

C - PHYSICAL WORK ENVIRONMENT

Please attach a brief job description if available.

1 What are the main duties of the employee's job and how much time is allocated to each one weekly?

Duties	%	Duties	%
Duties	%	Duties	%

For questions 2 and 3, **FREQUENCY** is defined as follows:**OCCASIONALLY:** 0-15 % of the times**FREQUENTLY:** 16-50 % of the time**ALWAYS:** 51 % + of the time**2** Work environment - Does the employee's job require work in any of the following conditions?

FREQUENCY:	O	F	A	FREQUENCY:	O	F	A	FREQUENCY:	O	F	A
<input type="checkbox"/> Outside	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> In a damp or humid environment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Above or below ground level	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> In extremes of cold or heat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Toxic fume	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Handling chemicals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Does the job involve other hazards? Yes No If "Yes", please list:
N/A

3 Check the items below that relate to the employee's job, and complete the information requested.

FREQUENCY:	O	F	A	FREQUENCY:	O	F	A	FREQUENCY:	O	F	A
<input type="checkbox"/> Standing	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Bending over	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Extending/reaching above head	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Walking	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Kneeling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Climbing	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/> Sitting	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/> Crouching	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> Stairs (No. of steps <u>20</u>)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Keeping one's balance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Crawling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Ladders (Height _____)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

DESCRIBE ACTIVITY AND SPECIFY FREQUENCY AND WEIGHT:

DESCRIBE ACTIVITY AND SPECIFY FREQUENCY AND WEIGHT:	FREQUENCY:	O	F	A	WEIGHT:
<input type="checkbox"/> Pushing _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Lb <input type="checkbox"/> Kg
<input type="checkbox"/> Pulling _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Lb <input type="checkbox"/> Kg
<input type="checkbox"/> Lifting/carrying _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Lb <input type="checkbox"/> Kg

Please list any office equipment, motor vehicle, tools or other equipment that is used in the employee's job.

Type of equipment	Computer/mouse/keyboard	Times per day	80% of the day
Type of equipment		Times per day	

4 Does the employee work in an extremely noisy environment, have to work at a fast pace, do repetitive movements or have short deadlines? Yes No

If "Yes", please specify: _____

The employee works in the courts, on the phone and in the office with clients. Many tasks are repetitive in nature and move fast at times depending on the needs of the client. Very often there are short deadlines for clients and providing services for clients.

5 Does the employee's job require dexterity? Yes No

If "Yes", please specify: _____

The employee is required to spend a lot of time on the computer and writing reports.

D - ADDITIONAL INFORMATION

This position requires the employee to work fast, do a lot of critical thinking for clients and often must meet short deadlines to ensure clients meet their court deadlines.

SIGNATURE OF THE AUTHORIZED PERSON

SHWETZ, COLETTE

Last name and first name of the authorized person (IN BLOCK LETTERS)

cshwetz@nanlegal.on.ca

E-mail address

HR Manager

Position

Signature

Date