

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

**Occupational Requirements  
Survey**



**Private Industry and Government**

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*This report is authorized by law,  
31 United States Code §§  
1535/FAR 17.5 of the Economy  
Act.*

OMB Control No. 1220-0189

Your voluntary cooperation is needed to make the results of this survey comprehensive, accurate and timely. 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), at BLS\_PRA\_Public@bls.gov. 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>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 3-4 AS NEEDED.**

# Notes

Schedule/Quote: \_\_\_\_\_ Work Schedule: \_\_\_\_\_ Work Schedule Varies:  Yes  No

Quote Details	
Job Title:	
Job Observation: <input type="checkbox"/> Yes <input type="checkbox"/> No	Job Description: <input type="checkbox"/> Yes <input type="checkbox"/> No
Critical Job Function:	

**Specific Vocational Preparation (SVP)**

Critical Tasks/Notes	Minimum Education
Driving: <input type="checkbox"/> Yes <input type="checkbox"/> No	Minimum formal education required? If no minimum, must workers be able to read and write?
Vehicle Type (if yes): _____	
Critical Tasks	
1	
2	
3	<b>Experience</b>
4	Prior work experience required? How much?
5	<b>Credentials</b>
6	
7	
8	
9	
10	<b>On the job Training</b>
Other Task List Remarks	Post-employment training (OJT, mentoring, etc.) required? Type and how much?

Schedule/Quote: \_\_\_\_\_ Work Schedule: \_\_\_\_\_ Work Schedule Varies:  Yes  No

Quote Details	
Job Title:	
Job Observation: <input type="checkbox"/> Yes <input type="checkbox"/> No	Job Description: <input type="checkbox"/> Yes <input type="checkbox"/> No
Critical Job Function:	

**Specific Vocational Preparation (SVP)**

**Critical Tasks/Notes**

Driving:  Yes  No  
 Vehicle Type (if yes): \_\_\_\_\_

Critical Tasks

1

2

3

4

5

6

7

8

9

10

Other Task List Remarks

**Minimum Education**

Minimum formal education required? If no minimum, must workers be able to read and write?

**Experience**

Prior work experience required? How much?

**Credentials**

Professional certification, state or industry license, other pre-employment training required? Type and time to obtain?

**On the job Training**

Post-employment training (OJT, mentoring, etc.) required? Type and how much?

Schedule/Quote: \_\_\_\_\_ Work Schedule: \_\_\_\_\_ Work Schedule Varies:  Yes  No

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Job Observation: <input type="checkbox"/> Yes <input type="checkbox"/> No	Job Description: <input type="checkbox"/> Yes <input type="checkbox"/> No
Critical Job Function:	

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Critical Tasks/Notes	Minimum Education
Driving: <input type="checkbox"/> Yes <input type="checkbox"/> No	Minimum formal education required? If no minimum, must workers be able to read and write?
Vehicle Type (if yes): _____	
Critical Tasks	<b>Experience</b> Prior work experience required? How much?
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	<b>Credentials</b> Professional certification, state or industry license, other pre-employment training required? Type and time to obtain?
Other Task List Remarks	
	<b>On the job Training</b> Post-employment training (OJT, mentoring, etc.) required? Type and how much?

Schedule/Quote: \_\_\_\_\_ Work Schedule: \_\_\_\_\_ Work Schedule Varies:  Yes  No

Quote Details	
Job Title:	
Job Observation: <input type="checkbox"/> Yes <input type="checkbox"/> No	Job Description: <input type="checkbox"/> Yes <input type="checkbox"/> No
Critical Job Function:	

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Critical Tasks/Notes	Minimum Education
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Vehicle Type (if yes): _____	
Critical Tasks	<b>Experience</b> Prior work experience required? How much?
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2	
3	
4	
5	
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7	
8	
9	
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Other Task List Remarks	
	<b>On the job Training</b> Post-employment training (OJT, mentoring, etc.) required? Type and how much?

