

# CITY OF GRAND JUNCTION

## JOB ANALYSIS QUESTIONNAIRE

**I. EMPLOYEE BACKGROUND:** In this section you will provide information regarding your name, current job title, your immediate supervisor, etc. This will help us make sure we refer to the correct job throughout the study.

Is this a group questionnaire? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes, please list all employee names.
--	---

**Division:** Streets

**Department:** Utility and Streets

### For Individual Questionnaires Only:

<b>Employee Name:</b>	McGee	Thomas	L
	(Last)	(First)	(Middle Initial)

**Current Classification Title:** Storm Drain Inspector

**Division** Streets

**Department** Utility and Streets

**Total Length of Time with organization** 16 Years 11 months

**Total Length of Time in Current Position** 11 Years months

**Assigned Hours/Week:: from** 7:00 Am **t o** 3:30 Pm **Assigned Days/Week** 5

**Email:** tomm@gjcity.org

**Work Phone:** 244-1575

### Immediate Supervisor:

### Immediate supervisor reports to:

**Name:** Chris Spears

**Name:** Darren Starr

**Title:** Street Systems Supervisor

**Title:** Solid Waste & Streets Manager

**Work Phone** 244-1584

**Work Phone:** 244-1493

**E-mail:** chriss@gjcity.org

**E-mail:** darrens@gjcity.org

## II. POSITION INFORMATION

**1. POSITION SUMMARY:** This section asks for a short paragraph, one to three sentences, regarding the purpose of your position and/or your primary responsibilities. This summary helps us to quickly understand the essence of your job. Usually it is better to write this after you have completed the remainder of the questionnaire. Briefly describe what you consider to be the major purpose or objective of the job. Simply stated, what are you attempting to accomplish in your position?

Example: Computer Support Technician

Summary: To operate, maintain and repair computer equipment and to provide technical assistance to users.

1. Precisely locate all storm drainage and/or irrigation lines as requested by UNCC as well as interdepartmental requests. (Effectively operate a variety of utility locating tools.
2. Respond to calls for storm drainage system malfunctions or blockages. Clear obstructions from plugged lines as necessary. Operate a variety of manual and power hand tools, all other equipment necessary for maintenance of systems. Possess strong knowledge of Persigo's WWTP equipment capabilities.
3. Respond to emergency calls concerning the irrigation line street crossings. Clear obstructions from plugged lines as necessary or with the use of Persigo resources. Assist Persigo WWTP as needed in the cleaning of the storm and irrigation systems.
4. Conduct a variety of tasks such as flood levee inspections, detention basin inspections, open channel inspections, responses to emergency and non-emergency complaints concerning problems with irrigation and storm drainage systems, Help train H.O.A.'s on their responsibilities they have in regards to the new storm water regulations and irrigation, etc.
5. Periodically inspect and map systems. Make minor repairs to the storm drain & irrigation systems as necessary and report serious problems to supervisor for maintenance scheduling.
6. Collect data on storm drainage systems for input into GIS. Retrieve information from GIS for use in locating storm drainage systems. Update files for the G.I.S. system and mapping of the storm drain & irrigation systems. Record and file information into computer terminal and reference books on portions of systems reconstructed, and new systems acquired through annexation.
7. Inspection of the storm drain & irrigation systems during the off season.
8. Must have good computer skills to be capable of creating and using data bases to log information and generate reports
9. Knowledge of illicit discharge restrictions and enforcement procedures
10. Working knowledge of Storm Water Phase II and the 6 minimum measures also general knowledge of our requirements to our MS4 permit

11. Working knowledge of the City of Grand Junction's storm water management ordinance # 3824

12. Must be knowledgeable and able to work closely with Code Enforcement regarding violations enforcement

## 2. SUPERVISION & ORGANIZATIONAL RELATIONSHIPS.

- a. The chart below asks for your specific supervisory responsibilities. If a duty statement applies to you, please check the box under the "Yes" column and then indicate the number of employees for which you are responsible to the right of the statement.

