2.

STATUS MONITORING AND DATA ENCODING GUIDELINES

2003/2004 BLES Integrated Survey

Republic of the Philippines **DEPARTMENT OF LABOR AND EMPLOYMENI** Bureau of Labor and Employment Statistics
Intramuros, Manila

TABLE OF CONTENTS

A. BLES INTEGRATED SURVEY STATUS MONITORING GUIDELINES

Item of inauiry· .	Acceptable Entry/Entries
1.' EIN	

2. Batch Number	See·Batch Label
	For Retrieved questionnaires
	    NCRx-Ry where x - Reviewer Code
	    ONCRx-Ry y - Sequence no.
	               from 1 to n
	For Spoilage questionnaires
	    NCRx-Sy where x - Reviewer Code
	    ONCRx-Sy y - Sequence no.
	               fro m 1 to n

3. New Name 4. New Address 1	See Guidelines on Data Entry of Establishment's Name and Address
5. New GeoCode	Type the corresponding entry for each item as reflected in the questionnaire

6. Head Office Particulars
   Trade Name of *Establishment*
   Contact Person
   Position of *Contact person*
   Telephone Number
   Head Office Address 1
   Geocode of *Head Office*
	Type the corresponding entry for each item as
	
	reflected in the questionnaire

1. Status Code
   For June 2004
     CY 2003
	Select from the List

7a. Remarks	If DUP, remarks should be "OF EIN ####. If aSP, remarks should be "WITH PSIC_" If OTH, entry as reflected in the auestionnaire.

8. Main Economic Activity
   For June 2004
     CY 2003
	Type the corresponding entry for each item as
	reflected in the questionnaire

9. Major products/goods or
service
   For June 2004 .
     CY 2003
	Type the corresponding entry for each item as
	reflected in the questionnaire

10. New Industry Code
   For June 2004
     CY 2003
	Type the corresponding entry for each item as
	reflected in the questionnaire

11. Average Employment
   For June 2004 (from PART 11/
   Item 1)
     CY 2003
	Type the corresponding entry for each item as
	
	reflected in the questionnaire ~

12. Average Number of Employees *For CY 2003 only*	Type the corresponding entry for each item as reflected in the questionnaire
13. Regular working hours per day *For CY 2003 on lv*	Type the corresponding entry for each item as reflected in the questionnaire
14. Days actually worked during the year for majority of employees *For CY 2003 only*	Type the corresponding entry for each item as reflected in the questionnaire '.

15. Days not wO,rl<ed but considered paid during the year for majority of employees *For CY 2003 on IV*	Type the corresponding entry for each item as reflected in the questionnaire
16. Certification Portion *Name* of *Contact Person* *Position Title* *Telephone Number* *Fax Number* *E-mail address*	Type the corresponding entry for each item as reflected in the questionnaire
17. Time spent in answering the questionnaire	Select from the List *Less than a day* *1-2 days* *More than 2 days*
17a. If more than 2 days specify	Type the corresponding entry for each item as reflected in the questionnaire
18. Comments *On the Presentation/Packaging*	
Definition of *terms*	Select from the List *Easy to understand* *Vague*
Layout	Select from the List *User-friendly* *Not user-friendly*
Font/ color	Select from the List *Appealing* *Not Appealing*
Suggestions for improvement	Type the corresponding entry- for each item as reflected in the questionnaire'
19. Survey Personnel *Enumerator* *Date* *Area Supervisor* *Date* *Reviewer* *Date*	Type the corresponding entry for each item as reflected in the questionnaire

tID Eile s.dit y'ie"'j tnsezt FQrmat B.e(ords Iools :t[indow tielp

type a question for help ▾ _ ❏ ✕

BUREAU OF LABOR AND EMPLOYMENT STATISTICS
2003/2004 BLES INTEGRATED SURVEY
STATUS MONITORING

EIN ▨ BATCH NO.: [   ] SOURCE: LE2002   Survey Code: *
··

PART I

Name of Establishment: I LOCOS NORTE ELECTRIC COOP I~IC New

PART II

Name of Establishment: [

PART III

Address 1 NATL RD

PART IV

1'-1 eVi Address 1: ɾ

GeoCode: 01 28 09 030 |_____| ~ r--

HEAD OFFICE PARTICULARS (if questionnaire is endorsed to head office)

Trade Name   of Head Office: [

Name of   Contact Person: [

Position of C Contact Person: I

Heac Office Address: [

Head OfficeGeoCode ~~~~

[Status Coder [REHAP,KS   [

[June 2004[1   **J** |

|CY 2003 || ▾ |

PART I. GENERAL INFORMATION

June 30.2004   CY 2003

Main Economic Activity	ELECTRIC DISTRIBUTION	
~Aajor produds/goods or services:	ELECTRICITY	
PSIC	E40100	
Average Employment	375 Total Emp I	
Avere.ge number of employees		
Regulen ..•. 1otking hmJrs per day		
Days actually worked during the year for ma.jOlity of employees		
Days not worked but considered paid during the yee.rfor majority of employees		

Name Telephone

E-mail   foxNo·f

Time spent in answering this questionnaire: ~. If more lhan 2 days: **r--**
                                                                    !

Comments:

On the presentation/packaging: Suggestions for improvement:
Definition of terms
Layout
Font color

Enumerator   Area Supervisor   Reviewer

Name   IREG 1   3
                                                              ‾
Date   I   ‡

Reemd: ...!iLJ r---t ~ of 7191

Est--bli$hm~nt IdentificdtiQn Number   NUI-"!

Figure1. Status Monitoring Screen Lay-out

PART I | Opens Figure 2. Part 1 of the Questionnaire.

PART II | Opens Figure 3. Part II of the Questionnaire.

PART III, 1   Opens Figure 4. Part III of the Questionnaire.
                  Opens Figure 5. Part IV of the Questionnaire.
PART IV |·

PART I: GENERAL INFORMATION

GENERAL GUIDELINES

- For items where codes are provided, type the corresponding code representing the checked box reflected on the questionnaire. However, if no box is checked, lea,ve the item blank.
- ₁₁For items 12 - 14, the TOTAL column is automatically computed.

SPECIFIC GUIDELINES'

8. Ownership	" If Code 2 - With foreign equity is reflected, percent of equity should be specified.
9. Multinational	ₑ If Code 1 - YES is reflected, type the corresponding code of the <u>nationality</u>

PART II: EMPLOYMENT

GENERAL GUIDELINES

- ₄₉For each item, type the corresponding numeric entry as reflected on the questionnaire. However, if there is no entry reflected on each item of inquiry, type "0" (zero) except on item 2.13 .
- Data values are s'upplied on the white boxes. Dark blue shaded boxes reflect totals for each spedfic items of inquiry. These totals are automatically computed.

SPECIFIC GUIDELINES

2.11 Workers who work on shifts

No. of *Shifts column*	₁₁Type the total, number of Shift , Schedules for each Shift Period.
Shift Schedules column	ₑ Type the indicated shift schedules separated by a semicolon. If no shift schedule is provided, leave the column blank.
Workers on Shift Basis column	• Type the total number of workers for each Shift Period.
2.12 Engaged in Contracting	ₑ Type "1" if YES or "2" if NO.
2.13 Jobs contracted out	ₐType "1" if applicable, otherwise, <u>press ENTER.</u>

File Edit View Insert Format Records Tools Window Help

PART I: GENERAL INFORMATION

	⇐ EIN
	⇐ Batch No.

STATUS

PART II

PART III

PART IV

Item of Inquiry	June 30, 2004	CY 2003
8. Ownership	Codes: 1 - Wholly Filipino 2 - With Foreign equity 3 - Wholly foreign Specify percent of equity:	Codes: 1 - Wholly Filipino 2 - With Foreign equity 3 - Wholly foreign Specify percent of equity:
9. Multinational	Codes: 1 - Yes 2 - No If yes, nationality:	Codes: 1 - Yes 2 - No If yes, nationality:
10. Market	Codes: 1 - Domestic only 2 - Export only 3 - Both	Codes: 1 - Domestic only 2 - Export only 3 - Both
11. With Union	Codes: 1 - Yes, go to Items 12 to 14 2 - No, go to item 8. (CY 2003)	Codes: 1 - Yes, go to Item 12.3 2 - No go to Part II

	Total	Supervisory	Rank and File	Others	
12. Number of unions					
12.1. Registered					
12.2. Exclusive bargaining agents					
12.3. With collective bargaining agreements					Codes: 1 - Yes 2 - No
13. Union membership					
13.1. Female members					
13.2. Union officers					
13.2.1. Female officers					
13.2.1.1. Female presidents					
14. Workers covered by CBAs					

Record: I◀ ◀ | 1 | ▶ ▶I ▶* of 1 (Filtered)

8.
Establishment Identification Number   fITR   MJM

Figure 2. Part I Screen Layout.

STATUS	Opens Figure 1. Status Monitoring Screen Layout.
PART II	Opens Figure 3. Part II of the Questionnaire.
PART III	Opens Figure 4. Part III of the Questionnaire.
PART IV	Opens Figure 5. Part IV of the Questionnaire.

PART II: EMPLOYMENT
Reference Date: June 30,2004

EIN ⇨ [____]

Batch No. ⇨ [____]

| STATUS |
| PART III |
| PART IV |

Item of Inquiry	Number of workers
1. Total Employment	▮
1.1. Working owners	
1.2. Unpaid Workers	
1.3. Employees	▮
1.3.1. Managers/Executives	
1.3.2. Supervisors/Foremen	
1.3.3. Rank and File Workers	▮
1.3.3.1. Regular Workers	
1.3.3.2. Non-Regular Workers	

2. Employment of Specific Groups of Employees	Number of workers
2.1. Female workers	
2.2. Workers paid the minimum wage	
2.3. Persons with disabilities	
2.4. Time-rate workers	▮
2.4.1. Full-time workers	▮
2.4.1.1. Hourly	
2.4.1.2. Daily	
2.4.1.3. Monthly	
2.4.2. Part-time workers	
2.5. Piece-rate workers	
2.6. Quota workers	
2.7. "Pakyao" or "Takay" workers	
2.8. Task workers	
2.9. Commission workers	▮
2.9.1. With basic pay and commission	
2.9.2. Purely on commission with employer control and supervision	
2.9.3. Purely on commission without employer control	
2.10. Non-regular workers	▮
2.10.1. Probationary workers	
2.10.2. Casual workers	
2.10.3. Contractual/project based workers	
2.10.4. Seasonal workers	
2.10.5. Apprentices/learners	

2.11. Workers who work on shifts

Shift Period	Number of shifts	Shift Schedules e.g. 6:00 A.M.-2:00 P.M.	Workers on Shift Basis
Total	▮		▮
Day/Morning			
Afternoon			
Night			

9.

2.12. Engaged in contracting		Codes: 1-yes 2-No	
2.13. Jobs contracted out		**2.14. Agency-hired workers**	**Number of workers**
Codes: 1- With Entry		Total	▆▆▆▆▆
	Security services	2.14.1. Security Services	
	Janitorial	2.14.2. Janitorial	
	General administrative services	2.14.3. General administrative	
	Marketing/Sales	2.14.4. Marketing/Sales	
	Packaging	2.14.5. Packaging	
	Transport services	2.14.6. Transport services	
	Production/assembly	2.14.7. Production/assembly	
	Research and development	2.14.8. Research and development	
	IT services	2.14.9. IT services	
	Others	2.14.10. Others	
Specify :		Specify :	

10.

Figure 3 .. Part II Screen Layout.

STATUS   Opens Figure 1. Status Monitoring Screen Layout.

PART III [Opens Figure 4. Part III of the Questionnaire. PART

IV Opens Figure 5. Part IV of the Questionnaire.

Part III: Industrial Relations Practices

Item of inguiry	Instructions
11. <u>EIN</u>	

12. Batch number	See Batch labels of the retrieved questionnaires
	  For NCR encoder, type space then
	    • NCRx-Ry
	  For ONCR encoder, type as is
	    ◌ONCRx-8-y
	        Where x - Reviewer Code

3. Q1: Establishment practices	<u>y .:... sequence "number from 1 to n</u> ◎ Answerable by "Yes" or "No", the Encoder can ₒ Select from the dropdown list, using the mouse
	    • Type Y or N from the keyboard
	  General Rule: There should be NO blank entry on every item, otherwise an error message will <u>appear.</u>

Q2: Flexible Work Arrangement	‹§› Answerable by *"Yes"* or *"No"*, the Encoder can ₑ Select from the dropdown list, using the mouse
	  ₗ) Type Y or N from the keyboard
	  General Rule: There should beNO blank entry on every item, otherwise an error message will appear.
	◎ In case of "Yes", type the corresponding numeric entries from the questionnaire in the "2nd column, the *number* of employees covered ◎ <u>For others (specify), type entry/entries as is</u>

Q3: Number of employees given job-related training	◎ Type the corresponding numeric entries from the questionnaire for Female and Male, details shall automatically add up to Both Sexes ◎ In case of "0" entries'to Female and Male, <u>proceed to item no. 5</u>
Q4: Type of trainings provided to employees	◎ Enter 1 for every checked items from the questionnaire, otherwise leave it blank. ◎ For others (specify), type entry/entries as is

Q5: Mechanism
 	
Q6: Grievance/Complaint
	◎ Answerable by *"Yes"* or *"No",* th.e Encoder can •
	    Select from the dropdown list, using the mouse
	  ₗ)Type Y or'N from the keyboard
	  General Rule: There should be NO blank entry on every item, otherwise an error message will appear.
	◎ For others (specify), type entry/entries as is

Q7: Pursuance of grievances"	◎, Enter 1 for every checked items from the questionnaire, otherwise leave it blank.
Q8: Grievances settlement	◎ for others (specify), type entry/entries as is
Q9: Modes of disposition ₁ for unresolved grievances	

File   Edit   View   Insert   Filter   Tools   Window   Help

Close

2003/2004 BLES INTEGRATED SURVEY (BITS)

PART III. LABOR RELATIONS PRACTICES

REFERENCE DATE: Calendar Year 2003

43.

| EIN | ▾ | BATCH NO. | | STATUS |

PART IV

1. Which of the following practices on balancing work and family life apply to your establishment?

Establishment Practice	Yes	No
flexible working arrangements		▾
extended maternity leave with pay		▾
extended maternity leave without pay		▾
...es are entitled to more leave benefits to care for the sick family members		▾
...ployees are allowed extended paternity leave with pay		▾
...ployees are allowed extended paternity leave without pay		▾
...t have been specifically provided for employees with children		▾
...woman worker with newly born child to take a special work arrangement (less than 8 hours a ...necessary wage adjustment		▾
...worker with sick/elderly family members to take a special work arrangement with necessary ...stment		▾
...ents work and family life programs		▾
...ents family planning service/reproductive health programs		▾

...our establishment adopt any of the following flexible work arrangements?

Establishment Practice	Yes	No	If Yes, Number of employees
1. Compressed workweek		▾	
2. Sliding flexible work schedule (Flexi time)		▾	
3. On-call		▾	
4. Teleworking		▾	
5. Job-sharing		▾	
		▾	
		▾	
		▾	

3. How many employees were given job-related training?

Both Sexes _____ (Female _____   Male _____

4. Which of the following job-related trainings were provided to employees in 2003?

Type of Training	Managers/ Executive	Supervisors/ Foreman	Rank and File	
			Regular	Non-Regular

5. Do you have ... policy making process?

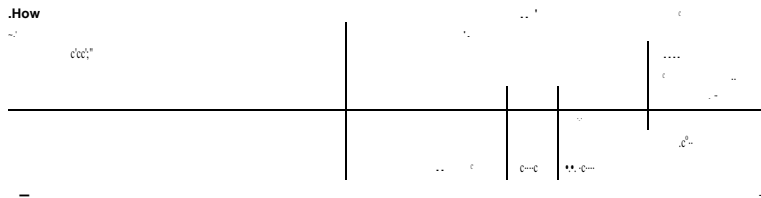|	Yes	No
		▾
		▾
		▾
		▾
4. Quality and Producti...		▾
5. Safety and Health C...		▾
6. Joint Committee/Tas...		▾
7. Suggestion Scheme...		▾
8. Others (specify)		▾

Figure 4. Part III Screen Layout.

| 8T A | Opens Figure 1. Status Monitoring Screen Layout. |
| TU8 | Opens Figure 5. Part IV of the Questionnaire.' , |

PART IV

PART IV: OCCUPATIONAL INJURIES **AND DISEASES**

Item of **inQuirv**	Guidelines
Item 1. Did your establishment experience any occupational accidents during the year	*Select from· the list:* Yes No
Item 2. How many occupational accidents were there?	Type the corresponding entry for each item as reflected in the questionnaire

Item 3. Type of Injury
    Fatal Cases
    Permanent Incapacity
      Cases
      Lost Workdays
    Temporary Incapacity   ,
      Cases
      Lost Workdays
    Cases Without Lost Workdays
	,
	
	Type the corresponding entry for each item as reflected in the questionnaire

Item 4. Part of the Body Injured
    Fatal Cases
    Permanent Incapacity
    Temporary Incapacity
    Cases Without Lost Workdays
	Type the corresponding entry for each item as reflected in the questionnaire

Item 5. Cause of Injury
    Fatal Cases
    Permanent Incapacity
    Temporary Incapacity
    Cases Without Lost Workdays
	Type the corresponding entry for each item as reflected in the questionnaire·

Item 6. Agent of Injury
    Fatal Cases
    Permanent Incapacity
    Temporary Incapacity
    Cases Without Lost Workdays
	Type the corresponding entry for each item as reflected in the questionnaire

Item 7. Occupational Diseases ,	Type the corresponding entr~ for each item as reflected in the questionnaire
Item 8. Did any of your workers experience commuting accidents during the year?	*Select from the list:* Yes No
Item 8.1 How many commuting accidents were there? ı Item 8.2 How many workers were injured?	Type the corresponding entry for each item as reflected in the qUestionnaire
Item 9. How many hours were actually worked by all employed persons in your establishment durinq the year?	Type the corresponding entry for each item as reflected in the questionnaire