

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 (44 U.S.C. 3572) and other applicable Federal laws, your responses will not be disclosed in identifiable form without your informed consent. Per the Federal Cybersecurity Enhancement Act of 2015, Federal information systems are protected from malicious activities through cybersecurity screening of transmitted data.

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: X/XX/XXXX

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: | | |

| | Selected Occupations | Occ. Emp. | FT/PT | 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 (circle): | | Yes - requested | | Yes - offered | |
| Critical Job Function: | | | | | |
| | | | | | |

| | |
|--------------------------|--|
| Task List: | Minimum Education |
| | Experience |
| | Credentials |
| | On the Job Training |
| | Driving (yes/no) |
| | Vehicle Type? |
| | <u>Supervisory Data:</u> Lead/Supervisor/Manager/None Work Checked: (more than 1x/day, 1x/day, At least 1x/week, less than weekly) Supervisor Present? Y/N |
| <u>10% Tasks:</u> | |

| | | |
|--|-------------|---------------|
| <u>Work-Related Communication:</u> | | |
| 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 | | Work Schedule | |
| Hearing: | | | |
| In-Person Speech? Y/N Telephone? Y/N Other Remote Speech? 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, less than 1x/month) | | | |

| Sit/Stand/Walk | Duration | Other | Notes |
|---|----------|----------------------------|-------|
| Sitting | | | |
| Standing/Walking | | | |
| Sitting/Standing at Will | | Y/N | |
| Lift/Carry (breaks at 1/10/25/50/75/100 lbs) | | | |
| 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 | |
| Stooping | | Reqd/ Choice/No/ Unk | |
| Kneeling | | Reqd/ Choice/No/ Unk | |

| | | |
|--------------------------------------|----------------------|----------------------------|
| Crouching | | Reqd/ Choice/No/ Unk |
| Crawling | | Reqd/ Choice/No/ Unk |
| Job Title | Work Schedule | |
| Postural - Climbing | Duration | Other |
| Ramps or Stairs, Structural | | Y/N |
| Ramps or Stairs, Work-related | | |
| Ladders, Ropes, or Scaffolds | | |
| High, Exposed Places | | Y/N PPE |
| Vision | | |
| Near Visual Acuity | | Y/N |
| Far Visual Acuity | | Y/N |
| Peripheral Vision | | Y/N |
| Environmental Conditions | | |
| Outdoors | | |
| Extreme Heat | | |
| Extreme Cold | | |
| Wetness | | |
| Humidity | | |
| Heavy Vibration | | |
| Hazardous Contaminants | | Y/N PPE |
| Proximity to Moving Mechanical Parts | | Y/N PPE |
| Notes | | |

