

Schedule Number		Start Time	End Time
Establishment Information			
Establishment Name		Assigned NAICS	
Address		Actual NAICS	
		Total Employment	
Respondent 1		Respondent 2	
Name		Name	
Title		Title	
Phone		Phone	
Email		Email	
Facility Type		Product /Service	
Selected Occupations	Observed?		Observed?
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.

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.

O.M.B. # 1220-0164 Expires 4/30/15

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.

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.

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Quote 1 Title		Employment	
Job Details	Leveling	Education, Training & I	xperience
Job Code:	JC&C:	Degree:	
Primary SOC:		Literacy:	
Secondary SOC:		Training, Licenses, or Co	ert:
Work Schedule / /		Time:	21 (.
(FT / PT) (U / N)(T / I)	Contacts:	Prior Work Experience:	
(Non-Supv / Lead / Supv)	Contacts.	OJT/Mentoring/Other:	
Work Setting:		Off/Wentoning/Other.	
Work Setting.			
		Sitting & Standing/Wa	lking
		Sitting	
		Standing/Walking	
		Sit/Stand-W	'alk at will? Yes/No
		Keyboarding	
		Traditional Kevboard	
		10-Key	
		Touch Screen	
		Other (document)	
		Other Office Tasks	
		Writing Telephone Use	
		Hearing & Vision Requ	iromonts
		Comm. Verbally	i ements
		Hear & Understand Co	nv. Speech Yes/No
		Hear & Respond	
			sual Acuity Yes/No
			sual Acuity Yes/No
		Periph	neral Vision Yes/No
		Manipulation	
		Fine	One/Both
		Gross	One/Both
		Lifting/Carrying	- 1
		Most Weight Ever	lbs
		More than 2/3 of time	le Ibs Ibs
		Seldom to 1/3 of time	
		Seldom	lbs
		Reaching	100
		Overhead	One/Both
		At/below shoulder	One/Both
		Begin Yes/No Question	
		Driving Y/N	If NO skip to Push/Pull
		Time	
		Vehicle Type	
		Transmission Type	If NO alsia to Foot/Lon
		Push/Pulling Y/N	If NO skip to Foot/Leg One/Both
		Hand/Arm Foot/Leg	One/Both
		Feet Only	One/Both
		Foot/Leg Controls	One/Both
		Get Low? Y/N	If NO skip to Crawling
		Stooping	
		Crouching	
		Kneeling	
		Crawling	
		Climb Ramps/Stairs	
			Structure? Yes/No
		Climb Ladder/Ropes/Scaffold	

Quote 2 Title		Employment			
Job Details	Leveling	Education, Training	ng & Ex	perience	
Job Code:	JC&C:	Degree:			
Primary SOC:		Literacy:			
Secondary SOC:		Training, Licenses	. or Cer	t:	
Work Schedule / /		Time:	,	-	
(FT / PT) (U / N)(T / I)	Contacts:	Prior Work Experi	ence.		
(Non-Supv / Lead / Supv)	Contacts.	OJT/Mentoring/O			
Work Setting:		os i / iviento i iig/ o	ciici.		
Work Setting.					
		Sitting & Standin	g/Walk	ing	
		Sitting			
		Standing/Walki	ng		
		Sit/Sta	nd-Wal	k at will?	Yes/No
		Keyboarding			
		Traditional Kevl	ooard		
		10-Key			
		Touch Screen			
		Other (docume			
		Other Office Task Writing	S		
		Telephone Use			
		Hearing & Vision	Require	ements	
		Comm. Verball			
		Hear & Understa	nd Con	v. Speech	Yes/No
		Hear & Re			Yes/No
				ial Acuity	Yes/No
				ial Acuity	Yes/No
			<u>eriphe</u>	ral Vision	Yes/No
		Manipulation Fine			One/Both
		Gross			One/Both
		Lifting/Carrying			
		Most Weight Ev	ver	lbs	
		More than 2/3		lbs	
		1/3 to 2/3 of tir	ne	lbs	
		Seldom to 1/3 o	of time	lbs	
		Seldom		lbs	
		Reaching			0 /0 11
		Overhead	dor		One/Both One/Both
		At/below shoul Begin Yes/No Que			One/BUIII
		Driving	Y/N	If NO skip to	Push/Pull
		Time	1/19	, <u> </u>	.,
		Vehicle Type			
		Transmission Ty	/pe		
		Push/Pulling	Y/N	If NO skip to	Foot/Leg
		Hand/Arm			One/Both
		Foot/Leg			One/Both
		Feet Only			One/Both
		Foot/Leg Controls		If NO alian	One/Both
		Get Low?	Y/N	If NO skip to	crawling
		Stooping Crouching			
		Kneeling			
		Crawling			
		Climb Ramps/Stairs			
			ted to S	tructure?	Yes/No
		Climb Ladder/Ropes/S			,

