

Occupational Requirements Survey

Schedule Number	Start Time End Time
Establishment Information	
Establishment Name	Assigned NAICS
Address	Actual NAICS
	Total Employment
Respondent 1	Respondent 2
Name	Name
Title	Title
Phone	Phone
Email	Email
Facility Type	Product /Service
Selected Occupations Observed?	Observed?
1 Yes/ No	5 Yes/ No
2 Yes/ No	6 Yes/ No
3 Yes/ No	7 Yes/ No
4 Yes/ No	8 Yes/ No

Private Industry sample Establishments:		
The Bureau of Labor Statistics, its employees, agents, and partner statistical agencies, will use the information you provide for statistical purposes only and will hold the information in confidence to the full extent permitted by law. In accordance with the Confidential Information Protection and Statistical Efficiency Act of 2002 (Title 5 of Public Law 107-347) and other applicable Federal laws, your responses will not be disclosed in identifiable form without your informed consent.	This report is authorized by law, 29 U.S.C. 2. Your voluntary cooperation is needed to make the results of this survey comprehensive, accurate and timely.	O.M.B. # 1220-0164 Expires 4/30/15
We estimate that it will take an average of 60 minutes to complete this interview, including time for data needed, and completing and reviewing this information. If you have any comments regarding burden, please send them to the Bureau of Labor Statistics, Office of Compensation and Working Co not required to respond to the collection of information unless it displays a currently valid OMB cont	this estimate or any other aspect of this survey; including inditions (1220-0164), 2 Massachusetts Avenue N.E., Wash	suggestions for reducing this
State and Local Government sample Establishments:		
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, 29 U.S.C. 2. Your voluntary cooperation is needed to make the results of this survey comprehensive, accurate and timely.	O.M.B. # 1220-0164 Expires 4/30/15
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Quote 1 Title		Employment	
Job Details	Leveling	Education, Training & Experience	
Job Code:	JC&C:	Degree:	
Primary SOC:		Literacy:	
Secondary SOC:		Training, Licenses, or Cert:	
•			
Work Schedule//		Time:	
(FT / PT) (U / N)(T / I)	Contacts:	Prior Work Experience:	
(Non-Supv / Lead / Supv)		OJT/Mentoring/Other:	
Work Setting:			
		Sitting & Standing/Walking	
		Sitting	
		Standing/Walking	/.
			es/N
		Keyboarding	
		Traditional Kevboard	
		10-Key	
		Touch Screen	
		Other (document)	
		Other Office Tasks Writing	
		Telephone Use	
		Hearing & Vision Requirements	
		Comm. Verbally	
		Hear & Understand Conv. Speech Ye	es/N
		Hear & Respond to Signals Ye	es/N
			es/N
			es/N
			es/N
		Manipulation Fine 0	ne/B
			ne/B
		Lifting/Carrying	
		Most Weight Ever Ibs	-
		More than 2/3 of time lbs	
		1/3 to 2/3 of time lbs	
		Seldom to 1/3 of time lbs	
		Seldom to 1/5 of time lbs	
		Reaching	
			ne/B
			ne/B
		Begin Yes/No Questions	
		Driving Y/N If NO skip to Put	sh/P
		Time	
		Vehicle Type	
		Transmission Type	
		Push/Pulling Y/N If NO skip to Foo	-
			ne/B
		Get Low? Y/N If NO skip to Cra	wiin
		Stooping	
		Crouching	
		Kneeling	
		Crawling	
		Climb Ramps/Stairs Related to Structure? Ye	es/N

