

**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 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. 9. Your voluntary cooperation is needed to make the results of this survey comprehensive, accurate and timely.

O.M.B. #1220-0188
Expires 10/31/2015

We estimate that it will take an average of 85 minutes to complete this form, 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 (1220-0188), 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.

Occupational Requirements Survey – Job Observation Pre-test Recording Form

Schedule Number:	
Interview Start Time:	Interview End Time:

	Selected Occupations	Occ. Emp.	FT/PT	U/N	T/I	SOC
1						
2						

PRINT ADDITIONAL COPIES OF PAGES 2-4, AS NEEDED.

Observation Start Time: _____

Job Title: _____

Exertion	
Sit/Stand/Walk	
Standing and Walking	
Sitting	
Sitting vs. Standing at Will	Y/N
Lifting/Carrying	
Most weight ever	
2/3 of the time or more	
1/3 up to 2/3 of the time	
2% up to to 1/3 of the time	
Seldom (up to 2%)	
Pushing/Pulling	
Hands/Arms	One/Bot
Feet/Legs	One/Bot
Feet Only	One/Bot
Reaching/Manipulation	
Overhead Reaching	One/Bot
At/Below Shoulder Reaching	One/Bot
Gross Manipulation	One/Bot
Fine Manipulation	One/Bot
Foot/Leg controls	One/Bot
Keyboarding	
Traditional	
10-Key	
Touch	
Other (<i>document</i>)	
Postural	
Stooping	
Kneeling	
Crouching	
Crawling	
Climbing Ramps or Stairs	
Structure only (non-work related)	Y/N
Work-related climbing	
Climbing Ladders, Ropes, or Scaffold	
Auditory/Vision	
Driving	Y/N
Vehicle Type (if yes)	
Communicating Verbally	
Hearing Requirements	
One-on-one	Y/N
Group	Y/N
Telephone	Y/N
Other Sounds	Y/N
Passage of a Hearing Test	Y/N
Near Visual Acuity	Y/N
Far Visual Acuity	Y/N
Peripheral Vision	Y/N

Observation End Time: _____

Job Title: _____

Environmental Conditions	
Outdoors	
Extreme Heat (non-weather related)*	degrees
Extreme Cold (non-weather related)*	degrees
Wetness (non-weather related)	
Humidity (non-weather related)*	
Heavy Vibration	
Fumes, Noxious Odors, Dusts, Gases	
Toxic, Caustic Chemicals	
Proximity to Moving Mechanical Parts	
High, Exposed Places	
Noise Intensity Level*	decibels

*Indicates elements that are measured

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