

Field Operations Manual

First Semester 2001 BLES Surveys

First Semester 2001 BLES Surveys

BUREAU OF LABOR AND EMPLOYMENT STATISTICS

IN COORDINATION WITH

DOLE REGIONAL OFFICES

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CHAPTER 1

OCCUPATIONAL INJURIES SURVEY

The increasing demand for better quality of goods and services has introduced new machinery, tools or processes in the workplace. This rising requirement on productivity has imposed greater pressures on the workers that in turn affect their health and well being and consequently the way they perform their jobs. The changing character of the worksetting among others stresses the need to monitor the safety and health of the workers and calls for relevant programs and policy interventions particularly on accident prevention and monitoring.

To support the statistical requirements on this, the Bureau of Labor and Employment Statistics (BLES) decided to revive the conduct of the Occupational Injuries Survey (OIS) starting with year 2000 as reference period. Conducted nationwide for reference years 1990-1996, the OIS has provided annual statistics on the incidence and seriousness of work-related injuries in establishments across industries, areas and employment sizes. No surveys, however, were conducted for reference periods 1997, 1998 and 1999 due to other priorities of the Bureau.

The OIS has been redesigned relative to scope and coverage. As such, the data series starting with year 2000 are no longer comparable with the 1990-1996 data.

1.1. Objectives of the Survey

The objective of the revised OIS is to generate national statistics on occupational injuries essential for better management of safety and health in the workplace and for formulation of effective policies and programs for the prevention of occupational accidents. The data can be used in evaluating national efforts towards accident prevention in industries and as this compare internationally.

1.2. Collection Authority

The OIS is conducted under authority of Executive Order No. 126 that created the BLES, one of the major data producing agencies of the government. It mandates the Bureau, among others, to conduct nationwide surveys and studies that will generate trends and structures on labor and employment.

1.3. Confidentiality of Information

The BLES and the DOLE Regional Offices shall hold all survey data supplied by the establishments in strict confidence. The information obtained from each respondent shall be for statistical purposes only and can not be used for taxation, regulation or investigation. The data shall be integrated with others of the same category and shall be disseminated in summary form or statistical tables so as not to reveal the identity of any respondent establishment.

1.4. Scope and Coverage

To enhance the relevance of statistics collected and to allow for international comparability, the coverage of the data has been expanded to some extent in accordance with the Resolution Concerning Statistics of Occupational Injuries Resulting from Occupational Accidents adopted by the 16th International Conference of Labour Statisticians in October 1998. The revisions were on the: a.) addition of items of inquiry on injuries by occupation, part of the body injured and cause of injury; and b.) shift to the concept of incapacity for work (fatal, permanent and temporary) from the previous

OIS classification by extent of disability, based on the compensation/insurance schemes of the Employees Compensation Commission, that considers the impact of the injury on the earning capacity of the worker. As such schemes vary across countries, its continued use will not allow for international comparability.

In addition, the revised OIS covers only establishments in non-agricultural industries employing at least 20 workers while past survey rounds covered those employing at least 10 workers in all industries. It also uses for the first time the 1994 Philippine Standard Industrial Classification (PSIC) and 1992 Philippine Standard Occupational Classification (PSOC).

With these changes in concept, scope and coverage, the data series starting with year 2000 are no longer comparable with the 1990-1996 data.

The survey covers 58 industries as follows:

| Description | 1994 PSIC |
|---|------------------|
| MINING AND QUARRYING | C |
| Metallic Ore Mining | C10 |
| 2. Non-Metallic Mining and Quarrying | C11 |
| MANUFACTURING | D |
| 3. Manufacture of Food Products | D15 (excl. D155) |
| 4. Manufacture of Beverages | D155 |
| 5. Manufacture of Tobacco Products | D16 |
| 6. Manufacture of Textiles | D17 |
| 7. Manufacture of Wearing Apparel | D18 |
| 8. Tanning and Dressing of Leather; Manufacture of Luggage and Handbags | D19 (excl. D192) |
| 9. Manufacture of Footwear | D192 |
| 10. Manufacture of Articles of Bamboo, Cane, Rattan and the Like; Manufacture of Plaiting Materials | D20 (excl. D201) |
| 11. Manufacture of Wood, Wood Products and Cork, Except Furniture | D201 |
| 12. Manufacture of Paper and Paper Products | D21 |
| 13. Publishing, Printing and Reproduction of Recorded Media | D22 |
| 14. Manufacture of Coke, Refined Petroleum and Other Fuel Products | D23 |
| 15. Manufacture of Chemicals and Chemical Products | D24 |
| 16. Manufacture of Rubber Products | D251 |
| 17. Manufacture of Plastic Products | D252 |
| 18. Manufacture of Glass and Glass Products | D261 |
| 19. Manufacture of Cement | D262 |
| 20. Manufacture of Other Non-Metallic Mineral Products, n.e.c. | D269 |
| 21. Manufacture of Basic Metals | D27 |

| Description | | 1994 PSIC |
|---|--|--------------------|
| MANUFACTURING (cont'd.) | | D |
| 22. | Manufacture of Fabricated Metal Products, Except Machinery and Equipment | D28 |
| 23. | Manufacture of Machinery and Equipment | D29 |
| 24. | Manufacture of Office, Accounting and Computing Machinery | D30 |
| 25. | Manufacture of Electrical Machinery and Apparatus | D31 |
| 26. | Manufacture of Radio, Television and Communication Equipment and Apparatus | D32 |
| 27. | Manufacture of Medical, Precision and Optical Instruments, Watches and Clocks | D33 |
| 28. | Manufacture of Motor Vehicles, Trailers and Semi-Trailers | D34 |
| 29. | Manufacture of Other Transport Equipment | D35 |
| 30. | Manufacture and Repair of Furniture | D36 |
| 31. | Recycling | D37 |
| 32. | Manufacturing, N.E.C | D39 |
| ELECTRICITY, GAS AND WATER SUPPLY | | E |
| 33. | Electricity, Gas, Steam and Hot Water Supply | E40 |
| 34. | Collection, Purification and Distribution of Water | E41 |
| 35. | CONSTRUCTION | F45 |
| WHOLESALE AND RETAIL TRADE; REPAIR OF MOTOR VEHICLES, MOTORCYCLES AND PERSONAL AND HOUSEHOLD GOODS | | G |
| 36. | Sale, Maintenance and Repair of Motor Vehicles and Motorcycles, Retail Sale of Automotive Fuel | G50 |
| 37. | Wholesale Trade and Commission Trade, Except of Motor Vehicles and Motorcycles | G51 |
| 38. | Retail Trade, Except of Motor Vehicles and Motorcycles, Repair of Personal and Household Goods | G52 |
| 39. | HOTELS AND RESTAURANTS | H55 |
| TRANSPORT, STORAGE AND COMMUNICATIONS | | I |
| 40. | Land Transport; Transport Via Pipelines | I60 |
| 41. | Water Transport | I61 |
| 42. | Air Transport | I62 |
| 43. | Supporting and Auxiliary Transport Activities; Activities of Travel Agencies | I63 |
| 44. | Post and Telecommunications Services except National Postal Activities | I64 (excl. I64110) |
| FINANCIAL INTERMEDIATION | | J |
| 45. | Banking Institutions except Central Banking | J65 (excl. J65100) |
| 46. | Non-Bank Financial Intermediation | J66 |

| Description | 1994 PSIC |
|---|--------------------------|
| FINANCIAL INTERMEDIATION (cont'd.) | J |
| 47. Insurance and Pension Funding, Except Compulsory Social Security | J67 |
| 48. Activities Auxiliary to Financial Intermediation | J68 |
| REAL ESTATE, RENTING AND BUSINESS ACTIVITIES | K |
| 49. Real Estate Activities | K70 |
| 50. Renting of Machinery and Equipment Without Operator, Personal and Household Goods | K71 |
| 51. Computer and Related Activities | K72 |
| 52. Research and Development | K73 |
| 53. Miscellaneous Business Activities | K74 |
| 54. PRIVATE EDUCATION SERVICES | M81 |
| 55. HEALTH AND SOCIAL WORK EXCEPT PUBLIC MEDICAL, DENTAL AND OTHER HEALTH SERVICES | N85 (EXCL. N8511) |
| OTHER COMMUNITY, SOCIAL AND PERSONAL SERVICE ACTIVITIES | O |
| 56. Sewage and Refuse Disposal, Sanitation and Similar Activities | O90 |
| 57. Recreational, Cultural and Sporting Activities | O92 |
| 58. Other Service Activities | O93 |

The following industries are **excluded** from the survey:

| Description | 1994 PSIC |
|--|-----------|
| Agriculture and Forestry | A01-A05 |
| Fishing | B06 |
| National Postal Activities | I64110 |
| Central Banking | J65100 |
| Public Administration and Defense and Compulsory Social Security (e.g. DOLE, PNP, SSS, GSIS) | L75 |
| Public Education Services | M80 |
| Public Medical, Dental and Other Health Services | N8511 |
| Activities of Membership Organizations (e.g. ECOP, TUCP) | O91 |
| Extra-Territorial Organizations and Bodies (e.g. ILO, UNDP) | Q99 |

1.5. Method of Sample Selection

The minimum industry grouping is at the 3-digit PSIC except for industries observed to be heterogeneous (within their 3-digit level) and therefore requires further breakdown at the 4-digit classification.

Establishments in each domain or industry group were stratified according to employment size i.e. 20-99, 100-199 and 200 and over. Establishments with 100-199 and 200 or more workers were completely enumerated. The estimated number of sample establishments for the stratum 20-99 is the difference of the total number of establishments in the other two strata from 7,000 that is the estimated sample size for the survey. The estimated number of samples in each cell of this stratum was allocated

proportionate to its population share to the stratum total population. The actual number of samples for each cell was derived by dividing the original sample size by 0.8. This adjustment is made to build in replacement in order to achieve at least a retrieval rate of 80% for the cell. If the establishment population is less than 10, it is completely enumerated.

Geographical location was not considered in the stratification to allow for detailed industry disaggregation.

1.6. Estimation Procedures

Estimates are obtained by simple expansion, i.e. multiplying the sample values at the cell level by the corresponding blowing-up factor which is the ratio of the eligible population of establishments to the number of responding establishments.

1.7. Occupational Injuries Survey Questionnaire

The OIS questionnaire has six parts:

Cover Page - This contains the address box, status codes, information on the purpose of the survey, coverage, reference period, collection authority, authorized field personnel, confidentiality clause, due date, availability of results and assistance available.

Part A. General Information - This portion inquires on:

- a. main economic activity
- b. major products/goods or services
- c. average total employment by sex
- d. normal working hours per day for majority of workers
- e. total number of working days of the establishment
- f. total hours actually worked of all persons employed

Part B. Occupational Accidents - This portion inquires on the occurrence and number of occupational accidents if any.

Part C. Occupational Injuries - This portion is to be accomplished if there have been occurrences of occupational accidents resulting to occupational injuries. It inquires on:

- a. cases of incapacity for work (fatal, permanent incapacity, temporary incapacity) and cases without lost workdays classified by major occupation group, type of injury, part of the body injured and cause of injury
- b. lost workdays of cases of permanent and temporary incapacity classified by major occupation group, type of injury, part of the body injured and cause of injury

Part D. Cases of Injury Due to Commuting Accidents - This portion inquires on the cases of injury due to commuting accidents and if any, the number of workers injured.

Part E. Certification of Respondent

Remarks - This space is provided for the respondent's explanations on the given information and comments/suggestions on the survey.

Contact Person - This space is provided for the signature, name, position, telephone/fax numbers and e-mail address of the person responsible for filling out the form and the date the questionnaire was accomplished.

Part F. Survey Personnel - This contains names of the enumerator/supervisors (field personnel), and reviewers (BLES staff) and dates of completion of the relevant activities.

1996 Survey Results - For information of the respondent some of the results of the 1996 OIS are found on pages 11-12 of the questionnaire.

1.8. Statistics to be Generated

From the survey, the BLES will generate statistics on:

- a. non-agricultural establishments with cases of occupational injuries by industry group and employment size and by incapacity for work
- b. cases of occupational injuries by industry group (major occupation group/type of injury/part of the body injured/cause of injury) and employment size and by incapacity for work
- c. cases of occupational injuries with lost workdays by industry group and employment size and by major occupation group (type of injury/part of the body injured/cause of injury)
- d. days lost of cases of occupational injuries by industry group (major occupation group/type of injury/part of the body injured/cause of injury) and employment size and by incapacity for work,
- e. frequency rates of cases of occupational injuries with lost workdays by industry group and employment size and by incapacity for work
- f. severity rates of cases of occupational injuries with lost workdays by industry group and employment size and by incapacity for work
- g. average days lost of cases of occupational injuries with lost workdays by industry group (major occupation group/type of injury/part of the body injured/cause of injury) and employment size and by incapacity for work
- h. average days lost of non-fatal cases of occupational injuries by industry group and employment size and by major occupation group (type of injury/part of the body injured/cause of injury)
- i. average days lost of cases of permanent incapacity for work by industry group and employment size and by major occupation group (type of injury/part of the body injured/cause of injury)
- j. average days lost of cases of temporary incapacity for work by industry group and employment size and by major occupation group (type of injury/part of the body injured/cause of injury)
- k. cases of occupational accidents and workers injured by industry group and employment size
- l. cases of commuting accidents and workers injured by industry group and employment size
- m. average employment (total, male, female) by industry group and employment size
- n. total hours worked (average hours worked per worker) by industry group and employment size

1.9. Unit of Enumeration

The unit of enumeration for this survey is the establishment. An establishment is defined as an economic unit engaged in one or predominantly one kind of economic activity under a single ownership or control at a single fixed location. Thus, mining/construction sites, factories, electric plants, stores, shops, hotels, restaurants, bus companies, banks, radio stations, real estate developers and the like are considered establishments.

For multi-unit enterprises with different outlets and subsidiaries or whose activities are located at different locations, each branch, outlet or subsidiary is considered an establishment. However, security detachments, janitorial units and power barges are not considered as establishments.

For firms engaged in activities which may be physically dispersed such as mining, construction, real estate development, transportation, communication, insurance, etc. the establishment is the base from which the personnel operate to carry out their activities or from which they are paid.

1.10. Frequency and Reference Period

The revised Occupational Injuries Survey will be undertaken once every 2 years. For this survey round, the information to be collected refers to the period **January 1 to December 31, 2000**. The next OIS will have **2002** as reference period and will be conducted in **2003**.

1.11. Editing Guidelines

Editing guidelines are useful in assessing the completeness and consistency of survey data. These guidelines are prepared to help enumerators, supervisors and reviewers detect and correct errors in the accomplished questionnaire to ensure processing of correct information.

1.11.1. General Instructions

- a. Any attachments by the establishment should be stapled on page 4 of the questionnaire. The corresponding **EIN** should be written on the upper right hand corner of each page of the attachment.
- b. Read the **remarks** of the respondent on page 7 of the questionnaire as these may provide explanations relevant to the accomplished questionnaire.
- c. Do not erase or obliterate entries by the respondent. **Line out** neatly the original entry then legibly write close to it the correct/new entry.
- d. The details should **add up** to respective totals. Otherwise, verify with the contact person.
- e. If problems arise, the enumerator should **consult** his/her area supervisor while the latter his/her regional supervisor.

