

# U.S. Department of Labor Bureau of Labor Statistics

# Occupational Requirements Survey



**Private Industry**

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, 31 United States Code §§ 1535/FAR 17.5 of the Economy Act. Your voluntary cooperation is needed to make the results of this survey comprehensive, accurate and timely.*

O.M.B. #1220-0189  
Expires 8/31/2018

We estimate that it will take an average of 46 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 (1220-0189), 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>Schedule number:</b>  | <b>Start:</b>          | <b>End:</b> |
| <b>Total Employment:</b> | <b>PSO Employment:</b> |             |

|          | <b>Selected Occupations</b> | <b>Occ. Emp.</b> | <b>FT/PT</b> | <b>U/N</b> | <b>T/I</b> | <b>SOC</b> |
|----------|-----------------------------|------------------|--------------|------------|------------|------------|
| <b>1</b> |                             |                  |              |            |            |            |
| <b>2</b> |                             |                  |              |            |            |            |
| <b>3</b> |                             |                  |              |            |            |            |
| <b>4</b> |                             |                  |              |            |            |            |
| <b>5</b> |                             |                  |              |            |            |            |
| <b>6</b> |                             |                  |              |            |            |            |
| <b>7</b> |                             |                  |              |            |            |            |
| <b>8</b> |                             |                  |              |            |            |            |

**PRINT ADDITIONAL COPIES OF PAGES 2-6, AS NEEDED.**

Quote: \_\_\_\_\_

Schedule: \_\_\_\_\_

| Quote Details             |                        |               |    |
|---------------------------|------------------------|---------------|----|
| Job Title:                | Job Description: (Y/N) |               |    |
| Job Observation (circle): | Yes - requested        | Yes - offered | No |



# Job Tasks/No

|                       |
|-----------------------|
| <b>Exertion</b>       |
| <b>Sit/Stand/Walk</b> |
| Standing at           |
| Sitting               |
| Sitting vs.           |
| <b>Lifting/Carry</b>  |

| Environmental Conditions   | Selected Occupation |     |     |     |     |     |     |
|--|---------------------|-----|-----|-----|-----|-----|-----|
|  | 1                   | 2   | 3   | 4   | 5   | 6   | 7   |
| Outdoors   |                     |     |     |     |     |     |     |
| Extreme Heat (non-weather related)   |                     |     |     |     |     |     |     |
| Extreme Cold (non-weather related)   |                     |     |     |     |     |     |     |
| Wetness (non-weather related)  |                     |     |     |     |     |     |     |
| Humidity (non-weather related)   |                     |     |     |     |     |     |     |
| Heavy Vibration  |                     |     |     |     |     |     |     |
| Hazardous Contaminants*<br>(Toxic, Caustic Chemicals; Fumes; Noxious Odors; Dusts) |                     |     |     |     |     |     |     |
|  | PPE                 | PPE | PPE | PPE | PPE | PPE | PPE |
| Proximity to Moving Mechanical Parts*  |                     |     |     |     |     |     |     |
|  | PPE                 | PPE | PPE | PPE | PPE | PPE | PPE |
| High, Exposed Places*  |                     |     |     |     |     |     |     |
|  | PPE                 | PPE | PPE | PPE | PPE | PPE | PPE |
| Noise Intensity Level*<br>(Quiet, Moderately Loud, Loud, Very Loud)                |                     |     |     |     |     |     |     |
|  | PPE                 | PPE | PPE | PPE | PPE | PPE | PPE |