U.S. Department of Labor Bureau of Labor Statistics

Occupational Requirements Survey



Government Industry

| your request, however, the BLS will hold the information provided on this survey form in confidence. <i>voluntary cooperation is needed to make the results of this survey comprehensive, accurate and timely.</i> | | 5 1 5 | 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.

| Schedule number: | Start: | End: |
|-------------------|--------|------|
| Total Employment: | | |

| | Selected Occupations | Occ. Emp. | FT/PT | SOC |
|---|----------------------|-----------|-------|-----|
| 1 | | | | |
| 2 | | | | |
| 3 | | | | |
| 4 | | | | |
| 5 | | | | |
| 6 | | | | |
| 7 | | | | |
| 8 | | | | |

PRINT ADDITIONAL COPIES OF PAGES 2-3 AS NEEDED.

Notes

| Schedule/Quote: | Work Schedule: | | Work Schedule Varies: Ves No |
|-----------------------------|----------------|-----------------------|---|
| Quote Details | | | |
| Job Title: | | | |
| Job Observation: | □Yes □No Jo | b Description: | □Yes □No |
| Critical Job Function: | | | |
| | | | |
| | | | |
| Specific Vocational P | | | |
| Critical Tasks/Notes | | Ainimum Educa | |
| Driving: □Yes □No | 17 | | l education required? If no workers be able to read and |
| Vehicle Type (if yes): | | vrite? | workers be able to read and |
| Critical Tasks | | | |
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| 2 | | Experience | rience required? How much? |
| 2 | ſ | The work exper | Tence required? How much? |
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| | | ype and this to | |
| 8 | | | |
| 9 | | | |
| | | | |
| 10 | C | On the job Trai | ning |
| | F | Post-employmen | t training (OJT, mentoring, |
| Other Task List Remark | cs e | tc.) required? T | ype and how much? |
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| Schedule/Quote: | Work Schedule: | Work Schedule Varies: Ves No |
|--|-------------------------------|--|
| Quote Details | | |
| Job Title: | | |
| Job Observation: □Yes | ⊐No Job Descripti | on: □Yes □No |
| Critical Job Function: | | |
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| S <mark>pecific Vocational Prepar</mark> Critical Tasks/Notes | ration (SVP) Minimum I | Education |
| Driving: \Box Yes \Box No | | ormal education required? If no |
| Vehicle Type (if yes): | | sust workers be able to read and write? |
| Critical Tasks | | |
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| 2 | Prior work e | experience required? How much? |
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| 0 | | l certification, state or industry license, |
| 7 | other pre-en time to obtai | nployment training required? Type and in? |
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| Other Task List Remarks | | ment training (OJT, mentoring, etc.) ype and how much? |
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| Schedule/Quote: | Work Schedule: | Work Schedule Varies: 🗆 Yes 🗆 No |
|-------------------------------|-----------------|---|
| Quote Details | | |
| Job Title: | | |
| Job Observation: | Yes □No Job Des | cription: |
| Critical Job Function: | | |
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| Specific Vocational Pro | | |
| Critical Tasks/Notes | | num Education |
| Driving: \Box Yes \Box No | | im formal education required? If no |
| Vehicle Type (if yes): | | im, must workers be able to read and write? |
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| Other Task List Remarks | | d? Type and how much? |
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| Schedule/Quote: | Work Schedule: | | Work Schedule Varies: 🗆 Yes 🗆 No |
|------------------------|-----------------|----------------------------------|---------------------------------------|
| Quote Details | | | |
| Job Title: | | | |
| Job Observation: | Yes □No | Job Description: | □Yes □No |
| Critical Job Function: | | | |
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| Specific Vocational Pr | eparation (SVP) | | |
| Critical Tasks/Notes | | Minimum Educ | |
| Driving: □Yes □No | | | education required? If no |
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| 7 | | other pre-employ time to obtain? | ment training required? Type and |
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| Schedule/Quote: | Work Schedule: | | Work Schedule Varies: 🗆 Yes 🗆 No |
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| Quote Details | | | |
| Job Title: | | | |
| Job Observation: | Yes □No | Job Description: | □Yes □No |
| Critical Job Function: | | | |
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| Specific Vocational P | eparation (SVP) | | |
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| Schedule/Quote: | Work Schedule: | | Work Schedule Varies: 🗆 Yes 🗆 No |
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| Quote Details | | | |
| Job Title: | | | |
| Job Observation: | Yes □No | Job Description: | □Yes □No |
| Critical Job Function: | | | |
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| Schedule/Quote: | Work Schedule: | | Work Schedule Varies: 🗆 Yes 🗆 No |
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| Quote Details | | | |
| Job Title: | | | |
| Job Observation: | Yes □No | Job Description: | □Yes □No |
| Critical Job Function: | | | |
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| Schedule/Quote: | Work Schedule: | Work Schedule Varies: 🗆 Yes 🗆 No |
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| Quote Details | | |
| Job Title: | | |
| Job Observation: | Yes □No Job Des | cription: |
| Critical Job Function: | | |
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| Critical Tasks/Notes | | num Education |
| Driving: \Box Yes \Box No | | im formal education required? If no |
| Vehicle Type (if yes): | | im, must workers be able to read and write? |
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| 4 | | |
| 5 | | |
| 6 | Crede | ntials |
| 0 | | sional certification, state or industry license, |
| 7 | _ | re-employment training required? Type and obtain? |
| 8 | | |
| | | |
| 9 | | |
| 10 | On the | e job Training |
| | | mployment training (OJT, mentoring, etc.) |
| Other Task List Remarks | | d? Type and how much? |
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| | | |