Quote 2 Title		Employment	
lob Details	Leveling	Education, Training & Experience	
lob Code:	JC&C:	Degree:	
Primary SOC:		Literacy:	
Secondary SOC:		Training, Licenses, or Cert:	
Nork Schedule / /		Time:	
FT / PT) (U / N)(T / I)	Contacts:	Prior Work Experience:	
Non-Supv / Lead / Supv)		OJT/Mentoring/Other:	
Work Setting:			
		Citating O Chanding/Mulling	_
		Sitting & Standing/Walking Sitting	
		Standing/Walking	
			s/N
		Keyboarding	5/11
		Traditional Keyboard	
		10-Key	
		Touch Screen	
		Other (document)	
		Other Office Tasks	
		Writing	
		Telephone Use	
		Hearing & Vision Requirements	
		Comm. Verbally	
			s/N
		Manipulation	
			ne/Bo
			ne/B
		Lifting/Carrying	
		Most Weight Ever Ibs	
		More than 2/3 of time Ibs	
		1/3 to 2/3 of time Ibs	
		Seldom to 1/3 of time Ibs	
		Seldom Ibs	
		Reaching	
		Overhead	ne/B
			ne/B
		Begin Yes/No Questions	
		Driving Y/N If NO skip to Pus	1. 1-
			h/P
		Time	h/P
		Vehicle Type	h/P
		Vehicle Type Transmission Type	
		Vehicle Type Transmission Type Push/Pulling Y/N If NO skip to Foo	t/Le
		Vehicle Type If NO skip to Foo Transmission Type If NO skip to Foo Hand/Arm Or	o t/Le ne/Bo
		Vehicle TypeTransmission TypePush/PullingY/NIf NO skip to FooHand/ArmOrFoot/LegOr	ne/Be
		Vehicle TypeTransmission TypePush/PullingY/NIf NO skip to FooHand/ArmOrFoot/LegOrFeet OnlyOr	ne/Bene/Bene/Bene/Bene/Bene/Bene/Bene/B
		Vehicle Type If NO skip to Foo Transmission Type If NO skip to Foo Push/Pulling Y/N If NO skip to Foo Hand/Arm Or Foot/Leg Or Foot/Leg Controls Or	ne/Bo ne/Bo ne/Bo ne/Bo ne/Bo
		Vehicle Type If NO skip to Foo Transmission Type If NO skip to Foo Push/Pulling Y/N If NO skip to Foo Hand/Arm Or Foot/Leg Or Foot/Leg Controls Or Get Low? Y/N If NO skip to Craw	ne/Bo ne/Bo ne/Bo ne/Bo ne/Bo
		Vehicle Type If NO skip to Foo Transmission Type If NO skip to Foo Push/Pulling Y/N If NO skip to Foo Hand/Arm Or Foot/Leg Or Feet Only Or Get Low? Y/N If NO skip to Crow Stooping Or	ne/Bo ne/Bo ne/Bo ne/Bo ne/Bo
		Vehicle Type If NO skip to Foo Transmission Type If NO skip to Foo Push/Pulling Y/N If NO skip to Foo Hand/Arm Or Foot/Leg Or Feet Only Or Foot/Leg Controls Or Get Low? Y/N If NO skip to Craw Stooping Crouching Or	ne/Bo ne/Bo ne/Bo ne/Bo ne/Bo
		Vehicle Type If NO skip to Foo Transmission Type If NO skip to Foo Push/Pulling Y/N If NO skip to Foo Hand/Arm 0r Foot/Leg 0r Feet Only 0r Foot/Leg Controls 0r Get Low? Y/N If NO skip to Craw Stooping 0r Crouching Kneeling	ne/Bo ne/Bo ne/Bo ne/Bo
		Vehicle TypeTransmission TypePush/PullingY/NIf NO skip to FooHand/ArmOrFoot/LegOrFeet OnlyIf NO skip to CrownFoot/Leg ControlsOrGet Low?Y/NIf NO skip to CrownStooping CrouchingIf NO skip to CrownKneelingICrawlingI	ne/Bo ne/Bo ne/Bo ne/Bo
		Vehicle Type If NO skip to Foo Transmission Type If NO skip to Foo Push/Pulling Y/N If NO skip to Foo Hand/Arm 0r Foot/Leg 0r Feet Only 0r Foot/Leg Controls 0r Get Low? Y/N If NO skip to Craw Stooping 0r Crouching Kneeling	ne/Bo ne/Bo ne/Bo ne/Bo

