

# 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:** Utilities

**Department:** Persigo

### For Individual Questionnaires Only:

<b>Employee Name:</b>	Bosshardt	Charles	
	(Last)	(First)	(Middle Initial)

**Current Classification Title:** Lead Plant Mechanic

<b>Division</b>	Utilities	<b>Department</b>	Persigo
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**Total Length of Time with organization** 21 Years 11 months

**Total Length of Time in Current Position** 17 Years 11 months

<b>Assigned Hours/Week:: from</b> 7:00 t o 3:30	<b>Assigned Days/Week</b> Monday-Friday
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<b>Email:</b>	<b>Work Phone:</b> 970-256-
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### Immediate Supervisor:

### Immediate supervisor reports to:

**Name:** Larry Brown

**Name:** Dan Tonello

**Title:** Wastewater Maintance Supervisor

**Title:** Wastewater Services Superintindent

**Work Phone** 970-256-4168

**Work Phone:** 970-256-4164

**E-mail:** larryb@ci.grandjct.co.us

**E-mail:** dant@ci.grandjct.co.us



## 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.

Lead Plant Mechanic (Lift Stations)

To operate, maintain and perform a variety of skilled and semi-skilled duties and responsibilities in a safe manner, that are involved in the maintenance, repair, service and installation of equipment and machinery related to sewage & stormwater pump stations





## 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).	8
<input checked="" type="checkbox"/>	I make work assignments for others.	3
<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.	3
<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

Specialty Equipment Operators
On Call Personal
Plant Mechanics
Asistaint Mechanic
Wastewater Maintance Supervisor
Utility's Engineer

### YOUR DIRECT REPORTS' JOB TITLES

<del>Wastewater Maintance Supervisor</del>

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		
Street Systems Maintenance staff:	M/A or as needed	To exchange information on the Storm Water Pumps I take care of for them ,and on repairs or problem that come up (ect)
Engenering:	M/A or as needed	To provide information on Lift Station or collect information,or review new Lift Station Project Plans,and give my sugestions.
Pipeline Maintance:	M/A or as needed	To have repairs done to dischage lines or help locate discharge line(ect)
Plant Mechanics	W/M	To provide information and exchange information

**2. Outside your organization:**

Title of Person or Organization	How Often	For What Purpose
Ex: Vendors, Gen. Public		
Central Grand Valley:	M/A or as needed	To exchange information on repairs that I've done or need to due on thier lift stations that we contract.
Mesa county:	A or as needed	To get Electrical Permits needed.
Excel power:	A or as needed	For power outages, and to disconnect Tranformer's so I can install new equipment for up grades.
Venders	W/M/A or as needed	To order Part's,and for Tech support.
Contractors:	A or as needed	

**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	Preventive Maintenance: Clean and inspect and early detection of worn and broken components.	What ever needs done to prevent breakdowns.	Daily	25%
2	Electric Motor Repair: Replace worn parts or broken parts such as bearings (ect).	Decide what parts are needed to make repairs.	Daily	10%
3	Electical Components/Control Pannels and Transfer Switches.: Replace worn and broken parts such as Magstarers ,Relay,(ect)	Decide what components need repaired or replaced.	Daily	10%
4	Dialer Alarm Systems, Monitor: First to get called during day and second to get called after hours and called by the on call person to help or respond.	Respond and determine what needs done and make the repairs.	Daily	5%
5	Pump Repaires:	Replace or Repair	Weekly	10%
6	Piping & Valve: (Plumbing)	Replace or Repair	Weekly	5%
7	Confined Space Entry:	Decide when it is safe to enter and determine what equipment and employees are needed to make a safe entry.	Daily	<del>15%</del> 10%
8	Inspection of new Lift Station by Contractors	Decide if it meets the City of Grand Junctions Standards and give input.	Monthly	5%
9	Maintenace of Road Right of ways to Lift Stations.	Decide what ever needs to be done Graveled or Bladed (ect).	Annually	5%



