



# Joint Collection Test Phase 2 Checklist

## Occupational Requirements Survey

Schedule Number		Start Time		End Time	
<b>Establishment Information</b>					
Establishment Name		Assigned NAICS			
Address		Actual NAICS			
		Total Employment			
<b>Respondent 1</b>			<b>Respondent 2</b>		
Name		Name			
Title		Title			
Phone		Phone			
Email		Email			
<b>Facility Type</b>			<b>Product /Service</b>		
<b>Selected Occupations</b>		<b>Observed?</b>		<b>Observed?</b>	
1		Yes/ No	5		Yes/ No
2		Yes/ No	6		Yes/ No
3		Yes/ No	7		Yes/ No
4		Yes/ No	8		Yes/ No

**Private Industry sample Establishments:**

The Bureau of Labor Statistics, its employees, agents, and partner statistical agencies, will use the information you provide for statistical purposes only and will hold the information in confidence to the full extent permitted by law. In accordance with the Confidential Information Protection and Statistical Efficiency Act of 2002 (Title 5 of Public Law 107-347) and other applicable Federal laws, your responses will not be disclosed in identifiable form without your informed consent.	<i>This report is authorized by law, 29 U.S.C. 2. Your voluntary cooperation is needed to make the results of this survey comprehensive, accurate and timely.</i>	O.M.B. # 1220-0164 Expires 4/30/15
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We estimate that it will take an average of 60 minutes to complete this interview, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing this information. If you have any comments regarding this estimate or any other aspect of this survey; including suggestions for reducing this burden, please send them to the Bureau of Labor Statistics, Office of Compensation and Working Conditions (1220-0164), 2 Massachusetts Avenue N.E., Washington, D.C. 20212. You are not required to respond to the collection of information unless it displays a currently valid OMB control number.

**State and Local Government sample Establishments:**

The BLS publishes statistical tabulations from this survey that may reveal the information reported by individual State and local governments. Upon your request, however, the BLS will hold the information provided on this survey form in confidence.	<i>This report is authorized by law, 29 U.S.C. 2. Your voluntary cooperation is needed to make the results of this survey comprehensive, accurate and timely.</i>	O.M.B. # 1220-0164 Expires 4/30/15
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We estimate that it will take an average of 60 minutes to complete this interview, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing this information. If you have any comments regarding this estimate or any other aspect of this survey; including suggestions for reducing this burden, please send them to the Bureau of Labor Statistics, Office of Compensation and Working Conditions (1220-0164), 2 Massachusetts Avenue N.E., Washington, D.C. 20212. You are not required to respond to the collection of information unless it displays a currently valid OMB control number.

<b>Quote 1 Title</b>		<b>Employment</b>	
<b>Job Details</b>		<b>Leveling</b>	
Job Code: Primary SOC: Secondary SOC: Work Schedule ___/___/___ ( FT / PT ) ( U / N ) ( T / I ) ( Non-Supv / Lead / Supv ) Work Setting:		JC&C:  Contacts:	
		<b>Education, Training &amp; Experience</b>	
		Degree: Literacy: Training, Licenses, or Cert: Time: Prior Work Experience: OJT/Mentoring/Other:	
		<b>Sitting &amp; Standing/Walking</b>	
		Sitting	
		Standing/Walking	
		<i>Sit/Stand-Walk at will?</i> Yes/No	
		<b>Keyboarding</b>	
		Traditional Keyboard	
		10-Key	
		Touch Screen	
		Other (document)	
		<b>Other Office Tasks</b>	
		Writing	
		Telephone Use	
		<b>Hearing &amp; Vision Requirements</b>	
		Comm. Verbally	
		<i>Hear &amp; Understand Conv. Speech</i> Yes/No	
		<i>Hear &amp; Respond to Signals</i> Yes/No	
		<i>Near Visual Acuity</i> Yes/No	
		<i>Far Visual Acuity</i> Yes/No	
		<i>Peripheral Vision</i> Yes/No	
		<b>Manipulation</b>	
		Fine	
		Gross	
		One/Both	
		One/Both	
		<b>Lifting/Carrying</b>	
		Most Weight Ever	
		lbs	
		More than 2/3 of time	
		lbs	
		1/3 to 2/3 of time	
		lbs	
		Seldom to 1/3 of time	
		lbs	
		Seldom	
		lbs	
		<b>Reaching</b>	
		Overhead	
		One/Both	
		At/below shoulder	
		One/Both	
		<b>Begin Yes/No Questions</b>	
		<b>Driving</b> Y/N <i>If NO skip to Push/Pull</i>	
		Time	
		Vehicle Type	
		Transmission Type	
		<b>Push/Pulling</b> Y/N <i>If NO skip to Foot/Leg</i>	
		Hand/Arm	
		One/Both	
		Foot/Leg	
		One/Both	
		Feet Only	
		One/Both	
		<b>Foot/Leg Controls</b>	
		One/Both	
		<b>Get Low?</b> Y/N <i>If NO skip to Crawling</i>	
		Stooping	
		Crouching	
		Kneeling	
		<b>Crawling</b>	
		<b>Climb</b> Ramps/Stairs	
		<i>Related to Structure?</i> Yes/No	
		<b>Climb</b> Ladder/Ropes/Scaffold	

<b>Quote 2 Title</b>		<b>Employment</b>	
<b>Job Details</b>		<b>Leveling</b>	
Job Code: Primary SOC: Secondary SOC: Work Schedule ___/___/___ ( FT / PT ) ( U / N ) ( T / I ) ( Non-Supv / Lead / Supv ) Work Setting:		JC&C:   Contacts:	
		<b>Education, Training &amp; Experience</b>	
		Degree: Literacy: Training, Licenses, or Cert: Time: Prior Work Experience: OJT/Mentoring/Other:	
		<b>Sitting &amp; Standing/Walking</b>	
		Sitting	
		Standing/Walking	
		<i>Sit/Stand-Walk at will?</i> Yes/No	
		<b>Keyboarding</b>	
		Traditional Keyboard	
		10-Key	
		Touch Screen	
		Other (document)	
		<b>Other Office Tasks</b>	
		Writing	
		Telephone Use	
		<b>Hearing &amp; Vision Requirements</b>	
		Comm. Verbally	
		<i>Hear &amp; Understand Conv. Speech</i> Yes/No	
		<i>Hear &amp; Respond to Signals</i> Yes/No	
		<i>Near Visual Acuity</i> Yes/No	
		<i>Far Visual Acuity</i> Yes/No	
		<i>Peripheral Vision</i> Yes/No	
		<b>Manipulation</b>	
		Fine	
		Gross	
		One/Both	
		One/Both	
		<b>Lifting/Carrying</b>	
		Most Weight Ever	
		lbs	
		More than 2/3 of time	
		lbs	
		1/3 to 2/3 of time	
		lbs	
		Seldom to 1/3 of time	
		lbs	
		Seldom	
		lbs	
		<b>Reaching</b>	
		Overhead	
		One/Both	
		At/below shoulder	
		One/Both	
		<b>Begin Yes/No Questions</b>	
		<b>Driving</b> Y/N <i>If NO skip to Push/Pull</i>	
		Time	
		Vehicle Type	
		Transmission Type	
		<b>Push/Pulling</b> Y/N <i>If NO skip to Foot/Leg</i>	
		Hand/Arm	
		One/Both	
		Foot/Leg	
		One/Both	
		Feet Only	
		One/Both	
		<b>Foot/Leg Controls</b>	
		One/Both	
		<b>Get Low?</b> Y/N <i>If NO skip to Crawling</i>	
		Stooping	
		Crouching	
		Kneeling	
		<b>Crawling</b>	
		<b>Climb</b> Ramps/Stairs	
		<i>Related to Structure?</i> Yes/No	
		<b>Climb</b> Ladder/Ropes/Scaffold	

