



**Private Industry**

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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.

**ESTABLISHMENT INFORMATION**

**Establishment Name** \_\_\_\_\_  
**Schedule Number** \_\_\_\_\_ **Quote Number** \_\_\_\_\_

**JOB INFORMATION & REQUIREMENTS**

**Job Description:**  Yes  No

**Job Observed:**  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** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_



**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"/> >25 lbs.	<input type="checkbox"/> Unknown
<input type="checkbox"/> 76 to 100 lbs.	<input type="checkbox"/> 76 to 100 lbs.	<input type="checkbox"/> Unknown	
<input type="checkbox"/> >100 lbs.	<input type="checkbox"/> >100 lbs.		
<input type="checkbox"/> Unknown	<input type="checkbox"/> Unknown		

Note: Duration % = percentage of the worker's time  
None = Lift/Carry not present for duration

**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 checked="" type="checkbox"/> <input checked="" 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 checked="" type="checkbox"/> <input checked="" type="checkbox"/>
Gross Manipulation:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>
Fine Manipulation:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>
Foot/Leg Controls:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> <input checked="" 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
<b>Work At/Below Knee Level:</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Stooping:</b>	<input type="checkbox"/> Yes-Required	<input type="checkbox"/> Yes-Choice	<input type="checkbox"/> No	<input type="checkbox"/> Unknown		
<b>Kneeling:</b>	<input type="checkbox"/> Yes-Required	<input type="checkbox"/> Yes-Choice	<input type="checkbox"/> No	<input type="checkbox"/> Unknown		
<b>Crouching:</b>	<input type="checkbox"/> Yes-Required	<input type="checkbox"/> Yes-Choice	<input type="checkbox"/> No	<input type="checkbox"/> Unknown		
<b>Crawling:</b>	<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
<b>Ramps/Stairs, Work-Related:</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Ladders/Ropes, or Scaffolds:</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>High, Exposed Places:</b>	<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
<b>Outdoors:</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Extreme Heat</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Extreme Cold:</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Wetness:</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Humidity:</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Heavy Vibration:</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Hazardous Contaminants:</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Proximity to Moving Mechanical Parts:</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>