

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:

Department:

For Individual Questionnaires Only:

Employee Name:	Ritterbush	Mark	T
	(Last)	(First)	(Middle Initial)

Current Classification Title: Water Resources Supervisor

Division	Utility and Street Systems	Department	Water Services
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Total Length of Time with organization 6 Years 2 months

Total Length of Time in Current Position 0 Years 6 months

Assigned Hours/Week:: from 8:00 **t o** 16:30 **Assigned Days/Week** 5

Email: markri@ci.grandjct.co.us

Work Phone: 256-4185

Immediate Supervisor:

Immediate supervisor reports to:

Name: Rick Brinkman

Name: Terry Franklin

Title: Water Services Manager

Title: Deputy Director of Utility and Street Systems

Work Phone 244-1429

Work Phone: 244-1495

E-mail: rickbr@gjcity.org

E-mail: terryf@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.

Water Resources Supervisor

To oversee the work of staff responsible for the production of safe, high quality, and aesthetically pleasing drinking water for the City of Grand Junction. To ensure that the City's water treatment facilities are in compliance with all applicable regulations and that all safeguards to public health are maintained. To oversee and implement watershed and reservoir water quality programs.

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 checked="" type="checkbox"/>	I evaluate and sign performance reviews of other full-time employees.	5
<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.	5
<input checked="" type="checkbox"/>	I make hiring and hiring pay recommendations.	7
<input checked="" type="checkbox"/>	I make hiring and hiring pay decisions.	5
<input checked="" type="checkbox"/>	I recommend termination for poor performance.	5
<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.	5

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

YOUR COWORKERS' JOB TITLES

Water Supply Supervisor
Cross Connection Control Coordinator
Public Works Maintenance Supervisor

YOUR DIRECT REPORTS' JOB TITLES

Water Plant Operator
Lead Plant Mechanic

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 Quality Lab Staff	Daily	Information exchange, answer questions, sampling and procedure clarifications, to do lab work,
Water Supply Supervisor	Daily	Flow changes, scheduling, plant related purposes
PW Maintenance Supervisor	Daily	Distribution System - related purposes
WTP Operator/ Lead Plant Mechanic	Daily	Operations
HR/ New Employees	Monthly	Conduct New Employee Tour
Water Services Manager	Daily	Operations

2. Outside your organization:

Title of Person or Organization	How Often	For What Purpose
Ex: Vendors, Gen. Public		
Staff from other WTPs	2X/ month	lab sample receipt, scheduling
Colorado Dept. of Public Health	Monthly	Submit compliance reports
Gen. Public	Monthly	Field calls/ water complaints
Colorado River District	2X/Month	Zebra Mussel Task Force
School District #51	yearly	Teach a class at Childrens Water Festival
Colorado Lakes and Reservoir Managent Assn.	Yearly	Attend a conference

3. ESSENTIAL DUTIES.

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

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

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

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

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

Attach additional sheets if necessary.

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

Essential Duties	Decisions Required	Frequency	% of Time
EXAMPLES:			
<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	Plan, organize, assign job duties, and supervise 5 Class A Water Treatment Plant Operators	Duties that need to be done, Prioritization of duties, strengths and capabilities of staff	Daily	25
2	Preparation and maintenance of all State and Federal Compliance Monitoring Reports	Knowledge of due dates	Monthly	5
3	Evaluate lab and plant data and decide courses of action	Is the data reliable, is resampling necessary, what is the appropriate course of action and what are the expected results and consequences of those actions	Daily	5
4	Assist Water Quality Lab Staff with sampling, analysis of samples, sample delivery, and sample receipt from other utilities.	Prioritize tasks	Weekly	10
5	Maintain numerous spreadsheets and verify the accuracy of all data pertaining to plant performance that is kept electronically.	How to enter the data into a useful format; what does the data mean?	Weekly	10
6	Update SOPs and develop new SOPs and programs dealing with safety and plant operation.	Knowledge of the SOPs and how it fits into the big picture so as to be concise	Monthly	5
7	Monitor, evaluate, and troubleshoot 2 water treatment plants for compliance with all mandated drinking water regulations	What are the regs, What is characteristic of normal operating conditions; what is the cause of any deviations. What courses of action could be used to solve a problem	Daily	5

8	Assist the Distribution Staff in maintaining and troubleshooting water quality in the distribution system	What is the source of the water quality problem, what can be done to remedy this problem. Where and how to document	Monthly	5
9	Code expenditures, keep the plant within budget; evaluate and procure necessary WTP equipment.	Knowledge of our accounting system, what account should the item come out of. Given our budget and/or the situation, what constitutes necessary equipment	Weekly	5
10	Plan and review Watershed monitoring data	What does the data indicate? What are we expecting to see or what parameters are important to have tested for given our budget	Monthly	5
11	Plan, monitor, and interpret data for our Reservoir Monitoring Program	Given the results, how do I anticipate the WTP will be affected. Should we consider a different source of water. How could we manage the reservoir better.	Weekly	5
12	Assist WTP staff with duties and/or operate the plant as needed	Scheduling and organizing	Weekly	5
13	Make decisions related to plant flows and the source of that water	Will we have too much or too little water, advantages/disadvantages of a given source of water. What treatment changes should we expect given a change of flow or source	Daily	5
14	Conduct research related to regulations, equipment, and procedures for the WTP	What is important and what is applicable to our application.	Monthly	5
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
1,3,6,7,9,11,12,13,14	Knowledge of tasks and conditions necessary to keep a WTP running safely and optimally, maintenance required on equipment utilized, knowledge of how a direct filtration WTP operates, having mechanical aptitudes is helpful.
1,2,3,10,14	Knowledge of all applicable drinking water regulations and the required monitoring frequencies for water quality parameters
2,5,6,9,14	Computer skills - Word, Excel, Access
3,4,10,11	Familiarity with lab testing and sampling procedures and with what a given test parameter is indicative of as far as water quality is concerned
1,3,5,10,11,13	Ongoing knowledge of the status of our water supplies - both qualitative and quantitative and know what our areas of concern are
4,11	Able to perform analytical tests such as algae counts, Method 1623 for Cryptosporidium and Giardia, Microscopic Particulate Analysis. Microscopy skills.
1,4,6,7,8,9,10	Organizational skills. Ability to document compulsively
8	Knowledge of potential risk factors to a distribution system.
8	Ability to build a rapport with the public, to be able to convey to them what we do to keep their water safe, and ability to let them know what we're doing to address their problem.
9	Familiarity with the City's Accounting System
11	Knowledge of biological and chemical dynamics in a reservoir - Limnology.
11	Able to operate and troubleshoot a multiparameter instrument in the field. Familiar with boating safety, ability to carry a boat and equipment a distance to launch.
1,4,8,12	People 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 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 checked="" type="checkbox"/>	<input checked="" 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>
Medical Technologist	12 years	Water Treatment Plant Operator	2 years
Water Quality Specialist	6 years	Water Quality Specialist	2 years
Water Resources Supervisor	.5 years		years

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

Engineering, Chemistry, Environmental Biology, Treatment Plant Operations

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.

Possess a Class A Water Treatment Plant Operator Certificate from the State of Colorado

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
3,7,11,13	pH meter, turbidimeter, spectrophotometer, flow meters, PLCs	daily
1,2,5,6,7,9,10,11,14	Office Equipment - computer, printer, fax machine	daily
11	Multi-parameter probe (measures turbidity, pH, Chlorophyll, conductivity, temperature)	2X/month
11	Boat with a trolling motor	2X/month
4,7,11	Microscope and centrifuge	2x/month
4,11	Ion Chromatograph	weekly

5. DECISION-MAKING & JUDGMENTS.

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

1. How do we as a department achieve our customer service value and how do we involve all elements of the department in this discussion?

2. How do we insure work and leadership continuity and succession within Utility and Street Systems from among all employee elements?

3. How do we arrive at and achieve future departmental goals and objectives, as community, financial, and social variables change? That is, what do our customers want and how do we deliver that to them?

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
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.	3--Monthly	2--Very Important	4,12
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.	2--Quarterly	1--Somewhat Important	12
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.	0--Never	Select	
Kneeling: Bending legs at knee to come to a rest on knee or knees.	3--Monthly	1--Somewhat Important	4,8,12
Crouching: Bending the body downward and forward by bending leg and spine.	0--Never	Select	

Crawling: Moving about on hands and knees or hands and feet.	0--Never	Select	
Reaching: Extending hand(s) and arm(s) in any direction.	5--Daily	1--Somewhat Important	4,8,9,12
Standing: Particularly for sustained periods of time.	5--Daily	2--Very Important	all
Walking: Moving about on foot to accomplish tasks, particularly for long distances.	5--Daily	3--Extremely Important	4,7,8,10,11,12
Pushing: Using upper extremities to press against something with steady force in order to thrust forward, downward or outward.	3--Monthly	1--Somewhat Important	4,11
Pulling: Using upper extremities to exert force in order to draw, drag, haul or tug objects in a sustained motion.	3--Monthly	1--Somewhat Important	4,11
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	1,2,3,4,5,6,7,9,10,11,14
Grasping: Applying pressure to an object with the fingers or palm.	5--Daily	3--Extremely Important	4,12
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.	3--Monthly	3--Extremely Important	4,12
Feeling: Perceiving attributes of objects, such as size, shape, temperature or texture by touching the skin, particularly that of fingertips.	0--Never	Select	
Talking: Expressing or exchanging ideas by means of the spoken word. Those activities in which they must convey detailed or important spoken instructions to other workers accurately, loudly, or quickly.	5--Daily	3--Extremely Important	all
Hearing: Perceiving the nature of sounds with no less than a 4db loss @ 500 Hz, 1,000 Hz and 2,000 Hz with or without correction. Ability to receive detailed information through oral communication, and to make fine discriminations in sound, such as when making fine adjustments on machined parts.	5--Daily	2--Very Important	7,12
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	5--Daily	3--Extremely Important	all

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).			
Repetitive Motions: Substantial repetitive movements (motions) of the wrists, hands, and/or fingers.	5--Daily	2--Very Important	4,6,9
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	all
Light Work: Exerting up to 20 pounds of force occasionally, and/or up to 10 pounds of force frequently, and/or a negligible amount of force constantly to move objects. If the use of arm and/or leg controls requires exertion of forces greater than that for Sedentary Work and the worker sits most of the time, the job is rated for Light Work.	0--Never	Select	
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.	3--Monthly	2--Very Important	4,11,12
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.	1--Annually	3--Extremely Important	12
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.	0--Never	Select	

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).

I have recently transitioned from the lab to my current job. My office is just down the hall from the lab and after the new lab staff is fully transitioned, it is anticipated that some of the laboratory-associated duties will be relinquished, namely running the Ion Chromatograph and performing the Cryptosporidium/Giardia Test

EMPLOYEE CERTIFICATION

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

Signed: MS Pittman Date: 12/18/08

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

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:

1/8/09

Supervisor
Signature:



Date:

1.8.2009

Department Head
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.