Quote 3 Title		Employment	
Job Details	Leveling	Education, Training & Experience	
Job Code:	JC&C:	Degree:	
Primary SOC:		Literacy:	
Secondary SOC:		Training, Licenses, or Cert:	
Work Schedule / /		Time:	
	Contacto		
(FT / PT) (U / N)(T / I)	Contacts:	Prior Work Experience:	
(Non-Supv / Lead / Supv)		OJT/Mentoring/Other:	
Work Setting:			
		Sitting & Standing/Walking	
		Sitting	
		Standing/Walking	
		Sit/Stand-Walk at will? Ye	s/No
		Keyboarding	
		Traditional Keyboard	
		10-Key	
		Touch Screen	
		Other (document)	
		Other Office Tasks	
		Writing	
		Telephone Use	
		Hearing & Vision Requirements	
		Comm. Verbally	
			es/No
		Peripheral Vision Ye Manipulation	es/No
			ne/Both
		11115	ne/Both
		Lifting/Carrying	ite/ Botil
		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	
		Reaching	
			ne/Both
		O V 0.1.1.0 G.G.	ne/Both
		Begin Yes/No Questions	
		Driving Y/N If NO skip to Pus	sh/Pull
		Time	
		Vehicle Type	
		Transmission Type	
		Push/Pulling Y/N If NO skip to Foo	ot/Leg
			ne/Both
		Get Low? Y/N If NO skip to Cra	wling
		Stooping	
		Crouching	
		Kneeling	
		Crawling	
		Climb Ramps/Stairs	
			s/No
		Climb Ladder/Ropes/Scaffold	

Quote 4 Title		Employment			
Job Details	Leveling	Education, Train	ing & Ex	perience	
Job Code:	JC&C:	Degree:			
Primary SOC:		Literacy:			
Secondary SOC:		Training, License	s. or Cer	t:	
Work Schedule / /		Time:	,	-	
(FT / PT) (U / N)(T / I)	Contacts:	Prior Work Expe	rience:		
(Non-Supv / Lead / Supv)	Contacts.	OJT/Mentoring/			
Work Setting:			Junei.		
Work Setting.					
		Sitting & Standi	ng/Walk	king	
		Sitting			
		Standing/Walk	king		
		Sit/St	and-Wal	lk at will?	Yes/No
		Keyboarding			
		Traditional Kev	/board		
		10-Key			
		Touch Screen	o.m.t.\		
		Other (docume	-		
		Other Office Tas Writing	KS		
		Telephone Use	2		
		Hearing & Vision	-	ements	
		Comm. Verba			
		Hear & Underst	and Con	v. Speech	Yes/No
				to Signals	Yes/No
		^		ual Acuity	Yes/No
				ual Acuity	Yes/No
		Manipulation	Periphe	ral Vision	Yes/No
		Manipulation Fine	1		One/Both
		Gross			One/Both
		Lifting/Carrying			
		Most Weight E	ver	lbs	
		More than 2/3		lbs	
		1/3 to 2/3 of ti	ime	lbs	
		Seldom to 1/3	of time	lbs	
		Seldom		lbs	
		Reaching			0= 15 11
		Overhead	ılder		One/Both One/Both
		At/below shou Begin Yes/No Qu			Offe/ Both
		Driving	Y/N	If NO skip to	Push/Pull
		Time	1/18	J 2 2.11 20	,
		Vehicle Type			
		Transmission T	ype		
		Push/Pulling	Y/N	If NO skip to	Foot/Leg
		Hand/Arm			One/Both
		Foot/Leg			One/Both
		Feet Only			One/Both
		Foot/Leg Contro		If NO altitude	One/Both
		Get Low?	Y/N	If NO skip to	crawling
		Stooping Crouching			
		Kneeling			
		Crawling			
		Climb Ramps/Stairs			
				tructure?	Yes/No
		Climb Ladder/Ropes			

Quote 5 Title		Employment			
Job Details	Leveling	Education, Traini	ing & Ex	perience	
Job Code:	JC&C:	Degree:			
Primary SOC:		Literacy:			
Secondary SOC:		Training, Licenses	s. or Cer	t:	
Work Schedule / /		Time:	,	-	
(FT / PT) (U / N)(T / I)	Contacts:	Prior Work Exper	ience.		
(Non-Supv / Lead / Supv)	Contacts.	OJT/Mentoring/0			
Work Setting:		0317111161110111167	Julier.		
Work Setting.					
		Sitting & Standin	ng/Walk	ing	
		Sitting			
		Standing/Walk	ing		
		Sit/Sto	and-Wa	lk at will?	Yes/No
		Keyboarding			
		Traditional Kev	board		
		10-Key			
		Touch Screen	2.04\		
		Other (docume			
		Other Office Task Writing	KS		
		Telephone Use			
		Hearing & Vision		ements	
		Comm. Verbal			
		Hear & Underst	and Con	v. Speech	Yes/No
				to Signals	Yes/No
		Λ		ual Acuity	Yes/No
				ual Acuity	Yes/No
			Periphe	ral Vision	Yes/No
		Manipulation Fine			One/Both
		Gross			One/Both
		Lifting/Carrying			
		Most Weight E	ver	lbs	
		More than 2/3		lbs	
		1/3 to 2/3 of ti	me	lbs	
		Seldom to 1/3	of time	lbs	
		Seldom		lbs	
		Reaching			0 /0 11
		Overhead	امامید		One/Both One/Both
		At/below shou Begin Yes/No Qu			Offe/ Both
		Driving	Y/N	If NO skip to	Push/Pull
		Time	/ IN	J 2 2.11 20	,
		Vehicle Type			
		Transmission T	ype		
		Push/Pulling	Y/N	If NO skip to	Foot/Leg
		Hand/Arm			One/Both
		Foot/Leg			One/Both
		Feet Only			One/Both
		Foot/Leg Contro		If NO altitude	One/Both
		Get Low?	Y/N	If NO skip to	crawling
		Stooping Crouching			
		Kneeling			
		Crawling			
		Climb Ramps/Stairs			
			ited to S	tructure?	Yes/No
		Climb Ladder/Ropes			