1.11.2. Specific Instructions

a. Cover Page

- **Name and Address of Establishment**

If there are any **changes in the name and address** of the sample establishment, the enumerator should fill out the space/s below the address label as specified. If the questionnaire is to be accomplished by the **head office**, the enumerator should fill out the allocated spaces as specified. If there were no entries in these spaces, it would be assumed that there are no changes in the name and address of the sample establishment and that the questionnaire was not endorsed to the head office.

- **Status Codes**

To the right of the address box are codes (to be discussed in Chapter 3) that will reflect the status of the questionnaire. Only that for **field staff** should be used. No marks should be made on the status codes for BLES use.

- **Assistance Available**

The enumerator (for Outside Metro Manila) should write his/her **name, DOLE-RO address, telephone and fax numbers and e-mail address** at the bottom of the cover page. This is to facilitate coordination between the respondent and the enumerator.

b. Items of Inquiry

| Part A: General Information | |
|----------------------------------|---|
| 1. Main economic activity | Entry should clearly describe the main economic activity based on that, which contributes the biggest share of revenues to the establishment, e.g. metallic ore mining, food manufacturing, retail trade, education. |
| Major products/goods or services | Entry should refer to the specific products/goods/services produced or provided by the establishment, e.g. gold, ice cream, shoes, secondary education. |
| Average employment Total | Entry should refer to the average total number of employed persons during the reference year (see definition and example of the computation to be made by the respondent on page 2 of the questionnaire). Entry should be the sum of entries for male and female workers. <u>If the establishment was on strike or temporarily closed at any time during the reference year</u> , the number of workers on strike or temporarily not at work should be included in the determination of average total number of persons employed during the reference year as long as they were still considered <u>employed</u> i.e. employer-employee relations still exist. |
| Male | Apply the <u>same procedure</u> as in the computation of average total employment. |
| Female | Apply the <u>same procedure</u> as in the computation of average total employment. |
| 3. Normal working hours per day | Entry should refer to the regular working hours per day for majority of workers during the reference year, e. g. 7.5 or 8. |

| | |
|--|--|
| Part A: General Information (cont'd.) | |
| Working days per year | Entry should refer to the total number of working days of the establishment during the reference year, e.g. 250 or 302. |
| Total hours actually worked | Entry should refer to total hours actually worked of persons employed reported in Item 2 (see definition and example of computation to be made by the respondent on page 3 of the questionnaire). |
| Part B: Occupational Accidents | |
| 1. Occupational accidents | Only one box should be checked. If neither of the boxes were checked, verify with establishment. If "Yes" box was checked, there should be an entry in the box for the number of occupational accidents . |
| Part C. Occupational Injuries | |
| 1. Cases of occupational injuries by major occupation group | There should be entries here if the "Yes" box in Part B Item 1 was checked . Otherwise, verify with the establishment. Entries here should refer to the number of cases of fatal, permanent and temporary incapacity for work, number of lost workdays for cases of permanent and temporary incapacity for work and cases without lost workdays classified by major occupation group of the injured workers. See definitions of occupational injuries on page 4 and classification according to major occupation on page 8 of the questionnaire. |
| Specific editing guidelines on this portion are as follows: | |
| Fatal cases | Accept with or without entry. |
| Cases of permanent incapacity for work | Accept with or without entry. However, if there is entry other than "zero," there should be corresponding entry for lost workdays . Otherwise, verify with establishment. |
| Lost workdays of cases of permanent incapacity for work | Accept entry if there is entry other than "zero" for corresponding cases of permanent incapacity for work. Otherwise, verify with establishment. |
| Cases of temporary incapacity for work | Accept with or without entry. However, if there is entry other than "zero," there should be corresponding entry for lost workdays . Otherwise, verify with establishment. |

| Part C. Occupational Injuries (cont'd.) | |
|--|--|
| Lost workdays of cases of temporary incapacity for work | Accept entry if there is entry other than “zero” for corresponding cases of temporary incapacity for work. Otherwise, verify with establishment. |
| Cases without lost workdays | Accept with or without entry. |
| Total | Details should add up to their respective column totals. Otherwise, verify with the establishment. Moreover, each column total should equal its corresponding column total in Items 2, 3 and 4. If <u>not</u> , verify with the establishment. |
| 2. Cases of occupational injuries by type of injury | <p>There should be entries here if the “Yes” box in Part B Item 1 was checked. Otherwise, verify with the establishment. Entries here should refer to the number of cases of fatal, permanent and temporary incapacity for work, number of lost workdays for cases of permanent and temporary incapacity for work and cases without lost workdays classified by type of injury of the injured workers. See definitions of occupational injuries on page 4 and classification according to type of injury on page 9 of the questionnaire.</p> <p>Specific editing guidelines on this portion are as follows:</p> |
| Fatal cases | Accept with or without entry. |
| Cases of permanent incapacity for work | Accept with or without entry. However, if there is entry other than “zero,” there should be corresponding entry for lost workdays . Otherwise, verify with establishment. |
| Lost workdays of cases of permanent incapacity for work | Accept entry if there is entry other than “zero” for corresponding cases of permanent incapacity for work. Otherwise, verify with establishment. |
| Cases of temporary incapacity for work | Accept with or without entry. However, if there is entry other than “zero,” there should be corresponding entry for lost workdays . Otherwise, verify with establishment. |
| Lost workdays of cases of temporary incapacity for work | Accept entry if there is entry other than “zero” for corresponding cases of temporary incapacity for work. Otherwise, verify with establishment. |

| Part C. Occupational Injuries (cont'd.) | |
|--|---|
| Cases without lost workdays | Accept with or without entry. |
| Total | Details should add up to their respective column totals. Otherwise, verify with the establishment. Moreover, each column total should equal its corresponding column total in Items 1, 3 and 4. If <u>not</u> , verify with the establishment. |
| 3. Cases of occupational injuries by part of the body injured | There should be entries here if the “Yes” box in Part B Item 1 was checked . Otherwise, verify with the establishment. Entries here should refer to the number of cases of fatal, permanent and temporary incapacity for work, number of lost workdays for cases of permanent and temporary incapacity for work and cases without lost workdays classified by part of the body injured of the injured workers. See definitions of occupational injuries on page 4 and classification according to part of the body injured on page 10 of the questionnaire. |
| Specific editing guidelines on this portion are as follows: | |
| Fatal cases | Accept with or without entry. |
| Cases of permanent incapacity for work | Accept with or without entry. However, if there is entry other than “zero,” there should be corresponding entry for lost workdays . Otherwise, verify with establishment. |
| Lost workdays of cases of permanent incapacity for work | Accept entry if there is entry other than “zero” for corresponding cases of permanent incapacity for work. Otherwise, verify with establishment. |
| Cases of temporary incapacity for work | Accept with or without entry. However, if there is entry other than “zero,” there should be corresponding entry for lost workdays . Otherwise, verify with establishment. |
| Lost workdays of cases of temporary incapacity for work | Accept entry if there is entry other than “zero” for corresponding cases of temporary incapacity for work. Otherwise, verify with establishment. |
| Cases without lost workdays | Accept with or without entry. |

| Part C. Occupational Injuries (cont'd.) | |
|--|---|
| Total | Details should add up to their respective column totals. Otherwise, verify with the establishment. Moreover, each column total should equal its corresponding column total in Items 1, 2 and 4. If <u>not</u> , verify with the establishment. |
| 4. Cases of occupational injuries by cause of injury | There should be entries here if the “Yes” box in Part B Item 1 was checked . Otherwise, verify with the establishment. Entries here should refer to the number of cases of fatal, permanent and temporary incapacity for work, number of lost workdays for cases of permanent and temporary incapacity for work and cases without lost workdays classified by cause of injury . See definitions on pages 4 (occupational injuries) and 10 (cause of injury) of the questionnaire. |
| Specific editing guidelines on this portion are as follows: | |
| Fatal cases | Accept with or without entry. |
| Cases of permanent incapacity for work | Accept with or without entry. However, if there is entry other than “zero,” there should be corresponding entry for lost workdays . Otherwise, verify with establishment. |
| Lost workdays of cases of permanent incapacity for work | Accept entry if there is entry other than “zero” for corresponding cases of permanent incapacity for work. Otherwise, verify with establishment. |
| Cases of temporary incapacity for work | Accept with or without entry. However, if there is entry other than “zero,” there should be corresponding entry for lost workdays . Otherwise, verify with establishment. |
| Lost workdays of cases of temporary incapacity for work | Accept entry if there is entry other than “zero” for corresponding cases of temporary incapacity for work. Otherwise, verify with establishment |
| Cases without lost workdays | Accept with or without entry. |
| Total | Details should add up to their respective column totals. Otherwise, verify with the establishment. Moreover, each column total should equal its corresponding column total in Items 1, 2 and 3. If <u>not</u> , verify with the establishment. |

| | |
|---|---|
| Part D. Cases of Injury Due to Commuting Accidents | |
| 1. Commuting accidents | <p>Only one box should be checked. If neither of the boxes were checked, verify with establishment.</p> <p>If "Yes" box was checked, there should be an entry in the box for the number of workers injured.</p> |
| Part E. Certification of Respondent | |
| <p>To facilitate coordination in cases when some entries have to be verified, the enumerator should see to it that the required information on the contact person is fully provided. The signature of the contact person in particular is important, as this means that the information provided by the establishment is official/approved for submission to BLES. (See Chapter 3, section 3.7 - e).</p> | |
| Part F. Survey Personnel | |
| <p>In this portion of the questionnaire, the personnel involved in the field operations should write their names and the dates when the questionnaire was retrieved (enumerator) and reviewed (area/regional supervisors/BLES staff). The dates are particularly important, as these would indicate the time it took to retrieve or review the questionnaire--- a measure of survey efficiency.</p> | |

1.11.3. OIS Form 1

The Supervisor should encircle the entries in the questionnaire that are for verification. He/she should then accomplish **OIS Form 1** in duplicate, and attach the original copy to the questionnaire. This would inform the contact person on the specific entry/s being questioned and the reason/s for the query. The duplicate copy of the OIS Form 1 serves as the Supervisor's reference in checking that the entries for verification have been corrected/explained once the enumerator re-submits the questionnaire.

EIN: _____ NAME OF ESTABLISHMENT: _____
 GEO: _____ FLOOR/BLDG./ # STREET NAME: _____
 PSIC: _____ BARANGAY/CITY/MUNICIPALITY: _____
 ATE: _____ ZIP CODE/PROVINCE: _____

| | |
|---|---|
| 1. MAIN ECONOMIC ACTIVITY/MAJOR PRODUCTS GOODS OR SERVICES | <input type="checkbox"/> No/inadequate description of main economic activity <input type="checkbox"/> No entry for major products, goods or services |
|---|---|

3. TOTAL HOURS WORKED

| | |
|--|-----------------------------------|
| a. Normal Working Hours Per Day | <input type="checkbox"/> No entry |
| b. Total Number of Working Days for the Year | <input type="checkbox"/> No entry |
| c. Total Hours Actually Worked by All Employed Persons for the Year | <input type="checkbox"/> No entry |

1. OCCURRENCE OF OCCUPATIONAL ACCIDENTS ☐ No check mark if either "Yes" or "No"
☐ Only one of the boxes should be checked

Part C. Occupational Injuries

1. CASES OF OCCUPATIONAL INJURIES BY MAJOR OCCUPATION GROUP
(answered YES in Item 1 of Part B)

1. CASES OF OCCUPATIONAL INJURIES BY MAJOR OCCUPATION GROUP
(answered YES in Item 1 of Part B)

2. CASES OF OCCUPATIONAL INJURIES BY TYPE OF INJURY
(answered YES in Item 1 of Part B)

2. CASES OF OCCUPATIONAL INJURIES BY TYPE OF INJURY
(answered YES in Item 1 of Part B)

| Items of Verification (Check where applicable) | Fatal | Permanent Incapacity | | Temporary Incapacity | | Cases Without Lost Workdays |
|---|-------|----------------------|---------------|----------------------|---------------|-----------------------------|
| | | Cases | Lost Workdays | Cases | Lost Workdays | |
| a. No entry in any of the cases | | | | | | |
| b. With incapacity cases but no corresponding entry on workdays | | | | | | |
| c. With lost workdays but no corresponding entry on cases | | | | | | |
| d. Consolidated data/no breakdown by type of injury | | | | | | |
| e. Details do not add up to respective column totals | | | | | | |
| f. Column totals do not tally with corresponding column totals of Items 1, 3 or 4 | | | | | | |

| Part C. Occupational Injuries (cont'd.) | | | | | | |
|---|-------|--|---------------|----------------------|---------------|-----------------------------|
| 3. CASES OF OCCUPATIONAL INJURIES BY PART OF BODY INJURED (answered YES in Item 1 of Part B) | | | | | | |
| Items of Verification (Check where applicable) | Fatal | Permanent Incapacity | | Temporary Incapacity | | Cases Without Lost Workdays |
| | | Cases | Lost Workdays | Cases | Lost Workdays | |
| a. No entry in any of the cases | | | | | | |
| b. With incapacity cases but no corresponding entry on workdays | | | | | | |
| c. With lost workdays but no corresponding entry on cases | | | | | | |
| d. Consolidated data/no breakdown by part of body injured | | | | | | |
| e. Details do not add up to respective column totals | | | | | | |
| f. Column totals do not tally with corresponding column totals of Items 1, 2 or 4 | | | | | | |
| 4. CASES OF OCCUPATIONAL INJURIES BY CAUSE OF INJURY (answered YES in Item 1 of Part B) | | | | | | |
| Items of Verification (Check where applicable) | Fatal | Permanent Incapacity | | Temporary Incapacity | | Cases Without Lost Workdays |
| | | Cases | Lost Workdays | Cases | Lost Workdays | |
| a. No entry in any of the cases | | | | | | |
| b. With incapacity cases but no corresponding entry on workdays | | | | | | |
| c. With lost workdays but no corresponding entry on cases | | | | | | |
| d. Consolidated data/no breakdown by cause of injury | | | | | | |
| e. Details do not add up to respective column totals | | | | | | |
| f. Column totals do not tally with corresponding column totals of Items 1, 2 or 3 | | | | | | |
| Part D. Cases of Injury Due to Commuting Accidents | | | | | | |
| 1. OCCURRENCE OF COMMUTING ACCIDENTS | | <input type="checkbox"/> No check mark if either "Yes" or "No" <input type="checkbox"/> Only one of the boxes should be checked | | | | |
| 2. NUMBER OF COMMUTING ACCIDENTS (answered YES in Item1) | | <input type="checkbox"/> No entry | | | | |

CHAPTER 2

EMPLOYMENT, HOURS AND EARNINGS SURVEY

The Employment, Hours and Earnings Survey (EHES) is a sample survey of non-agricultural establishments conceived in 1989 to generate trend statistics on key employment indicators. Since the EHES until 1997 was a rider survey to the Quarterly Survey of Establishments (QSE) of the National Statistics Office (NSO), it adopted the sampling design of the QSE.

