## ARE YOU WILLING TO DONATE TWO WORK WEEKS A YEAR?

If you start your shift just fifteen minutes early or not take your 15 minutes break every day, by the end of one year, you will have donated the equivalent of almost 2 full work-weeks.



## WORKLOAD JOURNAL

**FOR HEU MEMBERS** 

Name: _		 	 
Site:		 	
Departm	ent:		

## **WORKLOAD PREAMBLE**

Workload is an Occupational Health and Safety issue. To assist you in making it easier to track unsafe workload the OH&S department at HEU has created this Workload Journal.

The information recorded in this journal can be used to report unsafe workload to your HEU Occupational Health & Safety Steward,

**WORKLOAD CHECKLIST** 

	$\circ$	Report to	your	supervisor
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- O Ask supervisor to prioritize your work (your employer is responsible to direct the work force)
- O Document any work not completed in communication book
- O Communicate to oncoming shift what work was not completed due to workload
- O Complete workload journal entry
- O Give a copy of the journal entry to the HEU OH&S steward

Date S	nift	
Reason for excessive workload (sho	rt staffed, flu outl	break etc)
Reported to Supervisor	⊙ Yes	○ No (if no explain
Supervisor's name		
Time reported		
Did you take your breaks as schedu	led? • Yes	O No
Did you miss any breaks?	○ Yes	O No
If Yes, which break(s)		
Do you feel any physical symptoms	of excessive wor	kload,
example: sore back, shoulders etc?	O Yes	O No
If yes, have you reported these sym 1-888-967-5377, and/or your emplo	yer as per the em	nployer's policy
on reporting injuries at work?  If No, reason?	○ Yes	O No
Other comments		

Date Shift		<del></del>	Date	Shift			
	excessive workload (short staffed, flu outbreak etc)		Reason for excessive workload (short staffed, flu outbreak etc				
Reported to Supervisor	O Yes	○ No (if no explain)	Reported to Supervisor	⊙ Yes	No (if no explain		
Supervisor's name			Supervisor's name				
Time reported  Did you take your breaks as scheduled?	○ Yes	O No	Time reported  Did you take your breaks as so				
Did you miss any breaks?	O Yes	O No	Did you miss any breaks?	O Yes			
If Yes, which break(s)			If Yes, which break(s)				
Do you feel any physical symptoms of exc	essive wo	rkload,	Do you feel any physical symp	otoms of excessive w	orkload,		
example: sore back, shoulders etc?	○ Yes	O No	example: sore back, shoulders	s etc? • Yes	O No		
If yes, have you reported these symptoms			If yes, have you reported these	•			
1-888-967-5377, and/or your employer as on reporting injuries at work?	per the er • Yes	mployer's policy  O No	1-888-967-5377, and/or your on reporting injuries at work?				
If No, reason?	9 103	3110	If No, reason?	3 163	3.10		
Other comments			Other comments				
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## CALENDAR TO TRACK WORKLOAD

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday