U.S. Department of Labor Bureau of Labor Statistics

Occupational Requirements Survey



Government Industry

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

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 INFOR	RMATION						
Establishment Name							
Schedule Number	Quote Number						
JOB INFORMATION	Job Description: ☐ Yes ☐ No						
Job Title Full-time □ Part-t							
	# Full-time Employees # Part-time Employees						
	Job Work Schedulehrs/dayhrs/wkwks/yr. Work Schedule Varies? Yes No						
Critical Job Function							
Critical Tasks							
10% Tasks							
SUPERVISORY INFORMA	ATION						
Supervisory Duties:	□ None □ Lead Worker □ Supervisor □ Manager						
Frequency of Work Be	\square At least once per hour \square At least once per day \square At least once per week						
☐ Less than once per w Supervisor Present: ☐	yeek, including never ☐ Yes ☐ No						

SPECIFIC VOCATIONAL PREPARATION (S	SVP)
Minimum Education	
(If no minimum, must workers	
be able to read and write?)	
Experience	
Credentials	
Credentials	
On-the-Job-Training	
WORK PACE	
Control of Workload:	
\square Machinery, equipment, or software	☐ Numerical performance targets (company determined)
\square People (such as customers, supervis	or, etc.) \square Self-paced by worker \square Other (specify)
Work Pace: □ Consistent – Fast □ 0	Consistent − Slow □ Varies
work race.	Solisistent – Slow L Valles
Pause Control (ability to step away): ☐	Yes □ No
COMMUNICATION & HEARING	
Work Related Communication	
Speaking: (Duration – % of time)	
\square Up to 2% \square 2% up to 1/3 \square 1/3 up	to 2/3 $\ \square$ 2/3 or more $\ \square$ Not Present $\ \square$ Present, Duration Unknown
Internal Verbal Interactions:	
☐ Every few minutes ☐ At least once	per hour
☐ Less than once per week, including nev	ver
External Verbal Interactions:	
\square Every few minutes \square At least once	per hour \square At least once per day \square At least once per week
☐ Less than once per week, including nev	ver er
People Skills: □ Basic □ More that	an Basic
Hearing	
In-person Speech: ☐ Yes ☐ I	No Telephone: □ Yes □ No
•	Ikies, intercoms, public address systems, etc.): \Box Yes \Box No
-	
Vision	
Near Visual Acuity: □ Yes □ No	Far Visual Acuity: □ Yes □ No
Peripheral Vision: □ Yes □ No	Driving: □ Yes □ No Vehicle:

PHYSICAL DEMAN	DS									
Sitting vs. Star	nding/	Walkin	g							
Sitting (hours or percent) Standing/Walking (hours or percent)										
Sit/Stand at Will:										
Lifting/Carrying	3									
Most Weight Ever Lifted lbs.										
Items lifted/c	arried	-	<u> </u>							
Seldom			Occasion	nal		Frequ	ent	Constant		
		(2% up to 1/3 of the time)				/3 up to $2/3$		(2/3 or more or the time)		
□ None		□ None				None		□ None		
☐ Negligible	Í	□ Negli	gible		□ I	Negligible		☐ Negligible		
☐ 1 to 10 lbs.		□ 1 to 1	0 lbs.			1 to 10 lbs.		☐ 1 to 10 lbs.		
☐ 11 to 25 lbs.		☐ 11 to	25 lbs.			11 to 25 lbs.		☐ 11 to 25 lbs.		
☐ 26 to 50 lbs. ☐ 26 to 50 lbs.					26 to 50 lbs.		□ >25 lbs.			
☐ 51 to 75 lbs.	☐ 51 to 75 lbs. ☐ 51 to 75 lbs.			:	>50 lbs.		□ Unknown			
☐ 76 to 100 lbs.		□ 76 to	100 lbs.		□ 1	Unknown				
□ >100 lbs.	\square >100 lbs. Note: Duration % = percentage of the worker's time									
☐ Unknown		□ Unkn	own		11			present for dura		
	g Up to 29	//	o up to 1/3	1/3 up to 2/3)	2/3 or More	Not Present	Present, Duration Unknown	One / Both	
Hands/Arms:										
Feet/Legs:										
Reaching/Manipulation Up to 2% up to 1/3 up to 2/3 or Not Present Present, Duration Unknown One / Both										
Overhead Reachin	_									
At/Below Shoulder Reaching:	r									
Gross Manipulation										
Fine Manipulation (include time spent keyboarding)	1									
Foot/Leg Controls	•									
Keyboarding:		Yes □ N	Jo 🗆 Ui	nknown						

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	OOLG	

Low i obtained		Up to 2%	2% up to 1/3	1/3 up to 2/3	2/3 or More	Not Present	Present, Duration	
TT 1 A 4 / D	1 77 7 1				_		Unknown	
Work At/Below Knee Level:		☐ Yes-Requ		☐ Yes-Worker's Choice		□ No	☐ Unknown	
_	Stooping:							
_	Kneeling:			Yes-Worker's		□ No	Unknown	
(Crouching:	☐ Yes-Requ	ired \square	Yes-Worker's	Choice	□ No	☐ Unknown	
(Crawling:	☐ Yes-Requ	ired \square	Yes-Worker's	Choice	□ No	☐ Unknown	
Climbing								
Ramps or S	tairs, Structural: Up to 2%	2% up to 1/3	es □ No 1/3 up to 2/3	2/3 or More	Not Present	Present, Duration Unknown	Personal Protective Equipment	
Ramps/Star Work- Related								
Ladders/ Ropes, or Scaffolds:								
High, Expos Places:	sed							
ENVIRONME	NTAL CONDITION	IS 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:								
Extreme He								
Extreme Co	_							
Wetness:								
Humidity: Heavy								
Vibration:								
Hazardous Contamina								
Proximity to Moving Mechanical Parts:								
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								

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