



## JOB DESCRIPTION

**Job Title: Tree Climber**

**Reports to: Crew Leader**

**Department: Tree Care**

**Date: 6/02/2010**

**Status: Non-Exempt**

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### **POSITION SUMMARY:**

The primary role of the Tree Climber is climbing, and assisting crew leaders in the performance of all services, while maintaining the highest efficiency, safety and production standards.

### **EXPERIENCE & TRAINING:**

The Tree Climber must have at least 2 years within the industry. Also have the ability to perform multiple tasks and meet critical deadlines and possess technical knowledge of commercial and landscape maintenance practices. Tree Climber also needs to have technical knowledge of commercial tree trimming practices and hold an International Society of Arboriculture (ISA) Certified Tree Worker certificate. The Crew Leader will also have the ability to read, write and speak English and Spanish.

### **ESSENTIAL JOB FUNCTIONS:**

The duties listed below are examples of the work typically performed by an employee in this position:

#### **A. Performs job functions timely and efficiently.**

- Uphold and promote and exceed all standards of safety as described in SGI's policies and OSHA regulations and American National Standards Institute (ANSI) Z133 and A300 tree trimming and safety standards. Immediate reporting of any employee injuries or liability claims to the PM and to the Human Resources Department.
- Generate and implement and exceed company policy, systems and procedures of all Field Operations, Safety, Quality Control and Technical Training Programs.
- Monitoring and holding all subordinates accountability to their duties and responsibilities and acceptable SGI performance levels, coaching and counseling employees with your Crew Leader and PM.
- Performs all required ground, climbing, and aerial lift duties in support of specific job assignments, as directed by crew leader or designated Production Manager or Account Manager.
- Understands and demonstrates proficiency in all aspects of the ground person position.

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- Understands the identity of basic trees and shrubs common to the service area.
- Demonstrates proper application of approved knots.
- Demonstrates and practices proper rigging techniques.
- Demonstrates and practices proper climbing techniques and procedures.
- Develops a basic understanding of tree growth.
- Support and receive direction for work to be completed and be held accountable for production and quality of standards.
- Attend all necessary field staff meetings for reviews, training, scheduling, and general field procedural direction. Complete site cleaning.
- Clean, maintain and assist in servicing equipment and make minor equipment repairs.
- Be active in learning and progressing in all areas of tree care practices when given the opportunity.

**B. The customer service standards of the organization are reflected in daily work habits.**

- Complaints are researched and responded to within 24 hours unless possible to complete the same working day.
- Requests from other departments are responded in a friendly and positive manner within 24 hours unless possible to complete the same working day.
- When possible, takes the initiative to offer help to co-workers in overload situations.
- All co-workers and customers are treated courteously. Maintain a cooperative and well communicated relationship with all crew members and crew leader.

**C. Demonstrates behaviors which are consistent with the Code of Conduct and aligned with the organization's mission, vision and shared values.**

- Reports promptly any suspected or potential violations to laws, regulations, procedures, policies and practices, and cooperates in investigations.
- Conducts all transactions in compliance with all company policies, procedures, standards and practices.
- Demonstrates knowledge of all applicable compliance and legal requirements of the job based on the scope of practice of the position.

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**D. Ensures that appearance and personal conduct are professional at all times.**

- Excellent attendance record and follows sick, rain day and vacation day procedures.
- Wears appropriate uniform and PPE's for job functions and ensures personal hygiene, keeping truck, yards and other work areas in good order.
- Works at maintaining a good rapport and a cooperative working relationship with customers and staff.
- Represents the organization in a positive and professional manner in the community.
- Maintains organizational and employee confidentiality at all times.

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**PHYSICAL REQUIREMENTS:**

The physical requirements described herein are representative of those that must be met by an employee to successfully perform the essential functions of this position.

- Hearing:** Adequate to perform the essential functions of the job.
- Speaking:** Adequate to perform the essential functions of the job, such as clearly communicating with multiple personnel.
- Vision:** Normal visual acuity.
- Other:** Must be able to prioritize; have cognitive reasoning and problem-solving ability.

| <p><b>Lifting up to:</b></p> <p><input type="checkbox"/> 5 lbs.<br/> <input type="checkbox"/> 20 lbs.<br/> <input checked="" type="checkbox"/> 50 lbs.<br/> <input type="checkbox"/> 60 lbs.<br/> <input type="checkbox"/> Over 60 lbs.</p> <p><b>Pushing up to:</b></p> <p><input type="checkbox"/> 25 lbs.<br/> <input checked="" type="checkbox"/> 50 lbs.<br/> <input type="checkbox"/> 150 lbs.<br/> <input type="checkbox"/> 250 lbs.<br/> <input type="checkbox"/> Over 250 lbs.</p> <p><b>Manual Dexterity:</b></p> <p><input type="checkbox"/> Low<br/> <input type="checkbox"/> Medium<br/> <input checked="" type="checkbox"/> High</p> | <p style="text-align: center;"><b>Average % of time during regular shift devoted to:</b></p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Standing</th> <th style="text-align: left;">Walking</th> <th style="text-align: left;">Squatting</th> <th style="text-align: left;">Sitting</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> 0-20</td> <td><input type="checkbox"/> 0-20</td> <td><input type="checkbox"/> 0-20</td> <td><input type="checkbox"/> 0-20</td> </tr> <tr> <td><input type="checkbox"/> 21-40</td> <td><input type="checkbox"/> 21-40</td> <td><input type="checkbox"/> 21-40</td> <td><input checked="" type="checkbox"/> 21-40</td> </tr> <tr> <td><input type="checkbox"/> 41-60</td> <td><input type="checkbox"/> 41-60</td> <td><input checked="" type="checkbox"/> 41-60</td> <td><input type="checkbox"/> 41-60</td> </tr> <tr> <td><input checked="" type="checkbox"/> 61-80</td> <td><input checked="" type="checkbox"/> 61-80</td> <td><input type="checkbox"/> 61-80</td> <td><input type="checkbox"/> 61-80</td> </tr> <tr> <td><input type="checkbox"/> 81-100</td> <td><input type="checkbox"/> 81-100</td> <td><input type="checkbox"/> 81-100</td> <td><input type="checkbox"/> 81-100</td> </tr> </tbody> </table>  | Standing                                  | Walking                                   | Squatting                           | Sitting                  | <input type="checkbox"/> 0-20 | <input type="checkbox"/> 0-20 | <input type="checkbox"/> 0-20 | <input type="checkbox"/> 0-20 | <input type="checkbox"/> 21-40 | <input type="checkbox"/> 21-40 | <input type="checkbox"/> 21-40 | <input checked="" type="checkbox"/> 21-40 | <input type="checkbox"/> 41-60 | <input type="checkbox"/> 41-60 | <input checked="" type="checkbox"/> 41-60 | <input type="checkbox"/> 41-60 | <input checked="" type="checkbox"/> 61-80 | <input checked="" type="checkbox"/> 61-80 | <input type="checkbox"/> 61-80 | <input type="checkbox"/> 61-80 | <input type="checkbox"/> 81-100 | <input type="checkbox"/> 81-100 | <input type="checkbox"/> 81-100 | <input type="checkbox"/> 81-100 |       |                          |                          |                          |                          |                          |     |                          |  |  |  |  |                |  |  |  |  |  |          |                          |                          |                          |                                     |                          |          |                          |                          |                          |                                     |                          |     |                          |  |  |  |  |                  |  |  |  |  |  |             |                          |                          |                          |                                     |                          |                |                          |                          |                          |                                     |                          |     |                          |  |  |  |  |
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| Standing   | Walking   | Squatting                                 | Sitting                                   |                                     |                          |                               |                               |                               |                               |                                |                                |                                |   |                                |                                |   |                                |   |   |                                |                                |                                 |                                 |                                 |                                 |       |                          |                          |                          |                          |                          |     |                          |  |  |  |  |                |  |  |  |  |  |          |                          |                          |                          |                                     |                          |          |                          |                          |                          |                                     |                          |     |                          |  |  |  |  |                  |  |  |  |  |  |             |                          |                          |                          |                                     |                          |                |                          |                          |                          |                                     |                          |     |                          |  |  |  |  |
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| <p><b>Other:</b></p>   | <p style="text-align: center;"><b>Indicate % of time employee must perform each activity</b></p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">0-20</th> <th style="text-align: center;">21-40</th> <th style="text-align: center;">41-60</th> <th style="text-align: center;">61-80</th> <th style="text-align: center;">81-100</th> </tr> </thead> <tbody> <tr> <td colspan="6"><b>Driving:</b></td> </tr> <tr> <td>Car</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Van</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Other</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>N/A</td> <td colspan="5" style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td colspan="6"><b>Bending</b></td> </tr> <tr> <td>to waist</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>to floor</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>N/A</td> <td colspan="5" style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td colspan="6"><b>Reaching:</b></td> </tr> <tr> <td>to shoulder</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>above shoulder</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>N/A</td> <td colspan="5" style="text-align: center;"><input type="checkbox"/></td> </tr> </tbody> </table> |   | 0-20                                      | 21-40                               | 41-60                    | 61-80                         | 81-100                        | <b>Driving:</b>               |                               |                                |                                |                                |   | Car                            | <input type="checkbox"/>       | <input checked="" type="checkbox"/>       | <input type="checkbox"/>       | <input type="checkbox"/>                  | <input type="checkbox"/>                  | Van                            | <input type="checkbox"/>       | <input type="checkbox"/>        | <input type="checkbox"/>        | <input type="checkbox"/>        | <input type="checkbox"/>        | Other | <input type="checkbox"/> | N/A | <input type="checkbox"/> |  |  |  |  | <b>Bending</b> |  |  |  |  |  | to waist | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | to floor | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | N/A | <input type="checkbox"/> |  |  |  |  | <b>Reaching:</b> |  |  |  |  |  | to shoulder | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | above shoulder | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | N/A | <input type="checkbox"/> |  |  |  |  |
