



Republic of the Philippines  
**DEPARTMENT OF LABOR AND EMPLOYMENT**  
**BUREAU OF LABOR AND EMPLOYMENT STATISTICS**



ISO 9001:2000 Certified

## 2007/2008 BLES INTEGRATED SURVEY

*In correspondence, please quote this reference number.*

### Assistance Available

If you have problems completing this form or in meeting the due date, please contact:

**Metro Manila**

Bureau of Labor and Employment Statistics  
3/F DOLE Bldg., Gen. Luna St., Intramuros, Manila 1002  
Tel. Nos.: 527-3000 loc 311/313/319; 527-3489  
Telefax 527-9324/527-9325  
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[blesemsd@yahoo.com](mailto:blesemsd@yahoo.com)  
[bles\\_lrsd@yahoo.com](mailto:bles_lrsd@yahoo.com)

**Outside Metro Manila**

Tel. Nos.  
Fax No.  
E-mail

### To be accomplished by Enumerator *(except GEOCODE)*

**1. Changes in the address label should be written below:**

Business Name of Establishment \_\_\_\_\_  
Floor/Bldg./No./Street/Subdivision \_\_\_\_\_  
\_\_\_\_\_  
Barangay/City/Municipality \_\_\_\_\_  
Zip Code/Province \_\_\_\_\_ **GEOCODE: | | | | | | | | | |**

**2. If questionnaire is endorsed to main office, particulars should be written below:**

Business Name of Establishment \_\_\_\_\_  
Contact Person \_\_\_\_\_ Tel. No. \_\_\_\_\_  
Position of Contact Person \_\_\_\_\_  
Floor/Bldg./No./Street/Subdivision \_\_\_\_\_  
\_\_\_\_\_  
Barangay/City/Municipality \_\_\_\_\_  
Zip Code/Province \_\_\_\_\_ **GEOCODE: | | | | | | | | | |**

### Status Code

For Field Personnel	For BLES Personnel			
	June 2008		CY 2007	
RET1 RFV RET2	RET1 RFV	RET 2	CET with EIN	RET1 RFV RET 2 CET with EIN
REF STR TCL	REF STR	TCL	_____	REF STR TCL _____
CBL PCL	CBL PCL	OSE	_____	CBL PCL OSE _____
DUP of EIN _____	CON with EIN _____		_____	CON with EIN _____
OSP WITH PSIC _____	DUP OF EIN _____		_____	DUP OF EIN _____
OTH (specify) _____	OSP WITH PSIC _____		_____	OSP WITH PSIC _____
	OTH (specify) _____		_____	OTH (specify) _____

## PLEASE READ BEFORE ACCOMPLISHING THE QUESTIONNAIRE

### ***Survey Objectives and Uses of the Data***

Your establishment has been selected to participate in the 2007/2008 BLES Integrated Survey (BITS). The main objective of this survey is to generate an **integrated data set on employment of specific groups of workers, occupational shortages and surpluses, safety and health practices, occupational injuries and diseases and labor cost of employees.** These data are inputs to the studies on industry trends and practices and serve as bases for the formulation of policies on employment, conditions of work and industrial relations.

On the operational level, the BITS aims to maximize the use of limited government resources and to improve the timeliness of information. This is in keeping with the continual process improvement of the Bureau's Quality Management System.

### ***Confidentiality***

Your completed form remains **confidential** to the BLES and our field personnel and will be used for statistical purposes only and **not for taxation, regulation nor investigation purposes.** All information from your establishment will be integrated with those of the rest of the respondents and will be disseminated only in summaries or statistical tables.

### ***Collection Authority***

The information asked for is collected under authority of **Executive Order No. 126**, dated January 30, 1987, creating and mandating the Bureau of Labor and Employment Statistics, one of the major data producing agencies of the government, to conduct nationwide surveys and studies which will generate trends and structures on labor and employment.

### ***Authorized Field Personnel***

The **BLES** will supervise data gathering in Metro Manila. For the rest of the country, our Bureau has hired personnel under the supervision of the **DOLE Regional Offices** to undertake the field operations of the survey.

### ***Coverage***

Your report should include data relating **only** to the establishment in the address box to avoid multiple reporting, as your other branches may have also been selected to participate in our survey.

### ***Reference Periods***

The reference periods for this survey are as follows:

Part I: General Information---June 30, 2008

Part II: Employment---June 30, 2008

Part III: Occupational Shortages and Surpluses---January 2007 - June 2008

Part IV: Safety and Health Practices---June 30, 2008

Part V: Occupational Injuries and Diseases---Calendar Year 2007

Part VI: Labor Cost of Employees---Calendar Year 2007

### ***Due Date***

Please complete this form and return it on the date agreed upon by your establishment and our designated data collector. However, we would highly appreciate if you can accomplish the questionnaire within **ten (10) days** from your receipt.

### ***Availability of Results***

Selected statistics from previous BITS are presented in the last two pages of this questionnaire. More details can be furnished upon request or by visiting our website (<http://www.bles.dole.gov.ph>). Results of the 2007/2008 BITS will be available by **September 2009.**

# PART I: GENERAL INFORMATION

Reference Date: June 30, 2008

1. What is the main economic activity of your establishment? 1994 PSIC Code (as amended): <input type="text"/> (Do not fill) <i>Please specify your major products/goods or services in order of importance.</i>	
Main Economic Activity _____ Major Products/Goods or Services _____	
2. Ownership (Please check only one)	<input type="checkbox"/> Wholly Filipino <input type="checkbox"/> Wholly Foreign <input type="checkbox"/> With Foreign Equity (in terms of capital shares)
3. With union	<input type="checkbox"/> Yes <input type="checkbox"/> No, <i>go to Item 8.</i>
3.1 If yes, please specify scope of bargaining unit. (Please check as applicable)	<input type="checkbox"/> Supervisors only <input type="checkbox"/> Rank and File only <input type="checkbox"/> Rank and File including Supervisors
4. Number of unions	
5. Union membership	
5.1 Female members	
5.2 Union officers	
5.2.1 Female officers	
5.2.1.1 Female presidents	
6. With collective bargaining agreements	<input type="checkbox"/> Yes <input type="checkbox"/> No, <i>go to Item 8.</i>
7. Workers covered by CBAs	
7.1. Female workers covered	

For Manufacturing Establishment Only	For Business Process Outsourcing Only (BPO)
8. Is your establishment part of a global production network (GPN)? <input type="checkbox"/> Yes, please indicate: <i>parent country if any:</i> _____ <i>partner country/ies:</i> _____  <input type="checkbox"/> No	9. Please indicate your market.  <input type="checkbox"/> Local <input type="checkbox"/> International <input type="checkbox"/> Both

**Establishment** - an economic unit engaged in one or predominantly one kind of economic activity under a single ownership or control at a single fixed location, e.g., mine, factory, store, bank, restaurant.

**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.

**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.

**Main economic activity** - activity that contributes the biggest or major portion of the gross income or revenues of the establishment, e.g., metallic ore mining, food manufacturing, retail trade, education.

**Major products/goods or services** - specific product/goods produced or service given by the establishment, e.g., gold, ice cream, electricity, residential buildings, automotive parts, fastfood, shipping, universal banking, security agencies, private tertiary education, private hospital or motion picture production.

**Employment** - persons who worked or received pay from the establishment.

**Include:**

- working owners with or without regular pay
- salaried directors, managers and executives
- regular and non-regular workers, e.g., probationary, casual, contractual/project-based, seasonal, paid apprentices/learners
- persons on paid vacation, sick, maternity, paternity, service incentive leave and other paid leaves
- persons working away from the establishment but paid by and under its control, e.g., bus drivers
- workers on strike
- unpaid workers without regular pay who work for at least 1/3 of the working time normal to the establishment including apprentices without compensation or student on-the-job trainees

**Exclude:**

- silent or inactive partners
- members of the board of directors paid solely for attendance at meetings
- workers on indefinite leave
- laid off workers for six (6) months or more
- persons purely on commission and without employer control
- consultants
- persons on retainer basis
- contract out/agency hired workers
- homeworkers

**Employees** - include managers/executives, supervisors/foremen and rank and file workers. Working owners receiving regular pay are also included.

**Union** - any registered group or association of employees that exists in whole or in part for the purpose of collective bargaining or dealing with employers concerning terms and conditions of employment.

**Collective Bargaining Agreement (CBA)** - the negotiated contract between a legitimate labor organization and the employer concerning wages, hours of work, and all other terms and conditions of employment in a bargaining unit, including mandatory provisions for grievance and arbitration machinery.

**Global production network (GPN)** - a production scheme where stages of manufacturing process are undertaken in different geographic locations/countries where they can be carried out most efficiently.

**Partner country/ies** - refers to country/ies other than the country of the parent company where majority of the products are supplied.

**Business process outsourcing (BPO)** - the delegation to an organization/establishment contracted to take primary responsibility of providing a business process or function.

## PART II: EMPLOYMENT

Reference Date: June 30, 2008

Item of Inquiry (1)	Number of Workers (2)	
<b>1. Total Employment</b> <i>(sum of entries in items 1.1, 1.2 and 1.3)</i>		<b>1.1. Working owners</b> – working owners who do not receive regular pay.
1.1. Working owners <i>(without regular pay)</i>		<b>1.2. Unpaid workers</b> – persons without regular pay who work for at least one-third of the working time normal to the establishment. Apprentices without compensation or student on-the-job trainees are <b>included</b> .
1.2. Unpaid workers		<b>1.3.1. Managers/Executives</b> – workers whose main responsibilities are to determine and formulate policies and plan, direct, control and coordinate the activities of enterprises and organizations, or their internal departments or sections. Working owners receiving regular pay are <b>included</b> .
1.3. Employees <i>(sum of entries in items 1.3.1, 1.3.2 and 1.3.3)</i>		<b>1.3.2. Supervisors/Foremen</b> – workers whose main responsibilities are to plan, direct, organize and supervise the daily activities of workers in the section or unit concerned with the production of goods or the provision of services, subject to the general directive of managers.
1.3.1. Managers/Executives <i>(including working owners receiving regular pay)</i>		<b>1.3.3. Rank and file workers</b> – workers who do not fall within the managerial or supervisory classification of employees.
1.3.2. Supervisors/Foremen		<b>1.3.3.1. Regular workers</b> – workers hired to perform activities which are <b>usually necessary or desirable</b> in the usual business or trade of the employer and usually worked on permanent status.
1.3.3. Rank and file <i>(sum of entries in items 1.3.3.1 and 1.3.3.2)</i>		<b>2.1. Young workers</b> – workers aged 15 to 24 years old as of reference date.
1.3.3.1. Regular workers		<b>2.3. Workers paid the minimum wage</b> – workers who are paid the <b>applicable</b> minimum wage rates fixed by the Regional Tripartite Wages and Productivity Boards.
1.3.3.2. Non-regular workers <i>(as reported in item 2.8)</i>		<b>2.4. Persons with disabilities</b> – workers suffering from restriction or different disabilities, as a result of a mental, physical or sensory impairment, to perform an activity in the manner or within the range considered normal for a human being.
<b>2. Employment of Specific Groups of Workers</b> <i>(as applicable, workers may be reported in several categories)</i>		<b>2.5. Time-rate workers</b> – workers paid on the basis of a time unit of work such as an hour, a day or a month.
2.1. Young workers		<b>2.5.2. Part-time workers</b> – workers who work at jobs which provide less than the working time normal to the establishment.
2.2. Female workers		<b>2.6. Commission workers</b> – persons working for the establishment who receive a basic pay plus a certain percentage of money received for a transaction (e.g., sales representatives) or purely on commission with employer control (e.g., bus drivers) or purely on commission without employer control (e.g., insurance underwriters)
2.3. Workers paid the minimum wage		<b>2.7. Expatriate workers</b> – Non-Filipino citizens employed in the establishment.
2.4. Persons with disabilities		<b>2.8.1. Probationary workers</b> – workers on trial period during which the employer determines their fitness to qualify for regular employment, based on reasonable standards made known to them at the time of engagement.
2.5. Time-rate workers <i>(sum of entries in items 2.5.1 and 2.5.2)</i>		<b>2.8.2. Casual workers</b> – workers whose work is not usually necessary and desirable to the usual business or trade of the employer. Their employment is not for a specific undertaking or seasonal in nature.
2.5.1. Full-time workers <i>(sum of entries in items 2.5.1.1, 2.5.1.2 and 2.5.1.3)</i>		<b>2.8.3. Contractual/project-based workers</b> – workers whose employment has been fixed for a specific project or undertaking, the completion or termination of which has been determined at the time of engagement. Agency-hired workers are <b>excluded</b> .
2.5.1.1. Hourly		<b>2.8.4. Seasonal workers</b> – workers whose employment, specifically its timing and duration, is significantly influenced by seasonal factors.
2.5.1.2. Daily		<b>2.8.5. Apprentices/learners</b> – workers who are covered by written apprenticeship/learnership agreements with individual employers or any of the entities with duly recognized programs. Apprentices without compensation are <b>excluded</b> .
2.5.1.3. Monthly		
2.5.2. Part-time workers <i>(except consultants and those on retainer basis)</i>		
2.6. Commission workers		
2.7. Expatriate workers		
2.8. Non-regular workers <i>(sum of entries in items 2.8.1, 2.8.2, 2.8.3, 2.8.4 and 2.8.5; this should be the entry reported in item 1.3.3.2)</i>		
2.8.1. Probationary workers		
2.8.2. Casual workers		
2.8.3. Contractual/project-based workers <i>(except agency-hired workers)</i>		
2.8.4. Seasonal workers		
2.8.5. Apprentices/learners		



