

# JOB STUDY RECORD

## BC INTERIOR SAWMILL & POLEYARD JOB EVALUATION PLAN

### PLEASE READ BEFORE FILLING OUT THIS FORM

THE INDUSTRY EVALUATORS CANNOT PROCESS AN EVALUATION APPLICATION WITHOUT AN ACCOMPANYING REQUEST FORM. BOTH FORMS MUST BE SIGNED BY THE UNION AND THE COMPANY IN THE SPACES PROVIDED

Plant Number \_\_\_\_\_

Plant Name and Location \_\_\_\_\_

Job Title \_\_\_\_\_

Date Prepared \_\_\_\_\_ Points \_\_\_\_\_ Grade \_\_\_\_\_

Date Revised \_\_\_\_\_ Points \_\_\_\_\_ Grade \_\_\_\_\_

Name Of Person Interviewed \_\_\_\_\_ No. of Incumbents \_\_\_\_\_

#### 1. JOB FUNCTION

#### 2. MAKE AND MODEL OF EQUIPMENT OPERATED IN THIS JOB FUNCTION

#### 3. EQUIPMENT RESPONSIBILITY (setting, adjusting and/or servicing):

Plant: \_\_\_\_\_

Job Title: \_\_\_\_\_

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**4. PRODUCT KNOWLEDGE REQUIRED IN THIS JOB FUNCTION AND THE REASON(S) WHY**

**Logs:**

**Rough Lumber:**

**Finished Lumber:**

**Others:**

**5. REPORTS OR RECORDS PREPARED AND INFORMATION RECORDED**

**6. TOOLS USED AND THEIR PURPOSE**

**7. (a) DOES THE JOB REQUIRE CONTACT WITH OTHERS? \_\_\_\_\_**

**(b) IF THE ANSWER IS "YES", EXPLAIN WITH WHOM AND WHY.**

**8. (a) WHAT DISAGREEABLE CONDITIONS IS THE JOB FUNCTION EXPOSED TO?**

**(b) DOES IT REQUIRE TO WORK OUTSIDE? \_\_\_\_\_ How Often: \_\_\_\_\_**

Plant: \_\_\_\_\_

Job Title: \_\_\_\_\_

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9. IN THE PERFORMANCE OF THE JOB FUNCTION HOW COULD YOU INJURE SOMEONE OTHER THAN YOURSELF?

10. IN THE PERFORMANCE OF THE JOB FUNCTION HOW COULD YOU SUSTAIN AN INJURY TO YOURSELF?

11. (a) WHAT PHYSICAL ASPECT OF THE JOB FUNCTION DO YOU PERFORM THE MOST?

(b) WHAT IS THE MOST TIRING ASPECT OF THE JOB FUNCTION?

(c) WHAT IS THE HEAVIEST ASPECT OF THE JOB FUNCTION?

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**THIS JOB DESCRIPTION HAS BEEN COMPLETED IN ACCORDANCE WITH THE PROVISIONS OF THE RELATED SAWMILL/POLE YARD SUPPLEMENT:**

USW REVIEW COMMITTEE

MANAGEMENT REVIEW COMMITTEE

\_\_\_\_\_

(Signatures)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**THE ABOVE INFORMATION HAS BEEN CHECKED AND APPROVED BY:**

FOR THE LOCAL UNION

FOR THE LOCAL MANAGEMENT

\_\_\_\_\_

(Name)

\_\_\_\_\_

\_\_\_\_\_

(Signature)

\_\_\_\_\_

**Important Note:** *Job Study Records submitted for evaluation or re-evaluation must be signed by the Plant Job Review Committee Members, checked and approved by a representative of Plant Management, and then forwarded to the Local Union for final endorsement.*