In 1996, Executive Order 352 designated the EHES as one of the government-designated surveys critical in monitoring the country's economic performance, particularly in the area of labor and employment.

The EHES underwent another major revision in 1998 when its sampling design was completely modified to conform to the 1994 Philippine Standard Industrial Classification (PSIC). This was accompanied by a major revision in data coverage of the survey in response to demands for more relevant and timely indicators that would provide information on emerging issues and problems affecting the labor market. The revision was done in consultations with data users, mainly major government agencies and employers' and employees' groups. Also, the Bureau of Labor and Employment Statistics (BLES) in coordination with the DOLE Regional Offices assumed the field operations for the EHES.

2.1. Objective of the Survey

The survey aims to provide quarterly trends of key labor and employment indicators that are closely tied to the course of events in an establishment and reflect the ups and downs of the employer's business.

2.2. Collection Authority

The conduct of the EHES is mandated by:

- a. Executive Order No. 126 (creating the BLES) - that mandates the Bureau, among others, to conduct nationwide surveys and studies which will generate trends and structures on labor and employment.
- b. Executive Order No. 352 - designating the EHES as one of the statistical activities that will generate critical data for decision-making of the government and the private sector.

2.3. Confidentiality of Information

The information obtained from the establishments shall be held in strict confidentiality in all times and shall be used for statistical purposes only. For this reason, all information shall be integrated and presented by the BLES in summary form so as not to reveal the identity of the individual establishments that participated in the survey.

2.4. Scope and Coverage

The revised EHES is a nationwide establishment-based survey covering non-agricultural establishments employing 20 and over. Excluded from the survey are the industries enumerated in Section 3.5.6 of Chapter 3 of this Manual.

The survey inquires on employment, labor turnover (accessions and separations), vacancies, hours of work and earnings of rank and file workers. It also monitors the extent of job contracting and from time to time inquires on issues of current importance.

2.5. Sampling Design

The revised EHES utilizes two types of samples - the **normal sample** and the **enhanced sample**. The normal sample is made up of non-agricultural establishments employing at least 20 workers in broad industry groupings.

Stratified sampling was used in the **normal sample** to minimize heterogeneity in the subclasses of the establishment population and thus increase the reliability of the estimates of the population parameters. Stratification was by region and 1-digit PSIC code and by average total employment (cell) except for manufacturing that is at the 3-digit industry level.

Establishments with average total employment of 200 and over were completely enumerated while simple random sampling was used in the selection of sample establishments with average total employment of 20 to 199. It covers on 15 percent basis establishments employing 20 to 49 and 30 percent basis establishments employing 50 to 199.

At least two (2) establishments were selected for cells with more than one establishment while complete enumeration was done for cells with only one (1) establishment.

On the other hand, the **enhanced sample** covers **all** non-agricultural establishments with 50 or more workers in 22 specific industries that are considered critical such as those export-oriented and de-regulated. Specifically, these industries are as follows:

| Description | | 1994 PSIC |
|--------------------------------------|---|------------|
| SELECTED MANUFACTURING | | D |
| 1. | Manufacture of Textiles | D17 |
| 2. | Manufacture of Wearing Apparel | D18 |
| 3. | Manufacture of Refined Petroleum Products | D23200 |
| 4. | Manufacture of Electronic Valves and Tubes | D32100 |
| 5. | Manufacture of Semi-conductor Devices and Other Electronic Components | D32200 |
| SELECTED COMMUNICATIONS | | I64 |
| 1. | Telephone Service | I64201 |
| 2. | Facsimile/Telefax Service | I64203 |
| 3. | Telex Service | I64204 |
| 4. | Telecommunications Services, n.e.c. | I64209 |
| SELECTED BANKING INSTITUTIONS | | J65 |
| 1. | Expanded Commercial Banking | J65910 |
| 2. | Regular Commercial Banking | J65920 |
| 3. | Savings and Mortgage Banking | J65931 |
| 4. | Private Development Banking | J65932 |
| 5. | Regular Rural Banking | J65941 |
| 6. | Cooperative Rural Banking | J65942 |

| Description | | 1994 PSIC |
|--|--|-----------|
| SELECTED REAL ESTATE, RENTING AND BUSINESS ACTIVITIES | | K |
| 1. | Real Estate Buying, Developing Subdividing and Selling | K70120 |
| 2. | Renting of Office Machinery and Equipment (including computers) | K71230 |
| 3. | Hardware Consultancy | K72100 |
| 4. | Software Consultancy and Supply | K72200 |
| 5. | Software Development | K72300 |
| 6. | Data Processing-Data - Data Conversion Services | K72400 |
| 7. | Maintenance and Repair Office Accounting and Computing Machinery | K72600 |

2.6. Frequency and Reference Period

The revised EHES collects quarterly data and is conducted on a semestral basis.

2.7. Editing Guidelines

Editing guidelines are useful in assessing the completeness and consistency of survey data. These guidelines are prepared to help enumerators, supervisors and reviewers detect and correct errors in the accomplished form to ensure processing of correct information.

2.7.1. General Instructions

- a. Make sure that all items have been filled out **completely/correctly**. If not, ask respondents on any doubtful entries.
- b. Indicate in the space provided (upper right hand corner of the inside page) the establishment identification number (**EIN**) of the establishment.
- c. Any attachments provided by the establishment should be stapled to the pertinent questionnaire. The corresponding **EIN** should be written on the upper right hand corner of each page of the attachment.
- d. Read **remarks** of the respondent as these may provide explanations relevant to the accomplished questionnaire.
- e. Do not erase or obliterate entries by the respondent. **Line out** neatly the original entry then legibly write close to it the correct/new entry.
- f. The details should **add up** to respective totals.
- g. If problem/s arise, the enumerator should **consult** his/her area supervisor while the latter his/her regional supervisor.

2.7.2 Specific Instructions

a. Cover Page

This contains the address box, name of establishment and location, spaces for establishment’s main economic activity and major product/s, goods or services, purpose and coverage of the survey.

If there are any changes in the name and address of the sample establishment, the enumerator should fill out the spaces provided for such. If there were no entries in these spaces, it would be assumed that there are no changes in the name and address of the establishment.

For establishment's main economic activity, entry here should clearly describe the main economic activity based on that which contributes the biggest share of income/revenues.

For major product/s, goods or services, entry here should refer to the specific product/goods produced or service provided. In case the establishment has several products/goods or services, the entries should be written in order of importance.

b. Items of Information (See also Explanatory Notes in the questionnaire)

Note: The enumerator should inform the establishment that **all** entries under **Item I - EMPLOYMENT** should refer to the **average of the three months of the reference quarter**. For example, total employment during the 1st quarter is the average employment from January to March while 2nd quarter employment is the average employment from April to June.

Illustration: If the total employment of an establishment for the three months during the third quarter were as follows:

| | |
|----------|----|
| January | 94 |
| February | 96 |
| March | 95 |

then its average employment **during the quarter** is

= (94 + 96 + 95) ÷ 3

= 285 ÷ 3

= 95

Item I. EMPLOYMENT

A. Total Employment (including working owners, unpaid workers and paid officials and employees)

- Do not leave this item blank. Entries here are the average of the three months in each reference quarter covered by the survey.
- Entries here are the sum of corresponding entries in **Item I.A.1** (Managers/Executives), **Item I.A.2** (Supervisors/Foremen) and **Item I.A.3** (Total Rank and File Workers). If not, check with the establishment.
- Check if Total Employment is consistent with ATE printed in the address label. If not, check with the establishment and make appropriate correction.

1. Managers/Executives

- Do not leave this item blank. Entries here are the average of the three months in each reference quarter covered by the survey.

2. Supervisors/Foremen

- Do not leave this item blank. Entries here are the average of the three months in each reference quarter covered by the survey.

Note: *The proportion of managers/executives and supervisors/foremen to corresponding total employment should be around 20 percent. If not, check with the establishment.*

3. Total Rank and File Workers (Workers Below Managers and Executives/Supervisors and Foremen) - data here refer to administrative, technical, production staff and all other employees not occupying executive or supervisory positions.

- Do not leave this item blank. Entries here are the average number of rank and file workers during the quarter.
- Entries here are the sum of entries in **Items I.A.3.a** and **I.A.3.b**.
- Entries here should be less than Total Employment (**Item I.A**).
- Entries here should be around **80 percent** of corresponding Total Employment (**Item I.A**). If not, check with the establishment.

1. Regular Workers

- *Entries here are the average number of regular rank and file workers during the quarter as in the illustration/example in Item 1.7.2.b.*

2. Non-Regular Workers

- *Entries here are the average number of non-regular rank and file workers during the quarter as in the illustration/example in Item 1.7.2.b.*

B. Workers Paid the Minimum Wage

- Entries here are the average number of workers for the three months of each quarter covered by the survey, which were paid **exactly** the minimum wage rate fixed by the Regional Tripartite Wages and Productivity Board (RTWPB).
- Entries here should be less than Total Employment (**Item I.A**).

*Note: The enumerator should inform the establishment that **all** entries under **Items II to V** should refer to the **total for the reference quarter (i.e. 3 months)**.*

Item II. LABOR TURNOVER

- There may or may not be entries here. Entries here must be consistent with reported increases or decreases of Total Employment (**Item I.A**).

A. Total New Hires (Accessions)

- If there are entries, these should be the sum of corresponding entries in **Item II.A.1** (Expansion) and **Item II.A.2** (Replacement).

B. Total Separations

- If there are entries, these should be the sum of corresponding entries in **Item II.B.1** (Employee-initiated) and **Item II.B.2** (Employer-initiated).

Item III. EXISTING JOB VACANCIES

- There may or may not be entries here. Entries here should not be greater than Total Employment (**Item I.A**).
- If there are entries, these should refer to existing job vacancies during the quarter available for:

- 1. **Regular Workers**
- 2. **Non-Regular Workers**

Item IV. HOURS OF WORK of Rank and File Workers Only

A. Total Hours Actually Worked on Ordinary Days Excluding Overtime

- Entries here should be the total hours for the quarter of all workers referred to in **Item I.A.3** (Total Rank and File Workers).
- Average entries are not acceptable (e.g. 8 hours/day per worker; 216 hours/month per worker, etc.).
- To check validity or correctness of entries, compute the average hours worked per rank and file worker during the quarter by dividing the reported number of hours (**Item IV.A**) by the corresponding number of Total Rank and File Workers (**Item I.A.3**). The computed value should be within the acceptable range: 300-900 hours per rank and file worker for a quarter. If not, check with the establishment and provide brief explanation.

Acceptable Range:

- 300 - 900 hours per rank and file worker during the quarter (i.e. 3 months)

Illustration: 1st Quarter Data

| | |
|--|--------|
| Item I.A.3: Total Rank And File Workers | 50 |
| Item IV.A: Total Hours Actually Worked Excluding Overtime | 26,050 |

Hours worked per rank and file worker **during the quarter** is
 $=26,050 \div 50 = \underline{521}$ (within acceptable range)

Note: If not within the acceptable range, check with the establishment and provide brief explanation at the bottom of the questionnaire e.g., operated only for one month during the quarter.

Examples of establishments whose hours of work of rank and file workers are not within acceptable range:

1. ESTABLISHMENT WITH SHORT HOURS OF WORK
Educational institutions, mining and service-oriented establishments, e.g. salt making and fast foods in which total hours per rank and file worker may be less than 300 hours during the quarter;
2. ESTABLISHMENT WITH LONG HOURS OF WORK
In the case of security agencies, total hours per rank and file worker during the quarter may be up to 936;
3. Establishments that experienced unusual decrease in hours of work due to economic (low sales, lack of raw materials, etc.) and non-economic reasons (work disputes, breakdown of equipment, fire, etc.) may report less than 300 hours/per worker during the quarter.

B. Total Overtime Hours

- There may or may not be entries here.
- If there are entries, these should be the total overtime hours for all rank and file workers referred to in **Item I.A.3**.
- Average entries are not acceptable (e.g. 3 hours per day per worker).
- Entries here should be less than the entries in **Item IV.A** (Total Hours Actually Worked Excluding Overtime). Otherwise, check with establishment.
- To check validity or correctness of entries, compute the overtime hours worked per rank and file worker during the quarter by dividing the reported overtime hours (**Item IV.B**) by the corresponding number of rank and file workers (**Item I.A.3**). The computed value should not exceed 130 hours per rank and file worker or else, check with the establishment and provide brief explanation for such.

Illustration: 1st Quarter Data

| | |
|--|-------|
| Item I.A.3: Total Rank and File Workers | 50 |
| Item V.B: Total Overtime Hours | 5,200 |

Overtime hours per rank and file worker **during the quarter** is
= $5,200 \div 50$
= **104** (within acceptable range)

Note: If not within the acceptable range, check with the establishment and provide brief explanation at the bottom of the questionnaire e.g. operated only for one month during the quarter.

Item V. EARNINGS OF RANK AND FILE WORKERS (as reported in Item I.A.3.a and I.A.3.b)

A. Wages and Salaries

- Entries for **Item V.A.1** should be the **total amount** (in pesos) of wages and salaries of all regular workers referred to in **Item I.A.3.a** while entries for **Item V.A.2** should be the total wages and salaries of all non-regular workers referred to in **Item I.A.3.b** during the quarter.
- Round off the amount to the nearest peso.
- Average entries are not acceptable (e.g. ₱200 per day, ₱5,000 per month).
- To check validity or correctness of entries, compute the average **monthly** wages and salaries per rank and file worker (regular or non-regular worker as the case may be) during the quarter. This is done by dividing entry in **Item V.A.1** by that in **Item I.A.3.a** (number of regular workers) and entry in **Item V.A.2** by that in **Item I.A.3.b** (number of non-regular workers) and then by three (3).

Illustration: 1st Quarter Data

| | |
|--|-----------|
| Item 1.A.3: Regular Rank and File Workers | 40 |
| Item V.A.1: Wages and Salaries of Regular Workers | ₱ 936,000 |

Average **monthly** wages and salaries per rank and file employee is

$$= (936,000 \div 40) \div 3$$
$$= 23,400 \div 3$$
$$= \textbf{₱7,800}$$

(within acceptable range)

Note: If not within the acceptable range, check with the establishment and provide brief explanation of the questionnaire e.g. low wages and salaries due to reduction in working days during the quarter because of poor sales.

Acceptable Range:

- ₱ 2,000 - ₱ 20,000 per month per worker

Examples of establishments whose average monthly wages and salaries of rank and file workers are not within acceptable range:

1. ESTABLISHMENTS WITH AVERAGE MONTHLY WAGES BELOW ₱2,000 PER WORKER
Establishments that experienced unusual decline in workers pay due to economic (financial losses, low sales, lack of raw materials, etc.) and non-economic reasons (work disputes, breakdown of equipment, fire, etc.);
2. ESTABLISHMENTS WITH AVERAGE MONTHLY WAGES ABOVE ₱20,000 PER WORKER
Multinational corporations (a large firm whose head office is in one country and with branches/offices operating overseas);

3. Establishments engaged in petroleum manufacturing, banking and electric utilities where average monthly wages per rank and file worker were normally higher than the national level.

B. Bonuses and Gratuities

- Entries for **Item V.B.1** must be the total amount (in pesos) of bonuses and gratuities of all regular workers referred to in **Item I.A.3.a** while entries for **Item V.B.2** must be the total amount of bonuses and gratuities of all non-regular workers referred to in **Item I.A.3.b**.
- Round off the amount to the nearest peso.
- Average amount per employee is not acceptable (e.g. ₱200 per day, ₱5,000 per month).
- To check validity or correctness of entries, compute the bonuses and gratuities per rank and file worker (regular or non-regular worker as the case may be) during the quarter. This is done by dividing entry in **Item V.B.1** by that in **Item I.A.3.a** (number of regular workers) and entry in **Item V.B.2** by that in **Item I.A.3.b** (number of non-regular workers).

Illustration: 4th Quarter Data

| | |
|---|-----------|
| Item 1.A.3: Regular Rank and File Workers | 40 |
| Item V.B.1: Bonuses and Gratuities of Regular Workers | ₱ 312,000 |

Bonuses and gratuities per regular rank and file employee **during the quarter** is
 = 312,000 ÷ 40
 = **₱7,800**

Note: This amount could refer to the 13th month pay that is usually given at the end of the year.

Item VI. OCCUPATIONAL EMPLOYMENT

1. **Name the occupations for which your company had experienced the greatest difficulties in recruitment in the past three years.**
 - Entries here should be the names of hard-to-fill occupations in the establishment in the past three years and the corresponding number of months the occupations was vacant.
2. **Name the new occupations your company created in the last three years, if any.**
 - Entries here should be the names of occupations created by the establishment, if any, in the last three years and their corresponding brief description.

3. Name the three occupations that will be most vital to the organization's performance in the next five years.

- Entries here should be the names of the three occupations that will be most important to the establishment's performance in the next five years.

Item VII. ADDITIONAL INFORMATION

A. Agency-Hired Workers

- In Item **VII.A.1**, check only one box (Yes or No).
- If **yes**, indicate the number of workers hired by the establishment through agency during the 3rd and 4th quarters. Further, check as many boxes as applicable as to the type of jobs performed by these workers in the establishment.

B. Contracting Activities

- In Item **VII.B.1**, check only one box (Yes or No).
- If **yes**, indicate in Item **VII.B.1.a** the number of companies that contracted work **FROM** the establishment during the 3rd and 4th quarters. Further, check as many boxes as applicable the type of jobs contracted out to other establishments.
- In Item **VII.B.1.b**, indicate the year the company started contracting out work.
- In Item **VII.B.2**, check only one box (Yes or No).
- If **yes**, indicate how many companies contracted work **TO** the establishment during the 3rd and 4th quarters.

c. Certification of Respondent

Information on the contact person should be fully provided for easy verification/clarification of responses. The accomplished questionnaire must be signed by the contact person as proof that the information provided is correct and have been reviewed and approved for submission to the BLES.

d. Survey Personnel

In this portion of the questionnaire, the personnel involved in the field operations should write their names and the dates when the questionnaire was retrieved (enumerator), edited and reviewed (area/regional supervisor/BLES staff). The dates are particularly important, as these would indicate the time it took to retrieve, edit or review the questionnaire --- a measure of survey efficiency.

2.7.3. EHES Form I

This form should be accomplished by the supervisor to aid his/her review of the establishment data on the **number of rank and file workers and corresponding wages and salaries**. This posting sheet should be sent together with the EHES retrieved questionnaires transmitted to the BLES.

With the EIN as reference, the supervisor should copy the establishment data on the number of regular and non-regular workers and their corresponding wages and salaries from the retrieved questionnaires. Then he/she should compute the average **monthly** wages and salaries for each establishment by using the formula indicated in the form. In case questionable data are encountered, he/she should encircle the questionable entries in the corresponding questionnaire/s and return the questionnaire/s to the concerned enumerator/s for verification with the establishment/s. EHES Form 2 as described below should accompany each questionnaire for verification.

It is important then that the enumerators correctly edit the questionnaires and note down at the bottom of the questionnaire the explanations for entries that may seem questionable before they leave the establishment premises. This is to minimize unnecessary callbacks and to ensure speedy payment of enumerators' salaries.

2.7.4. EHES Form 2

The Supervisor should encircle the entries in the questionnaire that are for verification (**not limited to the number of rank and file workers and corresponding wages and salaries**). He/she should then accomplish **EHES Form 2** in duplicate, and attach the original copy to the questionnaire. This would inform the contact person on the specific entry/ies being questioned and the reason/s for the query. The duplicate copy of EHES Form 2 serves as the Supervisor's reference in checking that the entries for verification have been corrected/explained once the enumerator re-submits the questionnaire.

2.8. 1999 EHES Results

Attached to the questionnaire is the 1999 survey result on average earnings of rank and file workers. The enumerator shall leave this to the establishment for their information.

DEFINITION OF TERMS

MAIN ECONOMIC ACTIVITY - refers to the activity that contributes the biggest portion of income/revenues to the establishment.

TOTAL EMPLOYMENT - refers to the average number of persons who worked or received pay during the reference quarter. This includes the following:

Working Owners - owners who are actively engaged in the management of the establishment but do not receive regular pay;

Unpaid Family Workers - persons working without pay for at least 1/3 of the working time normal to the establishment; and

Paid Officials and Workers - include full-time/part-time workers; employees on paid leaves (e.g. sick/vacation/maternity/holiday/study leave); and employees working away from the establishment but paid by and under the control of the establishment. Excluded are workers hired through contractor/agency.

TOTAL RANK AND FILE WORKERS - refer to average number of workers who do not fall within the managerial or supervisory classification of employees. This is classified further according to employment status as:

Regular Workers - are workers hired to perform activities that are usually necessary or desirable in the usual business or trade of the employer and usually worked on permanent status.

Non-Regular Workers - are workers hired for a fixed or specific project or undertaking or services performed which is seasonal in nature. These include casuals, seasonal workers, contractual/ project-based workers, paid apprentices/trainees and the like.

WORKERS PAID THE MINIMUM WAGE - refer to average number of workers paid the "minimum wage rates" fixed by the Regional Tripartite Wages and Productivity Board, which shall not be lower than the applicable statutory minimum wages rates.

LABOR TURNOVER

New Hires (Accessions) - refer to permanent or temporary additions to employment in the establishment due to 1) expansion of business activity, and 2) replacement of separated workers and employment resulting from changes in methods/technology of production or service.

Separations - refer to terminations of employment in the establishment due to 1) quits or terminations initiated by the employees for any reason except retirement, and 2) layoffs or terminations initiated by the employers due to economic/non-economic reasons and dismissals due to misconduct, incompetence of employees, etc.

EXISTING JOB VACANCIES - refer to the number of unfilled job openings, which are immediately available for filling and for which active recruitment steps are being taken anytime **during the reference quarter**.

HOURS OF WORK

Total Hours Actually Worked Excluding Overtime - refer to hours actually worked

on ordinary working days EXCLUSIVE of overtime and hours worked during rest days, regular holidays and special days. These INCLUDE rest periods or coffee breaks running from five (5) to twenty (20) minutes. These EXCLUDE non-compensable meal breaks.

Total Overtime Hours - refer to a) hours worked beyond regular hours on ordinary working days; and b) total hours worked when workers are required to work during their rest days, regular holidays and special days.

EARNINGS - cover all payments to rank and file workers in cash or in kind before deductions for withholding taxes, employees' contributions to SSS/GSIS, PHILCARE, PAG-IBIG and other obligations of employees.

Wages and Salaries - refer to payments in cash or in kind for work done including overtime, regular allowances/incentive pay and for paid leaves.

Bonuses and Gratuities - refer to Christmas bonus, 13th month, profit sharing bonuses and similar payments paid at irregular intervals.

AGENCY-HIRED WORKERS - refer to the average number of workers hired through agencies/contractors to perform or complete a job, work or service WITHIN the premises of the establishment during the reference quarter. They are excluded from total employment.

CONTRACTING - refers to an arrangement whereby a principal/contractee agrees to put out or farm out with a contractor the performance or completion of a specific job, service or work within a definite or predetermined period, regardless of whether such a job, service or work is performed or completed within or outside the premises of the principal.

OCCUPATION - refers to a collection of jobs which is sufficiently similar with regard to their main task to be grouped together under a common title, e.g. filing clerk, accountant, etc.

EHES FORM I (POSTING SHEET): This form should be accomplished by the Area Supervisor to post data on wages and salaries of rank and file workers in the establishments. When questionable data are encountered, the pertinent questionnaire together with the corresponding EHES Form 2 should be returned to the enumerator for verification with the establishment. The posting sheets together with the pertinent retrieved questionnaires should be transmitted to BLES.

| POSTING SHEET ON WAGES AND SALARIES OF RANK AND FILE WORKERS | | | | | | | | | | | | | |
|--|----------------------------|----------------------------|----------------------------|----------------------------|---|---|-----------------------------|----------------------------|-----------------------------|-----------------------------|---|---|---------------------------------------|
| Region _____ | | | | | | | Reference Year: _____ | | | | | | |
| EIN (1) | REGULAR WORKERS | | | | | | NON-REGULAR WORKERS | | | | | | REMARKS (14) |
| | Rank and File | | Wages and Salaries | | Monthly Average | | Rank and File | | Wages and Salaries | | Monthly Average | | |
| | 3 rd Qtr (2) | 4 th Qtr (3) | 3 rd Qtr (4) | 4 th Qtr (5) | 3 rd Qtr (6) <u>Cols. (4 ÷ 2)</u> 3 | 4 th Qtr (7) <u>Cols. (5 ÷ 3)</u> 3 | 3 rd Qtr (8) | 4 th Qtr (9) | 3 rd Qtr (10) | 4 th Qtr (11) | 3 rd Qtr (12) <u>Cols. (10 ÷ 8)</u> 3 | 4 th Qtr (13) <u>Cols. (11 ÷ 9)</u> 3 | |
| Ex. | | | | | | | | | | | | | |
| 4793 | 38 | 37 | 931,478 | 894,604 | 8,171 | 8,059 | 144 | 144 | 2,132,880 | 2,015,148 | 4,937 | 4,665 | Accept data |
| 12561 | | | | | | | 20 | 20 | 99,000 | 99,000 | 1,650 | 1,650 | Workers paid based on pakyao |
| 16789 | 21 | 20 | 431,925 | 526,412 | 6,856 | 8,774 | 2 | 2 | 9,000 | 9,000 | 1,500 | 1,500 | Non-regular workers are OJT |
| 24356 | 29 | 23 | 142,680 | 332,349 | 1,640 | 4,817 | | | | | | | 3 rd qtr. wages for 2 mos. |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| Prepared by: _____ | | | | | | | Certified correct by: _____ | | | | | | |
| Date: _____ | | | | | | | Date: _____ | | | | | | |

| | |
|--|---|
| EHES FORM 2 (VERIFICATION FORM): This form is to be accomplished in duplicate by the Area Supervisor for each questionnaire that needs verification. Attach original copy to the questionnaire and retain the duplicate for reference once the enumerator re-submits the questionnaire. | |
| EIN: _____ | NAME OF ESTABLISHMENT: _____ |
| GEO: _____ | BLDG./STREET: _____ |
| PSIC: _____ | BARANGAY/CITY/MUNICIPALITY: _____ |
| ATE: _____ | ZIP CODE/PROVINCE: _____ |
| ITEMS OF INFORMATION SUBJECT TO VERIFICATION FROM THE ESTABLISHMENT | |
| 1. MAIN ECONOMIC ACTIVITY/MAJOR PRODUCT/S, GOODS OR SERVICES | |
| <input type="checkbox"/> No/inadequate description of main economic activity | <input type="checkbox"/> No entry for major product/s, goods or services |
| 2. TOTAL EMPLOYMENT | |
| <input type="checkbox"/> No entries | <input type="checkbox"/> Breakdown do not add up to Total |
| <input type="checkbox"/> No breakdown | |
| 3. TOTAL RANK AND FILE WORKERS | |
| <input type="checkbox"/> No entries | <input type="checkbox"/> Breakdown do not add up to Total |
| <input type="checkbox"/> No breakdown by employment status | |
| 4. WORKERS PAID THE MINIMUM WAGE | |
| <input type="checkbox"/> No entries | <input type="checkbox"/> Entries equal to Total Employment |
| 5. TOTAL NEW HIRES (ACCESSIONS) | |
| <input type="checkbox"/> No entries | <input type="checkbox"/> Details/breakdown do not add up to Total |
| <input type="checkbox"/> No details/breakdown | |
| 6. TOTAL SEPARATIONS | |
| <input type="checkbox"/> No entries | <input type="checkbox"/> Details/breakdown do not add up to Total |
| <input type="checkbox"/> No details/breakdown | <input type="checkbox"/> Entries not consistent with increase/decrease of Total Employment |
| 7. HOURS OF WORK OF RANK AND FILE WORKERS | |
| <input type="checkbox"/> No entries | <input type="checkbox"/> Entries not acceptable (e.g. 8 hrs./day per worker; 216 hours/month per worker) |
| 8. EARNINGS OF RANK AND FILE WORKERS | |
| <input type="checkbox"/> No entries | <input type="checkbox"/> Entries not acceptable (average amount per employee) |
| 9. AGENCY-HIRED WORKERS | |
| <input type="checkbox"/> No checkmark | <input type="checkbox"/> Answered yes, but no checkmark on the type of jobs performed by agency-hired workers |
| <input type="checkbox"/> Answered yes, but no entries on the number of agency-hired workers | |
| 10. CONTRACTING ACTIVITIES | |
| a. Did your establishment contract out work/job to other establishments during the reference period? | |
| <input type="checkbox"/> No check mark | <input type="checkbox"/> Answered yes, but no check mark on type of jobs contracted out |
| <input type="checkbox"/> Answered yes, but no entries on the number of companies that contracted work <u>FROM</u> the establishment | <input type="checkbox"/> Answered yes, but no entry on what year the company started contracting out work |

| | |
|--|---|
| b. Did your establishment receive contract work/job from other establishments during the reference period? | |
| <input type="checkbox"/> No check mark | <input type="checkbox"/> Answered yes, but no entries on the number of companies that contracted work <u>TO</u> the establishment |

CHAPTER 3

OPERATIONAL STRATEGY

BLES surveys are conducted in coordination with the DOLE Regional Offices. This chapter discusses the field implementation of OIS and EHES.

3.1. Training of Field Personnel

Field operations is a crucial part of any survey. The conduct of training on data collection and field editing aims to ensure that statistical and survey standards are strictly observed.

The training schedule below shall be followed in the BLES and all DOLE-ROs:

| TIME | DURATION | ACTIVITY |
|---------------|----------|--|
| DAY 1 | | |
| 8:00 - 12:00 | 4 hours | Occupational Injuries Survey |
| 12:00 - 1:00 | 1 hour | Lunch Break |
| 1:00 - 5:00 | 4 hours | Employment, Hours and Earnings Survey |
| DAY 2 | | |
| 8:00 - 10:00 | 2 hours | Operational Strategy |
| 10:00 - 12:00 | 2 hours | Administrative Concerns (for DOLE-ROs) |
| | | Survey Documents and Forms |
| 12:00 - 1:00 | 1 hour | Lunch Break |
| 1:00 - 5:00 | 4 hours | Other Concerns |
| | | Allocation of Assignments |

3.2. Duties and Responsibilities of Field Personnel

3.2.1. Regional Supervisors

- a. Participate in the training on data collection and field editing to be conducted by BLES;
- b. Conduct training to their Area Supervisors and Enumerators/Data Collectors;
- c. Supervise field operations in their regions within the allotted time;
- d. Allocate questionnaires to field personnel, receive and control the questionnaires from the field and send the questionnaires to BLES covered by the pertinent transmittal forms on the required dates;
- e. Check the completeness and consistency of the entries in the accomplished questionnaires and return those for verification to Area Supervisors or Enumerators/Data Collectors;
- f. Deliver questionnaires if necessary, conduct follow-ups, spot checks and verification, and monitor and evaluate the performance of field personnel for purposes of payment of salaries;
- g. Ensure the confidentiality of the data provided by the establishments; and
- h. Submit the regional report on the implementation of the survey/s to BLES and the list of establishments with new addresses but whose questionnaires were not retrieved on the required dates.

3.2.2. Area Supervisors

- a. Participate in the training on data collection and field editing at the BLES or DOLE Regional Offices;
- b. Supervise field operations in their areas within the allotted time;
- c. Assist in the allocation of questionnaires to field personnel, receive and control the questionnaires from the field and transmit the questionnaires to the Regional Supervisors;
- d. Check the completeness and consistency of the entries in the accomplished questionnaires and return those for verification to Enumerators/Data Collectors;
- e. Deliver questionnaires if necessary, conduct follow-ups, spot checks and verification, and assist in monitoring and evaluation of the performance of field personnel for purposes of payment of salaries;
- f. Assist the Regional Supervisor in the transmittal of the questionnaires and preparation of the reports required by BLES
- g. Ensure the confidentiality of the data provided by the establishments.

3.2.3. Enumerators/ Data Collectors

- a. Participate in the training on data collection and field editing at the BLES or DOLE Regional Offices;
- b. Deliver the questionnaires, explain the items of inquiries to the contact persons in the establishments, and collect and edit accomplished questionnaires within the allotted time;
- c. Submit the undelivered and properly accomplished/edited questionnaires to their Supervisors;
- d. Verify questionnaires returned by Supervisors with the establishments; and
- e. Ensure the confidentiality of the data provided by the establishments.

3.3. Survey Respondents

The human resource managers, personnel managers, accountants or the designated employees by the establishments responsible for answering government surveys are the respondents to the survey.

3.4. Materials of Field Personnel

| Survey Material | Enumerator | Area Supervisor | Regional Supervisor |
|---|------------|---------------------------------|---------------------|
| BLES or DOLE identification card | ✓ | ✓ | ✓ |
| Letter of introduction (BLES Survey Form 11) | ✓ | ✓ | ✓ |
| | | If will double up as enumerator | |
| Field Operations Manual | ✓ | ✓ | ✓ |
| Control list (BLES Survey Form 1 or Form 2) | ✓ | ✓ | ✓ |
| Assigned questionnaires | ✓ | ✓ | ✓ |
| | | If will double up as enumerator | |
| Extra questionnaires | ✓ | ✓ | ✓ |
| Certificate of appearance (BLES Survey Form 12) | ✓ | ✓ | ✓ |
| | | If will double up as enumerator | |
| Ballpen (blue or black) | ✓ | ✓ | ✓ |
| Calculator | ✓ | ✓ | ✓ |

3.5. General Information

3.5.1. Address Label

All questionnaires have been pre-addressed by BLES. The address label is found on the upper portion of the cover page of each questionnaire. A sample is shown below:

| | | | | |
|--|-------------|--------------|-------------|--|
| The Owner/Manager Solid Enterprises 3/F Solid Bldg 17 Rizal St Bgy San Roque San Pablo 4000 Laguna 11100 043424064 G51311 5 | | | | Name of Establishment Address 1: Floor/ Bldg # Street Name Address 2: Bgy City or Municipality Address 3: Zip Code Province Note: Address 3 for NCR is Metro Manila |
| EIN | GEO CODE | PSIC CODE | ATE CODE | |

On each address label of the questionnaire, an asterisk/s can be seen after the ATE Code.

| | |
|-----|--|
| * | Establishment is a sample of EHES only. |
| ** | Establishment is a sample of OIS only. |
| *** | Establishment is common to EHES and OIS. |

For respondents to EHES, the address label of each questionnaire contains a code on the upper right hand corner to indicate the type of sample (See Chapter 2 on section on sampling design): N - Normal sample E - Enhanced sample B - Both types

3.5.2. Establishment Identification Number (EIN)

The first set of numbers under the name/address of the establishment is the establishment identification number. This is a **unique and fixed** number assigned to each establishment by the BLES for reference purposes. **Caution** should be exercised in writing this number on any document pertinent to the survey.

3.5.3. Geographic (GEO) Code

The GEO Code is the 9-digit code to denote the geographical location of the establishment. The first and second digits refer to the region, the third and fourth digits to the province, the fifth and sixth digits to the city/municipality and the last three digits to the barangay. The reference year of the GEO code used is 1996.

3.5.4. Philippine Standard Industrial Classification (PSIC) Code

The PSIC Code is the 6-alpha numeric code to denote the industrial classification of the establishment. The alpha character refers to the major industry group while the numeric characters refer to the specific industry group. The reference year of the PSIC code used is 1994.

3.5.5. Average Total Employment (ATE) Code

The ATE Code is the 1-digit code to denote the employment size or number of workers in the establishment. The code equivalents are as follows:

| ATE Code | Employment Size | ATE Code | Employment Size |
|----------|-----------------|----------|-----------------|
| 3 | 20-49 | 7 | 500-999 |
| 4 | 50-99 | 8 | 1000-1999 |
| 5 | 100-199 | 9 | 2000 and over |
| 6 | 200-499 | | |

3.5.6. Status Codes

The status code in each questionnaire should be **consistent** with that in the supervisor’s and enumerator’s control lists (**BLES Survey Form 1 and BLES Survey Form 2**, respectively). For each survey questionnaire, only the following codes are **acceptable** and for:

- EHES

written on the **space provided** on the cover page of the questionnaire
- OIS

encircled in the portion of **status code (for field staff)** beside the address box of the cover page of the questionnaire

| Status Code | Description | Instruction |
|-------------|---|--|
| RET1 | Retrieved for processing after distribution | All information provided by the establishment at the first instance passed field editing by the enumerator. He/she then submits the questionnaire to the supervisor for review. If confirmed, the status is maintained. |
| RFV | Returned for verification | The accomplished questionnaire when reviewed by the supervisor was found with incomplete/inconsistent entries or is a consolidated/nationwide report . The supervisor returns it to the enumerator for verification together with the pertinent survey verification form (OIS Form 1 or EHES Form 2). |
| RET2 | Retrieved for processing after verification | All the items for verification have been corrected and have passed review of the supervisor. Otherwise, the status remains RFV and will be returned to the enumerator for further verification. When the questionnaire finally passes review, the status becomes RET2. |
| REF | Refusal | The establishment refuses to cooperate in the survey despite repeated persuasions and three (3) callbacks/follow-ups . |
| STR | On strike | The establishment is on strike and no one could accomplish the questionnaire. |

| Status Code | Description | Instruction |
|--|---|--|
| TCL | Temporarily closed | The establishment is not in operation at the time of the field operations due to inventory, calamity/disaster, and repair/maintenance of equipment and the like. |
| CBL | Cannot be located | There was never such an establishment in the given address or anywhere else in the area/s covered by the enumerator, or the previously existing establishment in the given address has moved to an unknown location. All possible sources of information e.g., phone directory, should first be exhausted before an establishment is coded as CBL. |
| PCL | Permanently closed | The establishment has permanently ceased operations at the time of enumeration. |
| DUP | Duplicate | <p>The establishment has been confirmed as the same as another sample establishment relative to address and specific economic activity. Discontinue data collection. Write beside the code the EIN of the establishment being duplicated.</p> <p>The establishment to be retained should be that with the <u>lower</u> EIN, e.g. EIN 450 and EIN 463 are the same establishments, then EIN 463 is DUP of EIN 450.</p> |
| OSP | Outside industry coverage of the survey | This refers to an establishment whose industry is excluded from the coverage of the survey. Discontinue data collection. Write beside the code the PSIC of the establishment e.g. M80. |
| The following industries are excluded from the survey: | | |
| | | 1994 PSIC |
| Agriculture and Forestry | | A01-A05 |
| Fishing | | B06 |
| National Postal Activities | | I64110 |
| Central Banking | | J65100 |
| Public Administration and Defense and Compulsory Social Security (e.g. DOLE, PNP, SSS, GSIS) | | L75 |
| Public Education Services | | M80 |
| Public Medical, Dental and Other Health Services | | N8511 |
| Activities of Membership Organizations (e.g. ECOP, TUCP) | | O91 |
| Extra-Territorial Organizations and Bodies (e.g. ILO, UNDP) | | Q99 |

| | Code | Description | Instruction |
|--|------|---------------|---|
| | OTH | Status n.e.c. | <p>This refers to a condition not classifiable in any of the above status codes. Discontinue data collection. Write beside the code the reason for OTH.</p> <p>Examples of this are: economic units with family/unpaid workers only, warehouse with no employees or only with security guard, moving power barge, security detachments, janitorial units, musical band or “banda” during fiestas, cockpits.</p> |

3.6. Delivery of Questionnaires

Tips to Enumerators

Staple (or keep together) those questionnaires for the same establishment, i.e. same EIN or marked by *** after the ATE code in the address label.

Sort your assigned questionnaires by city/municipality/barangay/street.

List the establishments in your control list in the order of your sorted questionnaires.

Bring the required survey materials when on fieldwork.

Manage your time. Prepare an itinerary of travel for delivery and collection.

Be **courteous** at all times. Establish rapport with the respondent and win his/her cooperation.

- a.

Each enumerator should have a letter of introduction (**BLES Survey Form 11**) signed by the Regional or BLES Director, where applicable, to be presented to the sample establishment. Upon reaching the establishment, the enumerator introduces himself/herself to the receptionist or to any person who can refer him/her to the personnel manager, accountant or the designated employee responsible for answering government surveys. In such instance, the enumerator re-introduces himself/herself to this contact person. The enumerator is advised to establish rapport with the contact person to win his/her cooperation to the survey. It is important that the enumerator is familiar with the objectives and concerns of the survey/s.

Below is a practice interview. The enumerator is not expected to quote the following word-for-word.

“Good morning/afternoon, Ms./Mr. _____. I am _____, an interviewer of the Department of Labor and Employment (show letter of introduction). I am here concerning the _____(survey/s)_____ being conducted nationwide by the Bureau of Labor and Employment Statistics. The BLES is the statistical arm of the DOLE and is one of the major data producing agencies of our government. The inquiry/ies is/are in response to the demand of various users for more information on _____(area/s of concern)_____. For your particular needs, you may find that these statistics are useful in your business planning and operations.

We know that accomplishing the survey form/s will take up your valuable time. Nevertheless, your cooperation is important to come up with reliable statistics in support of government programs and policies on labor and employment.

We assure you that any data from you will be held in confidence and will be used for statistical purposes only. Your establishment data shall be integrated with others of the same category and shall be released only in summary form or statistical tables.”

- b. The delivery of questionnaires should be completed within the **prescribed time**. The duration may be extended depending on the geographical distances of the sample establishments. However, as much as possible, the delivery should be completed before collection of questionnaires in order that BLES will know the expected number of questionnaires to be retrieved and processed. The questionnaire/s should be delivered to a **knowledgeable person** in the establishment to ensure that the questionnaire/s will be officially received and the items of inquiry of the questionnaire/s are **clearly explained to minimize errors** in data reporting by the contact person and callbacks by the enumerator. In instances that the enumerator is asked to leave the questionnaire/s with the security guard or receptionist, the enumerator should ask for the name and telephone number of the person whom he/she shall follow-up regarding the questionnaire/s.
- c. In cases that the establishment is located in far or conflict prone areas, the Supervisor is advised to **mail** the questionnaire/s together with **BLES Survey Form 13** to the sample establishment. If the questionnaire/s is/are to be endorsed to the head office of the sample establishment attach **BLES Survey Form 14**. However, if there are a number of establishments concentrated in the distant locations, personal delivery can be made to said establishments but take into consideration the expenses to be incurred vis-à-vis the probability of retrieval of questionnaires from these establishments on the first visit.
- d. The enumerator should inform the contact person that the BLES is providing the sample establishment with **results** of the previous surveys (part of OIS questionnaire; attachment to EHES questionnaire).
- e. After explaining the items of inquiries, the enumerator and the contact person should agree on a “pick-up date” for the accomplished questionnaire preferably within **10 working days from delivery**.
- f. The enumerator should **leave** his/her name, office address and telephone number/s to facilitate coordination in case the respondent still has some queries. He/she shall also provide the fax numbers and e-mail addresses of the office in case the respondent prefers to communicate through these means.
- g. The enumerator should request the contact person/personnel who received the questionnaire to accomplish his/her **certificate of appearance (BLES Survey Form 12)**. This certificate shall serve as the basis of payment for delivery to each establishment regardless of number of questionnaires delivered to it. On the average, an enumerator should deliver to **five (5) establishments per day**.
- h. An establishment may not accept the questionnaire because it does not keep the source/pertinent records in its premises as these are with the **head office**.

| IF | THEN |
|---|--|
| <p>Head office within enumerator's assigned area</p> <p><i>Pay <u>twice</u> for delivery as long as certificates of appearance are duly accomplished.</i></p> | <p>Do not change address in label. Accomplish space for head office in address box (OIS) and on the space allocated at the back page of the questionnaire (EHES). Write in control list (under column of contact person) the name/position of the contact person in the head office and his/her address and C/O in Remarks column. Proceed with delivery and inform Supervisor for notation in the latter's control list.</p> <p>Emphasize to the contact person in the head office that data requested is only for the establishment referred to in the address label. Explain to the contact person to refrain from providing consolidated report/s since not all branches of the head office are samples of the survey. If consolidated data will be given, this will cause over-representation of sample data and thus lead to unreliable data estimates by region and employment size.</p> |
| <p>Head office is outside the enumerator's assigned area</p> <p><i>Pay enumerator for delivery even if delivery to sample establishment was not completed as long as certificate of appearance is duly accomplished.</i></p> <p>Options of Supervisor:</p> <p><u>Head office is within his/her assigned area:</u></p> <p><i>If enumerator is willing, he/she shall proceed with delivery. Pay <u>again</u> for delivery to head office.</i></p> <p><i>Reassign to another enumerator. Pay <u>new</u> enumerator for delivery to head office.</i></p> <p><i>Supervisor shall deliver and collect/edit questionnaire/s. Payment is for travelling expense only.</i></p> <p><u>Head office is outside his/her assigned area:</u></p> <p><i>If head office is within the region, forward the questionnaire/s to concerned supervisor. <u>New</u> enumerator should be paid for delivery.</i></p> <p><i>If head office is outside the region, mail the questionnaire/s to head office together with BLES Survey Form 14.</i></p> <p>Note to DOLE-ROs: <i>If head office is in NCR, return the questionnaire/s to BLES together with BLES Survey Form 5. BLES will deliver and collect/edit. <u>BLES enumerator</u> will be paid for delivery. Only travelling allowance will be paid if BLES supervisor delivers.</i></p> | <p><u>Enumerator:</u> Do not change address in label. Accomplish space for head office in address box (OIS) and on the space allocated at the back page of the questionnaire (EHES). Write in control list (under the column of contact person) the name/position of the contact person in the head office and his/her address and C/O in Remarks column. Consult with Supervisor.</p> <p><u>Supervisor:</u> Write in control list (under column of contact person) the name/position of the contact person in the head office and his/her address and C/O in Remarks column.</p> <p>Workloads of original enumerator and new enumerator should be adjusted accordingly by the concerned supervisor/s if personal delivery will be undertaken.</p> <p>Questionnaire/s mailed to head office or forwarded to BLES remain on account/workload of the original enumerator.</p> <p>Whatever option is taken, (personal or through mail), emphasize to the contact person in the head office the importance of reporting data only for the sample establishment.</p> |