<b>Quote 3 Title</b>		<b>Employment</b>	
<b>Job Details</b>		<b>Leveling</b>	
Job Code: Primary SOC: Secondary SOC: Work Schedule ___/___/___ ( FT / PT ) ( U / N ) ( T / I ) ( Non-Supv / Lead / Supv ) Work Setting:		JC&C:  Contacts:	
		<b>Education, Training &amp; Experience</b>	
		Degree: Literacy: Training, Licenses, or Cert: Time: Prior Work Experience: OJT/Mentoring/Other:	
		<b>Sitting &amp; Standing/Walking</b>	
		Sitting	
		Standing/Walking	
		<i>Sit/Stand-Walk at will?</i> Yes/No	
		<b>Keyboarding</b>	
		Traditional Keyboard	
		10-Key	
		Touch Screen	
		Other (document)	
		<b>Other Office Tasks</b>	
		Writing	
		Telephone Use	
		<b>Hearing &amp; Vision Requirements</b>	
		Comm. Verbally	
		<i>Hear &amp; Understand Conv. Speech</i> Yes/No	
		<i>Hear &amp; Respond to Signals</i> Yes/No	
		<i>Near Visual Acuity</i> Yes/No	
		<i>Far Visual Acuity</i> Yes/No	
		<i>Peripheral Vision</i> Yes/No	
		<b>Manipulation</b>	
		Fine	
		Gross	
		One/Both	
		One/Both	
		<b>Lifting/Carrying</b>	
		Most Weight Ever	
		lbs	
		More than 2/3 of time	
		lbs	
		1/3 to 2/3 of time	
		lbs	
		Seldom to 1/3 of time	
		lbs	
		Seldom	
		lbs	
		<b>Reaching</b>	
		Overhead	
		One/Both	
		At/below shoulder	
		One/Both	
		<b>Begin Yes/No Questions</b>	
		<b>Driving</b> Y/N <i>If NO skip to Push/Pull</i>	
		Time	
		Vehicle Type	
		Transmission Type	
		<b>Push/Pulling</b> Y/N <i>If NO skip to Foot/Leg</i>	
		Hand/Arm	
		One/Both	
		Foot/Leg	
		One/Both	
		Feet Only	
		One/Both	
		<b>Foot/Leg Controls</b>	
		One/Both	
		<b>Get Low?</b> Y/N <i>If NO skip to Crawling</i>	
		Stooping	
		Crouching	
		Kneeling	
		<b>Crawling</b>	
		<b>Climb</b> Ramps/Stairs	
		<i>Related to Structure?</i> Yes/No	
		<b>Climb</b> Ladder/Ropes/Scaffold	

<b>Quote 4 Title</b>		<b>Employment</b>	
<b>Job Details</b>		<b>Leveling</b>	
Job Code: Primary SOC: Secondary SOC: Work Schedule ___/___/___ ( FT / PT ) ( U / N ) ( T / I ) ( Non-Supv / Lead / Supv ) Work Setting:		JC&C:  Contacts:	
		<b>Education, Training &amp; Experience</b>	
		Degree: Literacy: Training, Licenses, or Cert: Time: Prior Work Experience: OJT/Mentoring/Other:	
		<b>Sitting &amp; Standing/Walking</b>	
		Sitting	
		Standing/Walking	
		<i>Sit/Stand-Walk at will?</i> Yes/No	
		<b>Keyboarding</b>	
		Traditional Keyboard	
		10-Key	
		Touch Screen	
		Other (document)	
		<b>Other Office Tasks</b>	
		Writing	
		Telephone Use	
		<b>Hearing &amp; Vision Requirements</b>	
		Comm. Verbally	
		<i>Hear &amp; Understand Conv. Speech</i> Yes/No	
		<i>Hear &amp; Respond to Signals</i> Yes/No	
		<i>Near Visual Acuity</i> Yes/No	
		<i>Far Visual Acuity</i> Yes/No	
		<i>Peripheral Vision</i> Yes/No	
		<b>Manipulation</b>	
		Fine	
		Gross	
		One/Both	
		One/Both	
		<b>Lifting/Carrying</b>	
		Most Weight Ever	
		lbs	
		More than 2/3 of time	
		lbs	
		1/3 to 2/3 of time	
		lbs	
		Seldom to 1/3 of time	
		lbs	
		Seldom	
		lbs	
		<b>Reaching</b>	
		Overhead	
		One/Both	
		At/below shoulder	
		One/Both	
		<b>Begin Yes/No Questions</b>	
		<b>Driving</b> Y/N <i>If NO skip to Push/Pull</i>	
		Time	
		Vehicle Type	
		Transmission Type	
		<b>Push/Pulling</b> Y/N <i>If NO skip to Foot/Leg</i>	
		Hand/Arm	
		One/Both	
		Foot/Leg	
		One/Both	
		Feet Only	
		One/Both	
		<b>Foot/Leg Controls</b>	
		One/Both	
		<b>Get Low?</b> Y/N <i>If NO skip to Crawling</i>	
		Stooping	
		Crouching	
		Kneeling	
		<b>Crawling</b>	
		<b>Climb</b> Ramps/Stairs	
		<i>Related to Structure?</i> Yes/No	
		<b>Climb</b> Ladder/Ropes/Scaffold	

<b>Quote 5 Title</b>		<b>Employment</b>	
<b>Job Details</b>		<b>Leveling</b>	
Job Code: Primary SOC: Secondary SOC: Work Schedule ___/___/___ ( FT / PT ) ( U / N ) ( T / I ) ( Non-Supv / Lead / Supv ) Work Setting:		JC&C:   Contacts:	
		<b>Education, Training &amp; Experience</b>	
		Degree: Literacy: Training, Licenses, or Cert: Time: Prior Work Experience: OJT/Mentoring/Other:	
		<b>Sitting &amp; Standing/Walking</b>	
		Sitting	
		Standing/Walking	
		<i>Sit/Stand-Walk at will?</i> Yes/No	
		<b>Keyboarding</b>	
		Traditional Keyboard	
		10-Key	
		Touch Screen	
		Other (document)	
		<b>Other Office Tasks</b>	
		Writing	
		Telephone Use	
		<b>Hearing &amp; Vision Requirements</b>	
		Comm. Verbally	
		<i>Hear &amp; Understand Conv. Speech</i> Yes/No	
		<i>Hear &amp; Respond to Signals</i> Yes/No	
		<i>Near Visual Acuity</i> Yes/No	
		<i>Far Visual Acuity</i> Yes/No	
		<i>Peripheral Vision</i> Yes/No	
		<b>Manipulation</b>	
		Fine	
		Gross	
		One/Both	
		One/Both	
		<b>Lifting/Carrying</b>	
		Most Weight Ever	
		lbs	
		More than 2/3 of time	
		lbs	
		1/3 to 2/3 of time	
		lbs	
		Seldom to 1/3 of time	
		lbs	
		Seldom	
		lbs	
		<b>Reaching</b>	
		Overhead	
		One/Both	
		At/below shoulder	
		One/Both	
		<b>Begin Yes/No Questions</b>	
		<b>Driving</b> Y/N <i>If NO skip to Push/Pull</i>	
		Time	
		Vehicle Type	
		Transmission Type	
		<b>Push/Pulling</b> Y/N <i>If NO skip to Foot/Leg</i>	
		Hand/Arm	
		One/Both	
		Foot/Leg	
		One/Both	
		Feet Only	
		One/Both	
		<b>Foot/Leg Controls</b>	
		One/Both	
		<b>Get Low?</b> Y/N <i>If NO skip to Crawling</i>	
		Stooping	
		Crouching	
		Kneeling	
		<b>Crawling</b>	
		<b>Climb</b> Ramps/Stairs	
		<i>Related to Structure?</i> Yes/No	
		<b>Climb</b> Ladder/Ropes/Scaffold	