**PART II: EMPLOYMENT (cont'd)**

Item of Inquiry (1)	Number of Workers (2)	3. Engaged in outsourcing or sub-contracting? <input type="checkbox"/> Yes, please check appropriate box/es below <input type="checkbox"/> No, go to Part III						
2.9. Agency-hired Workers <i>(sum of items 2.9.1 to 2.9.10)</i>		Code	Type of process outsourced/jobs contracted out <i>(Check as applicable)</i>	3.1 Is your sub-contractor a BPO provider?				
				Yes	No	Don't Know		
2.9.1. Security services		01	<input type="checkbox"/> Production/assembly <i>(Please specify activity/process)</i> _____ _____					
2.9.2. Janitorial								
2.9.3. General administrative				02	<input type="checkbox"/> Finance/Accounting			
2.9.4. Marketing/Sales		03	<input type="checkbox"/> Procurement					
2.9.5. Packaging		04	<input type="checkbox"/> Data processing/encoding					
2.9.6. Transport services		05	<input type="checkbox"/> Human resource (HR)					
2.9.7. Production/assembly		06	<input type="checkbox"/> Learning/Training					
2.9.8. Research and development		07	<input type="checkbox"/> Billing and payment					
2.9.9. IT services		08	<input type="checkbox"/> Customer contact/technical support					
		09	<input type="checkbox"/> Marketing/Sales					
<b>2.9. Agency-hired workers</b> – workers hired through agencies/contractors to perform or complete a job, work or service <b>within</b> the premises of the establishment. They are <b>excluded</b> from the total employment of the establishment.		10	<input type="checkbox"/> Material transport/delivery					
		11	<input type="checkbox"/> Courier services					
		12	<input type="checkbox"/> Packaging/crating					
		13	<input type="checkbox"/> Research and development					
		14	<input type="checkbox"/> Others (specify) _____ _____					

**3. Sub-contracting** – an arrangement whereby a principal agrees to put out or farm out with a contractor or subcontractor the performance or completion of a specific job, work or service within a definite or pre-determined period regardless of whether such job is to be performed or completed within or outside the premises of the principal.

**3.1 Business process outsourcing (BPO)** – the delegation to an organization/establishment contracted to take primary responsibility of providing a business process or function.

## PART III: OCCUPATIONAL SHORTAGES AND SURPLUSES

Reference Period: January 2007 to June 2008

1. Were there job vacancies (vacant positions) in your establishment from January 2007 to June 2008?

**Job vacancies** - refer to the number of unfilled job openings, which are immediately available for placement and for which active recruitment steps are being undertaken anytime during the reference period. In case a job vacancy has been vacant for several times during the year, count it only once.

*(Please check appropriate box)*

**Yes, please specify total number of vacant positions** \_\_\_\_\_

**No, go to item no. 2**

1.1. Of the total number of vacant positions, how many were hard to fill? \_\_\_\_\_

**Hard-to-fill occupations** - refer to those job vacancies for which an establishment has encountered difficulties in recruitment, for reasons stated in column (7).

*(Please enumerate job title and provide details for each column. Use separate sheet following the same format, if necessary)*

PSOC Code (Do not fill)  (1)	Title of Job/Occupation  (2)	No. of Vacancies  (3)	No. of Applicants  (4)	Month/Year (mm/yy) Vacancy was		Reason Why Hard to Fill (Use Code)  (7)	Starting Salary Rate (in ₱)  (8)
				Open-ed (5)	Filled-up (6)		

*For columns 3 to 8, please reflect the necessary information for the most recent vacancy in case the position became vacant several times during the reference period.*

**Code for Reason (Col. 7)**

- |   |   |
|---|---|
| <ul style="list-style-type: none"> <li>1 - No applicant, i.e., no person applied for the job</li> <li>2 - Applicants lack years of experience</li> <li>3 - Applicants lack competency/skill</li> <li>4 - Applicants lack professional license/TESDA Skills Certification</li> </ul> | <ul style="list-style-type: none"> <li>5 - Applicants' expectation of high salary</li> <li>6 - Location or work schedule problem</li> <li>7 - Applicants prefer overseas employment</li> <li>8 - Others <i>(specify)</i> _____</li> </ul> |
|---|---|

1.2. For each job/occupation title listed above, please specify the following requirements.

*(Please use separate sheet following the same format, if necessary)*

PSOC Code (Do not fill)  (1)	Title of Job/Occupation  (2)	Minimum Educational Level  (3)	Code (Do not fill)  (4)	Main Skill/ Area of Specialization  (5)	Code (Do not fill)  (6)	Yrs. of Experience  (7)	TESDA Skills Certification Title  (8)

1.3 Of the total number of vacant positions reported in Item 1, how many were easy to fill? \_\_\_\_\_

*(Please enumerate job title and indicate number of applicants. Use separate sheet following the same format, if necessary)*

PSOC Code (Do not fill)  (1)	Title of Job/Occupation  (2)	No. of Vacancies  (3)	No. of Applicants  (4)	Starting Salary Rate (in ₱)  (5)

*For columns 3 to 5, please reflect the necessary information for the most recent vacancy in case the position became vacant several times during the reference period.*



## PART III: OCCUPATIONAL SHORTAGES AND SURPLUSES (cont'd)

2. When was the last time you had vacancy? \_\_\_\_\_

3. How do you normally fill up your job vacancies?

*(Please check appropriate box/es)*

<input type="checkbox"/> Word of mouth	<input type="checkbox"/> Through labor unions
<input type="checkbox"/> Network of relatives, friends, neighbors	<input type="checkbox"/> Vacancy posting outside firm/schools
<input type="checkbox"/> Classified ads	<input type="checkbox"/> Jobs Fair
<input type="checkbox"/> Phil-JobNet (DOLE)	<input type="checkbox"/> Private recruitment agency
<input type="checkbox"/> Internet (Job Boards)	<input type="checkbox"/> Promotion within the company
<input type="checkbox"/> Public Employment Office	<input type="checkbox"/> Others <i>(specify)</i> _____

4. Does your company have a particular school preference in recruiting new staff?

*(Please check appropriate box)*

Yes  No

*If yes, please indicate schools.*

*(Please use separate sheet, if necessary)*


5. How much is your estimated recruitment cost per job?

*(Please check appropriate box)*

<input type="checkbox"/> No cost	<input type="checkbox"/> ₱ 10,000 to ₱ 19,999
<input type="checkbox"/> Less than ₱ 5,000	<input type="checkbox"/> ₱ 20,000 and over
<input type="checkbox"/> ₱ 5,000 to ₱ 9,999	

6. In general, how do you rate the job applicants in terms of the following traits?

*(Please check applicable rating for each trait)*

Trait (1)	Poor (2)	Good (3)	Very Good (4)
1. Verbal skill			
2. Writing skill (if applicable)			
3. Computer skill (if applicable)			
4. Mathematics skill (if applicable)			
5. Analytical thinking/Reasoning skill			
6. English proficiency (if applicable)			
7. Confidence level			
8. Motivation/disposition			
9. Personal appearance			
10. Ability to fill out application form correctly			
11. Practical knowledge of the job			
12. Previous work-related experience			

7. How do you rate the quality of job applicants compared with the previous years?

*(Please check appropriate box)*

Have improved  Have remained the same  Have deteriorated

## PART IV: SAFETY AND HEALTH PRACTICES

Reference Date: June 30, 2008

This part deals with the safety and health practices aimed at securing information on the safety and health of persons at work, as well as on the protection of other individuals against risk to their safety and health in connection with or as affected by activities of persons at work. The safety and health practices may be in the form of facilities and programs/services provided for the benefit of the workers.

Unless otherwise stated, each question/practice is answerable by **YES or NO**, depending on the provision or availability of the facility or program in your establishment.

1. Which of the following facilities are available or provided in your establishment?  
(Check either YES or NO for each facility)

Code (1)	FACILITIES (2)	YES (3)	NO (4)
01	Facilities for persons with disabilities		
02	Medical/dental clinic or treatment room		
03	Sports/recreational facilities		
04	Clean canteen for employees		
05	Separate toilets for men and women		
06	Pantry ( <i>small room used as eating area of employees</i> )		
07	Designated smoking area/s		
08	Parking space for employee's vehicle		
09	Elevator for buildings with at least four floors		
10	Unobstructed fire exits at the workplace		
11	Pipe-in music at the workplace		
12	Well-maintained office building ( <i>regular upkeep and repairs are done</i> )		
13	Ergonomically designed seats/tools/machines ( <i>to prevent musculoskeletal disorders and related injuries</i> )		
14	Proper ventilation in work areas		
15	Adequate lighting (in work areas, aisles, passageways) including emergency lights		
16	Adequate space that allow sufficient freedom of movement to perform duties		
17	Adequate aisles/passageways		
18	Washing facilities and facilities for changing/storing working clothes		
19	Comfortable rest area for workers		
20	Separate locker rooms for men and women		
21	Proper waste (includes chemicals, pesticides & hazardous materials) disposal system		
22	Adequate supply of safe drinking water		
23	Access to clean and hygienic comfort rooms		
24	Availability of water tank and functioning fire extinguishers within reach		
25	Adequate exhaust system		
26	Others, please specify: _____		

- 1.1 What are the reason/s for the non-provision of some of the facilities mentioned above?  
(Please check as applicable)

- Too costly
- Very few workers
- Not required by law
- No available space
- No need/Not necessary
- Not applicable/suitable
- Others, please specify: \_\_\_\_\_



## PART IV: SAFETY AND HEALTH PRACTICES (cont'd)

2. Below are the different occupational health programs/services relative to the maintenance of safety and health conditions at the workplace. Which programs/services are being implemented in your establishment? *(Check either YES or NO for each program/service)*

Code (1)	OCCUPATIONAL HEALTH PROGRAMS/SERVICES (2)	YES (3)	NO (4)
01	Physical fitness program		
02	Availability of first-aid kits		
03	Family planning programs		
04	Free health plan coverage by a health maintenance organization (HMO)		
05	Free health and/or accident insurance by a private insurance company		
06	Free/subsidized medical care other than those provided thru the HMO or private insurance (includes medicines, special laboratory exams for ancillary procedures on top of annual physical examination, hospitalization)		
07	Regular conduct of inspection and maintenance of equipment		
08	Regular monitoring of hazards such as fumes, dust, noise level and heat in work areas		
09	Accident prevention program		
10	Emergency response preparedness program		
11	Substance abuse and employee assistance program		
12	HIV/AIDS policy program		
13	Drug-Free workplace policy/program		
14	Random drug testing		
15	Tuberculosis prevention and control policy/program		
16	Anti-sexual harassment program		
17	Others, please specify: _____		

3. What preventive and control measures on safety and health are being implemented in your establishment? *(Check either YES or NO for each measure)*

Code (1)	PREVENTIVE AND CONTROL MEASURES (2)	YES (3)	NO (4)
01	Appropriate number of trained health and safety officer		
02	Institutionalization of health and safety committee		
03	Proper storage and labelling for chemicals, pesticides and hazardous materials		
04	Emergency/evacuation plan		
05	Provision of protective clothing/equipment to employees (e.g., gloves, head gear, footwear, etc.)		
06	Proper posting of safety signages		
07	Availability of safety manuals, labels or maintenance procedures		
08	Regular maintenance of mechanical and electrical facilities		
09	Information or advisory services on occupational safety/health		
10	Instruction/training on health and safety		
11	Observance of proper operational procedures in doing the job		
12	Security measures to reduce exposure to physical danger or violence		
13	Use of video camera or alarm system		
14	Provision of adequate machine guarding/railing or casing on moving parts		
15	Conduct of emergency drills (fire, earthquake, chemical spills, etc)		
16	Availability of safety measures to reduce exposure to radiation and airborne contaminants (e.g. solvent, heavy metals, mineral dust, virus, bacteria)		
17	Conduct of process analysis for potential problems		
18	Availability of Material Data Safety Sheets (MSDS) for chemicals		
19	Correction action programs and performance audits		
20	Regular pest control treatment		
21	Sewage treatment plan		
22	Portable/built-in fire extinguishers		
23	Others, please specify: _____		

## PART IV: SAFETY AND HEALTH PRACTICES (cont'd)

4. Which of the following OSH trainings/seminars on safety and health were provided to your employees for the **last two (2) years**? *(Check either YES or NO for each training/seminar)*

Code (1)	OSH TRAININGS/SEMINARS (2)	YES (3)	NO (4)
01	Family Planning and Reproductive Health		
02	Safety Drills (e.g., fire, earthquake, etc.)		
03	Safe Work Procedures		
04	Safeguarding the Environment		
05	First Aid		
06	Prohibited Drugs		
07	Good Housekeeping (e.g., 5S + 1)		
08	General Safety and Health Provisions		
09	Safety Management		
10	Handling of Hazardous Materials		
11	Principles of Ergonomics (to address musculoskeletal disorders/injuries in the workplace)		
12	Emergency Preparation to Work Hazards (provides overview of health and safety guides to various emergencies)		
13	Stress Management		
14	Conflict Management		
15	Total Quality Management		
16	Prescribed Basic Occupational Safety and Health (BOSH) Training		
17	Safety Audit		
18	Health Hazard Evaluation		
19	Accident Investigation		
20	Others, please specify: _____		

- 4.1 Have you availed of the services/assistance of the following agencies in the conduct of any of the above trainings/seminars? *(Check either YES or NO for each agency)*

Code (1)	AGENCIES (2)	YES (3)	NO (4)
01	Regional Offices of Department of Labor and Employment (DOLE-ROs)		
02	Bureau of Working Conditions (BWC)		
03	Occupational Safety and Health Center (OSHC)		
04	Employers Associations (e.g., ECOP, PMAP, PCCI, etc.)		
05	Trade Unions/Federations		
06	Industry Associations		
07	DOLE Accredited Safety Training and Consultancy Organizations (i.e. Safety Organization of the Phils., etc.)		
08	Association of Safety Practitioners of the Phils., Inc., (ASPPI)		
09	NGOs/Universities/Academic Institutions		
10	Others, please specify: _____		

5. Who are responsible for the overall implementation/monitoring of safety and health practices in your establishment? *(Please check as applicable)*

- Managing Proprietor/Owner
- General Manager
- Production/Operations Manager
- Human Resource Manager
- Industrial Relations Manager
- Health Professionals (doctor, dentist, nurse, etc.)
- Health Associate Professionals (medical assistant/dental assistant)
- Health and Safety Committee/Officer
- Labor-Management Committee
- Industrial Hygienist
- Pollution Control Officer
- Others, please specify: \_\_\_\_\_



## PART IV: SAFETY AND HEALTH PRACTICES (cont'd)

6. Who are the health personnel in your establishment? *(Please check as applicable)*

- Trained First-Aider
- Registered Nurse
- Physician
- Dentist
- Nearest clinic/hospital
- Others, please specify: \_\_\_\_\_

7. Do you keep OSH records (work-related injuries, illnesses, health diseases and incidence) of your employees? *(Please check only one)*

Yes

If YES, please check type of records kept: *(Please check as applicable)*

- Minutes of meeting of Health and Safety Committee
- Employees work accident/illness report
- Annual work accident/illness exposure data
- Annual medical report

No

8. How do you communicate to employees safety and health practices in your establishment? *(Please check as applicable)*

- General assembly/meetings
- Posters in conspicuous places
- Conduct of drills
- Daily "walk-through" the establishment by senior management officials
- Labor-management cooperation/council meetings
- Quality circles/productivity improvement group meetings
- Newsletter/Staff bulletin
- Others, please specify: \_\_\_\_\_

9. Does management consult with employee representatives or union officers on matters concerning occupational health and safety? *(Please check only one)*

- Always
- Sometimes
- Never
- Not Applicable

10. Is your establishment ISO (International Organization for Standardization) Certified? *(Please check only one)*

Yes

No

10.1 If **Yes**, please check the appropriate box/es on type of ISO certification/s

- OHSAS 18001 - Occupational Health and Safety Management Standard
- ISO 14001 - Environmental Management Standard
- ISO 9001:2000 - Quality Management System
- ISO 12006 - Building Construction
- ISO 22000 - Food Safety Management System
- ISO 27001/27002 - Information Security Management
- SA 8000 – Social Accountability Standard
- Others, please specify: \_\_\_\_\_

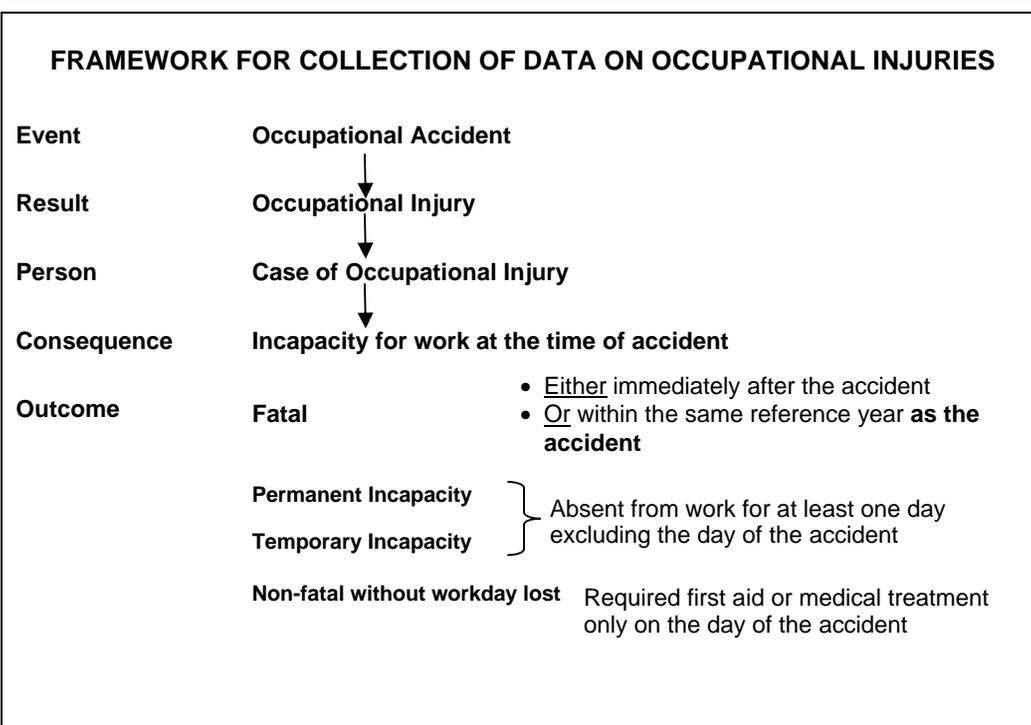
## PART V: OCCUPATIONAL INJURIES AND DISEASES

Reference Period: Calendar Year 2007

1. Did your establishment experience any <b>occupational accidents</b> during the year? <input type="checkbox"/> Yes, go to item 2 <input type="checkbox"/> No, go to item 7	2. How many occupational accidents were there? _____
--	--

If answer is **YES in item 1**, indicate in items 3-6, as applicable, the number of cases of **occupational injuries**.

Type of Injury (See description of classifications below) (1)	Fatal Cases (2)	Permanent Incapacity		Temporary Incapacity		Cases Without Workdays Lost (7)
		Cases (3)	Workdays Lost (4)	Cases (5)	Workdays Lost (6)	
3. Total (sum of corresponding entries in cols. 2 to 7)						
3.1. Superficial injuries and open wounds						
3.2. Fractures						
3.3. Dislocations, sprains and strains						
3.4. Traumatic amputations						
3.5. Concussion and internal injuries						
3.6. Burns, corrosions, scalds and frostbites						
3.7. Acute poisonings and infections						
3.8. Foreign body in the eye						
3.9. Others						



**Occupational accident** - an unexpected and unplanned occurrence, including acts of violence arising out of or in connection with work which results in one or more workers incurring a personal injury, disease or death. It can occur outside the usual workplace/premises of the establishment while the worker is on business on behalf of his/her employer i.e. in another establishment or while on travel, transport or in road traffic.

**Occupational injury** - an injury which results from a work-related event or a single instantaneous exposure in the work environment (occupational accident). Where more than one person is injured in a single accident, each case of occupational injury should be counted separately. If one person is injured in more than one occupational accident during the reference period, each case of injury to that person should be counted separately. Recurrent absences due to an injury resulting from a single occupational accident should be treated as the continuation of the same case of occupational injury not as a new case.

**Fatal case** - case where a person is fatally injured as a result of occupational accident whether death occurs immediately after the accident or within the same reference year as the accident.

**Permanent incapacity** - case where an injured person was absent from work for at least one day, excluding the day of the accident, and 1) was never able to perform again the normal duties of the job or position occupied at the time of the occupational accident, or 2) will be able to perform the same job but his/her total absence from work is expected to exceed a year starting the day after the accident.

**Temporary incapacity** - case where an injured person was absent from work for at least one day, excluding the day of the accident, and 1) was able to perform again the normal duties of the job or position occupied at the time of the occupational accident or 2) will be able to perform the same job but his/her total absence from work is expected not to exceed a year starting the day after the accident, or 3) did not return to the same job but the reason for changing the job is not related to his/her inability to perform the job at the time of the occupational accident.

**Workdays lost** - refer to working days (consecutive or staggered) an injured person was absent from work, starting the day after the accident. If the person is still absent from work by the end of the reference year, his/her workdays lost cover the period from the day after the accident up to the end of the reference year. Temporary absences from work of less than one day for medical treatment are not included in workdays lost.

**Case without workdays lost** - where the injured person required only first aid or medical treatment on the day of the accident and was able to perform again, on the day after the accident, the normal duties of the job or position occupied at the time of the occupational accident.

### 3. Type of Injury

**3.1. Superficial injuries** - including abrasions, blisters (non-thermal), contusions, puncture wounds (without major open wounds), insect bites (non-venomous)

**Open wounds** - including cuts, lacerations, punctures wounds (with penetrating foreignbody), animal bites

**3.2. Fractures** - closed fractures, open fractures, other fractures (dislocated, displaced)

**3.3. Dislocations, sprains and strains** - including avulsions, lacerations, sprains, strains, traumatic haemarthroses, ruptures, subluxations and tears of joints and ligaments

**3.4. Traumatic amputations** - including traumatic enucleation of the eye

**3.5. Concussion and internal injuries** - including blast injuries, bruises, concussions, crushing, lacerations, traumatic haematoma, punctures, ruptures and tears of internal organs



## PART V: OCCUPATIONAL INJURIES AND DISEASES (cont'd)

- 3.6. Burns, corrosions, scalds, frostbites** – thermal burns (including from electrical heating appliances, electricity, flames, friction, hot air and hot gases, hot objects, lightning, radiation), chemical burns (corrosions), scalds, frostbites
- 3.7. Acute poisonings** - acute effects of the injection, ingestion, absorption or inhalation of toxic, corrosive or causatic substances; including toxic effects of contact with venomous animals  
**Infections** - including intestinal infectious diseases, specified zoonoses, protozoal diseases, viral diseases, mycoses
- 3.8. Foreign body in the eye**
- 3.9. Others** - effects of radiation heat and light, hypothermia, effects of air pressure and water pressure, asphyxiation, effects of maltreatment (including physical abuse, psychological abuse), effects of lightning (shock from lightning, struck by lightning not otherwise specified), drowning and non-fatal submersion, effects of noise and vibration (including acute hearing loss), effects of electric current (electrocution, shock from electric current), injuries not specified

<b>Part of the Body Injured</b> (See description of classifications below) (1)	Fatal Cases (2)	Permanent Incapacity Cases (3)	Temporary Incapacity Cases (4)	Cases Without Workdays Lost (5)
4. Total (sum of corresponding entries in cols. 2 to 5; these should be the same as corresponding totals reported in cols.2, 3, 5 and 7 of item 3)				
4.1. Head				
4.2. Neck				
4.3. Back				
4.4. Trunk or Internal Organs				
4.5. Upper Extremities				
4.6. Lower Extremities				
4.7. Whole Body or Multiple Sites Equally Injured				

### 4. Part of Body Injured

- 4.1. Head** - includes scalp, skull, brain and cranial nerves and vessels; ear(s); eye(s); tooth/teeth; other specified parts of the facial area; head, multiple sites affected
- 4.2. Neck** - includes spine and vertebrae in the neck
- 4.3. Back** - includes spine and vertebrae in the back
- 4.4. Trunk or internal organs** - include rib cage (ribs including sternum and shoulder blades); other parts of thorax, including internal organs; pelvic and abdominal area, including internal organs; external genitalia; trunk, multiple sites affected
- 4.5. Upper extremities** - include shoulder and shoulder joints; arm, including elbow; wrist; hand; thumb; other finger(s); upper extremities, multiple sites affected
- 4.6. Lower extremities** - include hip and hip joint; leg, including knee; ankle; foot; toe(s); lower extremities, multiple sites affected
- 4.7. Whole body and multiple sites equally injured** - systemic effect (for example, from poisoning or infection); this classification is to be used if several different parts of the body were equally injured/affected

<b>Cause of Injury</b> (See description of classifications below) (1)	Fatal Cases (2)	Permanent Incapacity Cases (3)	Temporary Incapacity Cases (4)	Cases Without Workdays Lost (5)
5. Total (as reported in item 4))				
5.1. Falls of persons				
5.2. Struck by falling objects				
5.3. Stepping on, striking against or struck by objects, excluding falling objects				
5.4. Caught in or between objects				
5.5. Over-exertion or strenuous movement				
5.6. Exposure to or contact with extreme temperatures				
5.7. Exposure to or contact with electric current				
5.8. Exposure to or contact with harmful substances or radiation				
5.9. Others				

### 5. Cause of Injury

- 5.1. Falls of persons** - falls of persons from heights (trees, building, scaffolds, ladders, machines, vehicles) and into depths (wells, ditches, excavations, holes in the ground); falls of persons on the same level
- 5.2. Struck by falling objects** - slides and cave-ins (earth, rocks, stones); collapses (buildings, walls, scaffolds, ladders, piles of goods); struck by falling objects during handling; struck by falling objects, not elsewhere classified
- 5.3. Stepping on, striking against or struck by objects, excluding falling objects** - stepping on objects; striking against stationary objects (except impact due to a previous fall); striking against moving objects; struck by moving objects (including flying fragments and particles) excluding falling objects
- 5.4. Caught in or between objects** - caught in an object; caught between a stationary object and a moving object; caught between moving objects (except flying or falling objects)
- 5.5. Over-exertion or strenuous movements** - over-exertion in lifting objects; over-exertion in pushing or pulling objects; over-exertion in handling or throwing objects; strenuous movements
- 5.6. Exposure to or contact with extreme temperatures** - exposure to heat (atmosphere or environment); exposure to cold (atmosphere or environment); contact with hot substances or objects; contact with very cold substances or objects
- 5.7. Exposure to or contact with electric current** - contact with electricity resulting to electric shock or burns
- 5.8. Exposure to or contact with harmful substances or radiations** - contact by inhalation, ingestion or absorption of harmful substances; exposure to ionizing radiations; exposure to radiations other than ionizing radiations
- 5.9. Others** - include others not mentioned above; cause of injury unspecified