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| Van  | <input type="checkbox"/>  | <input type="checkbox"/>                  | <input type="checkbox"/>                  | <input type="checkbox"/>            | <input type="checkbox"/> |                               |                               |                               |                               |                                |                                |                                |   |                                |                                |   |                                |   |   |                                |                                |                                 |                                 |                                 |                                 |       |                          |                          |                          |                          |                          |     |                          |  |  |  |  |                |  |  |  |  |  |          |                          |                          |                          |                                     |                          |          |                          |                          |                          |                                     |                          |     |                          |  |  |  |  |                  |  |  |  |  |  |             |                          |                          |                          |                                     |                          |                |                          |                          |                          |                                     |                          |     |                          |  |  |  |  |
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| <b>Bending</b>   |   |   |   |                                     |                          |                               |                               |                               |                               |                                |                                |                                |   |                                |                                |   |                                |   |   |                                |                                |                                 |                                 |                                 |                                 |       |                          |                          |                          |                          |                          |     |                          |  |  |  |  |                |  |  |  |  |  |          |                          |                          |                          |                                     |                          |          |                          |                          |                          |                                     |                          |     |                          |  |  |  |  |                  |  |  |  |  |  |             |                          |                          |                          |                                     |                          |                |                          |                          |                          |                                     |                          |     |                          |  |  |  |  |
| to waist   | <input type="checkbox"/>  | <input type="checkbox"/>                  | <input type="checkbox"/>                  | <input checked="" type="checkbox"/> | <input type="checkbox"/> |                               |                               |                               |                               |                                |                                |                                |   |                                |                                |   |                                |   |   |                                |                                |                                 |                                 |                                 |                                 |       |                          |                          |                          |                          |                          |     |                          |  |  |  |  |                |  |  |  |  |  |          |                          |                          |                          |                                     |                          |          |                          |                          |                          |                                     |                          |     |                          |  |  |  |  |                  |  |  |  |  |  |             |                          |                          |                          |                                     |                          |                |                          |                          |                          |                                     |                          |     |                          |  |  |  |  |
| to floor   | <input type="checkbox"/>  | <input type="checkbox"/>                  | <input type="checkbox"/>                  | <input checked="" type="checkbox"/> | <input type="checkbox"/> |                               |                               |                               |                               |                                |                                |                                |   |                                |                                |   |                                |   |   |                                |                                |                                 |                                 |                                 |                                 |       |                          |                          |                          |                          |                          |     |                          |  |  |  |  |                |  |  |  |  |  |          |                          |                          |                          |                                     |                          |          |                          |                          |                          |                                     |                          |     |                          |  |  |  |  |                  |  |  |  |  |  |             |                          |                          |                          |                                     |                          |                |                          |                          |                          |                                     |                          |     |                          |  |  |  |  |
| N/A  | <input type="checkbox"/>  |   |   |                                     |                          |                               |                               |                               |                               |                                |                                |                                |   |                                |                                |   |                                |   |   |                                |                                |                                 |                                 |                                 |                                 |       |                          |                          |                          |                          |                          |     |                          |  |  |  |  |                |  |  |  |  |  |          |                          |                          |                          |                                     |                          |          |                          |                          |                          |                                     |                          |     |                          |  |  |  |  |                  |  |  |  |  |  |             |                          |                          |                          |                                     |                          |                |                          |                          |                          |                                     |                          |     |                          |  |  |  |  |
