



MAINTENANCE & OPERATIONS WORKER CLASSIFICATION DESCRIPTION

Job Classification Title:	Maintenance & Operations Worker	
Working Title(s):	Custodian	
FLSA Status:	Non-Exempt	Pay Grade: A12
<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 custodial services, ensuring cleanliness of facilities.

DISTINGUISHING CHARACTERISTICS

This is an entry-level trades classification responsible for maintaining the cleanliness of the District's buildings.

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.*

- Assists in maintaining grounds;
- Cleans and preserves designated spaces, equipment, etc. in the building;
- Restocks disposable items and documents inventory usage;
- Assists visiting public utilizing the facilities with directions within building;
- Obtains and sets up needed equipment;
- Maintains building and grounds security in the building each school day;
- Assists BMS in daily maintenance duties; and,
- Performs related work as assigned.

KNOWLEDGE

- Work safety policies, procedures, and practices.
- Basic maintenance methods, tools, and equipment.
- Proper use and handling of cleaning chemicals.
- Basic facilities and grounds maintenance practices.

SKILLS

- Maintaining accurate records.
- Using basic hand and power tools safely.
- Customer service principals, practices and etiquette.
- 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 WORKER CLASSIFICATION DESCRIPTION

MINIMUM QUALIFICATIONS (for new hires at job entry)

Education and Experience:

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

Required Certifications/Licenses:

- Arizona Fingerprint Clearance Card (FPCC).

CLASS HISTORY INFORMATION

Created: 11/2021

Amendments:



MAINTENANCE & OPERATIONS WORKER PHYSICAL & ENVIRONMENTAL FACTORS

OVERALL PHYSICAL STRENGTH DEMANDS:

Physical Strength for this classification is indicated below with an "X"	
<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 Continuously 2/3 or more time	F Frequently 1/3 to 2/3 of time	O Occasionally Up to 1/3 time	R Rarely < 1 hour per week	N Never Never occurs
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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 WORKER PHYSICAL & ENVIRONMENTAL FACTORS

MACHINES, TOOLS, EQUIPMENT, SOFTWARE AND HARDWARE:

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

ENVIRONMENTAL FACTORS:

D Daily	W Several Times Per Week	M Several Times Per Month	S Seasonally	N Never
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Health & Safety Factors	D	W	M	S	N	Health & Safety Factors	D	W	M	S	N
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:

C Continuously 2/3 or more time	F Frequently 1/3 to 2/3 of time	O Occasionally Up to 1/3 time	R Rarely < 1 hour per week	N Never Never occurs
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Description of Non-Physical Demands	C	F	O	R	N
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 WORKER
PHYSICAL & ENVIRONMENTAL FACTORS**

PRIMARY WORK LOCATION

<input checked="" type="checkbox"/>	Office Environment
<input 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 WORKER 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.