

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.
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Division: Operations

Department: Fire

For Individual Questionnaires Only:

Employee Name: Weber (Last) Ted (First) A (Middle Initial) -

Current Classification Title: Fire Apparatus Engineer

Division Operations Department Fire

Total Length of Time with organization 12 Years 2 months

Total Length of Time in Current Position 5 Years months

Assigned Hours/Week:: from 0800 to 0800 Assigned Days/Week 56 hrs/wk

Email: tedw@gjcity.org Work Phone: 970 244 1400

Immediate Supervisor:

Immediate supervisor reports to:

Name: Mike Zagzebski

Name: Gleann Crespin

Title: Captain

Title: Battalion Chief

Work Phone 1400

Work Phone: 1418

E-mail:

E-mail:

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 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 checked="" type="checkbox"/>	I instruct other employees in methods or procedures needed to carry out their job (how to carry-out their assigned duties).	5
<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.	5
<input checked="" type="checkbox"/>	I provide information to supervisors/management that they use in making a decision.	5

- 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

Firefighter
Firefighter / Paramedic
Captain

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

Essential Duties	Decisions Required	Frequency	% of Time
EXAMPLES:			
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	Emergency Response Mitigation	Respond Safely	Select D	20
2	Transport crews to emergency scene	Respond Safely	Select D	20
3	Perform on Medical scenes	Evaluate, Mitigate	Select D	6
4	Perform hydraulic calculations on fire scenes	Calculate in timely manner	Select D	15
5	Operate various types of equipment	Knowledge of equipment	Select D	10
6	Maintain equipment, trucks, small equip.	Knowledge of equipment	Select D	10
7	Maintain station facility	arrange for repair/maint.	Select D	5
8	Perform weekly equipment/inspections	when to do this	Select W	2
9	Prepare training reports	Enter into computer	Select W	2
10	Prepare training for crew	Coordinate w/ Captain	Select W	3
11	Maintain Various Certifications	When to renew certs	Select M	2
12	Supervise FF/PM & FF duties at	Safety & Quality control	Select D	5
13	Maintain fitness level	When to schedule PT	Select D	10
14			Select	
15			Select	
16			Select	
17			Select	
18			Select	
19			Select	

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:

You Have	You Need	
<input type="checkbox"/>	<input type="checkbox"/>	Less than High School Diploma or equivalent (G.E.D.) (ability to read, write, and follow directions)
<input type="checkbox"/>	<input type="checkbox"/>	High School Diploma or equivalent (G.E.D.)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Up to one year of specialized or technical training beyond high school
<input checked="" 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 type="checkbox"/>	<input type="checkbox"/>	Other (explain):

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

<u>You Have</u>	<u>Your Time</u>	<u>You Need</u>	<u>Minimum Time Required</u>
16	years	3	years
	years		years
	years		years

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

Fire Science / Fire technology

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.

* Successful completion of GJFD mentor program
 * Successful completion of Colorado Division of Fire Safety Driver Operator
 Pumper certification:

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

Physical Activity	Frequency	Importance	Duties
Climbing: 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.	Select 5	Select 3	up/down ladders, step on/off apparatus
Balancing: 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.	Select 4	Select 3	up/down on roof, using machinery of roofs
Stooping: 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.	Select 5	Select 3	picking up equipment, patients
Kneeling: Bending legs at knee to come to a rest on knee or knees.	Select 5	Select 2	Patient Care
Crouching: Bending the body downward and forward by bending leg and spine.	Select 5	Select 2	See above
Crawling: Moving about on hands and knees or hands and feet.	Select 3	Select 3	Firefighting Activities
Reaching: Extending hand(s) and arm(s) in any direction.	Select 4	Select 3	Using hand tools
Standing: Particularly for sustained periods of time.	Select 5	Select 1	Work on calls
Walking: Moving about on foot to accomplish tasks, particularly for long distances.	Select 2	Select 2	Technical Rescue
Pushing: Using upper extremities to press against something with steady force in order to thrust forward, downward or outward.	Select 4	Select 3	Use of hand tools on fire calls
Pulling: Using upper extremities to exert force in order to draw, drag, haul or tug objects in a sustained motion.	Select 3	Select 3	Firefighting duties
Fingering: Picking, pinching, typing or otherwise working, primarily with fingers rather than with the whole hand or arm as in handling.	Select 5	Select 1	ports

