

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

**Occupational Requirements  
Survey**



**State and local government**

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  
Expires 8/31/2021

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>PSO 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.**



<b>Job Title</b>		<b>Work Schedule</b>	
<b>Hearing:</b>			
In-Person Speech? Y/N Telephone? Y/N Other Remote Speech? Y/N Other Sounds? Y/N			
Noise Intensity Level (quiet, moderate, loud, very loud)			
PPE? Y/N			
<b>Cognitive:</b>			
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			
Problem Solving? (more than 1x/day, 1x/day, at least 1x/week, at least 1x/month, less than 1x/month)			

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		One/Both	
Foot/Leg Controls		One/Both	
Traditional Keyboarding			
<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	

Job Title			Work Schedule	
Postural – Climbing	Duration	Other	Notes	
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				
Extreme Cold				
Wetness				
Humidity				
Heavy Vibration				
Hazardous Contaminants		Y/N PPE		
Proximity to Moving Mechanical Parts		Y/N PPE		