- i. There may be instances when the establishment is no longer in the given address but its new location is known.

| IF | THEN |
|---|---|
| <p>Establishment is within enumerator's assigned area</p> <p><i>Pay twice for delivery as long as certificates of appearance are duly accomplished.</i></p> | <p><u>Enumerator:</u> Do not change address in label. Accomplish space for changes in address in address box (OIS) and space allocated on the front page of the questionnaire (EHES). Cross out old address and write new address beside it in control list. Proceed with delivery. Inform the supervisor of address change.</p> <p><u>Supervisor:</u> Correct the establishment address in control list.</p> |
| <p>Establishment is outside enumerator's assigned area</p> <p>Options of Supervisor:</p> <p><u>Establishment is within his/her assigned area:</u></p> <p><i>If enumerator is willing, he/she shall proceed with delivery. Pay for delivery to sample establishment.</i></p> <p><i>Reassign to another enumerator. Pay new enumerator for delivery to sample establishment.</i></p> <p><i>Supervisor shall deliver and collect/edit questionnaire/s. Payment is for travelling expense only.</i></p> <p><u>Establishment is outside his/her assigned area:</u></p> <p><i>If establishment is within the region, forward the questionnaire/s to concerned supervisor. New enumerator should be paid for delivery.</i></p> <p><i>If establishment is outside the region, mail the questionnaire/s together with BLES Survey Form 13.</i></p> | <p><u>Enumerator:</u> Do not change address in label. Accomplish space for changes in address in address box (OIS) and space allocated on the front page of the questionnaire (EHES). Cross out old address and write new address beside it in control list. Consult with Supervisor.</p> <p><u>Supervisor:</u> Correct the establishment address in control list.</p> <p>Workloads of original enumerator and new enumerator should be adjusted accordingly by the concerned supervisor/s if personal delivery will be undertaken.</p> <p>Questionnaire/s mailed to sample establishment remain on account/workload of the original enumerator.</p> |

- j. If information obtained reveals that, the establishment employs **less than 20 workers**, the enumerator should **continue** with the data collection from the establishment. The decline in employment may only be temporary.
- k. A report by the enumerator that an establishment can not accomplish the questionnaire due to refusal (REF), strike (STR), closure (TCL or PCL), non-location (CBL), duplicate (DUP), outside survey coverage (OSP) or other reasons (OTH) should be **verified** by Supervisor before payment to enumerator is done. If **confirmed** through certificate of appearance of enumerator, actual verification of the Supervisor or other means, the enumerator is **entitled** to the payment for delivery.
- l. **No replacement** of sample establishment is allowed. If the sample establishment is no longer in the given address, the questionnaire/s should not be given to the establishment found in its place.

3.7. Collection and Editing of Questionnaires

- a. The period for collection/retrieval should be **within the prescribed schedule** in order that the Bureau's timetable for processing and report dissemination can also be met.
- b. **Phone calls, mailed and/or personal follow-ups** should be made to ensure that the questionnaire is being accomplished or is ready for pick-up on the due date.
- c. In case the contact person has misplaced the questionnaire, the enumerator should provide him/her a new one. Copy **correctly** the name and address, EIN, GEO/PSIC/ATE codes of the establishment into the portion for address label.
- d. Upon pick-up of the accomplished survey form/s, the enumerator should **check the entries for completeness and consistency** in accordance to the field editing guidelines of each survey. He/she should do this before he/she leaves the establishment premises to avoid callbacks/return visits. An accomplished questionnaire that did not pass the review of the supervisor shall not be paid until it finally passes the supervisor's review. The enumerator should go back to the contact person for further verification. Remember that only a **correctly accomplished/edited questionnaire shall be paid**.
- e. On the average, an enumerator should collect **2.5 questionnaires per day**. A properly accomplished/edited questionnaire that is duly signed by the contact person in the establishment is **proof of retrieval**. However, the Supervisor should make random spot checks on the **authenticity** of the submissions.

For information: In the review of questionnaires in one of the surveys conducted, a BLES regular staff made some personal verification of inconsistent entries. The contact person in one establishment denied having answered nor signed the certification portion of the questionnaire. His establishment has ceased operation for quite some time. Another likewise denied the existence of the contact person in her establishment.

- f. A questionnaire that has been mailed to a sample establishment or its head office should be followed-up using **BLES Survey Form 15**. This should be done at least twice during the field operations.
- g. The enumerator should edit an accomplished questionnaire (delivered by him/her) that has been **directly** sent to the office. When the questionnaire finally passes review of the supervisor, the enumerator should be **compensated** accordingly.

3.8. Field Verification

- a. Supervisors should phone or personally visit the contact persons of **all** establishments that submitted seemingly spurious questionnaires. **Spurious** means no certification/signature of contact person, answers written in pencil or many erasures, similar penmanship or same entries among questionnaires or similar cases.

- b. They should also select **1-2 questionnaires** from each enumerator's weekly submission to conduct **random** checks with the contact persons of establishments whose questionnaires passed their review.

3.9. Questionnaires for Verification

The EMSD (for EHES) and LSSD (for OIS) staff shall review all accomplished questionnaires. Those found unacceptable should be returned to the regional supervisors or NCR enumerators concerned together with the corresponding verification forms. The supervisor or concerned enumerator shall verify the questionnaire with the establishment.

CHAPTER 4

ADMINISTRATIVE CONCERNS

4.1. Recruitment of Area Supervisors and Enumerators (Project-based Individuals)

- a. The PBIs should be college graduates. They should preferably be residents of the areas where most of the establishments are located.
- b. The contracts of the PBIs should specify their duties and responsibilities, the duration and conditions of employment and the terms of payment (see **BLES Survey Form 10** as example).
- c. The regional supervisor/s (statistician/economist/designated staff) in the DOLE Regional Office and the designated staff in the BLES should prepare the contracts, identification cards of the PBIs and the letters of introduction of the enumerators to the establishments (**BLES Survey Form 11**) for signature of the BLES or Regional Director.

4.2. Allocation of Assignments

To the extent possible, the supervisors should equitably distribute assignments to the enumerators in terms of number of establishments and workload or total questionnaires (see distribution of sample establishments and workload).

4.3. Duration of Field Operations

Collection and delivery of questionnaires should be accomplished within the time frame set by the BLES for each region (see Work and Financial Plans).

4.4. Monitoring of Performance of PBIs and Survey Status

- a. The supervisors should closely monitor the performance of their enumerators and the conduct of the field operations in their respective areas of assignments to ensure that the correct procedures are followed and the timetable of field operations is being met.
- b. The supervisors should check the enumerators' control lists (**BLES Survey Form 2**) on a weekly basis to ensure that the survey standards are observed and consistent information are contained as in his/her control list (**BLES Survey Form 1**).
- c. The supervisors should require their enumerators to submit their weekly performance reports for each survey using **BLES Survey Form 6**. This should serve as the basis for the preparation of BLES Survey Form 6A (summary performance report) aside from their certificates of appearance.
- d. To monitor the status of implementation of each survey in their respective regions, the supervisors outside NCR should accomplish **BLES Survey Form 7** every 5th and 20th of the month during field operations. This is a consolidation of the reviewed cumulative performance of the enumerators for each survey.

- e. To monitor the status of implementation of each survey nationwide, the designated personnel at the BLES should accomplish **BLES Survey Form 7** every 5th and 20th of the month during field operations using the computerized status monitoring system of each survey.

4.5. Outputs and Terms of Payment

- a. An enumerator should deliver the questionnaires to at least **five (5)** establishments in a day. Each establishment delivery costs **P 50.00**.
- b. A report by the enumerator that an establishment can not accomplish the questionnaire due to refusal (REF), strike (STR), closure (TCL or PCL), non-location (CBL), duplicate (DUP), outside survey coverage (OSP) or other reasons (OTH) should be verified by Supervisor. If confirmed through certificate of appearance of enumerator, **actual** verification of the Supervisor or other means, the enumerator is entitled to the payment for delivery.
- c. A properly accomplished/edited questionnaire that is duly signed by the contact person in the establishment is proof of retrieval. However, the Supervisor should make random spot checks on the authenticity of the submissions. On the average, an enumerator should collect **2.5 questionnaires** per day. A correctly accomplished or edited questionnaire costs **P 115.00** regardless of survey.
- d. On the basis of the weekly performance of the enumerators (BLES Survey Form 6), the supervisors should prepare **BLES Survey Form 6A**. This in turn should be the basis for the preparation of the payroll and thus payment for services rendered by the enumerators.

4.6. Fund Utilization by DOLE ROs

- a. The cost estimates for travelling expenses of regional and area supervisors, communications, supplies, training and wages are indicative only. **Realignment** of the budget for the current surveys and **augmentation** from the balance of previous surveys are allowed subject to the usual accounting rules and auditing procedures.
- b. Cash advances for supervisors and reimbursement of travelling allowances of enumerators, tokens of appreciation to establishments and related expenses for the conduct of the survey may also be given as long as no additional funds are requested from the BLES.

4.7. Transmittal of Questionnaires by DOLE-ROs to BLES

- a. **Twice a month** during the period of collection, the regional supervisors should transmit all correctly accomplished/edited and verified questionnaires sorted by survey, by province and by EIN, to the BLES. A transmittal form (**BLES Survey Form 3**) should be with filled out to accompany these questionnaires.
- b. At the **end of the delivery period** (10 working days), the regional supervisors should send all undelivered questionnaires (establishment closures, non-location and similar reasons) sorted by survey, by province and by EIN, to the BLES. A transmittal form (**BLES Survey Form 4**) should cover these questionnaires.

- c. Establishments whose questionnaires will be accomplished by the **head offices in NCR** should be returned to the Bureau as soon as possible. Such questionnaires should be sorted by survey, by province and by EIN and covered by another transmittal form (**BLES Survey Form 5**).

4.8. Report on the Conduct of Field Operations by DOLE ROs

The regional supervisors should submit their respective reports on the implementation of the surveys (**BLES Survey Form 8**) to the Bureau **not later than 20 days** from the termination of the field operations.

4.9. Sample Establishments with New Addresses

- a. NCR supervisors should accomplish **BLES Survey Form 16** that contains a list of sample establishments that have new addresses or with new enumerators within 10 days from the end of the delivery period. This should be forwarded to the designated personnel for computerized status monitoring and for updating of the database.
- b. Regional supervisors should accomplish the relevant portions in **BLES Survey Form 16** for establishments with new addresses but whose questionnaires have not been retrieved at the close of field operations. Together with BLES Survey Form 8, this should be sent to the Bureau in order to update the addresses of such establishments in the BLES survey sampling frame.

CHAPTER 5

SURVEY DOCUMENTS AND FORMS

To ensure the monitoring of field operations and the reporting on survey implementation, the BLES has standardized the documents and forms for its establishment surveys. These are as follows:

- | | |
|--------------------------|---|
| 1. BLES Survey Form 1 | Supervisor's Control List |
| 2. BLES Survey Form 2 | Enumerator's Control List |
| 3. BLES Survey Form 3 | Retrieved/Verified Questionnaires |
| 4. BLES Survey Form 4 | Spoilage Questionnaires |
| 5. BLES Survey Form 5 | Questionnaires for Endorsement to Head Offices in NCR |
| 6. BLES Survey Form 6 | Enumerator's Weekly Performance Report |
| 7. BLES Survey Form 6A | Enumerator's Summary Performance Report |
| 8. BLES Survey Form 7 | Survey Status Report |
| 9. BLES Survey Form 8 | Regional Report on the Implementation of BLES Survey/s |
| 10. BLES Survey Form 9 | Assessment on the Implementation of BLES Survey/s |
| 11. BLES Survey Form 10 | Contract of Services |
| 12. BLES Survey Form 10A | Termination of Contract of Services |
| 13. BLES Survey Form 11 | Letter of Introduction to Sample Establishment |
| 14. BLES Survey Form 12 | Certificate of Appearance |
| 15. BLES Survey Form 13 | Letter to Sample Establishment with Mailed Questionnaire |
| 16. BLES Survey Form 14 | Letter to Head Office of Sample Establishment |
| 17. BLES Survey Form 15 | Follow-up Letter to Sample Establishment or its Head Office |
| 18. BLES Survey Form 16 | Sample Establishments with New Addresses |

BLES Survey Forms 13, 14 and 15 should be prepared in duplicate. The second copy should be kept for file.

Copies of these documents/forms are found in this chapter of the manual.

BLES SURVEY FORM 1

SUPERVISOR’S CONTROL LIST: ____ (SURVEY ROUND)____
REGION:_____

Name of Supervisor: _____
Area/s of Assignment: _____

Total Establishments: _____

Page __ of __ pages

| ENUMERATOR’S NAME | EIN GEO PSIC ATE | NAME/ADDRESSOF SAMPLE ESTABLISHMENT | SURVEY CODE | CONTACT PERSON/POSITION | TEL. NO. | DATE DELIVERED | DATE RETRIEVED | STATUS CODE | REMARKS |
|-------------------|-----------------------------------|---|-------------|--|----------|--|----------------|-------------|---|
| Liza | 00146 133902010 D15110 4 | Examples for EHES samples: ABC Enterprises A B Costelo Enterprises 1546 Narra St Bgy 296 Binondo Manila 1006 Metro Manila <i>Note that establishment name has been corrected in the control list.</i> | *** | Jun de la Cruz HRD Manager | 527-1234 | 3/5 | 3/7 | RET1 | |
| Liza | 01500 133902010 J66110 3 | Wharton Co 1548 Narra St 246 Ipil St Bgy 296 Binondo Manila 1006 Metro Manila <i>Note that establishment address has been corrected in the control list.</i> | * | C/O Arnel Santamaria Chief Accountant 24 Sampaguita St Sta Elena Hagonoy 3002 Bulacan | | BLES should mail the questionnaire to Bulacan together with letter to head office of sample establishment (BLES Survey Form 14) . It should follow-up using BLES Survey Form 15 . | | | Mailed; C/O head office in ONCR |
| Jun | 10465 041029001 D26930 5 | London Ceramics Ltd 3 Coronado Rd Apacay Taal 4208 Batangas | *** | C/O Corazon de Jesus HRD Manager 245 Rosal Ave Bgy 32 Tondo Manila Metro Manila | | DOLE-RO IV should return the EHES questionnaire. All such questionnaires, specific to a survey, with head offices in NCR should be transmitted together with BLES Survey Form 5 . | | | Returned to BLES; C/O head office in NCR |
| Jun | 20500 041029001 D36010 6 | St Peter Manufacturing Inc 12 Malaya St Apacay Taal 4208 Batangas | * | C/O Juana Ceriles Accountant 37 Kalayaan St Sta Elena Cebu City 6000 Cebu | | DOLE-RO IV should mail the questionnaire to Cebu together with letter to head office of sample establishment (BLES Survey Form 14) . It should follow-up using BLES Survey Form 15 . The questionnaire should not be returned to BLES. | | | Mailed; C/O head office outside region other than NCR |

BLES SURVEY FORM 2

ENUMERATOR’S CONTROL LIST: _____ SEMESTER FIELD OPERATIONS
REGION: _____

Name of Enumerator: _____ Total Establishments: _____ Page __ of __ pages
Area/s of Assignment: _____ Total Questionnaires (Workload): _____

| EIN GEO PSIC ATE | NAME/ADDRESS OF SAMPLE ESTABLISHMENT | SURVEY CODE | CONTACT PERSON/POSITION | TEL. NO. | DATE DELIVERED | DATE RETRIEVED | | STATUS CODE | REMARKS |
|-----------------------------------|---|----------------|---|----------|-------------------|----------------|---|--|---|
| | | | | | | Expected | Actual | | |
| 00146 133902010 D15110 4 | Examples: ABC Enterprises A B Costelo Enterprises 1546 Narra St Bgy 296 Binondo Manila 1007 Metro Manila <i>Note that establishment name has been corrected in the control list.</i> | *** | Jun de la Cruz HRD Manager | 527-1234 | 3/5 | 3/7 | EHES - 3/7 OIS - 3/7 OIS - 3/9 | RET1 RET1 RFV RET2 | |
| 01500 133902010 J66110 3 | Wharton Co 1548 Narra St 246 Ipil St Bgy 296 Binondo Manila 1007 Metro Manila <i>Note that establishment address has been corrected in the control list.</i> | | C/O Arnel Santamaria Chief Accountant 24 Sampaguita St Sta Elena Hagonoy 3002 Bulacan | | | | | | Mailed; C/O head office in ONCR |
| 10465 041029001 D26930 5 | London Ceramics Ltd 3 Coronado Rd Apacay Taal 4208 Batangas | *** | C/O Corazon de Jesus HRD Manager 245 Rosal Ave Bgy 32 Tondo Manila Metro Manila | | | | | | Returned to BLES; C/O head office in NCR |
| 10500 041029001 D36010 6 | Arts and Crafts Inc 23 Coronado Rd Apacay Taal 4208 Batangas | ** | C/O Maricris Santamaria Chief Accountant 24 Rocas St Sta Elena Cebu City 6000 Cebu | | | | | | Mailed; C/O head office outside region other than NCR |

The supervisor's control lists (**BLES Survey Form 1**) are separate for EHES and OIS. Each list contains the sample establishments to be covered by each survey and is sorted by area, i.e. region, province, city/municipality and ascending EIN for Regions Outside NCR and by city/municipality and ascending EIN for the National Capital Region. The Supervisor should provide the following information in his/her EHES or OIS control lists.

- **Name of Supervisor**
- **Area/s of assignment:** province, city/municipality of the sample establishments
- **Total Establishments:** number of sample establishments covered by EHES or OIS as the case may be in the area/s of assignment
- **Enumerator's Name:** enumerator assigned to each sample establishment

Prior to the distribution of the questionnaires to the establishments, the Enumerator should prepare his/her **integrated** control list (**BLES Survey Form 2**) based on the questionnaires. The enumerator should provide the following information in his/her control list that covers **both** EHES and OIS:

- **Header:** enumerator should write First Semester 2001 Field Operations in the first blank space and the Regional Number in the second blank space.
- **Name of Enumerator**
- **Area/s of assignment:** province, city/municipality of the sample establishments
- **Total Establishments:** number of sample establishments covered by EHES and OIS in the area/s of assignment
- **Total Questionnaires (Workload):** number of EHES and OIS questionnaires

The Enumerator in the preparation of his/her integrated control list should observe the following:

- **EIN, GEO, PSIC, ATE** should be **correctly** copied from the address label found in the cover page of each questionnaire.
- **NAME/ADDRESS OF SAMPLE ESTABLISHMENT** should be **correctly** copied from the address label found in the cover page of each questionnaire.
- **SURVEY CODE** should be indicated for each establishment, i.e.
 - * - EHES only
 - ** - OIS only
 - *** - Common

Upon delivery of the questionnaire/s to the establishment, the Enumerator should accomplish the appropriate columns for the following items to facilitate follow-ups and callbacks.

- **CONTACT PERSON/ POSITION**
- **TEL. NO.**
- **DATE DELIVERED**
- **DATE RETRIEVED (Expected):** mutually agreed date of pick-up of the accomplished questionnaire/s, preferably within **10 working days from delivery**

Upon retrieval of the questionnaire, the Enumerator should accomplish the following for each establishment.

- **DATE RETRIEVED (Actual):** date when the questionnaire was actually picked up by the enumerator from the establishment. In the case of a questionnaire whose status is REF, STR, TCL, CBL, PCL, DUP, OSP or OTH, the date to be written is the date when the status was confirmed/verified as such by the Supervisor.
- **STATUS CODE:** see Chapter 3 on section on status codes
- **REMARKS:** any relevant statement to facilitate the monitoring of the survey/s

The supervisor and his/her enumerators should confer weekly to see to it that the information pertinent to each establishment in their respective control lists are consistent.

BLES SURVEY FORM 3 (RETRIEVED/VERIFIED QUESTIONNAIRES): This form is to be accomplished in duplicate by the Regional Supervisor for each survey. Retain duplicate for file. Transmit the original copy together with the retrieved and verified questionnaires. Sort the questionnaires of each survey by province and by EIN.

The attached 7 questionnaires are for (encircle only one):



OIS

[illegible]

BLES SURVEY FORM 4 (SPOILAGE QUESTIONNAIRES): This form is to be accomplished in duplicate by the Regional Supervisor for each survey. Retain duplicate for file. Transmit the original copy together with the spoilage questionnaires. Sort the questionnaires of each survey by province and by EIN.

The attached 8 spoilage questionnaires (REF, STR, TCL, CBL, PCL, DUP, OSP, OTH) are for (encircle only one):

EHES
OIS

[illegible]

BLES SURVEY FORM 5 (QUESTIONNAIRES FOR ENDORSEMENT TO HEAD OFFICES IN NCR): This form is to be accomplished in duplicate by the Regional Supervisor for each survey. Retain duplicate for file. Transmit the original copy together with the questionnaires for endorsement. Sort the questionnaires of each survey by province and by EIN.

The attached 1 questionnaires are for (encircle only one):

EHES

OIS

| EIN | Name/Address of Sample Establishment | Contact Person/Position and Name/Address of Head Office in NCR |
|-----------------------|--|---|
| Example: 10465 | London Ceramics Ltd. 3 Coronado Rd. Apacay Taal 4208 Batangas | Corazon de Jesus HRD Manager London Ceramics Ltd. 245 Rosal Ave Bgy 32 Tondo Manila Metro Manila |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| Prepared by: | | Noted by: |
| Signature: _____ | | Signature: _____ |
| Name: _____ | | Name: _____ |
| Position: _____ | | Position: IMSD Chief |
| Date: _____ | | Date: _____ |

Period Covered:

| | | | |
|----------------------|--|---------------------|--|
| Prepared by: | | Reviewed by: | |
| Signature: _____ | | Signature: _____ | |
| Name: _____ | | Name: _____ | |
| Position: Enumerator | | Position: _____ | |
| Date: _____ | | Date: _____ | |

BLES SURVEY FORM 6A (ENUMERATOR'S SUMMARY PERFORMANCE REPORT): This form is to be accomplished by the Supervisor/s to reflect the performance of the enumerators for all surveys. This should be the basis for the preparation of the payroll of the enumerators and should be given to the personnel assigned for payroll preparation no later than two (2) days after the 15th or end of the month during field operations. (Refer to **BLES Survey Form 6: Enumerator's Weekly Performance Report**).

Area/s of Assignment:

Payroll Period:[illegible]

BLES SURVEY FORM 7
SURVEY STATUS REPORT

STATUS REPORT OF _____ (SURVEY ROUND) _____
As of _____

Page ____ of ____ pages

| Area/Enumerator | Sample Establishments | Accounted | | | | | | | | | | Unaccounted |
|-----------------|-----------------------|-----------|---|-----------|---|------------------|---|---------------------------|---|----------------|---|-------------|
| | | Total | | Retrieved | | For Verification | | Refused/Cannot be Located | | Other Spoilage | | |
| | | No. | % | No. | % | No. | % | No. | % | No. | % | |
| | | | | | | | | | | | | |

Formulas Used (for purposes of individual performance assessment)

% Accounted

(Total accounted / Sample questionnaires) * 100

Retrieval Rate

(Retrieved / Sample - Spoilage) * 100

where Spoilage = Refused/Cannot be Located + Other Spoilage

Other Spoilage = Permanently/temporarily closed, on strike, duplicate, outside industry/employment coverage, others not eligible for processing

Verification Rate

(For Verification / Sample - Spoilage) * 100

Refusal/Non-location Rate

(Refused and Cannot be Located/ Sample) * 100

Note: This form when used by BLES will reflect NCR performance by enumerator then survey performance of each region.

| BLES SURVEY FORM 8 | | PAGE 1 OF 2 PAGES | | |
|--|--|---------------------|----------------------------|----------------------------------|
| Instructions: Accomplish in duplicate and transmit original copy to BLES not later than 20 days after the termination of field operations in your region. Retain duplicate for file. | | | | |
| <p align="center">REGIONAL REPORT ON THE IMPLEMENTATION OF BLES SURVEY/S FOR _____ SEMESTER FIELD OPERATIONS</p> <p align="center">DOLE Regional Office No. _____</p> | | | | |
| A. Timetable of Field Operations | | | | |
| Activity | BLES Scheduled Dates | Actual Dates | | |
| Training of PBIs | XXXXXXXXXXXXXXXXXXXXXX | | | |
| Delivery | | | | |
| Collection | | | | |
| B. Manpower Complement | | | | |
| Personnel | BLES Required Manpower | Manpower Utilized | | |
| Total | | | | |
| Regional Staff | | | | |
| Area Supervisors | | | | |
| Enumerators | | | | |
| C. Fund Utilization (P) | | | | |
| Object | Interfund Transfer/Current Appropriation | Actual Expenditures | | |
| | | Total | From Current Appropriation | From Balance of Previous Surveys |
| Total | | | | |
| 02 | | | | |
| 03 | | | | |
| 07 | | | | |
| 29 | | | | |
| Training | | | | |
| Wages | | | | |
| D. Problems Encountered | | | | |
| 1. Administrative Concerns | | | | |
| a. <i>Training of Enumerators/Area Supervisors</i> | | | | |
| b. <i>Manpower Complement including hiring of PBIs</i> | | | | |
| c. <i>Fund Utilization</i> | | | | |
| 2. Field Operations | | | | |
| a. <i>Delivery of Questionnaires</i> | | | | |
| b. <i>Collection/Retrieval of Questionnaires</i> | | | | |
| <i>On the average, how many callbacks were made to an establishment? _____</i> | | | | |

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|---|-----------------------------|---|---|---|---|---|---|---|--|---|---|---|---|---|---|---|---|---|---|---|--|---|---|---|---|---|---|---|---|---|---|---|
| BLES SURVEY FORM 8 | | PAGE 2 OF 2 PAGES | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p align="center">REGIONAL REPORT ON THE IMPLEMENTATION OF BLES SURVEY/S FOR _____ SEMESTER FIELD OPERATIONS DOLE Regional Office No. _____</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>E. Measures Undertaken by the RO to Solicit Cooperation of Sample Establishments</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>F. Suggestions for Improvement of Survey Implementation</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. Training of Enumerators and Area Supervisors | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2. Manpower Complement | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3. Fund Utilization | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4. Field Operations | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>G. Evaluation of BLES Training</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>1. Resource Person: In a scale where 1 - is unsatisfactory and 5 - is excellent, how would you rate him/her in terms of (encircle answer)</p> <table border="0"> <tr> <td>• <i>time management</i></td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> <td>5</td> </tr> <tr> <td>• <i>arousing the interest of participants</i></td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> <td>5</td> </tr> <tr> <td>• <i>mastery of the subject matter</i></td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> <td>5</td> </tr> <tr> <td>• <i>method and skill in imparting knowledge</i></td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> <td>5</td> </tr> </table> | | | | • <i>time management</i> | 1 | 2 | 3 | 4 | 5 | • <i>arousing the interest of participants</i> | 1 | 2 | 3 | 4 | 5 | • <i>mastery of the subject matter</i> | 1 | 2 | 3 | 4 | 5 | • <i>method and skill in imparting knowledge</i> | 1 | 2 | 3 | 4 | 5 | | | | | | |
| • <i>time management</i> | 1 | 2 | 3 | 4 | 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| • <i>arousing the interest of participants</i> | 1 | 2 | 3 | 4 | 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| • <i>mastery of the subject matter</i> | 1 | 2 | 3 | 4 | 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| • <i>method and skill in imparting knowledge</i> | 1 | 2 | 3 | 4 | 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>2. Survey Manual: In a scale where 1 - is <i>ineffective</i> and 5 - is <i>very effective</i>, how effective were each of the chapters in the manual in helping you understand the requirements and procedures in the survey operations? (encircle answer)</p> <table border="0"> <tr> <td>• <i>Occupational Injuries Survey (Chapter 1)</i></td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> <td>5</td> </tr> <tr> <td>• <i>Employment, Hours and Earnings Survey (Chapter 2)</i></td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> <td>5</td> </tr> <tr> <td>• <i>Operational Strategy (Chapter 3)</i></td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> <td>5</td> </tr> <tr> <td>• <i>Administrative Concerns (Chapter 4)</i></td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> <td>5</td> </tr> <tr> <td>• <i>Survey Documents and Forms (Chapter 5)</i></td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> <td>5</td> </tr> </table> | | | | • <i>Occupational Injuries Survey (Chapter 1)</i> | 1 | 2 | 3 | 4 | 5 | • <i>Employment, Hours and Earnings Survey (Chapter 2)</i> | 1 | 2 | 3 | 4 | 5 | • <i>Operational Strategy (Chapter 3)</i> | 1 | 2 | 3 | 4 | 5 | • <i>Administrative Concerns (Chapter 4)</i> | 1 | 2 | 3 | 4 | 5 | • <i>Survey Documents and Forms (Chapter 5)</i> | 1 | 2 | 3 | 4 | 5 |
| • <i>Occupational Injuries Survey (Chapter 1)</i> | 1 | 2 | 3 | 4 | 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| • <i>Employment, Hours and Earnings Survey (Chapter 2)</i> | 1 | 2 | 3 | 4 | 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| • <i>Operational Strategy (Chapter 3)</i> | 1 | 2 | 3 | 4 | 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| • <i>Administrative Concerns (Chapter 4)</i> | 1 | 2 | 3 | 4 | 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| • <i>Survey Documents and Forms (Chapter 5)</i> | 1 | 2 | 3 | 4 | 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>3. Duration of Training (encircle answer)</p> <p>Was the training 1 - short; 2 - adequate; 3 - long?</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4. Suggestions for Improvement of the Training | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Prepared by: | | Noted by: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Signature: _____ | | Signature: _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name: _____ | | Name: _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Position: IMSD Chief | | Position: Regional Director | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Date: _____ | | Date: _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

BLES SURVEY FORM 9
ASSESSMENT ON THE IMPLEMENTATION OF BLES SURVEYS

ASSESSMENT ON THE IMPLEMENTATION OF BLES SURVEY/S FOR _____(SEMESTER)_____ FIELD OPERATIONS
As of _____

Page ____ of ____ pages

| Region/Survey | Sample Questionnaires | Accounted | | | | | | | | | | Unaccounted | Points Earned | Rank in Group |
|---------------|-----------------------|-----------|---|-----------|---|------------------|---|---------------------------|---|----------------|---|-------------|---------------|---------------|
| | | Total | | Retrieved | | For Verification | | Refused/Cannot be Located | | Other Spoilage | | | | |
| | | No. | % | No. | % | No. | % | No. | % | No. | % | | | |
| | | | | | | | | | | | | | | |

Notes:

- 1. Regions are grouped in accordance to number of sample questionnaires covered by the surveys.
- 2. Bases for assessment: Points earned relative to retrieval rate, verification rate and refusal/non-location rate for each survey.

| Retrieval Rate | | Verification Rate | | Refusal/Non-location Rate | | Formulas Used (for purposes of regional assessment) | |
|----------------|--------------|-------------------|-----------|---------------------------|------------|---|--|
| Points | | Points | | Points | | % Accounted Retrieval Rate | (Total accounted / Sample questionnaires) * 100 (Retrieved / Sample - Spoilage) * 100 where Spoilage = Refused/Cannot be Located + Other Spoilage Other spoilage = Permanently/temporarily closed, on strike, Outside industry or Employment coverage, others not eligible for processing |
| 25 | 90% and over | 15 | 0 percent | 10 | 2% or less | | |
| 22 | 85 - 89 | 12 | > 0 - 1 | 8 | > 2 - 6 | | |
| 19 | 80 - 84 | 9 | > 1 - 2 | 6 | > 6 - 10 | | |
| 16 | 75 - 79 | 6 | > 2 - 3 | 4 | >10 - 14 | | |
| 13 | 70 - 74 | 3 | > 3 - 4 | 2 | >14 - 18 | | |
| 10 | 65 - 69 | 0 | > 4 | | >18 | | |
| 7 | 60 - 64 | | | | | | |
| 4 | 55 - 59 | | | | | | |
| 1 | Below 55 | | | | | | |
| | | | | | | Verification Rate | (For Verification / Sample - Spoilage) * 100 |
| | | | | | | Refusal/Non-location Rate | (Refused and Cannot be Located/ Sample) * 100 |

- 3. Ranking in the group is based on total points earned by each region in all surveys. A maximum of 50 points is given per survey.

CONTRACT OF SERVICES

KNOW ALL MEN BY THESE PRESENTS:

This contract of service entered into and executed this _____ at _____, by and between:

The _____, an instrumentality of the government of the Republic of the Philippines, represented by _____, hereinafter referred to as the **FIRST PARTY**;

-and-

_____, Filipino, of legal age, (marital status), with residence and postal address at _____, hereinafter referred to as the **SECOND PARTY**.

WITNESSETH:

That pursuant to the provisions of CSC Memorandum Circular No. 38 (Omnibus Guidelines on Appointments) and the DOLE Administrative Order No. 121, series of 1997, authorizing the contracting of services in the DOLE where manpower is inadequate, to be able to effectively and efficiently deliver services, the following terms and conditions are hereby set:

1. That the **SECOND PARTY** is fully competent to render services as a Project-based Individual-(Designation: Area Supervisor or Enumerator) in connection with the conduct of the _____ in accordance with the professional qualifications he/she alleged in the attached information sheet.
2. That the **SECOND PARTY** is specifically contracted by the **FIRST PARTY** to: (enumerate duties and responsibilities of area supervisor or enumerator as applicable)
.
.
3. That the **FIRST PARTY** for and in consideration of the services rendered agrees to pay the **SECOND PARTY**, on a bi-monthly basis

Area Supervisor: --- the amount of _____ per month and the reimbursement of actual travelling expenses related to the conduct of the surveys but not to exceed the amount of _____.

Enumerator: ---the amount of fifty pesos (₱ 50.00) per establishment delivery. An establishment for which no delivery was made due to closure, non-location, duplication, strike, refusal and similar reasons shall also be remunerated the same amount subject to the verification of the establishment status by the supervisor.

The amount of one hundred fifteen pesos (₱ 115.00) for each collected/retrieved EHES or OIS questionnaire, subject to the acceptance of the questionnaire/verification of its authenticity by the supervisor.

(Optional: The enumerator is entitled to the reimbursement of actual travelling expenses related to the conduct of the surveys but not to exceed the amount of _____.)

- 4. That this contract takes effect from _____ to _____.
- 5. That notwithstanding the fixed duration of the employment, this contract of services can be terminated anytime by the **FIRST PARTY** for just cause such as but not limited to the unsatisfactory performance of the **SECOND PARTY** and only after due notice to the **SECOND PARTY** at least five (5) days prior to his/her termination.
- 6. That the herein parties do hereby agree and accept that there will be no employee-employer relationship between them during the tenure of this contract of service. As such, the **SECOND PARTY** shall not be subject to pertinent CSC rules and regulations and shall not enjoy the benefits given to government employees.

IN WITNESS WHEREOF, the parties have hereunto affixed their signatures this _____ day of _____ at _____.

FIRST PARTY

SECOND PARTY

SIGNED IN THE PRESENCE OF:

WITNESS

WITNESS

CERTIFIED FUNDS AVAILABLE:

BLES SURVEY FORM 10A
TERMINATION OF CONTRACT OF SERVICES

NOTICE OF TERMINATION
Issued to **Mr./Ms.** _____

Based on the evaluation of your performance (see attached) on the conduct of the _____, your output has been noted to be below the requirements of:

- ☐ Delivery: on the average, 5 establishments per day
- ☐ Retrieval: on the average, 2.5 questionnaires collected per day

Your services as PBI-Enumerator is therefore terminated effective _____ in accordance to the following provision of your contract:

“5. That notwithstanding the fixed duration of employment, this contract of services can be terminated anytime by the **FIRST PARTY** for just cause such as but not limited to the unsatisfactory performance of the **SECOND PARTY**, i.e. failure to meet the required outputs and/or unavailability of funds and only after due notice to the Second Party at least five (5) days prior to his/her termination.”

Relative to this, you are instructed to turnover your pending assignments, survey materials and identification card to your area supervisor before you can be officially cleared by this office of all obligations and be paid whatever monetary entitlements still due you.

BLES or Regional Director

(Date)

BLES SURVEY FORM 11
LETTER OF INTRODUCTION TO SAMPLE ESTABLISHMENT

Dear Valued Respondent,

For this semester, the Department of Labor and Employment through its _____ is conducting two (2) surveys---the 3rd and 4th quarters 2000 Employment, Hours and Earnings Survey (EHES) and 2000 Occupational Injuries Survey (OIS).

These are regular surveys especially designed to collect statistics on the country's performance in the area of labor and employment. EHES under Executive Order 352 dated July 1996 has been designated as one of the statistical activities that will provide critical data for decision-making of the government and the private sector.

In this instance, your establishment has been sampled to participate in one or both surveys. We have sent Mr./Ms. _____ of this office to help you in accomplishing the survey form/s.

Should you need further assistance in accomplishing the survey form/s, please do not hesitate to contact us through:

Office: BLES or DOLE Regional Office No. ____
Address:
Tel. no.
Fax no.
E-mail address:

Thank you and we look forward to your cooperation to this statistical undertaking.

Very truly yours,

BLES or Regional Director

(Date)

| | |
|---|-------|
| BLES SURVEY FORM 12 CERTIFICATE OF APPEARANCE | |
| This is to certify that Mr./Ms. _____, of _____ appeared in this office to deliver/ follow-up/ collect the questionnaire/s for: Y 3 rd /4 th quarters 2000 Employment, Hours and Earnings Survey (EHES) Y 2000 Occupational Injuries Survey (OIS) | |
| EIN: | |
| Name of Establishment: | |
| Address of Establishment: (as located by enumerator) Floor/Bldg./# Street Name: _____ Barangay/City/Municipality: _____ Zip Code/Province: _____ | |
| Name/Signature of Contact Person: | |
| Position: | |
| Tel. No. | Date: |
| Remarks: | |

| | |
|---|-------|
| BLES SURVEY FORM 12 CERTIFICATE OF APPEARANCE | |
| This is to certify that Mr./Ms. _____, of _____ appeared in this office to deliver/ follow-up/ collect the questionnaire/s for: Y 3 rd /4 th quarters 2000 Employment, Hours and Earnings Survey (EHES) Y 2000 Occupational Injuries Survey (OIS) | |
| EIN: | |
| Name of Establishment: | |
| Address of Establishment: (as located by enumerator) Floor/Bldg./# Street Name: _____ Barangay/City/Municipality: _____ Zip Code/Province: _____ | |
| Name/Signature of Contact Person: | |
| Position: | |
| Tel. No. | Date: |
| Remarks: | |

BLES SURVEY FORM 13
LETTER TO SAMPLE ESTABLISHMENT WITH MAILED QUESTIONNAIRE

The Owner/Manager
Name of Sample Establishment
Address of Sample Establishment

Dear Valued Respondent,

For this semester, the Department of Labor and Employment through the _____ is conducting two (2) surveys---the 3rd and 4th quarters 2000 Employment, Hours and Earnings Survey (EHES) and 2000 Occupational Injuries Survey (OIS). These are regular surveys especially designed to collect statistics on the country's performance in the area of labor and employment. EHES under Executive Order 352 dated July 1996 has been designated as one of the statistical activities that will provide critical data for decision-making of the government and the private sector.

Your office was sampled to take part in:

☐

EHES

☐

OIS

Should you need any assistance in accomplishing the survey form/s, please do not hesitate to contact us through:

Office: BLES or DOLE Regional Office No. ____
Address:
Tel. no.
Fax no.
E-mail address:

Thank you and we look forward to your cooperation to this statistical undertaking.

Very truly yours,

BLES or Regional Director

(Date)
encl/as
EIN _____

BLES SURVEY FORM 14
LETTER TO HEAD OFFICE OF SAMPLE ESTABLISHMENT

Name of Contact Person
Position
Name of Head Office
Address of Head Office

Dear

For this semester, the Department of Labor and Employment through the _____ is conducting two (2) surveys---the 3rd and 4th quarters 2000 Employment, Hours and Earnings Survey (EHES) and 2000 Occupational Injuries Survey (OIS). These are regular surveys especially designed to collect statistics on the country's performance in the area of labor and employment. EHES under Executive Order 352 dated July 1996 has been designated as one of the statistical activities that will provide critical data for decision-making of the government and the private sector.

Your office in _____ was sampled to take part in:

☐

EHES

☐

OIS

We realize that accomplishing our survey/s takes up your valuable time for they could be tedious and requires looking into past records particular to an establishment in a **specific location**. However, your office and some branches may have also been sampled to take part in the survey/s. Consolidated data will cause over-representation of sample data and thus result to unreliable data estimates by region and employment size.

Should you need any assistance in accomplishing the survey form/s, please do not hesitate to contact us through:

Office: BLES or DOLE Regional Office No. ____

Address:

Tel. no.

Fax no.

E-mail address:

Thank you and we look forward to your cooperation to this statistical undertaking.

Very truly yours,

BLES or Regional Director

(Date)
encl/as
EIN _____

BLES SURVEY FORM 15
FOLLOW-UP LETTER TO SAMPLE ESTABLISHMENT OR ITS HEAD OFFICE

Name of Contact Person
Position
Name of Sample Establishment or Head Office
Address of Sample Establishment or Head Office

Dear

The _____ wishes to reiterate its **earnest request** for your establishment to respond to the following survey/s:

(EHES) ☐ 3rd and 4th quarters 2000 Employment, Hours and Earnings Survey

☐ 2000 Occupational Injuries Survey (OIS)

We realize that accomplishing our survey/s takes up your valuable time for they could be tedious and requires looking into past records particular to an establishment in a **specific location**. Nevertheless, your response is most important to come up with reliable information on our economy by **region and employment size**.

We believe that **reliable** data are needed by government policy makers to address the impact of current economic realities. On your end, as well, labor statistics are necessary bases for making prompt and sound decisions in doing your business. Our survey results are provided **free of charge** upon request. In this instance, we have made these a part of our questionnaire/s.

We are again furnishing you the **pre-addressed** questionnaire/s. Should you need any assistance in accomplishing the form/s, please do not hesitate to contact us through:

Office: BLES or DOLE Regional Office No. ____
Address:
Tel. no.
Fax no.
E-mail address:

Thank you and we look forward to your cooperation to this statistical undertaking.

Very truly yours,

BLES or Regional Director

(Date)
encl/as
EIN _____

BLES SURVEY FORM 16 (SAMPLE ESTABLISHMENTS WITH NEW ADDRESSES)

Regional Supervisor: Accomplish in duplicate for each survey. Retain duplicate for file and transmit the original copy to BLES **not later than 20 days after the termination of field operations** in your region. The list should contain the names of establishments with new addresses but whose questionnaires have not been retrieved at the close of field operations.

NCR supervisor: Accomplish one copy for survey supervised and forward to the designated personnel for computerized status monitoring **within 10 days from the end of the period of delivery**. The list should contain the names of establishments with new addresses and those with new enumerators assigned.

This list is for sample establishments of: (encircle only one):

EHES OIS

| EIN | Name of Sample Establishment | New Address (For ONCR, provide Address 1, Address 2 and Address 3; For NCR, provide Address 1 only) | For BLES Use (accomplish applicable columns only) | | |
|-----|------------------------------|--|--|----------------|----------------|
| | | | New GEO Code | New Supervisor | New Enumerator |
| | | | | | |
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| DOLE Regional Office | | BLES |
|----------------------|----------------------|------------------|
| Prepared by: | Noted by: | Prepared by: |
| Signature: _____ | Signature: _____ | Signature: _____ |
| Name: _____ | Name: _____ | Name: _____ |
| Position: _____ | Position: IMSD Chief | Position: _____ |
| Date: _____ | Date: _____ | Date: _____ |