Schedule/Quote: \_\_\_\_\_ Work Schedule: \_\_\_\_\_ Work Schedule Varies:  Yes  No

Quote Details	
Job Title:	
Job Observation: <input type="checkbox"/> Yes <input type="checkbox"/> No	Job Description: <input type="checkbox"/> Yes <input type="checkbox"/> No
Critical Job Function:	

**Specific Vocational Preparation (SVP)**

**Critical Tasks/Notes**

Driving:  Yes  No  
 Vehicle Type (if yes): \_\_\_\_\_

Critical Tasks

- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10

Other Task List Remarks

**Minimum Education**

Minimum formal education required? If no minimum, must workers be able to read and write?

**Experience**

Prior work experience required? How much?

**Credentials**

Professional certification, state or industry license, other pre-employment training required? Type and time to obtain?

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Post-employment training (OJT, mentoring, etc.) required? Type and how much?

Schedule/Quote: \_\_\_\_\_ Work Schedule: \_\_\_\_\_ Work Schedule Varies:  Yes  No

Quote Details	
Job Title:	
Job Observation: <input type="checkbox"/> Yes <input type="checkbox"/> No	Job Description: <input type="checkbox"/> Yes <input type="checkbox"/> No
Critical Job Function:	

**Specific Vocational Preparation (SVP)**

**Critical Tasks/Notes**

Driving:  Yes  No  
 Vehicle Type (if yes): \_\_\_\_\_

Critical Tasks

1

2

3

4

5

6

7

8

9

10

Other Task List Remarks

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**Experience**

Prior work experience required? How much?

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Professional certification, state or industry license, other pre-employment training required? Type and time to obtain?

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Job Title:	
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Critical Job Function:	

**Specific Vocational Preparation (SVP)**

**Critical Tasks/Notes**

Driving:  Yes  No  
 Vehicle Type (if yes): \_\_\_\_\_

Critical Tasks

- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10

Other Task List Remarks

**Minimum Education**

Minimum formal education required? If no minimum, must workers be able to read and write?

**Experience**

Prior work experience required? How much?

**Credentials**

Professional certification, state or industry license, other pre-employment training required? Type and time to obtain?

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Schedule/Quote: \_\_\_\_\_ Work Schedule: \_\_\_\_\_ Work Schedule Varies:  Yes  No

Quote Details	
Job Title:	
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Critical Tasks/Notes	Minimum Education
Driving: <input type="checkbox"/> Yes <input type="checkbox"/> No	Minimum formal education required? If no minimum, must workers be able to read and write?
Vehicle Type (if yes): _____	
Critical Tasks	<p><b>Experience</b></p> <p>Prior work experience required? How much?</p>
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	<p><b>Credentials</b></p> <p>Professional certification, state or industry license, other pre-employment training required? Type and time to obtain?</p>
Other Task List Remarks	
	<p><b>On the job Training</b></p> <p>Post-employment training (OJT, mentoring, etc.) required? Type and how much?</p>

**Additional notes:**

**COGNITIVE ELEMENTS - Supervision**

1. Supervisory Duties:     None             Lead Worker             Supervisor     Manager
2. What is the most often this job’s work is routinely checked by a supervisor or lead worker?
- (A) Every few minutes  
 (B) At least once per hour  
 (C) At least once per day  
 (D) At least once per week  
 (E) Less than once per week, including never

Enter the appropriate letter answer for each quote.

<b>Quote Number</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>
<b>Work Rev Freq</b>								

3. Are Supervisors or lead workers generally present in the same physical work area as workers?

<b>Quote Number</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>
<b>Yes</b>								
<b>No</b>								

**COGNITIVE ELEMENTS - Pace**

1. What most controls the workload for this job during the normal workday or work week?
- (A) Machinery, Equipment, or Software  
 (B) (Company determined) numerical performance targets  
 (C) People (such as customers, supervisor, etc.)  
 (D) Self-paced by Worker  
 (E) Other (specify)

Enter the appropriate letter answer for each quote.