Quote 3 Title		Employment	
Job Details	Leveling	Education, Training & Experience	
lob Code:	JC&C:	Degree:	
Primary SOC:		Literacy:	
Secondary SOC:		Training, Licenses, or Cert:	
Nork Schedule / /		Time:	
FT / PT) (U / N)(T / I)	Contacts:	Prior Work Experience:	
Non-Supv / Lead / Supv)		OJT/Mentoring/Other:	
Work Setting:			
		Sitting & Standing/Walking	
		Sitting Standing/Walking	
		Standing/ Walking Sit/Stand-Walk at will?	Voc/N
		Keyboarding	Yes/N
		Traditional Keyboard	
		10-Key	
		Touch Screen	
		Other (document)	
		Other Office Tasks	
		Writing	
		Telephone Use	
		Hearing & Vision Requirements	
		Comm. Verbally	
		Hear & Understand Conv. Speech	Yes/N
		Hear & Respond to Signals	
		Near Visual Acuity	
		Far Visual Acuity	
		Peripheral Vision	
		Manipulation	
		Fine	One/B
		Gross	One/B
		Lifting/Carrying	
		Most Weight Ever Ib	
		More than 2/3 of time Ib	
		1/3 to 2/3 of time lb	
		Seldom to 1/3 of time lb	
		Seldom Ib	5
		Reaching	One/B
		Overhead At/below shoulder	One/B
		Begin Yes/No Questions	Une/ D
		Driving Y/N If NO skip	to Push/P
		Time	
		Vehicle Type	
		Transmission Type	
		Push/PullingY/NIf NO skip	to Foot/Le
		Hand/Arm	One/B
		Foot/Leg	One/B
		Feet Only	One/B
		Foot/Leg Controls	One/B
		Get Low? Y/N If NO skip	
		Stooping	
		Crouching	
		Kneeling	
		Crawling	
		Climb Ramps/Stairs	
		Related to Structure?	Yes/N

Quote 4 Title		Employment	
lob Details	Leveling	Education, Training & Experience	
lob Code:	JC&C:	Degree:	
Primary SOC:		Literacy:	
Secondary SOC:		Training, Licenses, or Cert:	
Nork Schedule / /		Time:	
FT / PT) (U / N)(T / I)	Contacts:	Prior Work Experience:	
Non-Supv / Lead / Supv)		OJT/Mentoring/Other:	
Work Setting:			
			_
		Sitting & Standing/Walking	
		Sitting Standing/Walking	
			oc / N
		Keyboarding	es/N
		Traditional Keyboard	
		10-Key	
		Touch Screen	
		Other (document)	
		Other Office Tasks	
		Writing	
		Telephone Use	
		Hearing & Vision Requirements	
		Comm. Verbally	
			es/N
		Manipulation	
			ne/B
			ne/B
		Lifting/Carrying	
		Most Weight Ever Ibs	
		More than 2/3 of time Ibs	
		1/3 to 2/3 of time lbs	
		Seldom to 1/3 of time Ibs	
		Seldom Ibs	
		Reaching	ne/B
		overnead	ne/B
		Begin Yes/No Questions	
		Driving Y/N If NO skip to Pu	sh/P
		Time	
		Vehicle Type	
		Transmission Type	
		Push/PullingY/NIf NO skip to Fo	ot/Le
			ne/B
		Get Low? Y/N If NO skip to Cra	
		Stooping	
		Crouching	
		Kneeling	
		Crawling	
		Climb Ramps/Stairs Related to Structure? Ye	es/N

Quote 5 Title		Employment
ob Details	Leveling	Education, Training & Experience
ob Code:	JC&C:	Degree:
Primary SOC:		Literacy:
Secondary SOC:		Training, Licenses, or Cert:
Nork Schedule / /		Time:
FT / PT) (U / N)(T / I)	Contacts:	Prior Work Experience:
Non-Supv / Lead / Supv)		OJT/Mentoring/Other:
Nork Setting:		
		Citations O. Chanadians (Matellations
		Sitting & Standing/Walking Sitting
		Standing/Walking
		Sit/Stand-Walk at will? Yes/N
		Keyboarding
		Traditional Keyboard
		10-Key
		Touch Screen
		Other (document)
		Other Office Tasks
		Writing
		Telephone Use
		Hearing & Vision Requirements
		Comm. Verbally
		Hear & Understand Conv. Speech Yes/N
		Hear & Respond to Signals Yes/N
		Near Visual Acuity Yes/N
		Far Visual Acuity Yes/N
		Peripheral Vision Yes/N
		Manipulation
		Fine One/B
		Gross One/B
		Lifting/Carrying
		Most Weight Ever Ibs
		More than 2/3 of time Ibs
		1/3 to 2/3 of time Ibs
		Seldom to 1/3 of time Ibs
		Seldom Ibs
		Reaching
		Overhead One/B
		At/below shoulder One/B
		Begin Yes/No Questions Driving Y/N If NO skip to Push/P
		Time Vehicle Type
		Vehicle Type
		Transmission Type
		Push/Pulling Y/N If NO skip to Foot/Lo Hand/Arm One/B
		Foot/Leg Controls One/B
		Get Low? Y/N If NO skip to Crawlin
		Stooping
		Crouching
		Crouching Kneeling
		Crouching Kneeling Crawling
		Crouching Kneeling

Quote 6 Title		Employment
Job Details	Leveling	Education, Training & Experience
lob Code:	JC&C:	Degree:
Primary SOC:		Literacy:
Secondary SOC:		Training, Licenses, or Cert:
Nork Schedule / /		Time:
FT / PT) (U / N)(T / I)	Contacts:	Prior Work Experience:
Non-Supv / Lead / Supv)		OJT/Mentoring/Other:
Work Setting:		
		Citize 0 Chanding (Malling
		Sitting & Standing/Walking Sitting
		Standing/Walking
		Sit/Stand-Walk at will? Yes
		Keyboarding
		Traditional Keyboard
		10-Key
		Touch Screen
		Other (document)
		Other Office Tasks
		Writing
		Telephone Use
		Hearing & Vision Requirements
		Comm. Verbally
		Hear & Understand Conv. Speech Yes
		Hear & Respond to Signals Yes
		Near Visual Acuity Yes
		Far Visual Acuity Yes
		Peripheral Vision Yes
		Manipulation
		Fine
		Gross
		Lifting/Carrying
		Most Weight Ever Ibs
		More than 2/3 of time Ibs
		1/3 to 2/3 of time Ibs
		Seldom to 1/3 of time Ibs
		Seldom Ibs
		Reaching
		Overhead
		At/below shoulder One
		Begin Yes/No Questions
		Driving Y/N If NO skip to Push
		Time
		Vehicle Type
		Transmission Type
		Push/Pulling Y/N If NO skip to Foot
		Push/PullingY/NIf NO skip to FootHand/ArmOne
		Push/PullingY/NIf NO skip to FootHand/ArmOneFoot/LegOne
		Push/PullingY/NIf NO skip to FootHand/ArmOneFoot/LegOneFeet OnlyOne
		Push/PullingY/NIf NO skip to FootHand/ArmOneFoot/LegOneFeet OnlyOneFoot/Leg ControlsOne
		Push/PullingY/NIf NO skip to FootHand/ArmOneFoot/LegOneFeet OnlyOne
		Push/PullingY/NIf NO skip to FootHand/ArmOneFoot/LegOneFeet OnlyOneFoot/Leg ControlsOne
		Push/PullingY/NIf NO skip to FootHand/ArmOneFoot/LegOneFeet OnlyOneFoot/Leg ControlsOneGet Low?Y/NIf NO skip to Craw
		Push/PullingY/NIf NO skip to FootHand/ArmOneFoot/LegOneFeet OnlyOneFoot/Leg ControlsOneGet Low?Y/NStoopingIf NO skip to Craw
		Push/PullingY/NIf NO skip to FootHand/ArmOneFoot/LegOneFeet OnlyOneFoot/Leg ControlsOneGet Low?Y/NIf NO skip to CrawStoopingCrouching
		Push/PullingY/NIf NO skip to FootHand/ArmOneFoot/LegOneFeet OnlyOneFoot/Leg ControlsOneGet Low?Y/NStoopingCrouchingCrouchingKneeling