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 checked="" 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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Extreme temperatures	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Inadequate lighting	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work space restricts movement	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intense noise	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Travel	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Environmental (disruptive people, imminent danger, threatening environment)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input 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: _____

Date: 12/12/08

Ken,
These are the comments I had sent back to Ted.
He made most of these requested changes. Jim

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
II.3. ✓	Essential Duties cannot exceed 100% all together.
III.4. ✓	Would recommend adding breathing apparatus, firefighter protective clothing and hazmat protective clothing.
IV.2. ✓	I believe sedentary work is very important for report writing, other paperwork, and classroom training.

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:

[Signature] #84

Date: 12/12/08

Supervisor
Signature:

[Signature] #09

Date: 12-12-08

Department Head
Signature:

[Signature] Wathen

Date: 01/04/09

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.

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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please list all employee names.
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Dan Jenkins / Mark Peterson

Russ Little / Jim Connery

Mike Lowe

Division: Red

Department: Fire

For Individual Questionnaires Only:

Employee Name:	Peterson	Mark	D.
	(Last)	(First)	(Middle Initial)

Current Classification Title: Firefighter / Engineer

Division	Red	Department	Fire
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Total Length of Time with organization	20	Years	months
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Total Length of Time in Current Position	12	Years	months
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Assigned Hours/Week:: from 0800 to 0800	Assigned Days/Week 3 to 4
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Email: markp@gjcity.org

Work Phone: 244-1400

Immediate Supervisor:

Immediate supervisor reports to:

Name: Matt Carson

Name: Rob Ferguson

Title: Captain

Title: Battalion Chief

Work Phone: 244-1400

Work Phone: 244-1418

E-mail: mattc@gjcity.org

E-mail: Robf@gjcity.org

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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please list all employee names.
--	---

Dan Jenkins / Mark Peterson

Russ Little / Jim Connery

Mike Lowe

Division: Red

Department: Fire

For Individual Questionnaires Only:

Employee Name:	Little	Russell	K
	(Last)	(First)	(Middle Initial)

Current Classification Title: Firefighter / Engineer

Division	Red	Department	Fire
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Total Length of Time with organization 21 Years months

Total Length of Time in Current Position 5 Years months

Assigned Hours/Week:: from 0800 to 0800 **Assigned Days/Week** 3 to 4

Email: markp@gjcity.org

Work Phone: 244-1400

Immediate Supervisor:

Immediate supervisor reports to:

Name: Duncan

Name: Rob Ferguson

Title: Captain

Title: Battalion Chief

Work Phone 244-1400

Work Phone: 244-1418

E-mail: duncanb@gjcity.org

E-mail: robf@gjcity.org

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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please list all employee names.
--	---

Dan Jenkins / Mark Peterson

Russ Little / Jim Connery

Mike Lowe

Division: Red

Department: Fire

For Individual Questionnaires Only:

Employee Name:	Lowe	Michael	G.
	(Last)	(First)	(Middle Initial)

Current Classification Title: Firefighter / Engineer

Division	Red	Department	Fire
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Total Length of Time with organization 26 Years months

Total Length of Time in Current Position 17 Years months

Assigned Hours/Week:: from 0800 t o 0800 **Assigned Days/Week** 3 to 4

Email: mikel@gjcity.org

Work Phone: 244-1402

Immediate Supervisor:

Immediate supervisor reports to:

Name: Corey Lovern

Name: Rob Ferguson

Title: Captain

Title: Battalion Chief

Work Phone 244-1402

Work Phone: 244-1418

E-mail: coreyl@gjcity.org

E-mail: robf@gjcity.org

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 type="checkbox"/> No	If yes, please list all employee names.
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Division:

Department:

For Individual Questionnaires Only:

Employee Name: Connery Arthur J
(Last) (First) (Middle Initial)

Current Classification Title: Firefighter Engineer

Division Red (c) **Department** Fire

Total Length of Time with organization 29 Years 4 months

Total Length of Time in Current Position 21 Years months

Assigned Hours/Week:: from 0800 to 0800 **Assigned Days/Week** 3 to 4

Email: jimc@gjcity.org **Work Phone:** 244-1405

Immediate Supervisor:

Immediate supervisor reports to:

Name: Bob Kelley **Name:** Rob Ferguson

Title: Captain **Title:** Battalion Chief

Work Phone: 244-1405 **Work Phone:** 244-1418

E-mail: bobk@gjcity.org **E-mail:** robf@gjcity.org

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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please list all employee names.
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Division: Red (c)

Department: Fire

For Individual Questionnaires Only:

Employee Name:	Jenkins	Dan	W
	(Last)	(First)	(Middle Initial)

Current Classification Title: Firefighter Engineer

Division	Red (c)	Department	Fire
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Total Length of Time with organization	12 Years	months
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Total Length of Time in Current Position	5 Years	months
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Assigned Hours/Week:: from 0800 t o 0800	Assigned Days/Week 3 to 4
--	----------------------------------

Email: DanJ@gjcity.org	Work Phone: 244-1405
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Immediate Supervisor:

Immediate supervisor reports to:

Name: Scott Ferguson

Name: Rob Ferguson

Title: Captain

Title: Battalion Chief

Work Phone: 244-1405

Work Phone: 244-1418

E-mail: scottf@gjcity.org

E-mail: robf@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.

To be able and ready to respond to all types of emergency situations or requested needs of the fire department and the citizens of the area covered by our response. To be able to perform the duties required in the operations manual at a level that is acceptable by the standards set by local, state and federal guide lines.

Proficient at operating fire apparatus and pumps along with all of the other tools that we use to assist in emergency situations. Complete necessary paper work and testing to maintain the certifications needed.

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 checked="" 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.	
<input checked="" type="checkbox"/>	I provide information to supervisors/management that they use in making a decision.	

- 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

Firefighters
Paramedic
EMS
Operations Chief
Office staff

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		
Police dept.	every day	traffic / patients / fire / other
Streets	several times a month	traffic / sand / damage to street lights / other
Public works	several times a month	Drainage / hazmat spills / water leaks / hydrant repairs / lights / other
Parks Dept.	several times a month or more.	tree trimming / parks repairs / damage to parks /
Shops (maitinance)	everyday	repairs / PM / fuel / other
stores	weekly	station supplys

2. Outside your organization:

Title of Person or Organization	How Often	For What Purpose
Ex: Vendors, Gen. Public	daily	station supplys and inspections.
Hardware stores	weekly	supplys and repair parts.
Manufactures	weekly	equipment parts / information
Hospitals	daily	patient care and exchange.

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
EXAMPLES:			
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	Equipment checks and repairs or adjustments.	Making sure all equipment is operational and in a condition to be used.	Daily	3
2	Respond to ALL of the emergency calls that are assigned to the station or equipment. (Unit) This could be several types depending on the station.	Based on the type of call or conditions, decide the best way, and with what type of equipment to handle the call or emergency	Daily	30
3	Station cleaning or repairs	Clean the work area and equipment in preparation for the next crews arrival.	Daily	5
4	Annual testing of specific types of equipment.	annual tests of hose and pumps.	Annually	5
5	Equipment training	Hands on training with all of the different types of equipment.	Monthly	8
6	Skills training	Different types of situational condition scenarios meant to keep our special skills that are not used on a regular bases to a level that is acceptable.	Monthly	8
7	Reports and documentation	Completing all of the state and local reports, including any documentation that is needed.	Daily	5

