

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? ☐ Yes ☒ No

If yes, please list all employee names.

Division: Investigations

Department: Fire

For Individual Questionnaires Only:

Employee Name: LUCAS DOUG R
(Last) (First) (Middle Initial)

Current Classification Title: INVESTIGATIONS COORDINATOR/EOD

Division FIRE **Department** INVESTIGATIONS

Total Length of Time with organization 12 Years 5 months

Total Length of Time in Current Position 5 Years 1 months

Assigned Hours/Week; from 06:00 to 17:00 **Assigned Days/Week** 4

Email: DOUGL@GJCITY.ORG

Work Phone: 244-1464

Immediate Supervisor:

Immediate supervisor reports to:

Name: KEN WATKINS

Name: LAURIE KADRICH

Title: FIRE CHIEF

Title: CITY MANAGER

Work Phone 244-1415

Work Phone: 256-4154

E-mail: KENW@GJCITY.ORG

E-mail: LAURIEK@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 conduct and/or coordinate fire/arson investigations for the Grand Junction Fire Department and surrounding fire agencies. In addition, I function as an active member of the Grand Junction Police Department Bomb Squad.

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).	9
<input checked="" type="checkbox"/>	I make work assignments for others.	9
<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.	1
<input checked="" type="checkbox"/>	I provide information to supervisors/management that they use in making a decision.	2

- 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

Hazardous Materials Coordinator
Admin Assistants

YOUR DIRECT REPORTS' JOB TITLES

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

☒ Full Time 9

☐ 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		
Haz-Mat Coordinator	Daily	Coordinate daily investigation duties
Senoir Admin Assist's	Daily	General information requests-travel arrangements-fire report reviews- budget issues
Fire Admin - all	Weekly	Update on investigative issues
Grand Jct. Police Dept.	Weekly	Update on investigative issues-Coordinate criminal/arson investigations and bomb squad activities
Shift Investigators	Daily	Coordinate and review fire investigations and reports
Public Information Officer	Weekly	Dissemination of investigative information to media agencies

2. Outside your organization:

Title of Person or Organization	How Often	For What Purpose
Ex: Vendors, Gen. Public		
Adjacent area fire departments	8-10 times/Yr.	Assist with and coordinate fire/explosive investigations
Insurance adjusters, agents, and investigators	Daily	Disseminate fire investigation reports and information.
Mesa County Sheriff's Office	Monthly	Assist with/conduct arson/explosive investigations
Federal Bureau of Alcohol Tobacco and Firearms	Monthly	Information- training issues- arson investigations- training and response reports
Federal Bureau of Investigations	5-6 times/Yr.	Training issues-bomb squad information-training and response reports

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 **could 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	Conduct on-scene fire investigations for GJFD	Conduct fire origin and cause analysis and prepare reports	Weekly	40
2	Conduct on-scene fire investigations for area fire and law enforcement agencies	Conduct fire origin and cause analysis and prepare reports	Monthly	10
3	Review fire reports compiled by GJFD Shift Investigators	Review reports and disseminate information to requesting agencies	Weekly	5
4	Inspect and repair bomb squad (EOD) equipment	Inspect equipment and perform required maintenance	Monthly	5
5	Conduct/coordinate required monthly bomb-squad training	Document training and build training scenarios.	Monthly	5
6	Attend mandatory bomb squad/fire investigation training conferences and seminars	Disseminate information obtained in training to appropriate personnel	Quarterly	5
7	Coordinate and conduct internal affairs investigations for GJFD	Coordinate investigations and submit reports to command staff	Quarterly	5
8	Coordinate and conduct background investigations for new firefighter positions	Review background info and submit reports to supervisors	Annually	5
9	Conduct interviews and interrogations of witnesses and suspects	Prepare reports and warrants	Monthly	5

10	Function as the Hazardous Materials Coordinator in his absence	Oversee hazmat operations	Quarterly	5
11	Conduct fire investigations and explosive awareness training for area colleges, fire depts, and law enforcement agencies	Conduct classroom and hands-on training	Monthly	5
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
1-2-3-11	Knowledge of basic/complex fire investigation skills - Ability to conduct fire investigations
1-2-3-5-7-8-9-10-11-12	Knowledge of report writing requirements - Ability to write, prepare, and disseminate investigative reports
1-2-3-11	Knowledge of fire dynamics - Ability to apply knowledge to fire investigations
4-5-6-11	Knowledge of complex Bomb Squad/EOD response capabilities. Ability to respond to and conduct bomb/explosive countermeasures and render-safe procedures.
4-11	Knowledge of EOD (bomb squad) equipment - Ability to understand and repair associated equipment.
1-2-3-11	Knowledge of local, state, and federal reporting requirements - Ability to prepare and submit reports to appropriate local, state, and federal officials.
1-2-3-5-6-11	Knowledge of state and federal statutes pertaining to fire/explosive investigations- Ability to prepare written warrants in regard to conducting investigations and the filing of charges.
7	Knowledge of state and federal statutes pertaining to internal affairs investigations - Ability to apply these statutes in regard to conducting I. A. investigations
7-8-9-11	Knowledge of interview and interrogation techniques - Ability to utilize these techniques while conducting interviews of witnesses and suspects.

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 checked="" type="checkbox"/>	<input type="checkbox"/>	High School Diploma or equivalent (G.E.D.)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Up to one year of specialized or technical training beyond high school
<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	Other (explain): Colorado P.O.S.T. cert. (16 weeks) FBI- EOD cert. (6 weeks)

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>
Fire/Explosive investigations	10 years		5 years
General Explosive Knowledge	20 years		1 years
Knowledge of local, state, & Federal statutes	5 years		1 years

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

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.

Colorado Police Officer Standards and Training (POST) certification

Colorado Emergency Medical Technician (EMT) - Basic certification

FBI Hazardous Devices (Bomb Squad/Explosive Ordnance Demolition)) certification

Colorado Hazardous Materials Technician certification

Incident Command System 100-200-700-800

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
1 & 2	Gas and air monitoring equipment	monthly
1 & 2	Firearms	daily
All	Telephone, fax, computer, copy machine, audio recording equipment, digital camera	Daily
4, 5, & 6	Realtime X-ray, robots, explosive disruption equipment, bomb suit, explosive destruction equipment	weekly

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 interpret bomb-scene information and develop a render-safe procedure.

2. Ability to conduct fire-scene investigations and conduct associated interviews in an effort to determine cause and origin of the fire.

3. Ability to interpret and apply appropriate federal, state , and local laws pertaining to all aspects of criminal investigations.

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.	4--Weekly	2--Very Important	all
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	3--Extremely Important	all
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	all
Kneeling: Bending legs at knee to come to a rest on knee or knees.	5--Daily	2--Very Important	all
Crouching: Bending the body downward and forward by bending leg and spine.	5--Daily	2--Very Important	all
Crawling: Moving about on hands and knees or hands and feet.	4--Weekly	2--Very Important	all
Reaching: Extending hand(s) and arm(s) in any direction.	5--Daily	2--Very Important	all
Standing: Particularly for sustained periods of time.	5--Daily	3--Extremely Important	all
Walking: Moving about on foot to accomplish tasks, particularly for long distances.	5--Daily	3--Extremely Important	all
Pushing: Using upper extremities to press against something with steady force in order to thrust forward, downward or outward.	4--Weekly	1--Somewhat Important	all
Pulling: Using upper extremities to exert force in	4--Weekly	1--Somewhat Important	all

order to draw, drag, haul or tug objects in a sustained motion.			
Fingering: Picking, pinching, typing or otherwise working, primarily with fingers rather than with the whole hand or arm as in handling.	3--Monthly	2--Very Important	all
Grasping: Applying pressure to an object with the fingers or palm.	5--Daily	3--Extremely Important	all
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	2--Very Important	all
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	all
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	3--Extremely Important	all
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	3--Extremely Important	all
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	all
Repetitive Motions: Substantial repetitive movements (motions) of the wrists, hands, and/or fingers.	5--Daily	3--Extremely Important	all
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.	4--Weekly	2--Very Important	all
Light Work: 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 Light Work.	4--Weekly	2--Very Important	all

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.	4--Weekly	1--Somewhat Important	all
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.	4--Weekly	1--Somewhat Important	all
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.	3--Monthly	1--Somewhat Important	all

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 type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Work space restricts movement	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Intense noise	<input checked="" type="checkbox"/>	<input 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).

EMPLOYEE CERTIFICATION

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

Signed: 

Date: 1-8-09

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

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: _____

Supervisor
Signature: _____

Date: _____

Department Head
Signature: _____

Date: _____

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.