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

Quote 7 Title		Employment			
Job Details	Leveling	Education, Training	ng & Ex	perience	
Job Code:	JC&C:	Degree:			
Primary SOC:		Literacy:			
Secondary SOC:		Training, Licenses	. or Cer	t:	
Work Schedule / /		Time:	,	-	
(FT / PT) (U / N)(T / I)	Contacts:	Prior Work Experi	ience:		
(Non-Supv / Lead / Supv)	Contacts.	OJT/Mentoring/O			
Work Setting:			· ciici.		
Work Setting.					
		Sitting & Standin	g/Walk	ing	
		Sitting			
		Standing/Walki	ng		
		Sit/Sta	ınd-Wal	lk at will?	Yes/No
		Keyboarding			
		Traditional Kevl	board		
		10-Key			
		Touch Screen	+\		
		Other (docume			
		Other Office Task Writing	S		
		Telephone Use			
		Hearing & Vision	Requir	ements	
		Comm. Verball			
		Hear & Understa	ınd Con	v. Speech	Yes/No
		Hear & Re			Yes/No
				ial Acuity	Yes/No
				ial Acuity	Yes/No
			<u>Periphe</u>	ral Vision	Yes/No
		Manipulation Fine	1		One/Both
		Gross			One/Both
		Lifting/Carrying			
		Most Weight Ev	ver	lbs	
		More than 2/3		lbs	
		1/3 to 2/3 of tir	ne	lbs	
		Seldom to 1/3 o	of time	lbs	
		Seldom		lbs	
		Reaching			0 /0 11
		Overhead	dor		One/Both One/Both
		At/below shoul Begin Yes/No Que			Offe/ Both
		Driving	Y/N	If NO skip to	Push/Pull
		Time	1/19	J 2 2 P 40	,
		Vehicle Type			
		Transmission Ty	ype		
		Push/Pulling	Y/N	If NO skip to	Foot/Leg
		Hand/Arm			One/Both
		Foot/Leg			One/Both
		Feet Only			One/Both
		Foot/Leg Controls		If NO -line	One/Both
		Get Low?	Y/N	If NO skip to	crawling
		Stooping Crouching			
		Kneeling			
		Crawling			
		Climb Ramps/Stairs			
			ted to S	tructure?	Yes/No
		Climb Ladder/Ropes/S			

Quote 8 Title		Employment			
Job Details	Leveling	Education, Traini	ing & Ex	perience	
Job Code:	JC&C:	Degree:			
Primary SOC:		Literacy:			
Secondary SOC:		Training, Licenses	s. or Cer	t:	
Work Schedule / /		Time:	.,	-	
(FT / PT) (U / N)(T / I)	Contacts:	Prior Work Exper	ience.		
(Non-Supv / Lead / Supv)	Contacts.	OJT/Mentoring/C			
Work Setting:		Os 17 Wientoning/ C	Julier.		
Work Setting.					
		Sitting & Standin	ng/Walk	ing	
		Sitting			
		Standing/Walk	ing		
		Sit/Sto	and-Wal	lk at will?	Yes/No
		Keyboarding			
		Traditional Kev	board		
		10-Key			
		Touch Screen			
		Other (docume	-		
		Other Office Tasl Writing	KS		
		Telephone Use			
		Hearing & Vision	-	ements	
		Comm. Verbal		Cilicitis	
		Hear & Understo		v. Speech	Yes/No
				to Signals	Yes/No
		٨	lear Visı	ial Acuity	Yes/No
			Far Visu	ial Acuity	Yes/No
			<u>Periphe</u>	ral Vision	Yes/No
		Manipulation			1
		Fine			One/Both
		Gross			One/Both
		Lifting/Carrying		llee	
		Most Weight E More than 2/3		lbs lbs	
		1/3 to 2/3 of ti		lbs	
		Seldom to 1/3		Ibs	
		Seldom	0	lbs	
		Reaching			
		Overhead			One/Both
		At/below shou			One/Both
		Begin Yes/No Qu			
		Driving	Y/N	If NO skip to	Push/Pull
		Time			
		Vehicle Type			
		Transmission T		If NO skip to	Foot/Lon
		Push/Pulling	Y/N	ij NO SKIP LO	One/Both
		Hand/Arm Foot/Leg			One/Both
		Feet Only			One/Both
		Foot/Leg Control	ls		One/Both
		Get Low?	Y/N	If NO skip to	
		Stooping			
		Crouching			
		Kneeling			
		Crawling			
		Climb Ramps/Stairs			
				tructure?	Yes/No
		Climb Ladder/Ropes	/Scaffold		

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

Notes: