

**U.S. Department of Labor  
Bureau of Labor Statistics**

**Occupational Requirements  
Survey**



**Private Industry**

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*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

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.

<b>Schedule number:</b>	<b>Start:</b>	<b>End:</b>
<b>Total Employment:</b>		

	<b>Selected Occupations</b>	<b>Occ. Emp.</b>	<b>FT/PT</b>	<b>SOC</b>
<b>1</b>				
<b>2</b>				
<b>3</b>				
<b>4</b>				
<b>5</b>				
<b>6</b>				
<b>7</b>				
<b>8</b>				

**PRINT ADDITIONAL COPIES OF PAGES 2-4, AS NEEDED.**



**Work-Related Communication:**

Verbal Interactions-Internal

- Every few minutes
- At least 1x/hour
- At least 1x/day
- At least once per week
- Less than once per week, including never

Verbal Interactions-External

- Every few minutes
- At least 1x/hour
- At least 1x/day
- At least once per week
- Less than once per week, including never

Speaking (duration)

People Skills (basic, more than basic)

Public Work Area? Y/N

Crowds? Y/N

Telework? Y/N

**Hearing:**

In-Person Speech? Y/N Telephone? Y/N Other Remote Speech? 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

Sit/Stand/Walk	Duration	Other	Notes
Sitting			
Standing/Walking			
Sitting/Standing at Will		Y/N	
<b>Lift/Carry</b> (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%)			
<b>Pushing/Pulling</b>			
Hands/Arms		One/Both	
Feet/Legs		One/Both	

<b>Reaching/Manipulation</b>		
Overhead Reaching		One/Both
At/Below Shoulder Reaching		One/Both
Gross Manipulation		One/Both
Fine Manipulation (FM)		One/Both
FM includes keyboarding?		Y/N/Unk
Foot/Leg Controls		One/Both
<b>Postural</b>		
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
<b>Postural – Climbing</b>	<b>Duration</b>	<b>Other</b>
Ramps or Stairs, Structural		Y/N
Ramps or Stairs, Work-related		
Ladders, Ropes, or Scaffolds		
High, Exposed Places		Y/N PPE
<b>Vision</b>		
Near Visual Acuity		Y/N
Far Visual Acuity		Y/N
Peripheral Vision		Y/N
<b>Environmental Conditions</b>		
Outdoors		
Extreme Heat (non-weather)		
Extreme Cold (non-weather)		
Wetness		
Humidity (non-weather)		
Heavy Vibration		
Hazardous Contaminants		Y/N PPE
Proximity to Moving Mechanical Parts		Y/N PPE
<b>Notes</b>		