

CITY OF GRAND JUNCTION JOB ANALYSIS QUESTIONNAIRE

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

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

Jo Anne Nakano

Ada Shillcox, Amber Peck

Division: Operations

Department: Fire

For Individual Questionnaires Only:

Employee Name:	Deister	John	A
	(Last)	(First)	(Middle Initial)

Current Classification Title: Single Role Paramedic-full time

Division	Operations	Department	Fire
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Total Length of Time with organization 2 Years 6 months

Total Length of Time in Current Position 2 Years 6 months

Assigned Hours/Week; from 8:00 to 8:00 **Assigned Days/Week** 56 hrs /Week

Email: johnd@gjcity.org **Work Phone:** 970-244-1401

Immediate Supervisor:

Immediate supervisor reports to:

Name:	Rick McKissen	Name:	Robert Ferguson
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Title:	Captain	Title:	Battalion Chief
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Work Phone	970-244-1401	Work Phone:	970-244-1418
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E-mail:	rickmc@gjcity.org	E-mail:	robfe@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.

Single role Paramedic

To provide non-emergent and emergent, (when needed) medical services at an Advance Life Support Level to the citizens of Grand Junction and surrounding communities.

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.	1
<input type="checkbox"/>	I evaluate and sign performance reviews of part-time, temporary or contract employees.	
<input type="checkbox"/>	I instruct other employees in methods or procedures needed to carry out their job (how to carry-out their assigned duties).	
<input type="checkbox"/>	I make work assignments for others.	
<input type="checkbox"/>	I make hiring and hiring pay recommendations.	
<input type="checkbox"/>	I make hiring and hiring pay decisions.	
<input type="checkbox"/>	I recommend termination for poor performance.	
<input type="checkbox"/>	I provide advice to peers that they must consider carefully before making a decision.	
<input 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

Firefighter
EMT
Paramedic
Captain
Battalion Chief
Engineer

YOUR DIRECT REPORTS' JOB TITLES

Captain

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

☐ Full Time 1 ☐ 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		
Peers	Daily	Fire and Emergency Medical Service Scenes/Training
Grand Junction PD	Daily	Emergency Medical Service/Fire Calls
Dispatch	Daily	Communication purposes
Streets	Daily	Road closures, clean up after accidents
Information systems	Weekly	Computer repair and maintenance

2. Outside your organization:

Title of Person or Organization	How Often	For What Purpose
Ex: Vendors, Gen. Public		
General Public	Daily	Emergency Medical Service
Hospital	Daily	Patient transfer
Skilled Nursing facilities	Daily	Emergency Medical Service
Outside Fire/EMS	Monthly	Fire and Emergency Medical Service Training
Physician's offices	weekly	Emergency Medical Service

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)

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

Essential Duties	Decisions Required	Frequency	% of Time
EXAMPLES:			
<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	Emergency Respons	Decisions as to potential life threats, determine treatment, and destination guidelines , medical report writing, prioritize calls, resource utilization	Daily	80
2	Physical Fitness	Appropriate Cardiovascular and Strength Conditioning	Daily	2.5
3	Collecting paperwork from all stations	Scheduling time between calls	Daily	2.5
4	Restocking medical supply at hospital	Taking appropriate inventory	Daily	5
5	Delivery of station medical supplies	Coordinating task with call volume	Daily	2.5
6	Station Maintenance and cleaning	N/A routine	Daily	2.5
7	Department EMS Education	Skill level appropriate instruction	Weekly	2.5
8	Emergency Equipment Maintenance	Contacting appropriate personnel	Daily	2.5
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
1	Advanced Cardiac Life Support, National Registry Emergency Medical technician-Paramedic, EMT-Intermediate, or EMT-Basic, Pediatric Advanced LifeSupport or Pediatric Education for Prehospital Providers, Basic Life Support Healthcare Provider

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 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 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): Paramedic

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>
EMT Paramedic Field Experience	25 years	One year Clinical Experience	1 years
	years		0 years
	years		0 years

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

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.

National Registry EMT Paramedic, State of Colorado EMT-Paramedic certification, Advanced Cardiac Life Support Certificate, Basic Life Support, Pediatric Advanced Life Support or Pediatric Education for Prehospital Providers, National Incident Management 100,200,700, VFIS Driver Training

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	Cardiac monitor	daily
1	Ambulance	daily
1	Oxygen	daily
1	Ambulance pram	daily
1	Lap top computer	daily
1	IV equipment	daily
1	Equipment to monitor a patients vital signs	daily
1	Hand tools	occasionally
1	Personal protective equipment	daily

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. Decision of appropriate level of medical care and treatment for the patient. Determination of appropriate medications and dosages for patients.

2. Cardiac 12 lead diagnosis and need for cardiac alert for St. Mary's Hospital.

3. Prioritizing calls for appropriate use of resources.

IV: AMERICANS WITH DISABILITIES ACT REQUIREMENTS

1. PHYSICAL ACTIVITIES/REQUIREMENTS.

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

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

Frequency

How frequently is the activity performed?

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

Importance

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

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

Physical Activity	Frequency	Importance	Duties
Climbing: Ascending or descending ladders, stairs, scaffolding, ramps, poles and the like, using feet and legs and/or hands and arms. Body agility is emphasized. This factor is important if the amount and kind of climbing required exceeds that required for ordinary locomotion.	5--Daily	3--Extremely Important	1
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	1
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	3--Extremely Important	1
Kneeling: Bending legs at knee to come to a rest on knee or knees.	5--Daily	3--Extremely Important	1
Crouching: Bending the body downward and forward by bending leg and spine.	5--Daily	3--Extremely Important	1
Crawling: Moving about on hands and knees or hands and feet.	5--Daily	3--Extremely Important	1
Reaching: Extending hand(s) and arm(s) in any direction.	5--Daily	3--Extremely Important	1
Standing: Particularly for sustained periods of time.	4--Weekly	1--Somewhat Important	1
Walking: Moving about on foot to accomplish tasks, particularly for long distances.	4--Weekly	3--Extremely Important	1
Pushing: Using upper extremities to press against something with steady force in order to thrust forward, downward or outward.	5--Daily	3--Extremely Important	1
Pulling: Using upper extremities to exert force in	5--Daily	3--Extremely Important	1

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.	5--Daily	3--Extremely Important	1
Grasping: Applying pressure to an object with the fingers or palm.	5--Daily	3--Extremely Important	1
Lifting: Raising objects from a lower to a higher position or moving objects horizontally from position-to-position. This factor is important if it occurs to be a considerable degree and requires the substantial use of the upper extremities and back muscles.	5--Daily	3--Extremely Important	1
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	1
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	1
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	1
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	1
Repetitive Motions: Substantial repetitive movements (motions) of the wrists, hands, and/or fingers.	5--Daily	2--Very Important	1
Sedentary Work: Exerting up to 10 pounds of force occasionally and/or a negligible amount of force frequently or constantly to lift, carry, push, pull or otherwise move objects, including the human body. Sedentary work involves sitting most of the time. Jobs are sedentary if walking and standing are required only occasionally and all other sedentary criteria are met.	5--Daily	2--Very Important	1
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.	5--Daily	2--Very Important	1

Medium Work: Exerting up to 50 pounds of force occasionally, and/or up to 20 pounds of force frequently, and/or up to 10 pounds of force constantly to move objects.	5--Daily	3--Extremely Important	1
Heavy Work: Exerting up to 100 pounds of force occasionally, and/or up to 50 pounds of force frequently, and/or up to 20 pounds of force constantly to move objects.	5--Daily	3--Extremely Important	1
Very Heavy Work: Exerting in excess of 100 pounds of force occasionally, and/or in excess of 50 pounds of force frequently, and/or in excess of 20 pounds of force constantly to move objects.	5--Daily	3--Extremely Important	1

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

V: EMPLOYEE, SUPERVISOR, AND DEPARTMENT HEAD SIGNATURES

ADDITIONAL COMMENTS

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

This job requires the ability to make immediate and potentially life saving decisions without supervision. All medical decisions are made by the paramedic without regards to rank or supervisors. This job is worked in 24 hour shifts with the ever increasing aspect of fatigue as sleep deprivation is common. Frequently the job requires one to go from resting or idle into fast paced, stressfull situations. Often going from call to call without down time. Meals are also frequently missed. This job requires almost constant driving, often with trips of distances greater than 20 miles. This position, by comparison has very little supervision. The job requires continuing education to maintain certification and as needed for medical protocol changes.

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 by John Howard
2.a.	Paramedics instruct/mentor new employees and students in GJFD field operations. One to two employees at a time.
2.c.2.	Crews work daily with various flight teams, including in emergent neonate transfers by ground from outlying hospitals
3.7	Add instruction/mentoring of new employees and students to Department EMS Education
4.2	Knowledge of Mesa county Protocols
4.3	Must have the ability to perform invasive medical procedures to include IV access, surgical cricothyrotomy, chest decompression, etc.
11.2.a	#1 for employees should be aligned with instruct.
11.2.b	Position does no direct reports.
11.4	Recommend adding office equipment (computer, printer, etc.)
	(RW)

Please check the appropriate statement:

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

Per John Deister in phone discussion 1/9/09 J. Howard
☒ 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:

John Deister #192

Date:

12/27/08

Supervisor
Signature:

Ref #113 / John Howard

Date:

12-27-08 / 1/5/09

Department Head
Signature:

J. Wathen

Date:

01/09/09

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

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Is this a group questionnaire? ☒ Yes ☐ No

If yes, please list all employee names.

Ada Shillcox, Amber Peck

John Deister

Jo Anne Nakano

Division: Operations

Department: Fire

For Individual Questionnaires Only:

Employee Name:

Shillcox

Ada

E

(Last)

(First)

(Middle Initial)

Current Classification Title:

Single Role EMT-Intermediate-full time

Division

Operations

Department

Fire

Total Length of Time with organization

2 Years 6 months

Total Length of Time in Current Position

Years 11 months

Assigned Hours/Week;; from 8:00 t o 8:00

Assigned Days/Week 56 hrs /Week

Email: adas@gjcity.org

Work Phone: 970-244-1401

Immediate Supervisor:

Immediate supervisor reports to:

Name:

Gus Hendricks

Name:

John Williams

Title:

Captain

Title:

Battalion Chief

**Work
Phone**

970-244-1401

**Work
Phone:**

970-244-1418

E-mail:

gush@gjcity.org

E-mail:

johnw@gjcity.org

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 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 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): Paramedic

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>
EMT Field Experience	12 years	One year Clinical Experience	1 years
	years		0 years
	years		0 years

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

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.

State of Colorado EMT-Intermediate certification, Advanced Cardiac Life Support Certificate, Basic Life Support, Pediatric Advanced Life Support or Pediatric Education for Prehospital Providers, National Incident Management 100,200,700, VFIS Driver Training

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	Cardiac monitor	daily
1	Ambulance	daily
1	Oxygen	daily
1	Ambulance pram	daily
1	Lap top computer	daily
1	IV equipment	daily
1	Equipment to monitor a patients vital signs	daily
1	Hand tools	occasionally
1	Personal protective equipment	daily

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. Decision of appropriate level of medical care and treatment for the patient. Determination of appropriate medications and dosages for patients.

2. Cardiac 12 lead diagnosis and need for cardiac alert for St. Mary's Hospital.

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

Amber Peck

Ada Shillcox

Division: Operations

Department: Fire

For Individual Questionnaires Only:

Employee Name: Peck Amber J
(Last) (First) (Middle Initial)

Current Classification Title: Single Role EMT-Intermediate-full time

Division Operations **Department** Fire

Total Length of Time with organization 2 Years 6 months

Total Length of Time in Current Position Years 1 months

Assigned Hours/Week; from 8:00 to 8:00 **Assigned Days/Week** 56 hrs /Week

Email: amberp@gjcity.org **Work Phone:** 970-244-1401

Immediate Supervisor:

Immediate supervisor reports to:

Name: Gus Hendricks **Name:** John Williams

Title: Captain **Title:** Battalion Chief

Work Phone 970-244-1401 **Work Phone:** 970-244-1418

E-mail: gush@gjcity.org **E-mail:** johnw@gjcity.org

10/10/10



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 checked="" type="checkbox"/>	High School Diploma or equivalent (G.E.D.)
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<input type="checkbox"/>	<input type="checkbox"/>	Bachelor's degree
<input type="checkbox"/>	<input type="checkbox"/>	Other (explain): Paramedic

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>
EMT Field Experience	7 years	One year Clinical Experience	1 years
	years		0 years
	years		0 years

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

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.

State of Colorado EMT-Intermediate certification, Advanced Cardiac Life Support Certificate, Basic Life Support, Pediatric Advanced Life Support or Pediatric Education for Prehospital Providers, National Incident Management 100,200,700, VFIS Driver Training

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Duty #	Machines, Tools, Equipment	Frequency/Time
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1	Ambulance pram	daily
1	Lap top computer	daily
1	IV equipment	daily
1	Equipment to monitor a patients vital signs	daily
1	Hand tools	occasionally
1	Personal protective equipment	daily

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. Decision of appropriate level of medical care and treatment for the patient. Determination of appropriate medications and dosages for patients.

2. Cardiac 12 lead diagnosis and need for cardiac alert for St. Mary's Hospital.

3. Prioritizing calls for appropriate use of resources.

CITY OF GRAND JUNCTION JOB ANALYSIS QUESTIONNAIRE

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

Is this a group questionnaire? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please list all employee names.
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John Deister and Jo Anne Nakano

Amber Peck, Ada Shillcox

Division: Public Safety

Department: GJFD

For Individual Questionnaires Only:

Employee Name:	Nakano	Jo Anne	
	(Last)	(First)	(Middle Initial)

Current Classification Title:	EMT NREMT-I99	Nationally Registered EMT Inter- mediate 1999 standards
Division	Public Safety Operation	Department Fire

Total Length of Time with organization 0 Years 8 months

Total Length of Time in Current Position 0 Years 8 months

Assigned Hours/Week; from t o **Assigned Days/Week** 56 hr wk

Email: joannen@gjcity.org **Work Phone:** 9702441400

Immediate Supervisor:

Immediate supervisor reports to:

Name:	Rick McKissen	Name:	Robert Ferguson
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Title:	Captain	Title:	Battalion chief
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Work Phone	970-244-1401	Work Phone:	970-244-1418
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E-mail:	rickm@gjcity.org	E-mail:	robfe@gjcity.org
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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 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 type="checkbox"/>	Associate degree (A.S., A.A.) or two-year technical certificate
<input type="checkbox"/>	<input type="checkbox"/>	Bachelor's degree
<input type="checkbox"/>	<input type="checkbox"/>	Other (explain):

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

Type of Experience

<u>You Have</u>	<u>Your Time</u>	<u>You Need</u>	<u>Minimum Time Required</u>
Nationally Registered Emergency Medical Technician- Intermediate level, Advanced Cardiac Life Support, Basic Life Support, Pediatric Emergency Prehospital Provider	11 3/4 years	Colorado Emergency Medical Technician-Basic level, Basic Life Support	1 years
National Incident Management System 100,200,700	2 years	NIMS 100,200,700	0 years
Emergency Vehicle Driver Training	years		years
Advanced Medical Life Support International Trauma Life Support CPR Instructor	8	Emergency Vehicle Driver Training	0

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

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 current Emergency Medical Technician- Basic; Basic Life Support; National Incident Management 100, 200, 700; Emergency Vehicle Driver Training.

Please check the appropriate statement:

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

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

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

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

Employee Signature:  Date: 12-27-08

Supervisor
Signature:  Date: 12-27-08

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.