Yes	Duty	Number of Employees
<input checked="" type="checkbox"/>	I do not officially supervise other employees (sign performance reviews).	
<input type="checkbox"/>	I evaluate and sign performance reviews of other full-time employees.	
<input type="checkbox"/>	I evaluate and sign performance reviews of part-time, temporary or contract employees.	
<input type="checkbox"/>	I instruct other employees in methods or procedures needed to carry out their job (how to carry-out their assigned duties).	
<input type="checkbox"/>	I make work assignments for others.	
<input type="checkbox"/>	I make hiring and hiring pay recommendations.	
<input type="checkbox"/>	I make hiring and hiring pay decisions.	
<input type="checkbox"/>	I recommend termination for poor performance.	
<input checked="" type="checkbox"/>	I provide advice to peers that they must consider carefully before making a decision.	10
<input checked="" type="checkbox"/>	I provide information to supervisors/management that they use in making a decision.	4

- b. Complete the organization chart below. This chart will help us to understand your job in relation to others in your department. Please use titles and not names. Fill in the applicable position titles: (1) your coworkers, employees you work with and who also report directly to your supervisor; and, (2) your subordinates, any employees you supervise directly. List only those jobs over which you have full managerial/supervisory authority (i.e. complete and sign performance evaluation.) Do not list employees supervised by your subordinate supervisors.

### YOUR COWORKERS' JOB TITLES

Crew Leader
Equipment Operator (#1 - #4)
Specialty Equipment Operator
Seasonal

### YOUR DIRECT REPORTS' JOB TITLES


Please indicate the nature of the group supervised and the number supervised

☐ Full Time      ☐ Part-Time      ☐ Seasonal/Temp      ☐ Volunteer      ☐ Contract

c. Describe with whom, or with what departments/organizations, you have regular contact.

**1. Inside your organization (other City Departments):**

Title of Person or Department	How Often	For What Purpose
Ex: Peers, Subordinates	Daily	Daily Work Assignments
Persigo Waste water	Daily	Scheduling with Persigo's WWTP for storm and irrigation cleaning.
Parks	O	Cleaning storm drains & irrigation
P D	O	Respond to emergency calls
Fire	O	Respond to emergency calls
Engineering	W	Support to their division
Water Dept.	Daily	Support to their division

**2. Outside your organization:**

Title of Person or Organization	How Often	For What Purpose
Ex: Vendors, Gen. Public	D	Customer Service & Storm Water ,Irrigation Problems also issue Storm Water enforcement
GRAND VALLEY IRRIGATION	D,W,M,	Customer Service & Irrigation Problems
GRAND VALLEY WATER USERS	D,W,M	Customer Service & Irrigation Problems
ORCHARD MESA IRRIGATION & DRAINAGE CO	D,W,M	Customer Service & Irrigation Problems
GRAND VALLEY DRAINAGE DISTRICT	D,W,M	Drainage Problems
CDOT, USA EPA	O	Customer Service & Storm Water ,Irrigation Problems also issue Storm Water enforcement
521 DRAINAGE ATHORITY	D,W,M	Storm Drain problems

**3. ESSENTIAL DUTIES.**

The list of essential duties helps us to understand those duties which are the primary reasons why your position exists. For clarification, please refer to the examples provided below.

**Essential Duties:** Those duties that make up at least 5% of your time. Please provide enough detail so that someone who may not be familiar with your job will have a clear understanding of what it is that you do. For example, do not simply state "prepares reports", but state "prepares reports such as status reports, staff reports", or other type of report(s) you may prepare. Also, please use action verbs such as prepares, calculates, operates, etc., to start off each statement. Do not use acronyms in your description. Examples are shown below. Use additional sheets if needed.

**Decisions Required:** List the decisions you make to carry out the essential duties.

**Frequency:** Indicate how often you perform each duty - D = daily, W = weekly, M = monthly, Q = quarterly, A = annually, or O = occasionally.

