

**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
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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:	PSO Employment:	

	Selected Occupations	Occ. Emp.	FT/PT	U/N	T/I	SOC
1						
2						
3						
4						
5						
6						
7						
8						

PRINT ADDITIONAL COPIES OF PAGES 2-6, AS NEEDED.

Quote: _____

Schedule: _____

Quote Details			
Job Title:		Job Description: (Y/N)	
Job Observation (circle):	Yes - requested	Yes - offered	No

SVP

Job Tasks/Notes

Driving: Yes No
Vehicle Type (if yes): _____

Minimum Education

Minimum formal education required? If no minimum, must workers be able to read and write?

Pre-Employment Training

Professional certification, state or industry license, other pre-employment training required? Type and time to obtain?

Experience

Prior work experience required? How much?

Post-Employment Training

Post-employment training (OJT, mentoring, etc.) required? Type and how much?

Cognitive Elements**Decision-making**

What is the highest level of independent judgment a worker is expected to use to perform the tasks of this occupation?

- Employee uses independent judgment to select from a limited number of predetermined actions.
- Employee uses independent judgment to determine the most appropriate course of action in situations that do not have set responses.
- Employee uses independent judgment to make decisions by choosing from a large number of possibilities in situations where a high degree of uncertainty or complexity may exist.

Work Review

How frequently is work checked in the occupation?

- More than once per day.
- Once per day.
- At least once per week, but less than daily.
- Less than weekly.

Pace

Are there faster and slower periods of work?

- Yes
- No

What is the fastest pace performed?

- Rapid with no periods of waiting.
- Steady with rare periods of waiting.
- Unhurried with much time spent observing or waiting, rushed periods rarely or never occur.

Control of Work Flow

Can a worker intervene and control the flow of work?

- Yes. The worker can change the priority of work tasks or the amount of time allotted to complete them.
- No. The work is primarily driven by business processes, production line speed, or customer demands.

Adaptability

Work tasks are the regular duties of an occupation. How often do work tasks change in this occupation?

- At least once per day.
- At least once per week, but less than daily.
- At least once per month, but less than weekly.
- Less than monthly, including never.

Work location is the physical site where work is performed. How often does the work location change in this occupation?

- Does not change unless it is permanent.
- Changes up to four times a year.
- Changes more than four times a year.

Work schedule is the work hours and days for the occupation set by the employer. Does the work schedule change in this occupation?

- Yes
- No

Quote: _____

Schedule: _____

Personal Contacts		
Regular Contacts: People with whom there is an established working relationship.		
Other Contacts: People with whom there is no established working relationship.		
Select ONLY one (A, B, C, D) for each contact type:		
<i>How often does this occupation require verbal interaction (work related) with:</i>	Regular Contacts	Other Contacts
(A) Constantly, every few minutes. (B) More than once per hour, but not constantly. (C) More than once per day, but not more than once per hour. (D) No more than once per day; includes never.		
Select ONLY one (A, B, C, D, E) for each contact type:		
<i>What type of work-related interactions does this occupation have with:</i>	Regular Contacts	Other Contacts
(A) Exchanging straightforward, factual information. (B) Coordinating work with others; solving recurring problems with cooperative parties. (C) Some gentle persuading or soft-selling; discussing. (D) Influencing; hard-selling; asserting control in situations. (E) Resolving controversial or long-range issues; defending; negotiating.		

Notes:

Quote: _____

Schedule: _____

Exertion		
Sit/Stand/Walk		
Standing and Walking		
Sitting		
Sitting vs. Standing at Will		Y/N
Lifting/Carrying (lbs.)		
Most weight ever		
2/3 of the time or more		
1/3 up to 2/3 of the time		
2% up to to 1/3 of the time		
Seldom (up to 2%)		
Pushing/Pulling		
Hands/Arms		One/Both
Feet/Legs		One/Both
Feet Only		One/Both
Reaching/Manipulation		
Overhead Reaching		One/Both
At/Below Shoulder Reaching		One/Both
Gross Manipulation		One/Both
Fine Manipulation		One/Both
Foot/Leg Controls		One/Both
Keyboarding		
Traditional		
10-Key		
Touch		
Other (<i>document</i>)		
Postural		
Stooping		
Kneeling		
Crouching		
Crawling		
Climbing Ramps or Stairs		
Structure only (non-work related)		Y/N
Work-related time		
Climbing Ladders, Ropes, or Scaffolds		
Auditory/Vision		
Communicating Verbally		
Hearing Requirements		
One-on-one		Y/N
Group		Y/N
Telephone		Y/N
Other Sounds		Y/N
Passage of a Hearing Test		Y/N
Near Visual Acuity		Y/N
Far Visual Acuity		Y/N
Peripheral Vision		Y/N

Quote: _____

Schedule: _____

Environmental Conditions	Selected Occupation							
	1	2	3	4	5	6	7	8
Outdoors								
Extreme Heat (non-weather related)								
Extreme Cold (non-weather related)								
Wetness (non-weather related)								
Humidity (non-weather related)								
Heavy Vibration								
Hazardous Contaminants* (Toxic, Caustic Chemicals; Fumes; Noxious Odors; Dusts)								
	PPE	PPE	PPE	PPE	PPE	PPE	PPE	PPE
Proximity to Moving Mechanical Parts*								
	PPE	PPE	PPE	PPE	PPE	PPE	PPE	PPE
High, Exposed Places*								
	PPE	PPE	PPE	PPE	PPE	PPE	PPE	PPE
Noise Intensity Level* (Quiet, Moderately Loud, Loud, Very Loud)								
	PPE	PPE	PPE	PPE	PPE	PPE	PPE	PPE

*Circle PPE if personal protective equipment is present.

Notes: