U.S. Department of Labor Bureau of Labor Statistics

Occupational Requirements Survey



State	and	local	government
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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.

Schedule number:	Start:	End:
Total Employment:	PSO Employment:	

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

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

Schedule/Quote: _			Work Schedule:	
Job Title		Work Schedule	Job Description (Y/N)	FT/PT
Job Observation	n (circle):	Yes - requested	Yes - offered	No
Critical Job Fund	ction:			

Tack Liet	Minimum Education
Task List:	Willimum Education
	Functions
	Experience
	Credentials
	On the Job Training
	On the Job Haming
10% Tasks:	Driving (yes/no)
	- 12
	Vehicle Type?
	Supervisory Data:
	Lead/Supervisor/Manager/None
	,,
	Work Checked: (more than 1x/day, 1x/day,
	At least 1x/week, less than weekly)
	Supervisor Present? Y/N

Work-Related Communication:

Verbal Interactions (every few min, more than 1x/hour, more than 1x/day, once per day or less)

Speaking (duration)

People Skills (basic, more than basic)

General Public? Y/N Crowds? Y/N Telework? Y/N

Job Title	Work Schedule	
Hearing:		

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

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

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
Sitting		
Standing/Walking		
Sitting/Standing at Will		Y/N
Lift/Carry (breaks at 1/10/25/	50/75/100 II	os)
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%)		
Pushing/Pulling		
Hands/Arms		One/Both
Feet/Legs		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
Traditional Keyboarding		
Postural		_
Work at or below knee level		Y/N/Unk
Chamina		Reqd/Choice
Stooping		/No/Unk
Kneeling		Reqd/Choice
Kileeling		/No/Unk
Crouching		Reqd/Choice
er o de i i i i		/No/Unk
Crawling		Reqd/Choice
5		/No/Unk

Job Title		Wo	ork Schedule	
Postural – Climbing	Duration	Other		
Ramps or Stairs, Structural		Y/N		
Ramps or Stairs, Work- related				
Ladders, Ropes, or Scaffolds				
High, Exposed Places		Y/N PPE		
Vision				
Near Visual Acuity		Y/N		
Far Visual Acuity		Y/N		
Peripheral Vision		Y/N		
Environmental Conditions				
Outdoors				
Extreme Heat				
Extreme Cold				
Wetness				
Humidity				
Heavy Vibration				
Hazardous Contaminants		Y/N PPE		
Proximity to Moving Mechanical Parts		Y/N PPE		