

## Physical/Environmental/Mental Demands Form (PEM) Executive Director

This form is intended to assist Green Venture in determining the demands of positions and in recognizing any accommodations which may be necessary per Ontario's [Accessibility for Ontarians with Disabilities Act](#) and the [Ontario Human Rights Code](#). A copy of this form is kept with the Job Description in the employee's personnel file.

Job Title: **Executive Director**

Primary Program(s): **NA**

### Physical Demands

(without accommodations)	hours at one time					total hours per day				
	0	<½	½-1	1-2	2-4	<1	1-2	2-4	4-6	6-8
sitting					✓					✓
walking		✓				✓				
standing			✓			✓				
bending neck					✓					✓
twisting neck				✓				✓		
bending waist ( <i>forward or sideways</i> )		✓				✓				
twisting waist		✓						✓		
squatting ( <i>crouch or sit on one's heels</i> )		✓				✓				
climbing hills, step ladders, ladders, etc.		✓				✓				
kneeling		✓				✓				
crawling		✓				✓				
repetitive* movement: Hand					✓					✓
Ø simple grasping 1 hand__ both ✓			✓					✓		
Ø power grasping 1 hand__ both ✓		✓				✓				
Ø fine manipulation 1 hand__ both ✓					✓					✓
Ø pushing/pulling 1 hand__ both ✓		✓				✓				
reach above shoulder height		✓				✓				
reach below shoulder height		✓				✓				
move items weighing up to 10 lbs.		✓				✓				
move items weighing 11-25 lbs.		✓				✓				
move items weighing 26-50 lbs.		✓				✓				
move items weighing 51-75 lbs.	✓					✓				
move items weighing 76-100 lbs.	✓					✓				
move items weighing over 100 lbs.	✓					✓				
driving		✓				✓				
repetitive* movement: Foot		✓				✓				
Other: computer mouse repetitive					✓					✓

\*constant for at least 15 minutes

## Environmental Demands (check all that apply)

- A. Extreme cold (*below 0<sup>o</sup>*)
- B. Extreme heat (*above 37<sup>o</sup>*) Note: Working outdoors may be required – may include rain, humidity, and hot temperatures.
- C. Noise (*need to shout in order to be heard*) Source: lawnmowers, power tools, line trimmers, etc.
- D. Vibration Source: lawnmowers, power tools, line trimmers, etc.  
(*exposure to oscillating movements of the extremities or whole body*)
- E. Exposure to dust/gas/fumes/steam/chemicals Source: Occasional dusty conditions - *uncommon*
- F. Work outdoors (*no effective protection from weather*)
- G. Walking on uneven ground (*gravel, rocks, mounds – uncommon*)
- H. Work at heights (*such as on scaffolding or ladders- uncommon*)
- I. Working around moving machinery (*fork-lifts, tractors, mowers*)
- J. Protective Equipment Required (*respirator, mask, earplugs, gloves, eyewear, etc.*)

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- K. Potential exposure to infectious diseases – exposed to high number of students and members of public
- L. Other: ergonomics related to computer, monitor, and phone use.
- M. NONE (*not substantially exposed to adverse environmental conditions*)

## Mental Demands

In each category below are examples of possible demands for a job's essential functions. The scale is by degree of complexity, not the frequency of the task:

	1 = the least complex					5 = the most complex	
<b>A. Comprehend &amp; follow instructions</b>							
(Ex: Must understand and follow a set of clear oral and/or written procedures without deviation)	1	2	3	4	<input checked="" type="checkbox"/>		(Ex: Works with little need for guidance or reliance on oral or written instructions)
<b>B. Perform assigned tasks</b>							
(Ex: Performs repetitive routine tasks)	1	2	3	4	<input checked="" type="checkbox"/>		(Ex: Performs a wide range of tasks as dictated by variable demands and changing conditions)
<b>C. Maintain an appropriate work pace</b>							
(Ex: Must adhere to a provided work schedule to meet a set of qualitative production standards)	1	2	3	4	<input checked="" type="checkbox"/>		(Ex: Is free to plan work assignments and schedule to meet long-term goals and objectives)
<b>D. Perform complex or varied tasks</b>							
(Ex: Performs simple tasks that vary little from day to day)	1	2	3	4	<input checked="" type="checkbox"/>		(Ex: Performs a wide range of complex tasks with little predictability as to their occurrence)
<b>E. Relate to others</b>							
(Ex: Has little interaction with co-workers)	1	2	3	4	<input checked="" type="checkbox"/>		(Ex: Relates sensitive information to diverse groups)
<b>F. Influence people</b>							
(Ex: Does not need to obtain cooperation from co-workers to accomplish assigned tasks)	1	2	3	4	<input checked="" type="checkbox"/>		(Ex: Must work with diverse groups to obtain consensus on complex issues)
<b>G. Make decisions</b>							
(Ex: Implements others' decisions/procedures with little judgment required)	1	2	3	<input checked="" type="checkbox"/>	5		(Ex: Must independently apply abstract principles to solve complex conceptual issues)
<b>H. Direct, control and plan</b>							

(Ex: Does not manage or supervise projects or staff)      1      2      3      4      ✕      (Ex: Must independently manage a large group performing varied tasks)

**I. Interact with public or co-workers in written form**

(Ex: May write simple memos to co-workers)      1      2      3      4      ✕      (Ex: Must write letters to explain complex issues or persuade administrators, faculty, staff, students and/or the general public)

**J. Communicate orally**

(Ex: Must relay simple information orally)      1      2      3      4      ✕      (Ex: Persuade or explain complex issues in person or by phone)

I, the undersigned, hereby declare that I have been given the opportunity to review the above information and understand that my inability to meet any of the above physical/psychosocial demands does not preclude employment provided that I am able to perform the essential duties of the position. I also understand that reasonable accommodation will be made if such is required and having reviewed the above, declare that:

No accommodation to the work will be required:     

Accommodation to the work may be required:     

(State only those aspects of the work that may require accommodation. Do not provide medical diagnosis)

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Executive Director:

\_\_\_\_\_  
*Print name*

Date: \_\_\_\_\_

\_\_\_\_\_  
*Signature*

Board Evaluation Committee Member:

\_\_\_\_\_  
*Print name*

Date: \_\_\_\_\_

\_\_\_\_\_  
*Signature*