<b>Quote 6 Title</b>		<b>Employment</b>	
<b>Job Details</b>		<b>Leveling</b>	
Job Code: Primary SOC: Secondary SOC: Work Schedule ___/___/___ ( FT / PT ) ( U / N ) ( T / I ) ( Non-Supv / Lead / Supv ) Work Setting:		JC&C:  Contacts:	
		<b>Education, Training &amp; Experience</b>	
		Degree: Literacy: Training, Licenses, or Cert: Time: Prior Work Experience: OJT/Mentoring/Other:	
		<b>Sitting &amp; Standing/Walking</b>	
		Sitting	
		Standing/Walking	
		<i>Sit/Stand-Walk at will?</i> Yes/No	
		<b>Keyboarding</b>	
		Traditional Keyboard	
		10-Key	
		Touch Screen	
		Other (document)	
		<b>Other Office Tasks</b>	
		Writing	
		Telephone Use	
		<b>Hearing &amp; Vision Requirements</b>	
		Comm. Verbally	
		<i>Hear &amp; Understand Conv. Speech</i> Yes/No	
		<i>Hear &amp; Respond to Signals</i> Yes/No	
		<i>Near Visual Acuity</i> Yes/No	
		<i>Far Visual Acuity</i> Yes/No	
		<i>Peripheral Vision</i> Yes/No	
		<b>Manipulation</b>	
		Fine	
		Gross	
		One/Both	
		One/Both	
		<b>Lifting/Carrying</b>	
		Most Weight Ever	
		lbs	
		More than 2/3 of time	
		lbs	
		1/3 to 2/3 of time	
		lbs	
		Seldom to 1/3 of time	
		lbs	
		Seldom	
		lbs	
		<b>Reaching</b>	
		Overhead	
		One/Both	
		At/below shoulder	
		One/Both	
		<b>Begin Yes/No Questions</b>	
		<b>Driving</b> Y/N <i>If NO skip to Push/Pull</i>	
		Time	
		Vehicle Type	
		Transmission Type	
		<b>Push/Pulling</b> Y/N <i>If NO skip to Foot/Leg</i>	
		Hand/Arm	
		One/Both	
		Foot/Leg	
		One/Both	
		Feet Only	
		One/Both	
		<b>Foot/Leg Controls</b>	
		One/Both	
		<b>Get Low?</b> Y/N <i>If NO skip to Crawling</i>	
		Stooping	
		Crouching	
		Kneeling	
		<b>Crawling</b>	
		<b>Climb</b> Ramps/Stairs	
		<i>Related to Structure?</i> Yes/No	
		<b>Climb</b> Ladder/Ropes/Scaffold	

<b>Quote 7 Title</b>		<b>Employment</b>	
<b>Job Details</b>		<b>Leveling</b>	
Job Code: Primary SOC: Secondary SOC: Work Schedule ___/___/___ ( FT / PT ) ( U / N ) ( T / I ) ( Non-Supv / Lead / Supv ) Work Setting:		JC&C:  Contacts:	
		<b>Education, Training &amp; Experience</b>	
		Degree: Literacy: Training, Licenses, or Cert: Time: Prior Work Experience: OJT/Mentoring/Other:	
		<b>Sitting &amp; Standing/Walking</b>	
		Sitting	
		Standing/Walking	
		<i>Sit/Stand-Walk at will?</i> Yes/No	
		<b>Keyboarding</b>	
		Traditional Keyboard	
		10-Key	
		Touch Screen	
		Other (document)	
		<b>Other Office Tasks</b>	
		Writing	
		Telephone Use	
		<b>Hearing &amp; Vision Requirements</b>	
		Comm. Verbally	
		<i>Hear &amp; Understand Conv. Speech</i> Yes/No	
		<i>Hear &amp; Respond to Signals</i> Yes/No	
		<i>Near Visual Acuity</i> Yes/No	
		<i>Far Visual Acuity</i> Yes/No	
		<i>Peripheral Vision</i> Yes/No	
		<b>Manipulation</b>	
		Fine	
		Gross	
		One/Both	
		One/Both	
		<b>Lifting/Carrying</b>	
		Most Weight Ever	
		lbs	
		More than 2/3 of time	
		lbs	
		1/3 to 2/3 of time	
		lbs	
		Seldom to 1/3 of time	
		lbs	
		Seldom	
		lbs	
		<b>Reaching</b>	
		Overhead	
		One/Both	
		At/below shoulder	
		One/Both	
		<b>Begin Yes/No Questions</b>	
		<b>Driving</b> Y/N <i>If NO skip to Push/Pull</i>	
		Time	
		Vehicle Type	
		Transmission Type	
		<b>Push/Pulling</b> Y/N <i>If NO skip to Foot/Leg</i>	
		Hand/Arm	
		One/Both	
		Foot/Leg	
		One/Both	
		Feet Only	
		One/Both	
		<b>Foot/Leg Controls</b>	
		One/Both	
		<b>Get Low?</b> Y/N <i>If NO skip to Crawling</i>	
		Stooping	
		Crouching	
		Kneeling	
		<b>Crawling</b>	
		<b>Climb</b> Ramps/Stairs	
		<i>Related to Structure?</i> Yes/No	
		<b>Climb</b> Ladder/Ropes/Scaffold	