8	Crew communication and cross over.	Detailed communication with the oncoming crew, to inform them of the conditions of equipment and station. Reporting any problems with items that need to be completed.	Daily	2
9	Cleaning and inspecting personal protective equipment.	Complete a thorough inspection of all safety equipment used during a shift .Including repairs or cleaning that might be needed.	Daily	2
10	Courtesy / Safety Inspection of local business and homes.	Complete a required or requested inspection of a facility or home. A detailed look at a site to determine if the local and federal codes are being met and maintained	Monthly	2
11	Drive / Operate / Maintain Fire Department Apparatus and equipment.	Drive all fire apparatus at any time to any location, operate the apparatus and all of the equipment on it, Performer all of the maintenance, inspections and scheduling for repairs	Daily	30
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.

Other (explain):



Fire pump operations and procedures, Emergency vehicle driving, Aerial apparatus operations, Fire ground tactics, Building construction, Emergency medical, Fire streams, Hydraulics for the fire ground.

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

<u>You Have</u>	<u>Your Time</u>		<u>You Need</u>	<u>Minimum Time Required</u>
Firefighter	10	years	related education	0 years
Engineer	10	years	Firefighter / EMT	3 years
EMT	27	years		years

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

Fire Science / Emergency Medical / Firefighter / Specialty Rescue / Driver Operator / Fire Pump Operations / Aerial Apparatus

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.

Firefighter II (state and federal) Driver Operator / pumper (state and federal) Emergency Medical Technician (state and local) Hazmat Operations (local)

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
Fire Apparatus	Pumper truck / Ladder truck / Rescue truck / Water tender / Brush truck / Rescue boat / Airport crash truck / Hazmat truck and trailer / Specialty rescue vehicles / Specialty trailers (compressor, confined space)	Any time there is a need. Daily / Annualy
Rescue tools. TNT	Gas powered hydraulic rescue tools for extrication of persons from an auto accident. Including all of the attachments.	Any time there is a need. Daily / Annualy
Chain saws	For ventilation and access to fire and smoke.	Any time there is a need. Daily / Annualy
K-12 gas powerd saw	For any type of cutting. Metal, Steel, Wood, Masonary	Any time there is a need. Daily / Annualy
Elevator tool kit.	During a rescue from a person trapped in an elevator.	Any time there is a need. Daily / Annualy
Hose and Appliances	13/4", 21/2", 5" hose for firefighting operations along with all of the different types of nozzles and appliances needed to deliver or supply water at the fire ground.	Any time there is a need. Daily / Annualy
Personal protective equipment	SCBA's (self contained breathing apparatus) complete working knowledge with the ability to operate it in adverse conditions.	Any time there is a need. Daily / Annualy
Specialty rescue equipment	boat motor, confined space, water rescue, rope rescue, hazmat	Any time there is a need. Daily / Annualy
In house generators	In case of a power failure, operating and maintaining a 220 volt generator for emergency power.	Any time there is a need. Daily / Annualy
Radios	Radio equipment in the units and the portables.	Any time there is a need. Daily / Annualy
Medical equipment	Heart monitors, O2 supply units, Medical kits, Suction units, Specialty splints, (all of the medical equipment in the kits)	Any time there is a need. Daily / Annualy
Ladders	A variety of different types and sizes of ladders.	Any time there is a need. Daily / Annualy
Computers and Data systems	Desk top, Lap top, computers in the vehicles and at the hospitals and station. Working knowledge of the programs that are required to be filled out.	Any time there is a need. Daily / Annualy

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. Ability to decide the best use and function of the apparatus and equipment being used for they type of response. Choose the best directions for a response and placement of apparatus on an emergency scene, to maximize the safety and the ability of the personnel.

2. To evaluate the needs of other members of the team during an emergency response, and act accordingly without the need for them to ask.

