



Private Industry

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O.M.B. #1220-0189

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

Job Description: Yes No

Job Observation: Yes No

Job Title _____

Full-time **Part-time**

Full-time Employees _____ **# Part-time Employees** _____

Job Work Schedule _____ **hrs/day** _____ **hrs/wk** _____ **wks/yr.**

Work Schedule Varies? Yes No

Critical Job Function _____

Critical Tasks

10% Tasks

SUPERVISORY INFORMATION

Supervisory Duties:

None

Lead Worker

Supervisor

Manager

Frequency of Work Being Checked:

Every few minutes

At least once per hour

At least once per day

At least once per week

Less than once per week, including never

Supervisor Present: Yes

No

SPECIFIC VOCATIONAL PREPARATION (SVP)

Minimum Education

(If no minimum, must workers
be able to read and write?)

Experience

Credentials

On-the-Job-Training

WORK PACE

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

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

Internal Verbal Interactions:

- Every few minutes At least once per hour At least once per day At least once per week
 Less than once per week, including never

External Verbal Interactions:

- Every few minutes At least once per hour At least once per day At least once per week
 Less than once per week, including never

People Skills: Basic More than Basic

Hearing

In-person Speech: Yes No

Telephone: Yes No

Other Remote Speech (such as walkie-talkies, intercoms, public address systems, etc.): Yes No

Vision

Near Visual Acuity: Yes No

Far Visual Acuity: Yes No

Peripheral Vision: Yes No

Driving: Yes No **Vehicle:** _____

PHYSICAL DEMANDS

Sitting vs. Standing/Walking

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

Sit/Stand at Will: Yes No

Lifting/Carrying

Most Weight Ever Lifted _____ lbs.

Items lifted/carried _____

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"/> 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 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 (include time spent keyboarding)	<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: Yes No Unknown

Low Postures

	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-Worker's Choice			<input type="checkbox"/> No	<input type="checkbox"/> Unknown
Kneeling:	<input type="checkbox"/> Yes-Required	<input type="checkbox"/> Yes-Worker's Choice			<input type="checkbox"/> No	<input type="checkbox"/> Unknown
Crouching:	<input type="checkbox"/> Yes-Required	<input type="checkbox"/> Yes-Worker's Choice			<input type="checkbox"/> No	<input type="checkbox"/> Unknown
Crawling:	<input type="checkbox"/> Yes-Required	<input type="checkbox"/> Yes-Worker's 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"/>	

ENVIRONMENTAL CONDITIONS AND WORK SETTING

	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"/>	<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"/>

Public Work Area: Yes No **Working Around Crowds:** Yes No **Telework:** Yes No

Noise Intensity Level: Quiet Moderate Loud Very Loud

Personal Protective Equipment: Yes No