Additional notes:

COGNITIVE ELEMENTS - Supervision

- **1.** Supervisory Duties:
 None
 Lead Worker
 Supervisor
 Manager
- 2. What is the most often this job's work is routinely checked by a supervisor or lead worker?
 - (A) Every few minutes
 - (B) At least once per hour
 - (C) At least once per day
 - (D) At least once per week
 - (E) Less than once per week, including never

Enter the appropriate letter answer for each quote.

| Quote Number | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
|---------------|---|---|---|---|---|---|---|---|
| Work Rev Freq | | | | | | | | |

3. Are Supervisors or lead workers generally present in the same physical work area as workers?

| Quote Number | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
|--------------|---|---|---|---|---|---|---|---|
| Yes | | | | | | | | |
| No | | | | | | | | |

COGNITIVE ELEMENTS - Pace

- 1. What <u>most</u> controls the work load for this job during the normal workday or work week?
 - (A) Machinery, Equipment, or Software
 - (B) (Company determined) numerical performance targets
 - (C) People (such as customers, supervisor, etc.)
 - (D) Self-paced by Worker
 - (E) Other (specify)

Enter the appropriate letter answer for each quote.

| Quote Number | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
|--------------|---|---|---|---|---|---|---|---|
| Work Load | | | | | | | | |

- 2. How would you describe the pace of work for this job? Would you say that in a typical day or week...
 - (A) The pace is consistent, and generally fast
 - (B) The pace is consistent, and generally slow
 - (C) The pace varies

Enter the appropriate letter answer for each quote.



3. Can workers step away from their work area easily outside of scheduled breaks?

| Quote Number | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
|--------------|---|---|---|---|---|---|---|---|
| Yes | | | | | | | | |
| No | | | | | | | | |

COGNITIVE ELEMENTS - Interaction

- 1. What is the **most often** that workers in this job **typically** initiate, or respond to new, verbal **work-related** interactions with people who work for (FILL: *employer name/company/organization/ establishment*)?
 - (A) Every few minutes
 - (B) At least once per hour
 - (C) At least once per day
 - (D) At least once per week

(E) Less than once per week, including never

Enter the appropriate letter answer for each quote.

| Quote Number | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
|-----------------|---|---|---|---|---|---|---|---|
| Verbal Interact | | | | | | | | |

- 2. What is the **most** often that workers in this job would **typically** initiate, or respond to new, verbal work-related interactions with people who **do not** work for (FILL: *employer name/company/organization/ establishment*)?
 - (A) Every few minutes
 - **(B)** At least once per hour
 - (C) At least once per day
 - (D) At least once per week

(E) Less than once per week, including never

Enter the appropriate letter answer for each quote.

| Quote Number | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
|-----------------|---|---|---|---|---|---|---|---|
| Verbal Interact | | | | | | | | |

3. The next question is about "people skills." We define people skills as the ability to listen, communicate, and relate to others. In a job where basic people skills are required, workers often work alone, or usually are only expected to engage in simple, brief work-related communication and to treat other with respect. Does this job require basic or more than basic people skills?

| Quote Number | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
|-----------------|---|---|---|---|---|---|---|---|
| Basic | | | | | | | | |
| More than Basic | | | | | | | | |

COGNITIVE ELEMENTS – Work Settings

1. Does this job require working in an area where people who do not work for [EMPLOYER NAME OR COMPANY OR ORGANIZATION OR ESTABLISHMENT] can physically approach or communicate with the worker?

| Quote Number | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
|--------------|---|---|---|---|---|---|---|---|
| Yes | | | | | | | | |
| No | | | | | | | | |

2. Are workers in this job required to <u>work around crowds</u> in a way that restricts their movement? (We define a crowd as a situation in which a lot of unfamiliar people are present considering the space available, movement is restricted, and a certain level of disorganization is present.)

| Quote Number | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
|--------------|---|---|---|---|---|---|---|---|
| Yes | | | | | | | | |
| No | | | | | | | | |

3. Are workers in this job permitted to work from home or telework?

| Quote Number | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
|--------------|---|---|---|---|---|---|---|---|
| Yes | | | | | | | | |
| No | | | | | | | | |

Exertion – Sit/Stand/Walk

1. How many hours a day does an employee in this job usually ...?

(Enter the appropriate number of <u>hours</u> for each quote.)

| Quote Number | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
|--------------|---|---|---|---|---|---|---|---|
| Sit | | | | | | | | |
| Stand/Walk | | | | | | | | |
| Unknown | | | | | | | | |

2. Does this job offer the typical employee the choice to <u>alternate between sitting and standing at will</u> <u>throughout the day</u>?

| Quote Number | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
|--------------|---|---|---|---|---|---|---|---|
| Yes | | | | | | | | |
| No | | | | | | | | |
| Unknown | | | | | | | | |

Exertion – Lifting/Carrying

Enter the appropriate number of <u>pounds</u> for each quote. (Breaks at 1/10/25/50/75/100)

1. What is the <u>most weight</u> an employee would <u>ever</u> lift or carry?

| Quote Number | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
|--------------|---|---|---|---|---|---|---|---|
| Pounds | | | | | | | | |
| Unknown | | | | | | | | |

2. What is the most weight an employee would generally lift or carry for <u>more than 2/3 of the time</u>? (More than 5 ½ hours of an 8-hour workday)

| Quote Number | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
|--------------|---|---|---|---|---|---|---|---|
| Pounds | | | | | | | | |
| Unknown | | | | | | | | |

3. What is the most weight an employee would generally lift or carry from <u>1/3 up to 2/3 of the time</u>? (From 2 ¹/₂ hours to 5 ¹/₂ hours of an 8-hour workday)

| Quote Number | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
|--------------|---|---|---|---|---|---|---|---|
| Pounds | | | | | | | | |
| Unknown | | | | | | | | |

4. What is the most weight an employee would generally lift or carry <u>up to 1/3 of the time</u>? (From 10 minutes up to 2 ½ hours of an 8-hour workday)

| Quote Number | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
|--------------|---|---|---|---|---|---|---|---|
| Pounds | | | | | | | | |
| Unknown | | | | | | | | |

5. What is the most weight an employee would generally lift or carry <u>up to 2% of the time</u>? (Up to 10 minutes of an 8-hour workday)

| Quote Number | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
|--------------|---|---|---|---|---|---|---|---|
| Pounds | | | | | | | | |
| Unknown | | | | | | | | |

Exertion – Pushing/Pulling

Pushing/Pulling is present when a worker uses at least ten pounds of force, or uses any amount of force for 2/3 or more of the workday.

1. How much of their day do employees in this job generally <u>push or pull</u> an object with their <u>hands/arms</u>?

| Quote Number | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
|--------------|---|---|---|---|---|---|---|---|
| Duration | | | | | | | | |
| Unknown | | | | | | | | |

1A. Does the <u>pushing/pulling</u> require <u>one hand/arm or both</u>?

| Quote Number | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
|--------------|---|---|---|---|---|---|---|---|
| One | | | | | | | | |
| Both | | | | | | | | |
| Unknown | | | | | | | | |

2. How much of their day do employees in this job generally <u>push or pull</u> an object with their <u>feet/legs</u>?

| Quote Number | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
|--------------|---|---|---|---|---|---|---|---|
| Duration | | | | | | | | |
| Unknown | | | | | | | | |

2A. Does the <u>pushing/pulling</u> require <u>one foot/leg or both</u>?

| Quote Number | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
|--------------|---|---|---|---|---|---|---|---|
| One | | | | | | | | |
| Both | | | | | | | | |
| Unknown | | | | | | | | |

Reaching/Manipulation

1. How much of their day do employees in this job generally <u>reach overhead</u>? (Reaching overhead is present when the hand goes higher than the head AND a) elbow is bent and the angle at the shoulder is 90 degrees or more, or b) elbow is extended and the angle at the shoulder is 120 degrees or more.)

| Quote Number | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
|--------------|---|---|---|---|---|---|---|---|
| Duration | | | | | | | | |
| Unknown | | | | | | | | |

1A. Does the overhead reaching require one hand/arm or both?

| Quote Number | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
|--------------|---|---|---|---|---|---|---|---|
| One | | | | | | | | |
| Both | | | | | | | | |
| Unknown | | | | | | | | |

2. How much of their day do employees in this job generally <u>reach at or below shoulder level</u>? (At/Below the Shoulder Reaching is present when there is Reaching, but it does not meet the threshold for Overhead Reaching.)

| Quote Number | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
|--------------|---|---|---|---|---|---|---|---|
| Duration | | | | | | | | |
| Unknown | | | | | | | | |

2A. Does the reaching at or below shoulder level require one hand/arm or both?

| Quote Number | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
|--------------|---|---|---|---|---|---|---|---|
| One | | | | | | | | |
| Both | | | | | | | | |
| Unknown | | | | | | | | |

3. How much of their day do employees in this job generally <u>hold, grasp, turn, or otherwise work with their hand(s)</u> (gross manipulation)?

(Note: Do not include time spent keyboarding.)

| Quote Number | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
|--------------|---|---|---|---|---|---|---|---|
| Duration | | | | | | | | |
| Unknown | | | | | | | | |

3A. Does this require one hand or both?

| Quote Number | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
|--------------|---|---|---|---|---|---|---|---|
| One | | | | | | | | |
| Both | | | | | | | | |
| Unknown | | | | | | | | |

4. How much of their day do workers use only their fingers to do things such as touching, pinching, picking, or keyboarding?

(Note: Include only active keyboarding, or when workers' hands are positioned over the keyboard)

| Quote Number | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
|---|---|---|---|---|---|---|---|---|
| Duration | | | | | | | | |
| Unknown | | | | | | | | |
| 44 Fine Moninglation includes have conding. | | | | | | | | |

4A. Fine Manipulation includes keyboarding:4B. Does this require <u>one hand or both</u>?

□ Yes □ No □ Unknown

 Quote Number
 1
 2
 3
 4
 5
 6
 7
 8

 One

 <

5. How much of their day do employees in this job generally operate <u>foot/leg controls</u> (use of one or both feet or legs to move controls on machinery or equipment)?

| Quote Number | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
|--------------|---|---|---|---|---|---|---|---|
| Duration | | | | | | | | |
| Unknown | | | | | | | | |

5A. Does this require <u>one foot/leg or both</u>?

| Quote Number | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
|--------------|---|---|---|---|---|---|---|---|
| One | | | | | | | | |
| Both | | | | | | | | |
| Unknown | | | | | | | | |

Postural

1. Do any critical tasks require lowering to, or positioning over, something at or below knee level, including on or near the ground (stooping, kneeling, crouching, crawling)?

| Quote Number | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
|----------------------|---|---|---|---|---|---|---|---|
| Yes (enter duration) | | | | | | | | |
| No | | | | | | | | |
| Unknown | | | | | | | | |

- 1A. If yes, select how the following types of low postures are used:
 - (A) Yes, required (employees must use this posture because of nature of task(s), physical setting of work environment, or company specifics)
 - (B) Yes, workers choice (employees not required to use posture, but typically do)
 - (C) No (posture not used)
 - (D) Unknown

Enter the appropriate letter answer for each quote.

| Quote Number | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
|--------------|---|---|---|---|---|---|---|---|
| Stooping | | | | | | | | |
| Crouching | | | | | | | | |
| Crawling | | | | | | | | |
| Kneeling | | | | | | | | |

Postural – Climbing

1. Do employees in this job generally <u>climb ramps or stairs</u>?

| Quote Number | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
|--------------------|---|---|---|---|---|---|---|---|
| Yes - Structure | | | | | | | | |
| Yes - Work-related | | | | | | | | |
| No | | | | | | | | |
| Unknown | | | | | | | | |

1A. How much of their day to employees in this job <u>climb ramps or stairs</u>? (*Note: Only collect duration if climbing is work related.*)

| Quote Number | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
|--------------|---|---|---|---|---|---|---|---|
| Duration | | | | | | | | |
| Unknown | | | | | | | | |

2. How much of their day do employees in this job generally <u>climb ladders, ropes, or scaffolding</u>?

| Quote Number | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
|--------------|---|---|---|---|---|---|---|---|
| Duration | | | | | | | | |
| Unknown | | | | | | | | |

Auditory

1. How much of their day do employees in this job spend on work related speaking (express or exchange ideas by spoken word)?

| Quote Number | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
|--------------|---|---|---|---|---|---|---|---|
| Duration | | | | | | | | |
| Unknown | | | | | | | | |

2. Does this job require employees to hear and understand in person speaking?

| Quote Number | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
|--------------|---|---|---|---|---|---|---|---|
| Yes | | | | | | | | |
| No | | | | | | | | |
| Unknown | | | | | | | | |

3. Does this job require employees to <u>hear and understand communication over the telephone</u>?

| Quote Number | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
|--------------|---|---|---|---|---|---|---|---|
| Yes | | | | | | | | |
| No | | | | | | | | |
| Unknown | | | | | | | | |

4. Does this job require employees to <u>hear and understand other remote speaking</u>?

| Quote Number | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
|--------------|---|---|---|---|---|---|---|---|
| Yes | | | | | | | | |
| No | | | | | | | | |
| Unknown | | | | | | | | |

Vision

1. Does this job require employees to see details of objects <u>20 inches or less</u> away clearly (including the use of computers) (near visual acuity)?

| Quote Number | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
|--------------|---|---|---|---|---|---|---|---|
| Yes | | | | | | | | |
| No | | | | | | | | |
| Unknown | | | | | | | | |

2. Does this job require employees to see details of objects greater than 20 feet away clearly (far visual acuity)?

| Quote Number | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
|--------------|---|---|---|---|---|---|---|---|
| Yes | | | | | | | | |
| No | | | | | | | | |
| Unknown | | | | | | | | |

3. Does this job require employees to have a broad field of vision (exclude general awareness) (peripheral vision)?

| Quote Number | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
|--------------|---|---|---|---|---|---|---|---|
| Yes | | | | | | | | |
| No | | | | | | | | |
| Unknown | | | | | | | | |

Environmental Conditions

1. How much of their day do employees in this job generally work outdoors?

| Quote Number | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
|--------------|---|---|---|---|---|---|---|---|
| Duration | | | | | | | | |
| Unknown | | | | | | | | |

2. How much of their day do employees in this job generally work in non-weather related <u>extreme heat</u> (90° or above in a dry environment, 85° or above in a humid environment)?

| Quote Number | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
|--------------|---|---|---|---|---|---|---|---|
| Duration | | | | | | | | |
| Unknown | | | | | | | | |

3. How much of their day do employees in this job generally work in non-weather related <u>extreme cold</u> (40° for more than 2/3 of the day, 32° if less than 2/3 of the day)?

| Quote Number | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
|--------------|---|---|---|---|---|---|---|---|
| Duration | | | | | | | | |
| Unknown | | | | | | | | |

4. Excluding weather, how much of their day do employees in this job generally come in <u>contact with water or</u> other liquids?

| Quote Number | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
|--------------|---|---|---|---|---|---|---|---|
| Duration | | | | | | | | |
| Unknown | | | | | | | | |

5. How much of their day do employees in this job generally work in non-weather related <u>humidity</u>?

| Quote Number | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
|--------------|---|---|---|---|---|---|---|---|
| Duration | | | | | | | | |
| Unknown | | | | | | | | |

6. How much of their day do employees in this job generally encounter <u>heavy vibration</u> (exposure to a shaking object or surface that causes a strain on the body or extremities)?

| Quote Number | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
|--------------|---|---|---|---|---|---|---|---|
| Duration | | | | | | | | |
| Unknown | | | | | | | | |

7. How much of their day do employees in this job generally come in contact with <u>hazardous contaminants</u> (substances that may have a negative impact upon respiration, eyes, skin, or other living tissue via inhalation, ingestion, or contact)?

| Quote Number | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
|---|---|---|---|---|---|---|---|---|
| Duration | | | | | | | | |
| Unknown | | | | | | | | |
| PPE [*] (Y / N) | | | | | | | | |

*Document the use of Personal Protective Equipment (PPE) if the element is present.

8. How much of their day do employees in this job generally work in conditions where bodily injury from <u>moving</u>, mechanical parts of equipment, tools, or machinery is possible?

| Quote Number | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
|---|---|---|---|---|---|---|---|---|
| Duration | | | | | | | | |
| Unknown | | | | | | | | |
| PPE [*] (Y / N) | | | | | | | | |

* Document the use of Personal Protective Equipment (PPE) if the element is present.

9. How much of their day do employees in this job generally work in <u>high, exposed places</u>?

| Quote Number | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
|---|---|---|---|---|---|---|---|---|
| Duration | | | | | | | | |
| Unknown | | | | | | | | |
| PPE [*] (Y / N) | | | | | | | | |

* Document the use of Personal Protective Equipment (PPE) if the element is present.

10. How would you describe the <u>noise level</u> where employees in this job typically work?

| Quote Number | | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
|--|--|---|---|---|---|---|---|---|
| Quiet - Library, Golf Course | | | | | | | | |
| Moderate - Office, Retail Store, Light Traffic | | | | | | | | - |
| Loud - Heavy Traffic, Manufacturing | | | | | | | | - |
| Very Loud - Jack Hammer, Front Row at a Rock Concert | | | | | | | | |
| Unknown | | | | | | | | |
| PPE [*] (Y/N) | | | | | | | | |

* Document the use of Personal Protective Equipment (PPE) if the element is present.