10	Justify Equipment, To help Budget Equipment for Capital Improvements on Lift Stations:	What needs Replaced and justify the high cost items.	Annually	5%
11	Keep records on Equipment and enter data in computer such as sizes of Pumps, Serial numbers, model numbers and monthly and yearly Spread Sheets.	Decide where to file and log data compiled.	Monthly	5%
12	Locating and Purchasing parts:Dealing with a variety of vendors on prices,availability, and then purchase for inventory and repairs.	Decide and locate vendors that we will use to purchase parts for repairs.	Weekly	5%
13			Select	100%
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
1,2,3,5,6,7,9	Basic methods,materials,and tools employed in the repair and maintenance of pumps, motors, valves, and equipment related to lift stations,and the proper use of the tools needed.
1,2,3,	Basic principles of electrical and electronic repair, maintenance.
1,2,3,4,5,6,7	Basic operational principles of lift stations and standby generator sets.
1,2,3,5,6,9	Appropriate safety practices and regulations and the proper use of all tools needed.
9	Basic operation requirements of trucks and heavy power-driven equipment that is required by traffic laws, regulations and safety rules.
11	Basic computer skills. data entry .






### **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 type="checkbox"/>	<input checked="" type="checkbox"/>	Other (explain): A person needs at least five years of appreniceship expsereance in maintenance on pumps and control pannels.

**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>
Centrifugal Pumps and Electical Motor Repair	28 years	Centrifugal Pumps and Electical Motor Repair	5 years
Piping and Valveing (Plumbing)	32 years	Piping and Valveing	1 years
Pump Control Pannel Trouble Shooting	18 years	Pump Control Pannel Trouble Shooting	5 years



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

Mechanical, Electrical, and Piping and Valveing (Plumbing)

**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 Commercial Driver License



**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
1,2,3,4,5,6,7,8,9 10 11	Lift Stations Above ground and Below.	D 50%
2,3,8	Voltage Meter,Amp Probe,Vibration and Leak Detectors.	D 10%
1,2,5,6,7,8	Confind Space Safety Equipment.	D 5%
1,2,3,4,5,6,7,8,9,	Heavy Equipment : Grader, Backhoe, Dump truck, Service truck and Crane.	D 10%
5,6,7,8,	Atmosphere Gas Monitors	D 5%
1,2,3,4,5,6,7,8,9	Welder, power Tools,and a large varity of hand held tools and wrenches	D 15%
10,11,	Computer	W/M 5%

#### 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. Decide what maintenance and repairs are needed on all Lift Stations and estimate time, materials, required to perform repairs and order all parts necessary for inventory and repairs.

2. After hours I decide if the repair is important enough to call out others on overtime or wait until regular hours such as vactor crew , pipe line maintenace, streets systems, Excel Power or other mechanics and Supervisor if needed. (ect)

3. I make determinations if the work area is safe or not, if not I make the discision on what is needed to make it safe.





## 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

#### Importance

**How frequently is the activity performed?**

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

- 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)

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

Physical Activity	Frequency	Importance	Duties
<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.	5--Daily	2--Very Important	1,2,3,5,6,7,8
<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	1,2,3,5,6,7,8,
<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	2--Very Important	1,2,3,5,6,7,8,
<b>Kneeling:</b> Bending legs at knee to come to a rest on knee or knees.	5--Daily	2--Very Important	1,2,3,5,6,7,8,
<b>Crouching:</b> Bending the body downward and forward by bending leg and spine.	5--Daily	2--Very Important	1,2,3,5,6,7,8,
<b>Crawling:</b> Moving about on hands and knees or hands and feet.	5--Daily	1--Somewhat Important	1,2,3,5,6,7,8,





<b>Reaching:</b> Extending hand(s) and arm(s) in any direction.	5--Daily	2--Very Important	1,2,3,5,6,7,8,
<b>Standing:</b> Particularly for sustained periods of time.	5--Daily	2--Very Important	1,2,3,5,6,7,8,
<b>Walking:</b> Moving about on foot to accomplish tasks, particularly for long distances.	5--Daily	1--Somewhat Important	1,2,3,5,6,7,8,
<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	1,2,3,5,6,7,8,
<b>Pulling:</b> Using upper extremities to exert force in order to draw, drag, haul or tug objects in a sustained motion.	5--Daily	1--Somewhat Important	1,2,3,5,6,7,8,
<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	1--Somewhat Important	1,10,11
<b>Grasping:</b> Applying pressure to an object with the fingers or palm.	5--Daily	3--Extremely Important	1,2,3,4,5,6,7,9
<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	2--Very Important	1,2,3,5,6,7,
<b>Feeling:</b> Perceiving attributes of objects, such as size, shape, temperature or texture by touching the skin, particularly that of fingertips.	5--Daily	2--Very Important	1,2,5,6
<b>Talking:</b> 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	1--Somewhat Important	1,7,8,10
<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	2--Very Important	1,2,3,4,5,6,7,8,
<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	5--Daily	3--Extremely Important	1,2,3,4,5,6,7,8,9,10,11



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).			
<b>Repetitive Motions:</b> Substantial repetitive movements (motions) of the wrists, hands, and/or fingers.	5--Daily	3--Extremely Important	1,2,3,5,6,7
<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	2--Very Important	1,2,3,4,5,6,7,8,9,10,11,
<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 Light Work.	5--Daily	2--Very Important	1,2,3,5,6,7,8,9,
<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	3--Extremely Important	1,2,3,5,6,8,
<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.	5--Daily	1--Somewhat Important	2,3,5,6,7,
<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.	5--Daily	1--Somewhat Important	2,5,6,7





## 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 checked="" type="checkbox"/>
Atmospheric Conditions (fumes, odors, dusts, gases, poor ventilation)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Hazardous materials (chemicals, blood and other body fluids, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Extreme temperatures	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 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 checked="" type="checkbox"/>	<input 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).

Persigo maintenance mechanics not only diagnose but we actually do the repairs to, Were not just parts changers.

Attached is a copy of what my Wastewater Maintance Supervisor thinks lift stations entail.



## EMPLOYEE CERTIFICATION


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

Signed: \_\_\_\_\_

Date: 12-15-08

### 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
2 B	Direct Report 
essential Duties	#7 @ 10%





**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.**

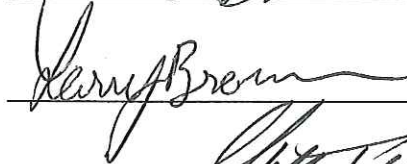
Employee Signature:



Date:

12/29/08

Supervisor  
Signature:



Date:

12/29/08

Department Head  
Signature:



Date:

12/1/09

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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes, please list all employee names.
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**Division:** Utilities & Streets Services

**Department:** Water Services

### For Individual Questionnaires Only:

<b>Employee Name:</b>	Johnson	Bruce	B
	(Last)	(First)	(Middle Initial)

**Current Classification Title:** Lead Plant Mechanic

<b>Division</b>	Utilities & Streets Services	<b>Department</b>	Water Services
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**Total Length of Time with organization** 30 Years 9 months

**Total Length of Time in Current Position** 3 Years 0 months

**Assigned Hours/Week:: from** 0730 to 1600 **Assigned Days/Week** 5

**Email:** brucej@gjcity.org **Work Phone:** 970-244-1578

### Immediate Supervisor:

### Immediate supervisor reports to:

<b>Name:</b>	Mark Ritterbush	<b>Name:</b>	Rick Brinkman
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<b>Title:</b>	Water Resources Supervisor	<b>Title:</b>	Water Services Manager
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<b>Work Phone</b>	970-256-4185	<b>Work Phone:</b>	970-2441429
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<b>E-mail:</b>	markr@gjcity.org	<b>E-mail:</b>	rickbr@gjcity.org
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## 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 lead, oversee and participate in the more complex and difficult work of staff responsible for the maintenance, repair, service and installation of equipment and machinery in water treatment plants, pumping stations, and related facilities; and to perform a variety of technical and administrative support tasks relative to assigned areas of responsibility.



