



NAME:	(optional)
DATE: _____	SHIFT: (circle one) day evening night 12-hour day 12-hour night other _____
FACILITY: _____	DEPT: _____

Workload Tracking Form

Steps in report workload issues:

1. Discuss your workload concerns with your supervisor.

If concerns are resolved communicate to all members in your department.

2. If your concerns are not resolved;
 - a) fill-out the Workload Tracking Form
 - b) contact your site OHC**

3. Return the Workload Tracking Form to your unit chairperson, or designate.

To succeed in resolving workload issues, the Workload Tracking Form needs to be filled out consistently and completely whenever a problem arises in the workplace. When required, also fill out an OH&S Workplace Incident report.

TO SUCCEED WE NEED YOU AND MEMBERS IN YOUR DEPARTMENT TO IDENTIFY WORKLOAD CONCERNS AND REGULARLY FILL OUT THIS REPORT.

Legend:
 Patient/Resident/Client (P/R/C)
 Occupational Health Committee (OHC)

What is/are the workload issues?

- ___ Increase in care/staff needed
- ___ Non-replacement policy
- ___ Working alone
- ___ Aggressive resident/client/patient/student
- ___ Equipment not working
- ___ Insufficiently trained staff
- ___ Work not organized evenly throughout the facility
- ___ Resident/client/patient/student needs inaccurately accessed
- ___ Other

Explain: _____

Please circle YES (Y) or No (N) as appropriate:

- | | | |
|--|---|---|
| 1. Is this an isolated incident? | Y | N |
| 2. Were replacement staff called? | Y | N |
| If so, | | |
| Was the shift filled? | Y | N |
| Was only part of a vacant shift replaced? | Y | N |
| 3. Are there sufficient casuals on the dept. list(s)? | Y | N |
| 4. Has the Employer failed to post or fill vacant positions? | Y | N |
| 5. Is your department training new staff on the job? | Y | N |
| 6. Is there sufficient proper equipment? | Y | N |
| 7. Did your supervisor assign additional duties to you? | Y | N |
| 8. Did the supervisor prioritize/reduce your unusual job duties? | Y | N |
| 9. Has the OHC been informed? | Y | N |