

ORS

Occupational Requirements Survey

Schedule			Start		End	
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

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.

We estimate that it will take an average of 76 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-XXXX), 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.

ORS Data Elements Test

Quote #

JOB DETAILS						
Job Title						
Job Code		SOC		Secondary SOC		
Employment		Work Schedule		Job Description	Y	N
Work Setting		Job Observation		Non-Supervisory	Lead	Supervisory

SPECIFIC VOCATIONAL PREPARATION

JOB TASKS/NOTES	EDUCATIONAL REQUIREMENTS
	1. Minimum education required? If no minimum, must workers be able to read and write?
	2. Prior work experience required? How much?
	3. Post-employment training (OJT, mentoring, etc.) required? Type and how much?

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

PHYSICAL DEMANDS

COGNITIVE ELEMENTS

1. How complex are the tasks of the occupation?

Very simple (Clear cut single tasks; work quickly mastered)

Simple (Related series of tasks; straightforward, factual decisions)

Moderate (Some different, unrelated tasks; some analysis required)

Complex (Different, unrelated tasks; decision-making and interpretation required)

Very complex (Many different, unrelated tasks; substantial depth of analysis)

2. How closely controlled is the occupation's work?

Very closely (Completed without deviation from detailed directions given by supervisor and/or strict guidelines)

Closely (Completed with limited instruction on recurring, routine assignments; worker rarely varies from steps and methods explained by supervisor or described in guidelines; supervisor assistance with new or unusual situations)

Moderately (Completed using general methods and desired results provided by supervisor or by selecting from available guidelines; worker makes minor adjustments to methods but refers to others in unforeseen situations)

Loosely (Completed with minimal supervision/guidelines that cover most situations; worker follows supervisor's directions on methods but can modify in unforeseen situations)

Very loosely (Completed with supervision expressed in terms of goals, priorities and deadlines)

3. How predictable is the occupation's typical day?

Very routine (Repetitive, routine tasks that do not deviate)

Routine (Repetitive, routine tasks that vary in an expected manner)

Moderate (Routine tasks deviate in response to organizational needs or outside stimuli)

Unpredictable (Independently adapts work tasks and routines to meet organizational goals)

Very unpredictable (Responsible for setting own routine and priorities, rarely has typical day)

4. With whom do workers in this occupation have contact?*



Co-workers



Familiar Contacts



General Public

If no co-workers, skip 4a. If no contact with a given group, skip associated portions of 4b and 4c.

	Co-workers	Familiar Contacts	General Public
4a. How collaborative is the work?			
No collaboration (Almost no interaction with coworkers)			
Minimal collaboration (Limited interaction with coworkers)			
Moderate (Some interaction/collaboration with coworkers)			
Collaborative (Requires collaboration; may serve on teams)			
Very collaborative (Constant collaboration; integral member of team)			
4b. How often do workers in this occupation talk (in person or phone) about work related topics with...?	Co-workers	Familiar Contacts	General Public
Hourly (At least once every hour of a typical work day)			
Daily (Less than hourly but at least once per day)			
Weekly (Less than daily but occurs at least once per week)			
Monthly (Less than weekly but occurs at least once per month)			
Less Often than Monthly (includes never)			
4c. What type of contact do workers in this occupation have with...?	Co-workers	Familiar Contacts	General Public
Very structured (Straightforward, factual information exchanges)			
Structured (Coordination, collaboration, routine problem-solving)			
Semi-structured (Problem-solving, discussion, some persuasion)			
Unstructured (Professional - authoritative recognition; exchanges influence/persuade; Social/Protective - obtain/provide statements, question subjects, control situations)			
Very unstructured (Defend; negotiate; resolve controversial/long-term issues)			

*Coworkers: People within the organization, including supervisors and subordinates

Familiar Contacts: People external to the organization seen on a regular basis, such as clients, students, patients, vendors

PHYSICAL DEMANDS

General Public: People not seen on a regular basis, such as retail customers

Sitting/Standing or Walking

Sitting

Standing/Walking

Sitting vs. Standing/Walking at will (*Yes/No*)

Keyboarding

Traditional

10-Key

Touch Screen

Other (document)

Other Office Tasks

Writing

Use of Telephone

Hearing and Vision Requirements

Communicating Verbally

Hear and understand conversational speech (*Yes/No*)

Hear and respond to auditory signals (*Yes/No*)

Near Visual Acuity (*Yes/No*)

Far Visual Acuity (*Yes/No*)

Peripheral Vision (*Yes/No*)

Manipulation (*Collect duration and one/both*)

Gross (One/Both)

Fine (One/Both)

Foot/Leg Controls (One/Both)

Lifting/Carrying (*Collect number of lbs*)

Most weight ever

More than 2/3 of the time

1/3 to 2/3 of the time

Seldom (<2%) to 1/3

Seldom (<2%)

Reaching (*Collect duration and one/both*)

Overhead (One/Both)

At/Below Shoulder (One/Both)

Driving

Vehicle Type

Time

Pushing/Pulling (*Collect duration and one/both*)

Hand/Arm (One/Both)

Foot/Leg (One/Both)

Foot Only (One/Both)

Getting Low

Stooping

Crouching

Kneeling

Crawling

Climbing

Ramps/Stairs (*duration*), related to Structure (*Yes/No*)

Ladders/Ropes/Scaffolds

Capture duration unless otherwise indicated

ENVIRONMENTAL CONDITIONS

Capture duration unless otherwise indicated

Noise Intensity Level (Quiet, Moderately Loud, Loud, Very Loud)
Outdoors
Extreme Heat (non-weather related)
Extreme Cold (non-weather related)
Wetness (non-weather related)
Humidity (non-weather related)
Heavy Vibration
Fumes, Noxious Odors, Dusts, Gases
Toxic, Caustic Chemicals
Proximity to Moving Mechanical Parts
High, Exposed Places