<b>Quote Number</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>
<b>Work Load</b>								

2. How would you describe the pace of work for this job? Would you say that in a typical day or week...
- (A) The pace is consistent, and generally fast  
 (B) The pace is consistent, and generally slow  
 (C) The pace varies

Enter the appropriate letter answer for each quote.

<b>Quote Number</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>
<b>Work Pace</b>								

3. Can workers step away from their work area easily outside of scheduled breaks?

Quote Number	1	2	3	4	5	6	7	8
Yes								
No								

**COGNITIVE ELEMENTS - Interaction**

1. What is the **most often** that workers in this job **typically** initiate, or respond to new, verbal **work-related** interactions with people who work for (FILL: *employer name/company/organization/establishment*)?

- (A) Every few minutes
- (B) At least once per hour
- (C) At least once per day
- (D) At least once per week
- (E) Less than once per week, including never

Enter the appropriate letter answer for each quote.

Quote Number	1	2	3	4	5	6	7	8
Verbal Interact								

2. What is the **most often** that workers in this job would **typically** initiate, or respond to new, verbal work-related interactions with people who **do not** work for (FILL: *employer name/company/organization/establishment*)?

- (A) Every few minutes
- (B) At least once per hour
- (C) At least once per day
- (D) At least once per week
- (E) Less than once per week, including never

Enter the appropriate letter answer for each quote.

Quote Number	1	2	3	4	5	6	7	8
Verbal Interact								

3. The next question is about “people skills.” We define people skills as the ability to listen, communicate, and relate to others. In a job where basic people skills are required, workers often work alone, or usually are only expected to engage in simple, brief work-related communication and to treat other with respect. Does this job require basic or more than basic people skills?

Quote Number	1	2	3	4	5	6	7	8
Basic								
More than Basic								

**COGNITIVE ELEMENTS – Work Settings**

1. Does this job require working in an area that is open to the public such that people can approach the worker in-person?

Quote Number	1	2	3	4	5	6	7	8
Yes								
No								

2. Are workers in this job required to work around crowds in a way that restricts their movement? (We define a crowd as a situation in which a lot of unfamiliar people are present considering the space available, movement is restricted, and a certain level of disorganization is present.)

Quote Number	1	2	3	4	5	6	7	8
Yes								
No								

3. Are workers in this job permitted to work from home or telework?

Quote Number	1	2	3	4	5	6	7	8
Yes								
No								

**Exertion – Sit/Stand/Walk**

1. How many hours a day does an employee in this job usually ...? (Enter the appropriate number of hours for each quote.)

Quote Number	1	2	3	4	5	6	7	8
Sit								
Stand/Walk								
Unknown								

2. Does this job offer the typical employee the choice to alternate between sitting and standing at will throughout the day?

Quote Number	1	2	3	4	5	6	7	8
Yes								
No								
Unknown								

**Exertion – Lifting/Carrying**

Enter the appropriate number of pounds for each quote. (Breaks at 1/10/25/50/75/100)

1. What is the most weight an employee would ever lift or carry?

Quote Number	1	2	3	4	5	6	7	8
Pounds								
Unknown								

2. What is the most weight an employee would generally lift or carry for more than 2/3 of the time?  
(More than 5 ½ hours of an 8-hour workday)

Quote Number	1	2	3	4	5	6	7	8
Pounds								
Unknown								

3. What is the most weight an employee would generally lift or carry from 1/3 up to 2/3 of the time?  
(From 2 ½ hours to 5 ½ hours of an 8-hour workday)

Quote Number	1	2	3	4	5	6	7	8
Pounds								
Unknown								

4. What is the most weight an employee would generally lift or carry up to 1/3 of the time?  
(From 10 minutes up to 2 ½ hours of an 8-hour workday)

Quote Number	1	2	3	4	5	6	7	8
Pounds								
Unknown								

5. What is the most weight an employee would generally lift or carry up to 2% of the time?  
(Up to 10 minutes of an 8-hour workday)

Quote Number	1	2	3	4	5	6	7	8
Pounds								
Unknown								

**Exertion – Pushing/Pulling**

Pushing/Pulling is present when a worker uses at least ten pounds of force, or uses any amount of force for 2/3 or more of the workday.

