

## JOB ANALYSIS

DATE OF ANALYSIS:

COMPILED BY:

COMPANY:

ADDRESS:

TELEPHONE:

CONTACT:

TITLE:

SUPERVISOR:

TITLE:

NATURE OF BUSINESS:



How is the company owned and controlled?

Is the building wheelchair accessible?

Is the building accessible by public transport?

If yes, please state bus number and also train times:

JOB TITLE:

EMPLOYEE:

PHONE NUMBER:

Core work routines:

Episodic work routine:

## JOB REQUIREMENTS AS TYPICALLY PERFORMED:

(very brief)

### 1. Physical demands:

- i. Lifting:
- ii. Standing:
- iii. Continuous movement:
- iv. Rapid movement:
- v. Walking:
- vi. Climbing:
- vii. Stopping:
- viii. Crawling:

### b. Sensory/Communication Demands:

- i. Vision:
- ii. Hearing:
- iii. Speaking:
- iv. Judgement:

### c. Academic demands:

- i. Reading:
- ii. Writing:
- iii. Maths:

### 2. General strengths and endurance required:

### 3. Pace of work:

### 4. Potentially dangerous components of job:

### 5. Critically important components of job:

### 6. Established learning curve or probationary period for the job:

### 7. Prohibitions – are there any activities the employee will be prohibited from doing?

## HEALTH AND SAFETY CHECKLIST:

1. Does the company have a health and safety policy?
2. Has a risk assessment been completed by the company?
3. Has a COSHH (control of substances hazardous to health) assessment been completed by the company?
4. Is RIDDOR (reporting of injuries, diseases and dangerous occurrences regulations) information available?
5. Is there a well stocked first aid box?
6. Does the company have a current liability insurance?
  - a. Expiry date of certificate:
7. Does the company carry out regular fire drills?
8. Does the company carry out checks on electrical equipment?

*These questions are usually quite scary! We can help take the fear out of them by helping you understand them better.*

**Job summary:**

**WORKPLACE CONSIDERATIONS:**

1. **Hours worked:**
  - a. **Full time:** per day per week
  - b. **Part time:** per day per week
  
2. **Breaks:**
  
3. **Holidays:**
  
4. **Rate and method of payment for this job:**
  
5. **Variations Seasonal:**
  
6. **How are staff normally recruited?**
  
7. **Special clothing required:** Provided by:
  - a. **Uniform:**
  - b. **Safety equipment:**
  
8. **Tools to be used:**
  
9. **Equipment to be operated:**
  
10. **Materials to be handled:**
  
11. **Description of environmental conditions at worksite:**
  
12. **Description of co-worker team:**
  - a. **How many co-workers in the immediate vicinity?**
  - b. **Workforce?**
    1. **Average age:**
    2. **Mainly male or female:**
    3. **Mainly local:**
    4. **Average length of time in employment:**
  - c. **Workforce summary:**
  
13. **Job description schedule:**
  - a. **Days of Work:** From To
  
14. **Sequential chronology of typical workday (including work routines)**

**EMPLOYMENT SITE:**

Quality Considerations Checklists (good, average, poor)

1. **Interaction available with non-disabled co-workers:**

2. **Interactions with public:**

3. **Wages:**

4. **Benefits:**

5. **Overtime:**

6. **Sick Pay:**

7. **Holiday Pay:**

8. **Other:**

9. **Long term employment security:**

10. **Enhancing features:**

11. **Increasing responsibility:**

12. **Upward mobility:**

13. **Raises:**

14. **Status:**

15. **Work expectations:**

- a. **Clearly defined:**
- b. **Flexible:**

16. **How do employees view the company?**

17. **How does the community view company?**

18. **Is the employer open to innovation?**

19. **What is the proximity to community resources?**

20. **Co-workers turnover:**

**TRAINING CONSIDERATIONS:**

**Position of Consultant in Relation to Employee** (initially and during fading)

Step 1:

Step 2:

Step 3:

Step 4:

**Availability of Co-workers/Supervisors as Trainers:**

**Description of Training Available from Employer:**

**Potential Use of Adaptations and Modifications in the Worksite:**

**Willingness of Co-Workers/Supervisors to Provide Support and Assistance:**