Quote 7 Title		Employment	
Job Details	Leveling	Education, Training & Experience	
lob Code:	JC&C:	Degree:	
Primary SOC:		Literacy:	
Secondary SOC:		Training, Licenses, or Cert:	
Nork Schedule / /		Time:	
FT / PT) (U / N)(T / I)	Contacts:	Prior Work Experience:	
Non-Supv / Lead / Supv)		OJT/Mentoring/Other:	
Work Setting:			
		Citting 0 Chanding/Wallting	
		Sitting & Standing/Walking Sitting	
		Standing/Walking	
			es/N
		Keyboarding	23/11
		Traditional Keyboard	
		10-Key	
		Touch Screen	
		Other (document)	
		Other Office Tasks	
		Writing	
		Telephone Use	
		Hearing & Vision Requirements	
		Comm. Verbally	
			es/N
		Peripheral Vision Ye	es/N
		Manipulation	
)ne/Bo
)ne/B
		Lifting/Carrying	
		Most Weight Ever Ibs	
		More than 2/3 of time Ibs	
		1/3 to 2/3 of time Ibs	
		Seldom to 1/3 of time Ibs	
		Seldom Ibs	
		Reaching)ne/B
		overnead	ne/B
		Begin Yes/No Questions	
		Driving Y/N If NO skip to Pu.	sh/P
		Time	5.171
		Vehicle Type	
		Transmission Type	
		Push/PullingY/NIf NO skip to Fourth	ot/Le
			ne/B
			ne/B
			ne/Bo
			ne/B
		Get Low? Y/N If NO skip to Cra	
		Stooping	
		Crouching	
		Kneeling	
		Crawling	
		Climb Ramps/Stairs	
			es/N

Quote 8 Title		Employment	
Job Details	Leveling	Education, Training & Experience	
lob Code:	JC&C:	Degree:	
Primary SOC:		Literacy:	
Secondary SOC:		Training, Licenses, or Cert:	
Nork Schedule / /_		Time:	
FT / PT) (U / N)(T / I)	Contacts:	Prior Work Experience:	
Non-Supv / Lead / Supv)		OJT/Mentoring/Other:	
Work Setting:			
		Sitting & Standing/Walking	
		Sitting Standing/Walking	
			Voc/N
		Keyboarding	Yes/N
		Traditional Keyboard	
		10-Key	
		Touch Screen	
		Other (document)	
		Other Office Tasks	
		Writing	
		Telephone Use	
		Hearing & Vision Requirements	
		Comm. Verbally	
			Yes/N
		Manipulation	
		Fine	One/Bo
		Gross	One/B
		Lifting/Carrying	
		Most Weight Ever Ibs	
		More than 2/3 of time lbs	
		1/3 to 2/3 of time lbs	
		Seldom to 1/3 of time lbs	
		Seldom Ibs	
		Reaching	One/B
		Overhead At/below shoulder	One/B
		Begin Yes/No Questions	
		Driving Y/N If NO skip to F	Push/P
		Time	3311/11
		Vehicle Type	
		Transmission Type	
		Push/Pulling Y/N If NO skip to F	oot/Le
		Hand/Arm	One/B
		Foot/Leg	One/B
		Feet Only	One/B
		Foot/Leg Controls	One/B
		Get Low? Y/N If NO skip to C	
		Stooping	
		Crouching	
		Kneeling	
		Crawling	
		Climb Ramps/Stairs	
		A JULIE Ramne/Staire	
			Yes/N

Environmental Conditions	;							
Quote	1	2	3	4	5	6	7	8
Noise Intensity Level– Quiet Mod Loud Very Loud	Q M L VL	Q M L VL	Q M L VL	QMLVL	Q M L VL	QMLVL	QMLVL	QMLVL
Outdoors	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N
Time:								
Extreme Heat non-weather related	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N
Time:								
Extreme Cold non-weather related	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N
Time:								
Wetness non-weather related	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N
Time:								
Humidity non-weather related	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N
Time:								
Heavy Vibration	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N
Time:								
Fumes, Noxious Odors, Dusts & Gases	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N
Time:								
Proximity to Moving Mechanical Parts	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N
Time:								
High, Exposed Places	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N
Time:								
Toxic, Caustic Chemicals	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N
Time:								

Notes: