

U.S. Department of Labor Bureau of Labor Statistics

Occupational Requirements Survey



State and local government

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: 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:	PSO 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	No
<u>Critical Job Function:</u>			

<u>Task List:</u>	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	
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Postural - Climbing	Duration	Other	Notes
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	