1. How much of their day do employees in this job generally push or pull an object with their hands/arms?

Quote Number	1	2	3	4	5	6	7	8
Duration								
Unknown								

1A. Does the pushing/pulling require one hand/arm or both?

Quote Number	1	2	3	4	5	6	7	8
One								
Both								
Unknown								

2. How much of their day do employees in this job generally push or pull an object with their feet/legs?

Quote Number	1	2	3	4	5	6	7	8
Duration								
Unknown								

2A. Does the pushing/pulling require one foot/leg or both?

Quote Number	1	2	3	4	5	6	7	8
One								
Both								
Unknown								

## Reaching/Manipulation

**1. How much of their day do employees in this job generally reach overhead?**

*(Reaching overhead is present when the hand goes higher than the head AND a) elbow is bent and the angle at the shoulder is 90 degrees or more, or b) elbow is extended and the angle at the shoulder is 120 degrees or more.)*

Quote Number	1	2	3	4	5	6	7	8
Duration								
Unknown								

**1A. Does the overhead reaching require one hand/arm or both?**

Quote Number	1	2	3	4	5	6	7	8
One								
Both								
Unknown								

**2. How much of their day do employees in this job generally reach at or below shoulder level?**

*(At/below the shoulder reaching is present when there is reaching, but it does not meet the threshold for reaching overhead.)*

Quote Number	1	2	3	4	5	6	7	8
Duration								
Unknown								

**2A. Does the reaching at or below shoulder level require one hand/arm or both?**

Quote Number	1	2	3	4	5	6	7	8
One								
Both								
Unknown								

**3. How much of their day do employees in this job generally hold, grasp, turn, or otherwise work with their hand(s) (gross manipulation)?**

*(Note: Do not include time spent keyboarding.)*

Quote Number	1	2	3	4	5	6	7	8
Duration								
Unknown								

**3A. Does this require one hand or both?**

Quote Number	1	2	3	4	5	6	7	8
One								
Both								
Unknown								

4. How much of their day do workers use primarily their fingers to do things such as touching, pinching, picking, or keyboarding?

(Note: Include only active keyboarding, or when workers' hands are positioned over the keyboard)

Quote Number	1	2	3	4	5	6	7	8
Duration								
Unknown								

4A. Does this require one hand or both?

Quote Number	1	2	3	4	5	6	7	8
One								
Both								
Unknown								

4B. Does this include keyboarding?

Quote Number	1	2	3	4	5	6	7	8
Yes								
No								
Unknown								

5. How much of their day do employees in this job generally operate foot/leg controls (use of one or both feet or legs to move controls on machinery or equipment)?

Quote Number	1	2	3	4	5	6	7	8
Duration								
Unknown								

5A. Does this require one foot/leg or both?

Quote Number	1	2	3	4	5	6	7	8
One								
Both								
Unknown								

**Postural**

1. Do any critical tasks require lowering to, or positioning over, something at or below knee level, including on or near the ground (stooping, kneeling, crouching, crawling)?

Quote Number	1	2	3	4	5	6	7	8
Yes (enter duration)								
No								
Unknown								

1A. If Yes, select how the following types of low postures are used:

- (A) Yes, required (employees must use this posture because of nature of task(s), physical setting of work environment, or company specifics)
- (B) Yes, workers choice (employees not required to use posture, but typically do)
- (C) No (posture not used)
- (D) Unknown

Enter the appropriate letter answer for each quote.

Quote Number	1	2	3	4	5	6	7	8
Stooping								
Crouching								
Crawling								
Kneeling								

**Postural – Climbing**

1. Do employees in this job generally climb ramps or stairs?

Quote Number	1	2	3	4	5	6	7	8
Yes - Structure								
Yes - Work-related								
No								
Unknown								

1A. How much of their day to employees in this job climb ramps or stairs?

(Note: Only collect duration if climbing is work related.)

Quote Number	1	2	3	4	5	6	7	8
Duration								
Unknown								

2. How much of their day do employees in this job generally climb ladders, ropes, or scaffolding?

Quote Number	1	2	3	4	5	6	7	8
Duration								
Unknown								

## Auditory

1. How much of their day do employees in this job spend on work-related speaking (express or exchange ideas by spoken word)?

Quote Number	1	2	3	4	5	6	7	8
Duration								
Unknown								

2. Does this job require employees to hear and understand in person speech?

Quote Number	1	2	3	4	5	6	7	8
Yes								
No								
Unknown								

3. Does this job require employees to hear and understand speech over the telephone?

Quote Number	1	2	3	4	5	6	7	8
Yes								
No								
Unknown								

4. Does this job require employees to hear and understand other remote speech?

Quote Number	1	2	3	4	5	6	7	8
Yes								
No								
Unknown								

## Vision

1. Does this job require employees to see details of objects 20 inches or less away clearly (including the use of computers) (near visual acuity)?

Quote Number	1	2	3	4	5	6	7	8
Yes								
No								
Unknown								

2. Does this job require employees to see details of objects greater than 20 feet away clearly (far visual acuity)?

Quote Number	1	2	3	4	5	6	7	8
Yes								
No								
Unknown								

3. Does this job require employees to have a broad field of vision (exclude general awareness) (peripheral vision)?

Quote Number	1	2	3	4	5	6	7	8
Yes								
No								
Unknown								

## Environmental Conditions

1. How much of their day do employees in this job generally work outdoors?

Quote Number	1	2	3	4	5	6	7	8
Duration								
Unknown								

2. How much of their day do employees in this job generally work in non-weather related extreme heat (90° or above in a dry environment, 85° or above in a humid environment)?

Quote Number	1	2	3	4	5	6	7	8
Duration								
Unknown								

3. How much of their day do employees in this job generally work in non-weather related extreme cold (40° for more than 2/3 of the day, 32° if less than 2/3 of the day)?

Quote Number	1	2	3	4	5	6	7	8
Duration								
Unknown								

4. Excluding weather, how much of their day do employees in this job generally come in contact with water or other liquids?

Quote Number	1	2	3	4	5	6	7	8
Duration								
Unknown								

5. How much of their day do employees in this job generally work in non-weather related humidity?

Quote Number	1	2	3	4	5	6	7	8
Duration								
Unknown								

6. How much of their day do employees in this job generally encounter heavy vibration (exposure to a shaking object or surface that causes a strain on the body or extremities)?

Quote Number	1	2	3	4	5	6	7	8
Duration								
Unknown								

7. How much of their day do employees in this job generally come in contact with hazardous contaminants (substances that may have a negative impact upon respiration, eyes, skin, or other living tissue via inhalation, ingestion, or contact)?

Quote Number	1	2	3	4	5	6	7	8
Duration								
Unknown								
PPE* (Y/N)								

\*Document the use of Personal Protective Equipment (PPE) if the element is present.

8. How much of their day do employees in this job generally work in conditions where bodily injury from moving, mechanical parts of properly used equipment, tools, or machinery is possible?

Quote Number	1	2	3	4	5	6	7	8
Duration								
Unknown								
PPE* (Y/N)								

\* Document the use of Personal Protective Equipment (PPE) if the element is present.

9. How much of their day do employees in this job generally work in high, exposed places?

Quote Number	1	2	3	4	5	6	7	8
Duration								
Unknown								
PPE* (Y/N)								

\* Document the use of Personal Protective Equipment (PPE) if the element is present.

**10. How would you describe the noise level where employees in this job typically work?**

Quote Number	1	2	3	4	5	6	7	8
<b>Quiet</b> - Library, Golf Course								
<b>Moderate</b> - Office, Retail Store, Light Traffic								
<b>Loud</b> - Heavy Traffic, Manufacturing								
<b>Very Loud</b> - Jack Hammer, Front Row at a Rock Concert								
<b>Unknown</b>								
<b>PPE*</b> (Y/N)								

\* Document the use of Personal Protective Equipment (PPE) if the element is present.