



Private Industry

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O.M.B. #1220-0189
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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.

ESTABLISHMENT INFORMATION

Establishment Name _____
Schedule Number _____ **Quote Number** _____

JOB INFORMATION & REQUIREMENTS

Job Description: Yes No

Job Title _____
Full-time Employees _____ **Full-time Work Schedule** _____
Part-time Employees _____ **Part-time Work Schedule** _____
Minimum Education _____

Experience _____

Non-Degree Credentials _____

On-the-Job-Training _____

CRITICAL JOB FUNCTION & TASKS

Critical Job Function _____

Critical Tasks _____

10% Tasks _____

SUPERVISORY INFORMATION

Supervisory Duties: None Lead Worker Supervisor Manager

Frequency of Work Being Checked: More than once per day Once per day
 Less than once per day, but at least once per week Less often than weekly

Supervisor Present: Yes No

COMMUNICATION & HEARING

Work Related Communication

Speaking: (Duration – % of time)

Up to 2% 2% up to 1/3 1/3 up to 2/3 2/3 or more Not Present Present, Duration Unknown

Verbal Interactions: Constantly, every few minutes Not constantly, but more than once per hour
 Not more than once per hour, but more than once per day Once per day or less often

People Skills: Basic More than Basic **Working with the General Public:** Yes No

Working Around Crowds: Yes No **Telework:** Yes No

Hearing

In-person Speech: Yes No **Telephone:** Yes No

Other Remote Speech: Yes No **Other Sounds:** Yes No

Noise Intensity Level: Quiet Moderate Loud Very Loud

Personal Protective Equipment (PPE): Yes No

COGNITIVE DEMANDS

Control of Workload:

Machinery, equipment or software Numerical performance targets (company determined)
 People (such as customers, supervisor, etc.) Self-paced by worker Other (specify) _____

Work Pace: Consistent – Fast Consistent – Slow Varies

Pause Control (ability to step away): Yes No

Problem Solving:

More than once per day Once per day Not every day, but at least once per week
 Not every week, but at least once per month Less often than monthly, including never

PHYSICAL DEMANDS

Sitting vs. Standing/Walking

Sit/Stand at Will: Yes No

Sitting (hours or percent) _____ Standing/Walking (hours or percent) _____

Lifting/Carrying

Most Weight Ever Lifted _____ lbs. Items lifted _____

Seldom (Up to 2% of the time)	Occasional (2% up to 1/3 of the time)	Frequent (1/3 up to 2/3 of the time)	Constant (2/3 or more of the time)
<input type="checkbox"/> None	<input type="checkbox"/> None	<input type="checkbox"/> None	<input type="checkbox"/> None
<input type="checkbox"/> Negligible	<input type="checkbox"/> Negligible	<input type="checkbox"/> Negligible	<input type="checkbox"/> Negligible
<input type="checkbox"/> 1 to 10 lbs.	<input type="checkbox"/> 1 to 10 lbs.	<input type="checkbox"/> 1 to 10 lbs.	<input type="checkbox"/> 1 to 10 lbs.
<input type="checkbox"/> 11 to 25 lbs.	<input type="checkbox"/> 11 to 25 lbs.	<input type="checkbox"/> 11 to 25 lbs.	<input type="checkbox"/> 11 to 25 lbs.
<input type="checkbox"/> 26 to 50 lbs.	<input type="checkbox"/> 26 to 50 lbs.	<input type="checkbox"/> 26 to 50 lbs.	<input type="checkbox"/> >25 lbs.
<input type="checkbox"/> 51 to 75 lbs.	<input type="checkbox"/> 51 to 75 lbs.	<input type="checkbox"/> >50 lbs.	
<input type="checkbox"/> 76 to 100 lbs.	<input type="checkbox"/> 76 to 100 lbs.		
<input type="checkbox"/> >100 lbs.	<input type="checkbox"/> >100 lbs.		

Note: Duration % = percentage of the worker's time

Pushing/Pulling

	Up to 2%	2% up to 1/3	1/3 up to 2/3	2/3 or More	Not Present	Present, Duration Unknown	One / Both
Hands/Arms:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Feet/Legs:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>

Reaching/Manipulation

	Up to 2%	2% up to 1/3	1/3 up to 2/3	2/3 or More	Not Present	Present, Duration Unknown	One / Both
Overhead Reaching:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
At/Below Shoulder Reaching:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Gross Manipulation:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Fine Manipulation:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Foot/Leg Controls:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Keyboarding:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Postural

	Up to 2%	2% up to 1/3	1/3 up to 2/3	2/3 or More	Not Present	Present, Duration Unknown
Work At/Below Knee Level:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stooping:	<input type="checkbox"/> Yes-Required	<input type="checkbox"/> Yes-Choice	<input type="checkbox"/> No	<input type="checkbox"/> Unknown		
Kneeling:	<input type="checkbox"/> Yes-Required	<input type="checkbox"/> Yes-Choice	<input type="checkbox"/> No	<input type="checkbox"/> Unknown		
Crouching:	<input type="checkbox"/> Yes-Required	<input type="checkbox"/> Yes-Choice	<input type="checkbox"/> No	<input type="checkbox"/> Unknown		
Crawling:	<input type="checkbox"/> Yes-Required	<input type="checkbox"/> Yes-Choice	<input type="checkbox"/> No	<input type="checkbox"/> Unknown		

Climbing

Ramps or Stairs, Structural: Yes No

	Up to 2%	2% up to 1/3	1/3 up to 2/3	2/3 or More	Not Present	Present, Duration Unknown	Personal Protective Equipment
Ramps/Stairs, Work-Related:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Ladders/Ropes, or Scaffolds:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
High, Exposed Places:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Vision

Near Visual Acuity: Yes No

Far Visual Acuity: Yes No

Peripheral Vision: Yes No

Driving: Yes No Vehicle: _____

ENVIRONMENTAL CONDITIONS

	Up to 2%	2% up to 1/3	1/3 up to 2/3	2/3 or More	Not Present	Present, Duration Unknown	Personal Protective Equipment
Outdoors:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Extreme Heat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Extreme Cold:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Wetness:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Humidity:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Heavy Vibration:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Hazardous Contaminants:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Proximity to Moving Mechanical Parts:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>