## 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).	
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<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

Water Plant Operators
Plant Mechanics
Water Dept crewman
Water Supply Supervisor
Cross Connection Coordinator
Information Services Personnel

### 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		
Water Dept	Daily	Project schedule, Bulk fill station
Water Supply	Daily-Weekly	Project schedule & Repair Needs
Information Services	as needed	Computer program & Instrumentation connectivity
Purchasing Agent	as needed	Equipment ordering

**2. Outside your organization:**

Title of Person or Organization	How Often	For What Purpose
Ex: Vendors, Gen. Public	Daily	
Ute Water District	Weekly	Bulk Fill Station customer database
Instrument vendors	as needed	Instrument upgrades, repairs
Misc Vendors	Weekly	Repair parts

**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>			
<i>Prepares monthly newsletters by gathering information, writing copy, editing, preparing for publication and overseeing distribution.</i>	<i>Articles to include, editorial changes, graphics, layouts</i>	<i>M</i>	<i>25%</i>
<i>Performs inventory spot checks and monthly counts of supplies in warehouse.</i>	<i>When to check supplies</i>	<i>M</i>	<i>10%</i>

	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	Maintains Bulk Fill Stations Data	Customer Entry, Data dumps & billing	Weekly	5
2	Programming PLCs for equipment	Create , alter, install	Monthly	10
3	Maintains & calibrates instruments	Replace ,install, repair,, maintain instrumentation	Weekly	20
4	Maintain pumping systems	Install, repair,, maintain	Weekly	15
5	Maintains Instrument Database & programs	Prepares weekly charts, alters instrument record functions	Weekly	10
6	Maintains chemical feed systems	Installs, modify & repairs	Weekly	5
7	Makes changes to plant electrical systems	Modifies electrical systems to satisfy plant changes	Monthly	5
8	Makes changes to the plumbing systems	Read drawings & repair plumbing systems	Monthly	5
9	Repairs plant control systems	Read electrical schematics	Monthly	10
10	Research replacement equipment	call vendors	Monthly	10
11	Water Plant Operator Duties	Daily plant operations	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	Ability to use laptop & PCs with associated programs for data handling, billing, & electronic transmission to users
2	Ability to read electrical schematics, design ladder logic programs, use computers to accomplish
3	Knowledge of PLC programming, instrumentation, controls, transmitters, calibration of electronics, ethernet connectivity
4	Knowledge of pumps, motors, controls, VFDs, computer programs to interface, Record keeping
5	Knowledge of databases, instrument programming, use of computer & associated programs
6	Knowledge of chemical feed systems, electrical controls, ability to remove, repair, & install
7	Ability to read electrical schematics, install, remove, modify electrical systems
8	Ability to read building drawings, install, remove, modify piping systems,
9	Ability to remove, modify, install new equipment control systems
10	Knowledge of equipment requirements for specification to vendors
11	Water plant Operator skills



### 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 type="checkbox"/>	<input checked="" type="checkbox"/>	Associate degree (A.S., A.A.) or two-year technical certificate
<input checked="" 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>
Operations & Maintenance	31 years	CO Plant Certification	2-4 years
Equipment & Instrument Knowledge	31 years	Electronics & Computer skills	1-2 years
	years		years

a. What field (s) should training or degree be in?  
Electrical ,Electronics & computer

**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 Water Plant Operators A level Certification

**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
1-11	Hand tools	Daily
2,3,4,6,9,	Electrical calibration instruments	Weekly
1,2,3,4,5,9,	Laptop computer with associated programs	Daily
3,4,6,7,8,9,	Power tools	Daily
1-11	Vehicle	

**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. Scheduling of projects to minimize affects on the Water plants and pumping systems
  - 2. Specifiing requirements for replacement instruments or equipmment
  - 3. Decisions necessary to build the programs for operation of the equipment

## 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

#### Importance

**How frequently is the activity performed?**

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

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)

0 – Not Important

1 – Somewhat Important

2 – Very Important

3 – Extremely Important

Physical Activity	Frequency	Importance	Duties
<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.	5--Daily	2--Very Important	2-9,11
<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	1--Somewhat Important	2-9,11
<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	2--Very Important	2-9,11
<b>Kneeling:</b> Bending legs at knee to come to a rest on knee or knees.	5--Daily	1--Somewhat Important	2-9,11
<b>Crouching:</b> Bending the body downward and forward by bending leg and spine.	5--Daily	1--Somewhat Important	2-9,11
<b>Crawling:</b> Moving about on hands and knees or hands and feet.	4--Weekly	0--Not Important	2-9, 11
<b>Reaching:</b> Extending hand(s) and arm(s) in any direction.	5--Daily	2--Very Important	2-9,11
<b>Standing:</b> Particularly for sustained periods of time.	5--Daily	1--Somewhat Important	2-9,11
<b>Walking:</b> Moving about on foot to accomplish tasks, particularly for long distances.	5--Daily	1--Somewhat Important	2-9,11
<b>Pushing:</b> Using upper extremities to press	4--Weekly	1--Somewhat Important	2,9,11



against something with steady force in order to thrust forward, downward or outward.			
<b>Pulling:</b> Using upper extremities to exert force in order to draw, drag, haul or tug objects in a sustained motion.	4--Weekly	1--Somewhat Important	4,6,7,8,9,11
<b>Fingering:</b> Picking, pinching, typing or otherwise working, primarily with fingers rather than with the whole hand or arm as in handling.	Select	Select	1-11
<b>Grasping:</b> Applying pressure to an object with the fingers or palm.	5--Daily	2--Very Important	3,4,6,7,9,11
<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	3,4,6,7,8,9,11
<b>Feeling:</b> Perceiving attributes of objects, such as size, shape, temperature or texture by touching the skin, particularly that of fingertips.	5--Daily	1--Somewhat Important	3,4,6,7,8,9,11
<b>Talking:</b> 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	1-11
<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	1--Somewhat Important	1,3,4,6,7,8,11
<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	3--Extremely Important	1-11
<b>Repetitive Motions:</b> Substantial repetitive movements (motions) of the wrists, hands, and/or fingers.	5--Daily	2--Very Important	1-11
<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	2--Very Important	1-11
<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	4--Weekly	1--Somewhat Important	1-11

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.			
<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.	3--Monthly	1--Somewhat Important	4,6,7,8,11
<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.	2--Quarterly	0--Not Important	4,8,11
<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.	2--Quarterly	0--Not Important	4-8,11



## 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 checked="" 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 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Travel	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Environmental (disruptive people, imminent danger, threatening environment)	<input checked="" type="checkbox"/>	<input 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: Bruce B Johnson

Date: 1-7-09

**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
	- JAQ is complete - MR

**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: Bruce B Johnson Date: 12-31-08

Supervisor Signature: [Signature] Date: 12/31/08

Department Head Signature: [Signature] Date: 1/9/09

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

**Division:** Public Works and Utilities

**Department:** Persigo WWTP

### For Individual Questionnaires Only:

<b>Employee Name:</b>	Edwin	C	Tankersley
	(Last)	(First)	(Middle Initial)

**Current Classification Title:** Lead Plant Mechanic

<b>Division</b>	Public Works and Utilities	<b>Department</b>	Persigo WWTP
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**Total Length of Time with organization** 20 Years 0 months

**Total Length of Time in Current Position** 6 Years 0 months

**Assigned Hours/Week; from** 6:30 to 3:00 **Assigned Days/Week** 5

**Email:** edt@gjcity.org

**Work Phone:** 970-256-4170

### Immediate Supervisor:

### Immediate supervisor reports to:

<b>Name:</b>	Larry Brown	<b>Name:</b>	Dan Tonello
<b>Title:</b>	Maintenance and Collections Supervisor	<b>Title:</b>	Wastewater Services Superintendant
<b>Work Phone</b>	970-256-4168	<b>Work Phone:</b>	970-256-4171

