U.S. Department of Labor Bureau of Labor Statistics

Occupational Requirements Survey



The Bureau of Labor Statistics, its employees, agents, and partner statistical agencies, will use the information you provide for statistical purposes only and will	This report is authorized by law, 29 U.S.C. 9. Your voluntary	O.M.B. #1220-
hold the information in confidence to the full extent permitted by law. In accordance	cooperation is needed to make	XXXX
with the Confidential Information Protection and Statistical Efficiency Act of 2002 (Title 5 of Public Law, 107, 247) and other applicable Federal laws, your responses	the results of this survey	Expires X/XX/XX
(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."	comprehensive, accurate and timely.	
We estimate that it will take an average of 19 minutes to complete this form, includi		earching existing data
sources, gathering and maintaining the data needed, and completing and reviewing th	nis information. If you have any con	nments regarding this
estimate or any other aspect of this survey; including suggestions for reducing this b	urden, please send them to the Burea	au of Labor Statistics,
Office of Compensation and Working Conditions (1220-XXXX), 2 Massachusetts Av		You are not required
to respond to the collection of information unless it displays a currently valid OMB cor	ntrol number.	
ESTABLISHMENT COLLECTION FORM		DUSTRY
Physical Address Personal Visit Addres	s Mailing Address	
Schedule Number(#):		
Company Name:		
Secondary Name (Doing Business As):		
Address:		
City/State/ZIP:		
Address # 2.	s Mailing Address	
Company Name:		
Secondary Name (Doing Business As):		
Address:		
City/State/ZIP:		

Establishment Officials (Contact List)

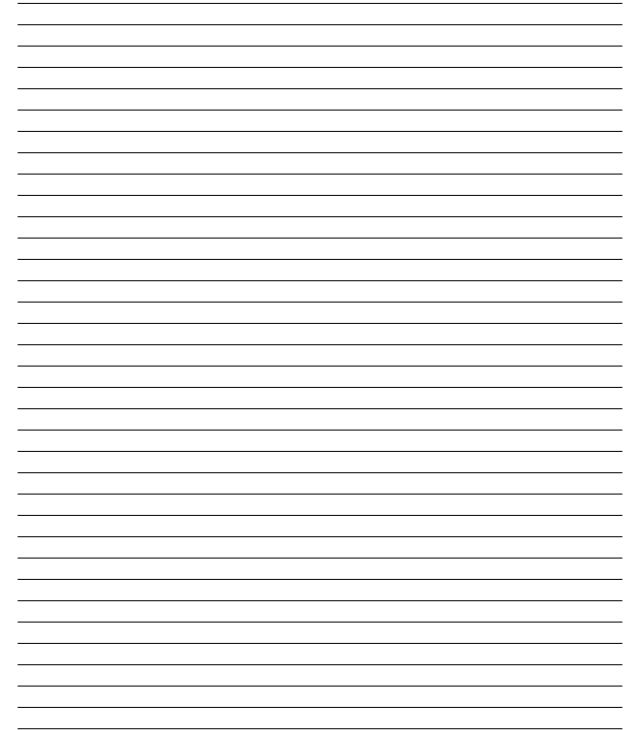
# 1:	Authorizing	Supplying	Title:
Tele	ohone #:		E-mail:
FAX	#:		Address: 1, 2, or COC.
# 2:	Authorizing	Supplying	Title:
Tele	ohone #:		E-mail:
FAX	#:		Address: 1, 2, or COC.
# 3:	Authorizing	Supplying	Title:
Telep	ohone #:		Email:
FAX	#:		Address: 1, 2, or COC.

ORS Form 1 PP-1P (XXXX-2014)

Central Office Clearance (Complete if clearance and/or data obtained from this source)

Clearance obtained:	Schedule (data) obtained:
Company Name:	
Address:	
City/State/ZIP:	

Remarks



COMPANY DATA

Establishment Information (current data	Schedule #:	
State:	Collection Panel:	Sample Number:
Assigned Employment:	Total Employment:	PSO Employment:
NAICS:		
Establishment Description:		
Product Description:		
FOR PRIVATE ESTABLISHMENTS ONLY:		
Is the establishment profit or non-profit? Profit Non-profit		

Collection Information

Field Economist:	Method of Collection:
Collection Date:	Payroll Reference Date:

F	Respondent	waived	confidentiality
•	coponacia	waivea	connactituatity

Data obtained electronically

Document obtained (Secondary data source)

Written Permission: Yes, No	Name and Title of Official:
Date of Permission:	Permission on file at RO: 🗌 Yes, 🗌 No

Status (IDC Wage)

Establishment Status:	Remarks:
Usable	
On strike	
Vacant	
Temporary non response	
Refusal	
Out of business	
Out of scope	
Abolished	
No matching jobs	
Duplicate	

SMG Notification

Reason:	Remarks:
Ownership/NAICS change	
Part of assigned unit	
Collected unit larger than assigned	
Employment +/- 20% of assigned	
Employment up – business fluctuations	
Sampled employment wrong	
SMG chose establishment subsample	
Overlap (set by system)	
Other discrepancy	

Remarks

