



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
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"/>