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

# Occupational Requirements Survey



State	and	local	government
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The BLS publishes statistical tabulations from this survey that may reveal the information reported by individual State and local governments. Upon your request, however, the BLS will hold the information provided on this survey form in confidence.

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 #/##/####

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 2-4, AS NEEDED.

Schedule/Quote:			Work Schedule:	
Job Title		Work Schedule	Job Description (Y/N)	FT/PT
Job Observation	n (circle):	Yes - requested	Yes - offered	No
Critical Job Fund	ction:			

Task List:	Minimum Education
	Experience
	1
	Credentials
	On-the-Job Training
<u>10% Tasks:</u>	Driving (yes/no) duration?
	Vehicle Type?
	Supervisory Data:
	Lead/Supervisor/Manager/None
	Mark Charled Improther 1v/day 1v/day
	Work Checked: (more than 1x/day, 1x/day, 1x/week, less than weekly)
	1X/WEEK, 1655 Hall WEEKIY/
	Supervisor Present? Y/N

## **Work-Related Communication:**

Verbal Interactions (every few min, more than 1x/hour, more than 1x/day, once per day or less)

Speaking (duration)

People Skills (basic, more than basic)

General Public? Y/N Crowds? Y/N Telework? Y/N

Job Title V	<b>Work Schedule</b>
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#### **Hearing:**

In-Person Spoken Voice? Y/N Telephone? Y/N Other Remote Speaking? Y/N Other Sounds? Y/N

Noise Intensity Level (quiet, moderate, loud, very loud)

PPE? Y/N

### **Cognitive:**

Control of Work Load? (machinery/equip/software, numerical perf. target, people, self-paced, other)

Work Pace? (consistent-fast, consistent-slow, varies)

Ability to step away? Y/N

Problem Solving? (more than 1x/day, 1x/day, at least 1x/week, at least 1x/month, lest than 1x/month)

Sit/Stand/Walk	Duration	Other
Sitting		
Standing/Walking		
Sitting/Standing at Will		Y/N
Lift/Carry (breaks at 1/10/25/	50/75/100 lk	os)
Most weight ever		
2/3 of the time or more		
1/3 up to 2/3 of the time		
2% up to 1/3 of the time		
Seldom (up to 2%)		
Pushing/Pulling		
Hands/Arms		One/Both
Feet/Legs		One/Both
Reaching/Manipulation		
Overhead Reaching		One/Both
At/Below Shoulder Reaching		One/Both
Gross Manipulation		One/Both
Fine Manipulation		One/Both
Foot/Leg Controls		One/Both
Traditional Keyboarding		
Postural		
Work at or below knee level		Y/N/Unk
		Reqd/
Stooping		Choice/No/
		Unk
		Reqd/
Kneeling		Choice/No/
		Unk

		Reqd/			
Crouching		Choice/No/			
		Unk			
		Reqd/			
Crawling		Choice/No/			
		Unk			
Job Title	_	Work	Schedule		
Postural – Climbing	Duration	Other		Notes	
Ramps or Stairs, Structural		Y/N			
Ramps or Stairs, Work- related					
Ladders, Ropes, or Scaffolds		V/N DDE	1		
High, Exposed Places		Y/N PPE	4		
Vision			1		
Near Visual Acuity		Y/N			
Far Visual Acuity		Y/N			
Peripheral Vision		Y/N			
<b>Environmental Conditions</b>					
Outdoors					
Extreme Heat					
Extreme Cold					
Wetness					
Humidity					
Heavy Vibration					

Y/N PPE

Y/N PPE

Hazardous Contaminants
Proximity to Moving

Mechanical Parts