

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

# Occupational Requirements Survey



**Private Industry**

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*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 08/31/18

We estimate that it will take an average of 66 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>
1						
2						
3						
4						
5						
6						
7						
8						

**PRINT ADDITIONAL COPIES OF PAGES 2-5, AS NEEDED.**

**Quote Details**

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

**SVP****Job Tasks/Notes**Driving:  Yes  No

Vehicle Type (if yes): \_\_\_\_\_

**Minimum Education**

Minimum formal education required? If no minimum, must workers be able to read and write?

**Pre-Employment Training**

Professional certification, state or industry license, other pre-employment training required? Type and time to obtain?

**Experience**

Prior work experience required? How much?

**Post-Employment Training**

Post-employment training (OJT, mentoring, etc.) required? Type and how much?

## Cognitive Elements

What type of decision-making is required to perform the tasks of this occupation?

- (A) Little or no decision-making.
- (B) Makes straightforward decisions from set choices in familiar situations.
- (C) Makes straightforward decisions by assessing situations and possible outcomes.
- (D) Makes decisions by assessing uncertain or conflicting situations.

What type of supervision does this occupation have?

- (A) Detailed instruction and help are always provided. Frequent and thorough review of work.
- (B) Detailed instruction and help are provided when needed. Review of work may be frequent and emphasize the quality of completed assignments.
- (C) General instructions provided and help given when requested. Review of work is occasional and emphasizes accomplishments of broad work objectives.
- (D) Only broad objectives are provided. Review of work is infrequent and focuses on effectiveness.

What is the pace of the work?

- Slow:** Unhurried and workload is constant.
- Moderate:** Steady and workload is constant.
- Fast:** Rapid and workload is constant.
- Variable:** Markedly faster and slower periods that are driven by changing workload demands.

What controls the pace of the work?

- Work-driven:** Work process drives the pace; the worker must keep up and continuously meet production standards.
- Worker-driven:** Worker controls the pace.

<b>Adaptability</b>			
An occupation's work routine consists of its work tasks, work schedule, and location of work as it is generally performed. We are interested in how frequently work tasks, schedule, and location change. Select the statement that best describes how frequently the work routine changes for this occupation.			
<i>How often do (work tasks/schedule/location) change in this occupation?</i>	<b>Work tasks</b>	<b>Work schedule</b>	<b>Work location</b>
<b>A - Rarely or never changes</b> Does not change unless it is permanent.			
<b>B – Sometimes changes</b> May temporarily change several times a year to meet business needs including seasonal variations.			
<b>C – Often changes</b> Changes on an unpredictable basis to meet business needs.			
<b>D – Always changes</b> Change is frequent and driven by forces external to the company, such as emergency response.			

<b>Work Related Personal Interactions</b>		
<b>Regular Contacts:</b> People with whom there <b>is</b> an established working relationship.		
<b>Other Contacts:</b> People with whom there <b>is no</b> established working relationship.		
<i>How often does the occupation verbally interact (work related) with:</i>	<b>Regular Contacts</b>	<b>Other Contacts</b>
<b>Ongoing</b> (Constantly, every few minutes)		
<b>Several times an hour</b> (More than once per hour, but not constantly)		
<b>Hourly or Semi-Hourly</b> (More than once per day, but not more than once per hour)		
<b>Daily or Less</b> (No more than once per day; includes never)		
<i>What type of work-related interactions does this occupation have with:</i>	<b>Regular Contacts</b>	<b>Other Contacts</b>
<b>Very structured</b> (Exchanging straightforward, factual information)		
<b>Structured</b> (Coordinating work with others; solving recurring problems with cooperative parties)		
<b>Semi-structured</b> (Some gentle persuading or soft-selling; discussing)		
<b>Unstructured</b> (Influencing; hard-selling; asserting control in situations)		
<b>Very unstructured</b> (Resolving controversial or long-range issues; defending; negotiating)		

<b>Exertion</b>	
<b>Sit/Stand/Walk</b>	
Standing and Walking	
Sitting	
Sitting vs. Standing at Will	Y/N
<b>Lifting/Carrying (lbs.)</b>	
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%)	
<b>Pushing/Pulling</b>	
Hands/Arms	One/Both
Feet/Legs	One/Both
Feet Only	One/Both
<b>Reaching/Manipulation</b>	
Overhead Reaching	One/Both
At/Below Shoulder Reaching	One/Both
Gross Manipulation	One/Both
Fine Manipulation	One/Both
Foot/Leg Controls	One/Both
<b>Keyboarding</b>	
Traditional	
10-Key	
Touch	
Other ( <i>document</i> )	
<b>Postural</b>	
Stooping	
Kneeling	
Crouching	
Crawling	
<b>Climbing Ramps or Stairs</b>	
Structure only (non-work related)	Y/N
Work-related time	
Climbing Ladders, Ropes, or Scaffolds	
<b>Auditory/Vision</b>	
Communicating Verbally	
<b>Hearing Requirements</b>	
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

Environmental Conditions	Selected Occupation							
	1	2	3	4	5	6	7	8
Outdoors								
Extreme Heat (non-weather related)								
Extreme Cold (non-weather related)								
Wetness (non-weather related)								
Humidity (non-weather related)								
Heavy Vibration								
Hazardous Contaminants* (Toxic, Caustic Chemicals; Fumes; Noxious Odors; Dusts)								
	PPE	PPE	PPE	PPE	PPE	PPE	PPE	PPE
Proximity to Moving Mechanical Parts*								
	PPE	PPE	PPE	PPE	PPE	PPE	PPE	PPE
High, Exposed Places*								
	PPE	PPE	PPE	PPE	PPE	PPE	PPE	PPE
Noise Intensity Level* (Quiet, Moderately Loud, Loud, Very Loud)								
	PPE	PPE	PPE	PPE	PPE	PPE	PPE	PPE

\*Circle PPE if personal protective equipment is present.

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