**Percent of Time:** Indicate how much of your time you spend on each task. The total of these percentages should not be more than 100%. Example: Sally conducts property value estimates 20% of the time, it may mean she spends one day out of five on that task, or that she spends around two hours each day. These need only be estimates so do not spend a great deal of time trying to come up with an exact percentage. The

percentages of **all** duties should equal 100% over a one year period of time.

**Attach additional sheets if necessary.**

**E X A M P L E (LIST ACTUAL ESSENTIAL DUTIES BELOW EXAMPLE)**

Essential Duties	Decisions Required	Frequency	% of Time
<b>EXAMPLES:</b>			
Prepares monthly newsletters by gathering information, writing copy, editing, preparing for publication and overseeing distribution.	Articles to include, editorial changes, graphics, layouts	M	25%
Performs inventory spot checks and monthly counts of supplies in warehouse.	When to check supplies	M	10%

	List of Essential Duties	Decisions Required	Frequency: D = Daily W = Weekly M = Monthly Q = Quarterly A = Annually O = Occasionally	% of Time Spent (Not to exceed 100%)
1	Respond to reports of illicit discharges to the storm drain or irrigation systems	How best to approach a discharge	Daily	5%
2	Issue Storm Water Notice of Violations	Determine at what level of enforcement to issue	Daily	5%
3	Investgate unlawful dumping into the storm drain systems	Determine if a Discharge is unlawful or lawful	Daily	15%
4	Informing the public of regulations and ordinances concerning irrigation and storm drains	Knowing what to tell them	Daily	25%
5	Issue Storm Water Compliance orders	Determine at what level of enforcement to issue	Daily	5%
6	Perform off season inspections to a large number of irrigation systems through out the City of Grand Junction	Perform Inspection to our irrigation system and determine what needs repaired or replaced	Quarterly	10%
7	Interact with code enforcement staff regarding enforcement of compliance orders and notice of violations	Make recommendation on issues	Daily	5%
8	Perform off season inspections to a large number of storm drain systems throughout the city of Grand Junction	Perform Inspection to our storm water system and determine what needs repaired or replaced	Quarterly	10%
9	Inspect City infrastructure relating to storm water and irrigation during final inspection walk throughs for new subdivisions.	Preform Inspection to see if the work is done in accordance with City construction ordinances	Occasionally	10%

10	Work requires using computer skills at an intermediate level . This includes for example generating letters/reports, perparing basic spreadsheets reports and simple data bases also the operating of printers and other office equipment.		Daily	10%
11			Select	
12			Select	
13			Select	
14			Select	
15			Select	
16			Select	
17			Select	
18			Select	
19			Select	

#### 4. REQUIRED KNOWLEDGE AND SKILLS.

This section helps us to understand the types of knowledge and skill you would need to perform your job at the entry level. Those items you list are those required and not what you might necessarily know or are able to do after being in the position for a number of years.

**Knowledge:** refers to the possession of concepts and information gained through experience, training and/or education and can be measured through testing.

**Skills:** refers to the proficiency which can be demonstrated and are typically manual in nature and/or can be measured through testing.

The knowledge and skills that you list in the following section must refer to the Essential Duties you listed in Section 3.

Duty #	Knowledge - Skills
9	Must possess a strong knowledge of the storm drainage and irrigation systems
11	Working knowledge of Storm Water Phase II and the 6 minimum measures also general knowledge of our requirements to our MS4 permit.
10	Must have good computer skills to be capable of creating and using data bases to log information and genarate reports.
4	Customer Service and contact is an important daily requirement of this position and good people skills are essential To provide good customer service; to include informing the public of regulations and ordinances concerning irrigation and storm drainage systems
1	Knowledge of illicit discharge restrictions and inforcement procedures. Working knowledge of the City of Grand Junction's storm water management ordinance # 3824


### **III. EDUCATION, EXPERIENCE, AND EQUIPMENT**

**1. EDUCATION:** What level of education do you have and what minimum level of education do you believe is needed to satisfactorily perform your job at entry level? Check the level that applies to your job:

<b>You Have</b>	<b>You Need</b>	
<input type="checkbox"/>	<input type="checkbox"/>	Less than High School Diploma or equivalent (G.E.D.) (ability to read, write, and follow directions)
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	High School Diploma or equivalent (G.E.D.)
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Up to one year of specialized or technical training beyond high school
<input type="checkbox"/>	<input type="checkbox"/>	Associate degree (A.S., A.A.) or two-year technical certificate
<input type="checkbox"/>	<input type="checkbox"/>	Bachelor's degree
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Other (explain): Training in Phase II Stormwater Regs.

**2. EXPERIENCE:** What kinds of experience do you have, and what minimum kinds of experience are needed to enter your job at entry level?

#### **Type of Experience**

<b><u>You Have</u></b>	<b><u>Your Time</u></b>	<b><u>You Need</u></b>	<b><u>Minimum Time Required</u></b>
Must possess a strong knowledge of the storm drainage and irrigation systems	20 years	knowledge of the storm drainage and irrigation systems	2 years



Customer Service and contact is an important daily requirement of this position and good people skills are essential	30	years	good people skills are essential	2	years
years			years		

a. What field (s) should training or degree be in?  
Storm Water Management

**3. SPECIAL REQUIREMENTS:** List any registrations, certifications or licenses that are **required** for you to hold your position. Be specific and do not abbreviate words or use acronyms.

Stormwater Mgmt during Const  
Altitude Training Associates  
Erosion Control Supervisor  
Altitude Training Associates  
Stormwater Compliance Inspections  
Altitude Training Associates  
Stormwater Management Plans  
Altitude Training Associates  
NIMS ICS – 700  
FEMA ICS -100  
FEMA ICS - 200  
State of Colorado  
USA FEMA  
USA.FEMA

**4. MACHINES, TOOLS AND EQUIPMENT.** List any machines, tools or equipment used in your work and indicate the frequency and time spent using each. The machines, tools and equipment must refer to the Essential Duties you listed in Section 3.

Duty #	Machines, Tools, Equipment	Frequency/Time
	Effectively operate a variety of locating tools, manual and power hand tools, operate proficiently all equipment necessary for maintenance on systems	

**5. DECISION-MAKING & JUDGMENTS.**

a. Describe three types of important decisions and judgments you make regularly and independently in the performance of your duties.

1. Enforcing illicit discharge restrictions and enforcement procedures

2. I decide how to maintain the system

3.

## IV: AMERICANS WITH DISABILITIES ACT REQUIREMENTS

### 1. PHYSICAL ACTIVITIES/REQUIREMENTS.

This section helps us understand the physical activities and requirements that are absolutely necessary for you to be able to do in order to perform your job. Please list the frequency and the importance of each of the physical requirements listed in this section. These physical activities/requirements will help in ensuring the City of Grand Junction remains in compliance with the Americans with Disabilities Act.

The City of Grand Junction is required to document any physical requirements in order to legally defend restrictions that are imposed. The definitions for the physical activities/requirements are taken directly from the guidelines established by the federal government. Your answers in this section will not affect how your job is classified.

#### Frequency

**How frequently is the activity performed?**

- 0 – Never
- 1 – Annually
- 2 – Quarterly (at least 3 per year)
- 3 – Monthly (at least 8 per year)
- 4 – Weekly (at least 3 per month)
- 5 – Daily (at least 3 per week)

#### Importance

**How important is the activity in accomplishing the job's purpose?**

- 0 – Not Important
- 1 – Somewhat Important
- 2 – Very Important
- 3 – Extremely Important

<b>Physical Activity</b>	<b>Frequency</b>	<b>Importance</b>	<b>Duties</b>
<b>Climbing:</b> Ascending or descending ladders, stairs, scaffolding, ramps, poles and the like, using feet and legs and/or hands and arms. Body agility is emphasized. This factor is important if the amount and kind of climbing required exceeds that required for ordinary locomotion.	0--Never	0--Not Important	
<b>Balancing:</b> Maintaining body equilibrium to prevent falling when walking, standing or crouching on narrow, slippery or erratically moving surfaces. This factor is important if the amount and kind of balancing exceeds that needed for ordinary locomotion and maintenance of body equilibrium.	5--Daily	2--Very Important	
<b>Stooping:</b> Bending body downward and forward by bending spine at the waist. This factor is important if it occurs to a considerable degree and requires full use of the lower extremities and back muscles.	5--Daily	1--Somewhat Important	
<b>Kneeling:</b> Bending legs at knee to come to a rest on knee or knees.	3--Monthly	1--Somewhat Important	
<b>Crouching:</b> Bending the body downward and forward by bending leg and spine.	0--Never	0--Not Important	
<b>Crawling:</b> Moving about on hands and knees or hands and feet.	1--Annually	0--Not Important	
<b>Reaching:</b> Extending hand(s) and arm(s) in any direction.	5--Daily	3--Extremely Important	
<b>Standing:</b> Particularly for sustained periods of time.	5--Daily	2--Very Important	
<b>Walking:</b> Moving about on foot to accomplish tasks, particularly for long distances.	4--Weekly	1--Somewhat Important	
<b>Pushing:</b> Using upper extremities to press against something with steady force in order to thrust forward, downward or outward.	5--Daily	1--Somewhat Important	
<b>Pulling:</b> Using upper extremities to exert force in	5--Daily	3--Extremely Important	

order to draw, drag, haul or tug objects in a sustained motion.			
<b>Fingering:</b> Picking, pinching, typing or otherwise working, primarily with fingers rather than with the whole hand or arm as in handling.	5--Daily	3--Extremely Important	
<b>Grasping:</b> Applying pressure to an object with the fingers or palm.	5--Daily	3--Extremely Important	
<b>Lifting:</b> Raising objects from a lower to a higher position or moving objects horizontally from position-to-position. This factor is important if it occurs to be a considerable degree and requires the substantial use of the upper extremities and back muscles.	5--Daily	1--Somewhat Important	
<b>Feeling:</b> Perceiving attributes of objects, such as size, shape, temperature or texture by touching the skin, particularly that of fingertips.	5--Daily	3--Extremely Important	
<b>Talking:</b> Expressing or exchanging ideas by means of the spoken work. Those activities in which they must convey detailed or important spoken instructions to other workers accurately, loudly, or quickly.	5--Daily	3--Extremely Important	
<b>Hearing:</b> Perceiving the nature of sounds with no less than a 4db loss @ 500 Hz, 1,000 Hz and 2,000 Hz with or without correction. Ability to receive detailed information through oral communication, and to make fine discriminations in sound, such as when making fine adjustments on machined parts.	5--Daily	3--Extremely Important	
<b>Seeing:</b> The ability to perceive the nature of objects by the eye. Seeing is important for hazardous jobs where defective seeing would result in injury and also jobs where special and minute accuracy, inspecting and sorting exist. A high degree of visual efficiency, placing intense and continuous demands on the eyes by moving machinery, and other objects are also considered important. Other important factors of seeing are acuity (near and far), depth perception (three dimensional vision), accommodation (adjustment of lens of eye to bring an object into sharp focus), field of vision (area that can be seen up and down or to the right or left while eyes are fixed on, a given point) and color vision (ability to identify and distinguish colors).	5--Daily	1--Somewhat Important	
<b>Repetitive Motions:</b> Substantial repetitive movements (motions) of the wrists, hands, and/or fingers.	5--Daily	1--Somewhat Important	
<b>Sedentary Work:</b> Exerting up to 10 pounds of force occasionally and/or a negligible amount of force frequently or constantly to lift, carry, push, pull or otherwise move objects, including the human body. Sedentary work involves sitting most of the time. Jobs are sedentary if walking and standing are required only occasionally and all other sedentary criteria are met.	5--Daily	3--Extremely Important	
<b>Light Work:</b> Exerting up to 20 pounds of force occasionally, and/or up to 10 pounds of force frequently, and/or a negligible amount of force constantly to move objects. If the use of arm and/or leg controls requires exertion of forces greater than that for Sedentary Work and the worker sits most of the time, the job is rated for	5--Daily	2--Very Important	

