i.e. washing dishes)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Maintaining one position	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Bringing a person who is agitated or experiencing a crisis under control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Working in confined spaces and/or awkward positions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Mopping/sweeping/vacuuuming	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Working Conditions

Please check the Unpleasant or Hazardous Environmental Conditions that you are exposed to and specify the frequency using the table below.

Frequency table: 1 – Rare (Condition seldom occurs)
 2 – Sometimes (Condition occurs weekly, monthly, etc)
 3 – Often (Condition occurs several times daily)
 4 – Continuous (Condition occurs almost all of the time)
 N/A – Not applicable

✓	<u>Unpleasant or Hazardous Environmental Conditions</u>	<u>Frequency</u> (1, 2, 3 or 4) or N/A
	<u>Noisy environment</u> Noise level such as that in a daycare, cafeteria, or common open air space with or without dividers, etc.	
	<u>Repulsive matter and odors</u> Vomit, waste matter, blood, etc.	
	<u>Confidentiality of information</u> Stress caused by the confidential nature of information.	
	<u>Time constraints</u> Tight, numerous, simultaneous, peak period, unforeseen deadlines, etc.	
	<u>Unpleasant or demanding verbal interactions</u> Interactions that are difficult, conflictual, hostile that require patience, comfort, tact, diplomacy.	
	<u>Situations involving violent physical interactions</u> Blows, bites, kicks, spits, etc.	
	<u>Threats and intimidation</u> Infringing on personal life.	
	<u>Isolation (Safety and Security risks)</u> Traveling alone, house calls, potentially threatening situations.	
	<u>Unpredictable schedule and tasks</u> Multiple unpredictable tasks and hours of work.	
	<u>Dust, vapours, and chemical odors</u> Requires ventilation or wearing of protective equipment or a protective apparatus.	
	<u>Hazardous materials, contaminants, contagious tissues</u> Close contact with, near work, or handled, such as cleaning products, blood, Hepatitis C, etc.	

Working Conditions (con't)

Frequency table: 1 – Rare (Condition seldom occurs)
 2 – Sometimes (Condition occurs weekly, monthly, etc)
 3 – Often (Condition occurs several times daily)
 4 – Continuous (Condition occurs almost all of the time)
 N/A – Not applicable

✓	<u>Unpleasant or Hazardous Environmental Conditions</u>	<u>Frequency</u> (1, 2, 3 or 4) or N/A
	<u>Significant temperature variations or bad weather</u> Going from warm inside to cold outside.	
	<u>High or low temperatures</u> Which make the situation uncomfortable or unpleasant.	
	<u>Difficult visual conditions (lighting, darkness, glare)</u> Which strain the eyes.	
	<u>Driving motor vehicles</u> Exposure to traffic, accidents and road conditions.	
	<u>Confined areas</u> Where air circulation makes it difficult to be there a long time.	
	<u>Limited space</u> Which restricts actions/motions.	
	<u>Dirt, grease</u> On skin or clothing.	
	<u>Shift work</u>	
	<u>On-call</u>	
	<u>Working in a locked facility</u> Safety and security risks, etc.	
	<u>Other (specify):</u> 	

Executive Director, Coordinator or Immediate Supervisor’s Comments

Please review all sections of the completed questionnaire thoroughly. It is important that the information provided serve as a fair representation of the job.

DO NOT CHANGE EMPLOYEE’S RESPONSES.

Please add any additional information or comments and **reference the specific section and question as appropriate.**

Name: _____

Signature: _____

Date: _____

PLEASE RETURN JOB ANALYSIS QUESTIONNAIRE TO THE EMPLOYEE

Respondent Identification

Questionnaire Number

Respondent's Name (First and Last): _____

I hereby confirm that the information I have supplied in this questionnaire accurately reflects my job to the best of my knowledge.

Date Respondent's signature

Note

We may have to contact you to get further information on your job. Please indicate:

Phone number (work): _____

Fax number: _____

E-mail address: _____

This identification sheet will be detached from the questionnaire prior to evaluation.

****Please mail Job Analysis Questionnaire to:**

**Women's Issues Branch
Executive Council Office
P.O. Box 6000, 551 King Street
Fredericton, NB
E3B 5H1**