| <b>Reaching:</b>   |   |   |   |                                     |                          |                               |                               |                               |                               |                                |                                |                                |   |                                |                                |   |                                |   |   |                                |                                |                                 |                                 |                                 |                                 |       |                          |                          |                          |                          |                          |     |                          |  |  |  |  |                |  |  |  |  |  |          |                          |                          |                          |                                     |                          |          |                          |                          |                          |                                     |                          |     |                          |  |  |  |  |                  |  |  |  |  |  |             |                          |                          |                          |                                     |                          |                |                          |                          |                          |                                     |                          |     |                          |  |  |  |  |
| to shoulder  | <input type="checkbox"/>  | <input type="checkbox"/>                  | <input type="checkbox"/>                  | <input checked="" type="checkbox"/> | <input type="checkbox"/> |                               |                               |                               |                               |                                |                                |                                |   |                                |                                |   |                                |   |   |                                |                                |                                 |                                 |                                 |                                 |       |                          |                          |                          |                          |                          |     |                          |  |  |  |  |                |  |  |  |  |  |          |                          |                          |                          |                                     |                          |          |                          |                          |                          |                                     |                          |     |                          |  |  |  |  |                  |  |  |  |  |  |             |                          |                          |                          |                                     |                          |                |                          |                          |                          |                                     |                          |     |                          |  |  |  |  |
| above shoulder   | <input type="checkbox"/>  | <input type="checkbox"/>                  | <input type="checkbox"/>                  | <input checked="" type="checkbox"/> | <input type="checkbox"/> |                               |                               |                               |                               |                                |                                |                                |   |                                |                                |   |                                |   |   |                                |                                |                                 |                                 |                                 |                                 |       |                          |                          |                          |                          |                          |     |                          |  |  |  |  |                |  |  |  |  |  |          |                          |                          |                          |                                     |                          |          |                          |                          |                          |                                     |                          |     |                          |  |  |  |  |                  |  |  |  |  |  |             |                          |                          |                          |                                     |                          |                |                          |                          |                          |                                     |                          |     |                          |  |  |  |  |
| N/A  | <input type="checkbox"/>  |   |   |                                     |                          |                               |                               |                               |                               |                                |                                |                                |   |                                |                                |   |                                |   |   |                                |                                |                                 |                                 |                                 |                                 |       |                          |                          |                          |                          |                          |     |                          |  |  |  |  |                |  |  |  |  |  |          |                          |                          |                          |                                     |                          |          |                          |                          |                          |                                     |                          |     |                          |  |  |  |  |                  |  |  |  |  |  |             |                          |                          |                          |                                     |                          |                |                          |                          |                          |                                     |                          |     |                          |  |  |  |  |



**In compliance with applicable disability laws, reasonable accommodations may be provided for qualified individuals with a disability who require and request such accommodations. Incumbents and applicants who have been offered employment by Stay Green Inc. are encouraged to discuss potential accommodations with the employer.**

**Management has the right to add or change these duties of the position at any time.**

**APPROVAL AND ACKNOWLEDGMENT OF RECEIPT**

Manager / HR Rep: \_\_\_\_\_ Date: \_\_\_\_\_  
(Signature)

\*Employee: \_\_\_\_\_ Date: \_\_\_\_\_  
(Signature)

Employee: \_\_\_\_\_ Date: \_\_\_\_\_  
(Print)

\*Employee signature acknowledges understanding of the essential functions and requirements of this position.  
Employee also acknowledges receipt of this position description.