



Government Industry

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

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.

**ESTABLISHMENT INFORMATION**

Establishment Name \_\_\_\_\_

Schedule Number \_\_\_\_\_ Quote Number \_\_\_\_\_

**JOB INFORMATION**

Job Description:  Yes  No      Job Observation:  Yes  No

Job Title \_\_\_\_\_ Full-time  Part-time

# Full-time Employees \_\_\_\_\_ # Part-time Employees \_\_\_\_\_

Job Work Schedule \_\_\_\_\_ hrs/day \_\_\_\_\_ hrs/wk \_\_\_\_\_ wks/yr.

Work Schedule Varies?  Yes  No

Critical Job Function \_\_\_\_\_

Critical Tasks \_\_\_\_\_

10% Tasks \_\_\_\_\_

**SUPERVISORY INFORMATION**

Supervisory Duties:  None  Lead Worker  Supervisor  Manager

**Frequency of Work Being Checked:**

Every few minutes     At least once per hour     At least once per day     At least once per week  
 Less than once per week, including never

Supervisor Present:  Yes  No

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## SPECIFIC VOCATIONAL PREPARATION (SVP)

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### Minimum Education

(If no minimum, must workers  
be able to read and write?)

### Experience

### Credentials

### On-the-Job-Training

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## WORK PACE

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### Control of Workload:

- Machinery, equipment, or software       Numerical performance targets (company determined)  
 People (such as customers, supervisor, etc.)       Self-paced by worker       Other (specify) \_\_\_\_\_

**Work Pace:**     Consistent – Fast     Consistent – Slow       Varies

**Pause Control** (ability to step away):     Yes     No

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## COMMUNICATION & HEARING

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### Work Related Communication

**Speaking:**    (Duration – % of time)

- Up to 2%     2% up to 1/3     1/3 up to 2/3     2/3 or more     Not Present     Present, Duration Unknown

### Internal Verbal Interactions:

- Every few minutes     At least once per hour     At least once per day     At least once per week  
 Less than once per week, including never

### External Verbal Interactions:

- Every few minutes     At least once per hour     At least once per day     At least once per week  
 Less than once per week, including never

**People Skills:**     Basic       More than Basic

### Hearing

**In-person Speech:**       Yes     No

**Telephone:**       Yes     No

**Other Remote Speech (such as walkie-talkies, intercoms, public address systems, etc.):**       Yes     No

### Vision

**Near Visual Acuity:**     Yes     No

**Far Visual Acuity:**     Yes     No

**Peripheral Vision:**     Yes     No

**Driving:**       Yes     No    Vehicle: \_\_\_\_\_

**PHYSICAL DEMANDS**

**Sitting vs. Standing/Walking**

**Sitting** (hours or percent) \_\_\_\_\_ **Standing/Walking** (hours or percent) \_\_\_\_\_

**Sit/Stand at Will:**     Yes  No

**Lifting/Carrying**

**Most Weight Ever Lifted** \_\_\_\_\_ lbs.

**Items lifted/carried** \_\_\_\_\_

Seldom	Occasional (2% up to 1/3 of the time)	Frequent (1/3 up to 2/3 of the time)	Constant (2/3 or more of the time)
<input type="checkbox"/> None	<input type="checkbox"/> None	<input type="checkbox"/> None	<input type="checkbox"/> None
<input type="checkbox"/> Negligible	<input type="checkbox"/> Negligible	<input type="checkbox"/> Negligible	<input type="checkbox"/> Negligible
<input type="checkbox"/> 1 to 10 lbs.	<input type="checkbox"/> 1 to 10 lbs.	<input type="checkbox"/> 1 to 10 lbs.	<input type="checkbox"/> 1 to 10 lbs.
<input type="checkbox"/> 11 to 25 lbs.	<input type="checkbox"/> 11 to 25 lbs.	<input type="checkbox"/> 11 to 25 lbs.	<input type="checkbox"/> 11 to 25 lbs.
<input type="checkbox"/> 26 to 50 lbs.	<input type="checkbox"/> 26 to 50 lbs.	<input type="checkbox"/> 26 to 50 lbs.	<input type="checkbox"/> >25 lbs.
<input type="checkbox"/> 51 to 75 lbs.	<input type="checkbox"/> 51 to 75 lbs.	<input type="checkbox"/> >50 lbs.	<input type="checkbox"/> Unknown
<input type="checkbox"/> 76 to 100 lbs.	<input type="checkbox"/> 76 to 100 lbs.	<input type="checkbox"/> Unknown	
<input type="checkbox"/> >100 lbs.	<input type="checkbox"/> >100 lbs.		
<input type="checkbox"/> Unknown	<input type="checkbox"/> Unknown		

Note: Duration % = percentage of the worker's time  
None = Lift/Carry not present for duration

**Pushing/Pulling**

	Up to 2%	2% up to 1/3	1/3 up to 2/3	2/3 or More	Not Present	Present, Duration Unknown	One / Both
<b>Hands/Arms:</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
<b>Feet/Legs:</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>

**Reaching/Manipulation**

	Up to 2%	2% up to 1/3	1/3 up to 2/3	2/3 or More	Not Present	Present, Duration Unknown	One / Both
<b>Overhead Reaching:</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
<b>At/Below Shoulder Reaching:</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
<b>Gross Manipulation:</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
<b>Fine Manipulation (include time spent keyboarding)</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
<b>Foot/Leg Controls:</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>

**Keyboarding:**     Yes  No  Unknown

## Low Postures

	Up to 2%	2% up to 1/3	1/3 up to 2/3	2/3 or More	Not Present	Present, Duration Unknown
<b>Work At/Below Knee Level:</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Stooping:</b>	<input type="checkbox"/> Yes-Required	<input type="checkbox"/> Yes-Worker's Choice			<input type="checkbox"/> No	<input type="checkbox"/> Unknown
<b>Kneeling:</b>	<input type="checkbox"/> Yes-Required	<input type="checkbox"/> Yes-Worker's Choice			<input type="checkbox"/> No	<input type="checkbox"/> Unknown
<b>Crouching:</b>	<input type="checkbox"/> Yes-Required	<input type="checkbox"/> Yes-Worker's Choice			<input type="checkbox"/> No	<input type="checkbox"/> Unknown
<b>Crawling:</b>	<input type="checkbox"/> Yes-Required	<input type="checkbox"/> Yes-Worker's Choice			<input type="checkbox"/> No	<input type="checkbox"/> Unknown

## Climbing

Ramps or Stairs, Structural:  Yes  No

	Up to 2%	2% up to 1/3	1/3 up to 2/3	2/3 or More	Not Present	Present, Duration Unknown	Personal Protective Equipment
<b>Ramps/Stairs, Work-Related:</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Ladders/Ropes, or Scaffolds:</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>High, Exposed Places:</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

## ENVIRONMENTAL CONDITIONS AND WORK SETTING

	Up to 2%	2% up to 1/3	1/3 up to 2/3	2/3 or More	Not Present	Present, Duration Unknown	Personal Protective Equipment
<b>Outdoors:</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Extreme Heat</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Extreme Cold:</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Wetness:</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Humidity:</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Heavy Vibration:</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
<b>Hazardous Contaminants:</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Proximity to Moving Mechanical Parts:</b>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Public Work Area:**  Yes  No    **Working Around Crowds:**  Yes  No    **Telework:**  Yes  No

**Noise Intensity Level:**  Quiet     Moderate     Loud     Very Loud

**Personal Protective Equipment:**  Yes  No