Light Work.			
<b>Medium Work:</b> Exerting up to 50 pounds of force occasionally, and/or up to 20 pounds of force frequently, and/or up to 10 pounds of force constantly to move objects.	5--Daily	1--Somewhat Important	
<b>Heavy Work:</b> Exerting up to 100 pounds of force occasionally, and/or up to 50 pounds of force frequently, and/or up to 20 pounds of force constantly to move objects.	0--Never	0--Not Important	
<b>Very Heavy Work:</b> Exerting in excess of 100 pounds of force occasionally, and/or in excess of 50 pounds of force frequently, and/or in excess of 20 pounds of force constantly to move objects.	0--Never	0--Not Important	

## 2. WORKING CONDITIONS.

The working conditions section helps us to understand the physical environment you are subjected to while performing your job duties. This section does not apply to conditions like an old office building but only those factors that have to do with the job itself. In this section, please place an X by the condition that applies and one under the frequency that is most appropriate. The condition should be unique to your job and not generally applicable to all employees with the organization. **Please note, there is a choice for "Does Not Apply," if most of your work is in an office setting.**

☐ Does Not Apply

Condition	Less than 25% of the time	25-50% of the time	More than 50% of the time
Hazardous physical conditions (mechanical parts, electrical currents, vibration, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Atmospheric Conditions (fumes, odors, dusts, gases, poor ventilation)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hazardous materials (chemicals, blood and other body fluids, etc.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Extreme temperatures	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Inadequate lighting	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work space restricts movement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intense noise	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Travel	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Environmental (disruptive people, imminent danger, threatening environment)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

## V: EMPLOYEE, SUPERVISOR, AND DEPARTMENT HEAD SIGNATURES

### ADDITIONAL COMMENTS

Are there any additional comments you would like to make to be sure you have described your job adequately? (Use additional sheets if necessary).

## EMPLOYEE CERTIFICATION

I certify that the above statements and responses are accurate and complete to the best of my knowledge.

Signed: *Thomas M. G...*

Date: 1/5/09

**TO BE COMPLETED BY THE IMMEDIATE SUPERVISOR AND DEPT. HEAD**

This section is to be used by the Supervisor to note any additional comments, additional duties or disagreements with any section of the questionnaire. The Supervisor should not change anything written by the individual filling out the questionnaire nor should they address any performance issues. Please remember that this questionnaire is intended solely for the purpose of accurately describing the job in question. Supervisors, please review the entire JAQ for completeness and accuracy. If there are sections that are not complete or are incorrect, please fill in the blanks when you review the questionnaire with the incumbent. If you disagree with any information provided or believe some information is missing, indicate below the question number and your comments. **Please note the form should have all three signatures to ensure all have read the questionnaire.**

Question No.	Comments
III 3	While the only requirements for this position are a <del>CDE</del> <sup>DRIVER'S LICENSE</sup> and to be certified as a Traffic Control Supervisor, the other training and certifications are necessary to accomplish the work Tom does.

**Please check the appropriate statement:**

☒ I agree with the incumbents' position questionnaire as written.

☒ The above modifications have been discussed with the incumbent, and the incumbent agrees with these modifications.

☐ The above modifications have been discussed with the incumbent, and the incumbent disagrees with these modifications.

**I have noted the modifications made by my supervisor in the Comments Section above.**

Employee Signature: *Thomas M. De* Date: 1/5/07  
Supervisor Signature: *Spears* Date: 1/5/09  
Department Head Signature: *[Signature]* Date: 1/8/09

THANK YOU FOR COMPLETING THIS QUESTIONNAIRE. AFTER YOU OR YOUR GROUP HAS COMPLETED YOUR PORTION OF THE QUESTIONNAIRE, PLEASE SUBMIT THE QUESTIONNAIRE TO YOUR SUPERVISOR FOR REVIEW, SIGNATURE, AND COMMENT. YOUR SUPERVISOR WILL SUBMIT THE COMPLETED QUESTIONNAIRE TO YOUR DEPARTMENT HEAD.