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

**E-mail:** dant@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.

Prioritize and assign work to skilled and semi skilled workers. Buy or approve purchases of materials and equipment to maintain the Wastewater treatment Plant and Collections System. Oversee Collections and Maintenance personnel if the Maintenance Supervisor is not on site. Authorize leave requests for time off, while assuring shift coverage. Participates in the selection of employees, trains employees. Assist in writing specifications for new and replacement equipment. Work with purchasing agents to purchase new equipment if the purchase price exceeds \$5000.00. Maintain and program Plant and valley wide SCADA (Supervisor Control and Data Acquisition) system. Assist Plant Mechanics and Collections personnel when necessary to complete their job duties. Respond to emergency Plant maintenance calls and Collection system calls.



## 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).	12
<input checked="" type="checkbox"/>	I make work assignments for others.	12
<input checked="" type="checkbox"/>	I make hiring and hiring pay recommendations.	<del>12</del>
<input type="checkbox"/>	I make hiring and hiring pay decisions.	
<input checked="" type="checkbox"/>	I recommend termination for poor performance.	<del>12</del>
<input 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.	12

- 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

Plant Mechanics
Assistant Plant Mechanic
Specialty Equipment Operator
Lead Mechanic (Collections)
Equipment Operator

### YOUR DIRECT REPORTS' JOB TITLES

Plant Mechanic
Assistant Plant Mechanic
Equipment Operator (Lead)
Equipment Operator (Helper)

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		
Plant Mechanics, Collection System Personnel.	Daily	Supervise, assist, schedule crews and leave time.
Operations Personnel	Daily	Receive work orders.
Office Personnel	Daily	Order equipment, parts, communicate what personnel (crews) are available.
Purchasing Dept.	Monthly	Bid or sole source any purchases over \$5000.00
Fleet Maint.	Weekly	Schedule vehicle repairs and Ethernet radio repairs or upgrades.
Streets Dept.	Monthly	Emergency Call Out

**2. Outside your organization:**

Title of Person or Organization	How Often	For What Purpose
Ex: Vendors, Gen. Public		
Vendors	Daily	Purchase Electrical, Plumbing, Mechanical and all parts necessary to maintain the treatment facility.
Public	Weekly	Respond to or send crews to sewer backup and sewer pump station failures.

**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>			
<i>Prepares monthly newsletters by gathering information, writing copy, editing, preparing for publication and overseeing distribution.</i>	<i>Articles to include, editorial changes, graphics, layouts</i>	<i>M</i>	<i>25%</i>
<i>Performs inventory spot checks and monthly counts of supplies in warehouse.</i>	<i>When to check supplies</i>	<i>M</i>	<i>10%</i>

	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	Assign and prioritize work.	Decide which equipment is most important to maintain process control.	Daily	10
2	Order parts and materials, write specifications if necessary.	Select best equipment for each application.	Daily	20
3	Program and maintain Treatment Plant and Collections system SCADA system.	How to control each piece of equipment .	Daily	30
4	Install and repair, pumps, motors, variable frequency drives, HVAC equipment, and any other Plant equipment necessary.	Decide which equipment to repair first.	Daily	30
5	Track work orders, time and parts used.		Daily	5
6	Respond to Emergencies for Electrical, Mechanical and Instrumentation failures for the Plant, Lift Stations, and Collection system problems.	What personnel to call out to assist.	Monthly	5
7			Select	
8			Select	
9			Select	
10			Select	
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
3,6	Microsoft Windows Expertise including DOS commands such as PING.
1,3,4,6	Electrical instrumentation and programming background.
1,2,3,4,5,6	Wastewater Operations background.
1,2,4,6	Basic mechanical knowledge.
1,2,4,6	Basic plumbing knowledge.



### 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 checked="" 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 checked="" type="checkbox"/>	Other (explain): Traing and experience necessary to program, maintain, and integrate all Plant and Collections SCADA systems.

