

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 xx/xx/2021

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.

Schedule number:	Start:	End:
Total Employment:	PSO Employment:	

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

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

Quote: _____

Schedule: _____

Quote Details

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

SV

Job Tasks/Notes

Cognitive Elements

How frequently is work checked in this job by a supervisor or lead worker?

- (A) More than once per day
- (B) Once per day
- (C) Less often than once per day, but at least once per week
- (D) Less often than weekly

Are Supervisors or lead workers generally present in the same physical area as workers?

- Yes
- No

Which of the following most determines the pace of work for this job during the normal workday or work week (select one)?

- (A) Machinery, equipment, or software
- (B) (Company determined) numerical performance targets
- (C) People (such as customers, supervisor, etc.)
- (D) Self-paced by worker

How would you describe the work flow for this job on a daily or weekly basis? Would you say that it...

- Has few (if any) slack periods
- Has few (if any) rush periods (or large build-ups of work)
- Varies, with fluctuations or rush periods (or large build-ups of work) and slow periods on a daily or weekly basis

Can workers step away from their work area easily outside of scheduled breaks (e.g. short bathroom breaks)?

- Yes
- No

Quote: _____

Schedule: _____

The next question is about ‘problem solving’ tasks that the worker does in his/her job. Think of ‘problem solving’ as what happens when workers are faced with a new or difficult situation which requires them to think for a while about what to do next. How often is the worker responsible for solving problems that take more than 5 minutes to find a good solution?

- (A) More than once per day
- (B) Once per day
- (C) Not every day, but at least once per week
- (D) Not every week, but at least once per month
- (E) Less often than monthly, including never

How often does this occupation require verbal, work-related interactions?

- (A) Constantly, every few minutes
- (B) Not constantly, but more than once per hour
- (C) Not every hour, but more than once per day
- (D) Once per day or less often

What level of ‘people skills’ does this job require?

- Minimal/basic
- More than basic

	Yes	No
Are workers in this job required to work with the general public?		
Are workers in this job required to work around crowds?		
Are workers in this job permitted to work from home or telework?		

Exertion	
Sit/Stand/Walk	
Sitting	
Standing and Walking	
Sitting vs. Standing at Will	Y/N

Do any critical tasks require stooping, kneeling, crouching, or crawling?

- Yes
- No

How is this work performed? Does the company train/require a specific posture or do workers generally all use a specific posture:

	Seldom	Occasionally	Frequently	Constantly
Climbing Ramps or Stairs				<input type="checkbox"/>
Structure only (non-work related)		Y/N	<input type="checkbox"/>	<input type="checkbox"/>
Work-related time			<input type="checkbox"/>	<input type="checkbox"/>
Climbing Ladders, Ropes, or Scaffold				

Auditory/Vision

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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