OCCUPATIONAL REQUIREMENTS SURVEY (ORS) GENERAL ESTABLISHMENT INFORMATION

| $\left(\right)$ | |
|------------------|---|
| | _ |

| SCHEDULE NUMBER | |
|--|-------------------|
| Type of PSO used: (Standard/Fallback): | Number of Quotes: |
| Company Name: | Total Employment: |
| Address: | |
| | |
| | |
| | |
| | Contact 1 |
| Name: | Notes: |
| Title: | |
| | |
| Phone: | |
| Email: | |
| | |
| | Contact 2 |
| Name: | Notes: |
| Title: | |
| Dhanas | |
| Phone: | |
| Email: | |
| Description of Product/Service: | |
| | |
| | |
| | |
| | |
| Facility Types | |
| Facility Type: | |
| | |
| Assigned NAICS: | Actual NAICS: |
| Additional Information: | |
| | |
| | |
| | |

| 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 reviewing instructions, searching existing data sources, gathering, and maintaining the data needed, and | | | | | |

or 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 (1220-0164), 2 Massachusetts Ave 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.

State and Local Government Sample Establishments:

| The BLS publishes statistical tabulations from this survey that may reveal the information reported by | This report is authorized by law, 29 U.S.C. 2. Your voluntary | O.M.B. #1220-0164 |
|--|---|-------------------|
| individual State and local governments. Upon your request, however, the BLS will hold the information | cooperation is needed to make the results of this survey | Expires 4/30/15 |
| provided on this survey form in the strictest of confidence. | comprehensive, accurate, and timely. | |
| | | |
| | | |

We estimate that it will take an average of 60 minutes to complete this interview, 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 (1220-0164), 2 Massachusetts Ave 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.