

Safety Retirement Audit Form

1. Name Last First M.I. 2. Civil Service Title/
Working Title

3. Department 4. Division or Institution 5. Unit or Program

6. Supervisor (Name and Civil Service Title) 7. Work Telephone Number

8. Work Schedule 8a. Daily Hours

Sun Mon Tue Wed Thur Fri Sat Start: A.M./P.M. Finish: A.M./P.M.

9. Briefly Describe The Major Purpose of Your Job:

10. Description Of Your Work

This is the most important item on this form. Describe your own job in your own words. List those essential tasks that take the largest amount of your time. Estimate the amount of your working time spent on each task. Use percentage of number of hours or days, or a similar breakdown. You may group related tasks together and give estimated time for each group.

EXAMPLES OF GOOD AND POOR DUTY STATEMENTS

GOOD

Prepare registers of all claims showing allocation of budget expenditures and total amount of expenditures and total amount of expenditures for month in which claims are made.

Mow lawns with power mower and hand mowers, and weed grounds. Trim trees from ground and from ladder using power saws. Lubricate mowers.

POOR

Keep claim registers.

Rake, maintain grounds, and landscape areas.

10. Description of Work

Percent or Amount of Time

Duties

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

11. What essential tasks do you perform which are directly related to the protection of public and property? What amount of time? (Never, Yearly, Monthly, Weekly, Daily)

12. Describe the nature of and amount of time spent in the control, supervision, or regular, substantial contact with institutionalized individuals. (% of total time)

13a. Identify the required training to perform your job including that which is essential to #12 above, e.g., crises intervention, emergency response, inmate, ward, patient contact/control.

13b. What training and guidelines have been available to help you in the performance of your work that relates to working with inmates, wards, or patients?

13c. What additional safety training would be helpful in the performance of your job?

14. During an emergency situation involving an inmate, ward, or patient acting out, what is your responsibility to other staff in the performance of their job? Do you intervene when another staff member is assaulted? Do you intervene in physical altercations between two or more inmates, wards, or patients?

15. Do you use verbal intervention to defuse potentially volatile situations? How often?

16. Do you meet privately with inmates, wards, or patients? % of total time spent in contact?

17. What is the most dangerous situation you have been involved in?

18. I directly supervise the following employees:
(Answer this item only if you are actually responsible for the work of others. Inspecting, checking, or proofreading the work of others does not in itself constitute supervision).

No. of Employees

Civil Service Class Title

19. If there is any other information about your position which you feel is important, enter it here. (You need not complete this item unless you have additional information which you think will help in the proper classification of your position).

20. Certification of employee.

I hereby certify that all statements made by me on this form are to the best of my knowledge, complete, and accurate.

21. Certification of immediate Supervisor and Personnel Officer or Designated Representative.

Immediate Supervisor

Personnel Officer or Designated Representative

☐ A. I concur entirely with employees statements

☐ A. The information given is correct and complete to the best of my knowledge

☐ B. See item 24 for comments

☐ B. See item 24 for comments

Signature (Supervisor)

Signature (Personnel Officer)

Civil Service Title

Civil Service Title