

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

**Occupational Requirements
Survey**



State and local government

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: 08/31/2024

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.

| | | | |
|--|--|----------------------|--|
| 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 | Notes |
|---|----------|---------------------|-------|
| Sitting | | | |
| Standing/Walking | | | |
| Sitting/Standing at Will | | Y/N | |
| Lift/Carry (breaks at 1/10/25/50/75/100 lbs) | | | |
| 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 | |
| Stooping | | Reqd/Choice /No/Unk | |
| Kneeling | | Reqd/Choice /No/Unk | |
| Crouching | | Reqd/Choice /No/Unk | |
| Crawling | | Reqd/Choice /No/Unk | |

| Job Title | | | Work Schedule | |
|--------------------------------------|----------|---------|---------------|--|
| Postural – Climbing | Duration | Other | Notes | |
| 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 | | |