



## MAINTENANCE & OPERATIONS TECHNICIAN, SENIOR CLASSIFICATION DESCRIPTION

|  |  |                |
|--|--|----------------|
| Job Classification Title:  | <b>Maintenance &amp; Operations Technician, Senior</b> |                |
| Working Title(s):  | Grounds Crew Worker, Lead Custodian                    |                |
| FLSA Status:   | Non-Exempt   | Pay Grade: B21 |
| <i>This job classification description is intended to be generic in nature and not an exhaustive list of all duties and responsibilities. The specific tasks/duties may vary based on position assignment and as determined by the District.</i> |  |                |

### **JOB CLASSIFICATION SUMMARY**

Responsible for providing direction to staff and participating in the maintenance of buildings and/or grounds.

### **DISTINGUISHING CHARACTERISTICS**

This is a lead, skilled trades classification responsible for performing building and/or grounds maintenance activities.

### **ESSENTIAL DUTIES**

*The following are intended to describe core work functions of this classification. While the level and broad nature of essential duties may not change, specific work tasks will vary over time depending on the District's needs.*

*\* In-person attendance is an essential function of this classification.*

- Performs District-wide grounds and/or building maintenance work;
- Oversees and directs duties of Maintenance and Operationists Workers;
- Installs and maintains equipment;
- Operates vehicles;
- Maintains inventory and supplies;
- Performs preventative and minor maintenance activities; and,
- Performs related work as assigned.

### **KNOWLEDGE**

- Use and care of equipment applicable to area of responsibility.
- Proper and safe use of applicable supplies and equipment.

### **SKILLS**

- Performing manual labor.
- Performing routine maintenance of grounds and/or buildings.
- Utilizing communication and interpersonal skills as applied to interaction with coworkers, supervisors, the general public and others to sufficiently exchange or convey information and to receive work direction.



## MAINTENANCE & OPERATIONS TECHNICIAN, SENIOR CLASSIFICATION DESCRIPTION

### **MINIMUM QUALIFICATIONS** (for new hires at job entry)

#### Education and Experience:

High school diploma or GED and three years of experience; or an equivalent combination of directly-related education and experience.

#### Required Certifications/Licenses:

- Arizona Fingerprint Clearance Card (FPCC).
- Valid Arizona Class D Driver's License.

### **POSITION SPECIFIC DUTIES**

#### If assigned to Grounds:

- Installs new and maintains existing landscaped areas;
- Installs, over-seeds, fertilizes and maintains athletic fields;
- Programs and performs maintenance on manual and automatic irrigation systems; and,
- Applies fertilizers and soil as required or instructed.

#### If assigned to Custodial Services:

- Oversees and directs duties of Maintenance and Operationists Workers/Custodians,
- Ensures security of facilities;
- Cleans buildings and grounds including walks and parking lots, ensuring cleanliness and sanitary conditions; and
- Reports needed repairs to the appropriate individual(s).

### **CLASS HISTORY INFORMATION**

Created: 11/2021

Amendments:



## MAINTENANCE & OPERATIONS TECHNICIAN, SENIOR PHYSICAL & ENVIRONMENTAL FACTORS

### **OVERALL PHYSICAL STRENGTH DEMANDS:**

| <b>Physical Strength for this classification is indicated below with an "X"</b> |   |
|---|---|
| <input type="checkbox"/>  | Sedentary: Exerting up to 10 lbs. occasionally or negligible weights frequently; sitting most of the time.  |
| <input type="checkbox"/>  | Light: Exerting up to 20 lbs. occasionally, 10 lbs. frequently, or negligible amounts constantly OR requires walking or standing to a significant degree. |
| <input checked="" type="checkbox"/>   | Medium: Exerting 20-50 lbs. occasionally, 10-25 lbs. frequently, or up to 10 lbs. constantly.   |
| <input type="checkbox"/>  | Heavy: Exerting 50-100 lbs. occasionally, 10-25 lbs. frequently, or up to 10-20 lbs. constantly.  |
| <input type="checkbox"/>  | Very Heavy: Exerting over 100 lbs. occasionally, 50-100 lbs. frequently, or up to 20-50 lbs. constantly.  |

### **PHYSICAL DEMANDS:**

| C<br>Continuously<br>2/3 or more time | F<br>Frequently<br>1/3 to 2/3 of time | O<br>Occasionally<br>Up to 1/3 time | R<br>Rarely<br>< 1 hour per week | N<br>Never<br>Never occurs |
|---------------------------------------|---------------------------------------|-------------------------------------|----------------------------------|----------------------------|
|---------------------------------------|---------------------------------------|-------------------------------------|----------------------------------|----------------------------|

Note: This is intended as a description of the way the job is currently performed. It does not address the potential for accommodation.

| Physical Demand | Brief Description   | C                                   | F                                   | O                                   | R                                   | N                                   |
|-----------------|---|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|
| Standing        | Communicating with co-workers, observing work site, observing work duties         | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
| Sitting         | Desk work   | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| Walking         | To other departments/offices/office equipment                                     | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
| Lifting         | Supplies, files   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
| Carrying        | Supplies, files   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
| Pushing/Pulling | File draws, tables and chairs   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
| Reaching        | For supplies, for files   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
| Handling        | Paperwork   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
| Fine Dexterity  | Computer keyboard, telephone pad, calculator, calibrating equipment               | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |
| Kneeling        | Filing in lower drawers, retrieving items from lower shelves/ground               | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |
| Crouching       | Filing in lower drawers, retrieving items from lower shelves/ground               | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
| Crawling        | Under equipment   | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| Bending         | Filing in lower drawers, retrieving items from lower shelves/ground               | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
| Twisting        | From computer to telephone, getting inside vehicles                               | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
| Climbing        | Stairs, step stool  | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |
| Balancing       | On step stool   | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |
| Vision          | Reading, computer screen, driving   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
| Hearing         | Communicating with co-workers and public and on telephone, listening to equipment | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
| Talking         | Communicating with co-workers and public and on telephone                         | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
| Foot Controls   | Driving   | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |
| Other (Specify) |   | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |



## MAINTENANCE & OPERATIONS TECHNICIAN, SENIOR PHYSICAL & ENVIRONMENTAL FACTORS

### **MACHINES, TOOLS, EQUIPMENT, SOFTWARE AND HARDWARE:**

Tools and equipment typically used in indoor and outdoor maintenance activities.

### **ENVIRONMENTAL FACTORS:**

| <b>D</b><br>Daily | <b>W</b><br>Several Times Per Week | <b>M</b><br>Several Times Per Month | <b>S</b><br>Seasonally | <b>N</b><br>Never |
|-------------------|------------------------------------|-------------------------------------|------------------------|-------------------|
|-------------------|------------------------------------|-------------------------------------|------------------------|-------------------|

| <b>Health &amp; Safety Factors</b> | <b>D</b>                            | <b>W</b>                 | <b>M</b>                 | <b>S</b>                            | <b>N</b>                 | <b>Health &amp; Safety Factors</b> | <b>D</b>                 | <b>W</b>                            | <b>M</b>                 | <b>S</b>                            | <b>N</b>                 |
|------------------------------------|-------------------------------------|--------------------------|--------------------------|-------------------------------------|--------------------------|------------------------------------|--------------------------|-------------------------------------|--------------------------|-------------------------------------|--------------------------|
| Mechanical Hazards                 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | Respiratory Hazards                | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| Chemical Hazards                   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | Extreme Temperatures               | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Electrical Hazards                 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | Noise and Vibration                | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Fire Hazards                       | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Wetness/Humidity                   | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Explosives                         | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Physical Hazards                   | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| Communicable Diseases              | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |                                    |                          |                                     |                          |                                     |                          |
| Physical Danger or Abuse           | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |                                    |                          |                                     |                          |                                     |                          |
| Other (Specify Below)              | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |                                    |                          |                                     |                          |                                     |                          |
|                                    |                                     |                          |                          |                                     |                          |                                    |                          |                                     |                          |                                     |                          |

### **PROTECTIVE EQUIPMENT REQUIRED:**

None.

### **NON-PHYSICAL DEMANDS:**

| <b>C</b><br>Continuously<br>2/3 or more time | <b>F</b><br>Frequently<br>1/3 to 2/3 of time | <b>O</b><br>Occasionally<br>Up to 1/3 time | <b>R</b><br>Rarely<br>< 1 hour per week | <b>N</b><br>Never<br>Never occurs |
|--|--|--|---|-----------------------------------|
|--|--|--|---|-----------------------------------|

| <b>Description of Non-Physical Demands</b>    | <b>C</b>                 | <b>F</b>                 | <b>O</b>                            | <b>R</b>                            | <b>N</b>                 |
|---|--------------------------|--------------------------|-------------------------------------|-------------------------------------|--------------------------|
| Time Pressure                                 | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| Emergency Situation                           | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| Frequent Change of Tasks                      | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| Irregular Work Schedule/Overtime              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Performing Multiple Tasks Simultaneously      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Working Closely with Others as Part of a Team | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| Tedious or Exacting Work                      | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| Noisy/Distracting Environment                 | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| Other (Specify Below)                         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> |
|   |                          |                          |                                     |                                     |                          |



## MAINTENANCE & OPERATIONS TECHNICIAN, SENIOR PHYSICAL & ENVIRONMENTAL FACTORS

### PRIMARY WORK LOCATION

|                                     |                                |
|-------------------------------------|--------------------------------|
| <input checked="" type="checkbox"/> | Office Environment             |
| <input checked="" type="checkbox"/> | Warehouse                      |
| <input type="checkbox"/>            | Shop                           |
| <input type="checkbox"/>            | Recreation/Neighborhood Center |
| <input type="checkbox"/>            | Vehicle                        |
| <input checked="" type="checkbox"/> | Outdoors                       |
| <input type="checkbox"/>            | Other (Specify Below)          |
|                                     |                                |



## MAINTENANCE & OPERATIONS TECHNICIAN, SENIOR ACKNOWLEDGEMENT

### SIGNATURE – REVIEW AND COMMENTS:

I have reviewed this description and find it to be an accurate representation of the demands of the classification.

\_\_\_\_\_  
Signature of Employee

\_\_\_\_\_  
Date

\_\_\_\_\_  
Job Title of Supervisor

\_\_\_\_\_  
Signature of Supervisor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Job Title of Department Head

\_\_\_\_\_  
Signature of Department Head

\_\_\_\_\_  
Date

Comments: \_\_\_\_\_

\_\_\_\_\_  
The above statements are intended to describe the general nature and level of work being performed by individuals assigned to this classification. They are not intended to be an exhaustive list of all responsibilities, duties, and skills required. This description is subject to modification as the needs and requirements of the classification change.