Quote 8 Title		Employment
<b>Job Details</b>		<b>Education, Training &amp; Experience</b>
Job Code:	JC&C:	Degree:
Primary SOC:		Literacy:
Secondary SOC:		Training, Licenses, or Cert:
Work Schedule ___/___/___	Contacts:	Time:
( FT / PT ) ( U / N ) ( T / I )		Prior Work Experience:
( Non-Supv / Lead / Supv )		OJT/Mentoring/Other:
Work Setting:		
		<b>Sitting &amp; Standing/Walking</b>
		Sitting
		Standing/Walking
		<i>Sit/Stand-Walk at will?</i> Yes/No
		<b>Keyboarding</b>
		Traditional Keyboard
		10-Key
		Touch Screen
		Other (document)
		<b>Other Office Tasks</b>
		Writing
		Telephone Use
		<b>Hearing &amp; Vision Requirements</b>
		Comm. Verbally
		<i>Hear &amp; Understand Conv. Speech</i> Yes/No
		<i>Hear &amp; Respond to Signals</i> Yes/No
		<i>Near Visual Acuity</i> Yes/No
		<i>Far Visual Acuity</i> Yes/No
		<i>Peripheral Vision</i> Yes/No
		<b>Manipulation</b>
		Fine
		Gross
		One/Both
		One/Both
		<b>Lifting/Carrying</b>
		Most Weight Ever
		lbs
		More than 2/3 of time
		lbs
		1/3 to 2/3 of time
		lbs
		Seldom to 1/3 of time
		lbs
		Seldom
		lbs
		<b>Reaching</b>
		Overhead
		One/Both
		At/below shoulder
		One/Both
		<b>Begin Yes/No Questions</b>
		<b>Driving</b> Y/N <i>If NO skip to Push/Pull</i>
		Time
		Vehicle Type
		Transmission Type
		<b>Push/Pulling</b> Y/N <i>If NO skip to Foot/Leg</i>
		Hand/Arm
		One/Both
		Foot/Leg
		One/Both
		Feet Only
		One/Both
		<b>Foot/Leg Controls</b> One/Both
		<b>Get Low?</b> Y/N <i>If NO skip to Crawling</i>
		Stooping
		Crouching
		Kneeling
		<b>Crawling</b>
		<b>Climb</b> Ramps/Stairs
		<i>Related to Structure?</i> Yes/No
		<b>Climb</b> Ladder/Ropes/Scaffold

Environmental Conditions								
Quote	1	2	3	4	5	6	7	8
Noise Intensity Level– Quiet Mod Loud Very Loud	Q M L VL	Q M L VL	Q M L VL	Q M L VL	Q M L VL	Q M L VL	Q M L VL	Q M L VL
Outdoors	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N
Time:								
Extreme Heat <i>non-weather related</i>	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N
Time:								
Extreme Cold <i>non-weather related</i>	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N
Time:								
Wetness <i>non-weather related</i>	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N
Time:								
Humidity <i>non-weather related</i>	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N
Time:								
Heavy Vibration	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N
Time:								
Fumes, Noxious Odors, Dusts & Gases	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N
Time:								
Proximity to Moving Mechanical Parts	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N
Time:								
High, Exposed Places	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N
Time:								
Toxic, Caustic Chemicals	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N
Time:								

Notes: