

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: Vanover Dan
(Last) (First) (Middle Initial)

Current Classification Title: Water Supply Supervisor

Division Water Services **Department** Utility & Street Systems

Total Length of Time with organization 39 Years 5 months

Total Length of Time in Current Position 34 Years months

Assigned Hours/Week;; from 7 am **to** 3:30 pm **Assigned Days/Week** 5

Email: dannyv@gjcity.org

Work Phone: 241-3889

Immediate Supervisor:

Immediate supervisor reports to:

Name: Rick Brinkman

Name: Terry Franklin

Title: Water Service Manger

Title: Deputy Director

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.

To plan,prioritize,assign,supervise and review the work of staff involved in water supply operations.

Responsible for operating 100 gpm water treatment plant & 17 miles of distribution lines.

Responsible for operating,maintaining and protecting the City of Grand Junction watershed. This consists of 17 reservoirs on Grand Mesa, 2 lower terminal reservoirs,15 miles of feeder canals and 2-20 mile raw water flowlines that carry water to city's treatment plant.

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.	1
<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).	1-4
<input checked="" type="checkbox"/>	I make work assignments for others.	1-4
<input checked="" type="checkbox"/>	I make hiring and hiring pay recommendations.	1
<input type="checkbox"/>	I make hiring and hiring pay decisions.	1
<input checked="" type="checkbox"/>	I recommend termination for poor performance.	1-4
<input checked="" type="checkbox"/>	I provide advice to peers that they must consider carefully before making a decision.	1-4
<input checked="" type="checkbox"/>	I provide information to supervisors/management that they use in making a decision.	1-4

- 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

Public Works Maint Supervisor
Water Resources Supervisor

YOUR DIRECT REPORTS' JOB TITLES

Water Supply Equipment Operator
Pipeline Maint. Crew Leader
Pipeline Maint. Workers
Utility Locator
Senior Meter Reader
Cross- Connection Control
Plant Mechanic

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

- ☒ Full Time 1-4 ☐ 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		
Utility Engineer	W	Reservoir Projects
Water Services Manger	D	All Projects in the Watershed Area
Public Works Supervisor	W	Maint. Projects
Water Resources Supervisor	W	Water Samples

2. Outside your organization:

Title of Person or Organization	How Often	For What Purpose
Ex: Vendors, Gen. Public		
State Water Commissioner	D	Water Rights
B L M	M	Grazing Permits
Forest Service	M	Special use permits/ protection of property in watershed/ maint. of reservoirs
Ditch & Reservoir Companys	M	Meetings, Maint.& repair work

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 implement and coordinate scheduled maintenance activities on the reservoirs, canals, ditches, water treatment plant, flowline maintenance and maintenance/repair of City properties in watershed area. Recommend capital improvement plan and projects.	Prioritize maintenance activities	Daily	15
2	Assist in development and implementation of program goals and objectives, policies and procedures; monitor methods for water supply work; implement changes and modifications to improve services and quality.	Interpret regulations and rules	Daily	10
3	Establish and maintain cooperative working relationships with regulatory agencies (such as the department of Water Resources, State Dam Inspector, local and state health departments) and Kannah Creek customers.	Work through issues in a professional manner while maintaining relationships	Daily	20
4	Prepare a variety of reports and maintenance record logs and files.	Make sure reports are accurate	Daily	10
5	Interpret and enforce City policies and procedures regarding water rights; work with the Water Rights engineers on matters that may impact the City water rights claims.	Communicate with State Water Commissioner on all of city water rights	Daily	10
6	Check water supply facilities and equipment and establish schedules for needed maintenance and repairs.	Prioritize maintenance activities	Monthly	10
7	Inspect the work of crews while in progress and upon completion; Provide advice and assistance to staff.	Make sure crews are using proper procedures and safety practices	Daily	5

8	Ensure proper procedures are in place and implemented for water shut downs and customer notification during construction and /or emergency work.	Keep the customers inform and that services will be restored as soon as possible	Monthly	5
9	Oversee operation. maintenance and records of The Kannah Creek Water Treatment Plant	Make sure the plant is in compliance with Health Department	Daily	15
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
1,2,4,6,7,8,9	Knowledge of material, methods, practices and equipment used in water supply operations and construction; knowledge of construction technology and civil engineering as they relate to assigned construction and expansion projects.
1,2,3,5,6,7,8	Knowledge of safety practices, guidelines and regulations such as OSHA, the Safe Drinking Water Act and other related regulatory standards.
1,2,3,4,5,6,7,8	Knowledge of the standards, calculations and methods used to measure the operating efficiency of machinery and equipment used in water supply field.
1,2,6,7,8	Principles of supervision, training, and performance evaluation.
1,2,4,7	Ability to work from sketches and blueprints; prepare plans for projects.
1,2,3,5,6,7,8,9	Knowledge of City and departmental policies, rules and regulations.
1,2,3,4,5,6,7,8,9	Ability to plan, organize, prioritize, supervise, train and evaluate the work of staff involved in water supply operations.
1,2,3,4,5,6,7,8,9	Ability to communicate clearly and concisely, orally and in writing.

1,2,3,4,5,6,7,8,	Ability to provide prepare clear and conise technical reports.
1,2,3,4,5,6,7,8,9	Ability to establish and maintain effective working relationships with internal and external and external contacts,and ability to interact with the general public and media representatives on water related issues.
1,2,3,5	Ability to operate modern office equipment to include a computer.

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 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>
Water Rights Management	34 years	Water Rights management	3-5 years

Drinking Water Systems	12	years	Drinking Water Systems	3-5	years
Supervision	34	years	Supervision	3-5	years

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

Water Treatment/ Water Rights / Water Distribution Systems

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 Class B Water operator

Colorado Drivers License

Dam Safety 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
1,2,3,4,5,9	Computer	Daily
3,6,7,8,9	Vehicles (ATV's- Snowmobiles),and Trucks	Daily
6,7	Operate a variety of equipment in emergency situations when needed.	Monthly

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. Management of City's Water Rights: Making sure the City is in compliance with the State of Colorado, in the State water priority system.
 - 2. My Responsibility is to oversee all projects and activities in City's Watershed, to protect the quality of water.
 - 3. Manage and operate the Kannah Creek Water Treatment Plant, to ensure the customers will receive the best quality water possible.

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

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.	4--Weekly	1--Somewhat Important	
Grasping: Applying pressure to an object with the fingers or palm.	4--Weekly	1--Somewhat Important	
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	1--Somewhat Important	
Feeling: Perceiving attributes of objects, such as size, shape, temperature or texture by touching the skin, particularly that of fingertips.	4--Weekly	1--Somewhat Important	
Talking: Expressing or exchanging ideas by means of the spoken word. Those activities in which they must convey detailed or important spoken instructions to other workers accurately, loudly, or quickly.	5--Daily	2--Very Important	
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	
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	2--Very Important	
Repetitive Motions: Substantial repetitive movements (motions) of the wrists, hands, and/or fingers.	5--Daily	2--Very Important	
Sedentary Work: Exerting up to 10 pounds of force occasionally and/or a negligible amount of force frequently or constantly to lift, carry, push, pull or otherwise move objects, including the human body. Sedentary work involves sitting most of the time. Jobs are sedentary if walking and standing are required only occasionally and all other sedentary criteria are met.	4--Weekly	1--Somewhat Important	
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	1--Somewhat Important	

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	1--Somewhat Important	
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	1--Somewhat Important	
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.	4--Weekly	1--Somewhat 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 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 type="checkbox"/>	<input checked="" 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 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).

EMPLOYEE CERTIFICATION

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

Signed: Dan Vanover

Date: 1-6-09

TO BE COMPLETED BY THE IMMEDIATE SUPERVISOR AND DEPT. HEAD

This section is to be used by the Supervisor to note any additional comments, additional duties or disagreements with any section of the questionnaire. The Supervisor should not change anything written by the individual filling out the questionnaire nor should they address any performance issues. Please remember that this questionnaire is intended solely for the purpose of accurately describing the job in question. Supervisors, please review the entire JAQ for completeness and accuracy. If there are sections that are not complete or are incorrect, please fill in the blanks when you review the questionnaire with the incumbent. If you disagree with any information provided or believe some information is missing, indicate below the question number and your comments. **Please note the form should have all three signatures to ensure all have read the questionnaire.**

Question No.	Comments

Please check the appropriate statement:

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

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

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

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

Employee Signature: Dan Vanover Date: 1-6-09

Supervisor
Signature: Rick Spinkma Date: 1-6-2009

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.