**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>
Experience working on Instrumentation, Programming Siemens Step 7, WinCC Flexible, and Windows and DOS Expertise. Ability to use Ethernet, Modbus, and other standard communications protocols.	16 years	Same	10 years
Colorado Operator A Wastewater License and six years as an Operator	6 years	Operations Background	5 years
	years		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.

Class A CDL, with doubles triples and tanker endorsement.

Class A Wastewater Operators License.

*Driver licens*



~~Class C Industrial Wastewater License.~~

~~Class C Water License~~

~~Class 4 Collectors License~~

~~Class 1 Water Distribution License~~

**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	Laptop, desktop computers.	Daily
2	Volt ohm meter, amp meter,	Daily
3	Large selection of hand tools.	Daily
4	Fork lift.	Weekly
5	Backhoe	Yearly

**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. Assign work based on the importance of the equipment to be repaired.

2. Ensure adequate staffing, and sign leave requests based on workload.

*in absence of supervisor*

3. Order parts and equipment.

## 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.	4--Weekly	2--Very Important	3
<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.	3--Monthly	1--Somewhat Important	3
<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.	3--Monthly	1--Somewhat Important	3
<b>Kneeling:</b> Bending legs at knee to come to a rest on knee or knees.	3--Monthly	1--Somewhat Important	3
<b>Crouching:</b> Bending the body downward and forward by bending leg and spine.	3--Monthly	1--Somewhat Important	3
<b>Crawling:</b> Moving about on hands and knees or hands and feet.	1--Annually	0--Not Important	3
<b>Reaching:</b> Extending hand(s) and arm(s) in any direction.	4--Weekly	1--Somewhat Important	3
<b>Standing:</b> Particularly for sustained periods of time.	4--Weekly	1--Somewhat Important	3
<b>Walking:</b> Moving about on foot to accomplish tasks, particularly for long distances.	5--Daily	2--Very Important	12345
<b>Pushing:</b> Using upper extremities to press against something with steady force in order to thrust forward, downward or outward.	4--Weekly	1--Somewhat Important	3
<b>Pulling:</b> Using upper extremities to exert force in	4--Weekly	1--Somewhat Important	3



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	2--Very Important	12345
<b>Grasping:</b> Applying pressure to an object with the fingers or palm.	5--Daily	2--Very Important	3
<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.	3--Monthly	1--Somewhat Important	3
<b>Feeling:</b> Perceiving attributes of objects, such as size, shape, temperature or texture by touching the skin, particularly that of fingertips.	5--Daily	2--Very Important	3
<b>Talking:</b> 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	12345
<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	2--Very Important	12345
<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	3--Extremely Important	12345
<b>Repetitive Motions:</b> Substantial repetitive movements (motions) of the wrists, hands, and/or fingers.	4--Weekly	1--Somewhat Important	12345
<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.	0--Never	0--Not 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	3--Monthly	0--Not 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.	3--Monthly	0--Not 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.	1--Annually	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 checked="" type="checkbox"/>
Atmospheric Conditions (fumes, odors, dusts, gases, poor ventilation)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Hazardous materials (chemicals, blood and other body fluids, etc.)	<input checked="" type="checkbox"/>	<input 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 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: \_\_\_\_\_

Date: 12-19-08

## 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
II 2 (b)	Although the head Plant mechanic does Not Sign evaluations this position does Exercise Supervision over Subordinates <u>Dan Tancillo</u> <u>Larry Bren</u>
2A	change Duty To NO on 6 and 8
III #3	change TO Drivers hours

**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:

1/15/09

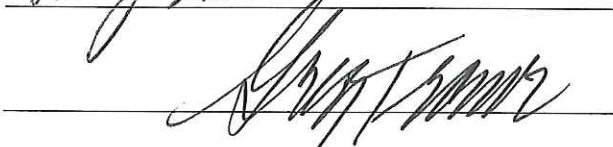
Supervisor  
Signature:



Date:

1/15/09

Department Head  
Signature:



Date:

1/15/09

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.