3. Ongoing evaluation of the equipment and station conditions. Conducting any changes and repairs if needed.

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

Physical Activity	Frequency	Importance	Duties
Climbing: 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.	5--Daily	2--Very Important	fire and rescue conditions
Balancing: 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	emergency respons
Stooping: 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	2--Very Important	moving patients
Kneeling: Bending legs at knee to come to a rest on knee or knees.	5--Daily	2--Very Important	fire ground, patient care
Crouching: Bending the body downward and forward by bending leg and spine.	5--Daily	2--Very Important	fire ground, patient care
Crawling: Moving about on hands and knees or hands and feet.	5--Daily	3--Extremely Important	fire ground, patient care
Reaching: Extending hand(s) and arm(s) in any direction.	5--Daily	2--Very Important	fire ground, patient care
Standing: Particularly for sustained periods of time.	4--Weekly	1--Somewhat Important	fire ground, patient care
Walking: Moving about on foot to accomplish tasks, particularly for long distances.	5--Daily	2--Very Important	fire ground, patient care

Pushing: Using upper extremities to press against something with steady force in order to thrust forward, downward or outward.	5--Daily	1--Somewhat Important	fire ground, patient care
Pulling: Using upper extremities to exert force in order to draw, drag, haul or tug objects in a sustained motion.	5--Daily	2--Very Important	fire ground, patient care
Fingering: Picking, pinching, typing or otherwise working, primarily with fingers rather than with the whole hand or arm as in handling.	5--Daily	2--Very Important	fire ground, patient care
Grasping: Applying pressure to an object with the fingers or palm.	5--Daily	3--Extremely Important	fire ground, patient care
Lifting: 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	3--Extremely Important	fire ground, patient care
Feeling: Perceiving attributes of objects, such as size, shape, temperature or texture by touching the skin, particularly that of fingertips.	5--Daily	3--Extremely Important	fire ground, patient care
Talking: Expressing or exchanging ideas by means of the spoken word. Those activities in which they must convey detailed or important spoken instructions to other workers accurately, loudly, or quickly.	5--Daily	2--Very Important	fire ground, patient care, Inspections
Hearing: 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	2--Very Important	fire ground, patient care, Inspections
Seeing: 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	3--Extremely Important	fire ground, patient care, Inspections
Repetitive Motions: Substantial repetitive movements (motions) of the wrists, hands, and/or fingers.	5--Daily	2--Very Important	fire ground, patient care
Sedentary Work: 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	2--Very Important	fire ground, patient care
Light Work: Exerting up to 20 pounds of force occasionally, and/or up to 10 pounds of force	5--Daily	2--Very Important	fire ground,

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 Light Work.			patient care
Medium Work: 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	3--Extremely Important	fire ground, patient care
Heavy Work: 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.	5--Daily	3--Extremely Important	fire ground, patient care
Very Heavy Work: 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.	5--Daily	3--Extremely Important	fire ground, patient care

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 checked="" 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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Extreme temperatures	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Inadequate lighting	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work space restricts movement	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intense noise	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Travel	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Environmental (disruptive people, imminent danger, threatening environment)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input 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).

The Firefighter/Engineer position requires a great deal of diversity and adaptability. It requires the ability to operate complex equipment, demonstrate the use of this equipment to others. There are occasions the engineer might be needed to fill other roles on an emergency scene that may include the need for supervisory skills. This position also must demonstrate the ability to safely operate apparatus and equipment in all types of conditions. Firefighter/Engineers are expected to set an example for others and mentor firefighters willing to learn the job.

Signed: _____

Date: _____

12-14-08

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
11.2.a	FOR CIVILIAN ISSUES, ON AVERAGE 3-7 employees RESPONSIBLE FOR. (KW) one employee for assisting supervisor in making a decision. (KW)

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.

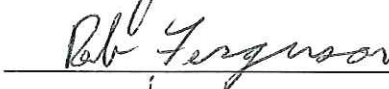
I have noted the modifications made by my supervisor in the Comments Section above.

Employee Signature:



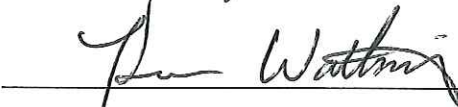
Date: 12-14-08

Supervisor
Signature:



Date: 12-14-08

Department Head
Signature:



Date: 01/04/09

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.

