

**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  
Expires 8/31/2018

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>U/N</b>	<b>T/I</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 2-6, AS NEEDED.**

Quote: \_\_\_\_\_

Schedule: \_\_\_\_\_

<b>Quote Details</b>			
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: \_\_\_\_\_

<b>Personal Contacts</b>		
<b>Regular Contacts:</b> People with whom there <b>is</b> an established working relationship.		
<b>Other Contacts:</b> People with whom there <b>is no</b> established working relationship.		
<b>Select ONLY one (A, B, C, D) for each contact type:</b>		
<i>How often does this occupation require verbal interaction (work related) with:</i>	<b>Regular Contacts</b>	<b>Other Contacts</b>
(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.		
<b>Select ONLY one (A, B, C, D, E) for each contact type:</b>		
<i>What type of work-related interactions does this occupation have with:</i>	<b>Regular Contacts</b>	<b>Other Contacts</b>
(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: \_\_\_\_\_

<b>Exertion</b>	
<b>Sit/Stand/Walk</b>	
Standing and Walking	
Sitting	
Sitting vs. Standing at Will	Y/N
<b>Lifting/Carrying (lbs.)</b>	
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%)	
<b>Pushing/Pulling</b>	
Hands/Arms	One/Both
Feet/Legs	One/Both
Feet Only	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
<b>Keyboarding</b>	
Traditional	
10-Key	
Touch	
Other ( <i>document</i> )	
<b>Postural</b>	
Stooping	
Kneeling	
Crouching	
Crawling	
<b>Climbing Ramps or Stairs</b>	
Structure only (non-work related)	Y/N
Work-related time	
Climbing Ladders, Ropes, or Scaffolds	
<b>Auditory/Vision</b>	
Communicating Verbally	
<b>Hearing Requirements</b>	
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:**