

BC INTERIOR SAWMILL & POLEYARD JOB EVALUATION PLAN

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):**

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.

Plant :

Job Title:

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

(b) DOES IT REQUIRE TO WORK OUTSIDE? _____ How Often: _____

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?

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

REVIEW COMMITTEE MEMBERS
FOR USW

REVIEW COMMITTEE MEMBERS
FOR MANAGEMENT

1 _____

2 _____

3 _____

(Signatures)

4 _____

THE ABOVE INFORMATION HAS BEEN CHECKED AND APPROVED BY:

FOR THE LOCAL UNION

FOR THE LOCAL MANAGEMENT

6 _____

(Name) 5 _____

(Position) _____

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.