## PART V: OCCUPATIONAL INJURIES AND DISEASES (cont'd)

<b>Agent of Injury</b> (See description of classifications below) (1)	Fatal Cases (2)	Permanent Incapacity Cases (3)	Temporary Incapacity Cases (4)	Cases Without Workdays Lost (5)
6. Total <i>(as reported in item 5)</i>				
6.1. Buildings, structures				
6.2. Prime movers				
6.3. Distribution systems				
6.4. Hand tools				
6.5. Machines, equipment				
6.6. Conveying/transport/ packaging equipment or vehicles				
6.7. Materials, objects				
6.8. Chemical substances				
6.9. Human, animals, plants, etc.				
6.10. Others				

### 6. Agent of Injury

- 6.1. Buildings, structures** - include all types of buildings, scaffolding, other structures; also include stepladders, harnesses, drilling platforms, excavation trenches
- 6.2. Prime movers** - include all types of engines, motors, electrical transformers, generator and power transmission systems
- 6.3. Distribution systems** - include stationary or movable pipes for distributing gas, liquids, solid matter, and drains and sewers
- 6.4. Hand tools** - those that are hand-held or hand-guided
- 6.5. Machines, equipment** - include all types of machine or equipment, including machine tools
- 6.6. Conveying/transport/packaging equipment or vehicles** - include all means of conveying, transportation and stockpiling
- 6.7. Materials, objects** - include all materials or objects or parts of a machine
- 6.8. Chemical substances** - may be solid, liquid or gas; may be caustic, corrosive, harmful, toxic, flammable, explosive, vaporous, radioactive or biological
- 6.9. Human, animals, plants, etc.** - include also tree, insects, snakes and micro-organisms
- 6.10. Others** - include natural disasters (flood, earthquake, tidal wave), or some natural element (mud, lava, etc.)

<b>7. Occupational Diseases</b> (1)	<i>Occupational disease</i> - an abnormal condition or disorder other than one resulting from an occupational injury caused by exposure over a period of time to risk factors associated with work activity such as contact with certain chemicals, inhaling coal dust, carrying out repetitive movements. This refers to a <u>new</u> case recognized, diagnosed and recorded during the year.	<b>Cases</b> (2)
7.1 Occupational dermatitis <i>(including skin conditions due to chemical agents which are skin irritants and sensitizers)</i>		
7.2. Bronchial asthma <i>(due to exposure to allergies in the working environment)</i>		
7.3. Acute poisonings <i>(due to exposure to chemical toxic substances)</i>		
7.4. Heat stroke, cramps, exhaustion <i>(due to exposure to excessive heat)</i>		
7.5. Chilblain, frostbite, freezing <i>(due to exposure to excessive cold)</i>		
7.6. Deafness <i>(loss of or decreased hearing due to excessive exposure to noise)</i>		
7.7. Infections <i>(due to exposure to biologic hazards/agents, ex. anthrax, rabies, hepatitis A, B, C, D, PTB pneumonia)</i>		
7.8. Cataract <i>(due to exposure to glare of or rays from molten glass or red hot metal)</i>		
7.9. Cardio-vascular diseases <i>(cardiac injury or acute attack precipitated by unusual strains of work)</i>		
7.10. Essential hypertension <i>(primary hypertension that cause impairment of function of kidneys, ears, eyes and brain resulting in permanent disability)</i>		
7.11. Peptic ulcer <i>(due to prolonged emotional or physical stress at work)</i>		
7.12. Work-related musculoskeletal diseases <i>(caused or made worst by work such as exposure to forceful exertions, highly repetitive motions, awkward body postures, vibrations, etc.)</i>		
7.13. Others <i>(specify)</i>		
7.13.1. _____		_____
7.13.2. _____		_____
7.13.3. _____		_____
7.13.4. _____		_____
7.13.5. _____		_____

8. Did any of your workers experience **commuting accidents** in 2007?

- Yes, go to item 8.1       No, go to Item 9

8.1. How many commuting accidents were there? \_\_\_\_\_      8.2. How many workers were injured? \_\_\_\_\_

**Commuting accident** - an accident which results to death or personal injury occurring on the habitual route of a worker, in either direction, between the place of work or work-related training and the worker's principal or secondary residence, the place where the worker usually takes his/her meals or the place where he/she usually receives his/her remuneration.



## PART V: OCCUPATIONAL INJURIES AND DISEASES (cont'd)

9. How many hours were actually worked by **all employed persons** in your establishment in 2007?

*To estimate for total hours actually worked (in the absence of actual record on hours worked):*

	x		x		+		+		=	
<b>Average employment</b>		Regular working hours per day Ex. 6, 7, 8, or 12		Days actually worked during the year Ex. 250 or 302		Total overtime hours on regular working days of <b>all persons</b> who rendered overtime work		Total hours worked on rest days, special days and regular holidays of <b>all persons</b> who rendered work on these days		<b>Hours actually worked</b>

### Hours actually worked

#### Include:

- normal or regular hours of work
- overtime
- time spent at the place of work such as the preparation of workplace, repairs, maintenance, preparation and cleaning of tools and preparation of receipts, time sheets and reports
- time spent at the place of work waiting or standing by for reasons such as lack of supply of work, breakdown of machinery or accident, or time during which no work is done but for which payment is made
- time corresponding to lunch/meal breaks of less than one (1) hour and to short rest periods at the workplace including tea and coffee breaks/meriendas

#### Exclude:

- hours paid for but not worked due to vacation, sick, maternity, paternity, service incentive leave and other paid leaves, rest days, special days and regular holidays
- lunch/ meal breaks of one hour or more and time spent on travel from home to workplace and vice versa

### An example to compute for average employment for CY 2007

#### End of the month employment:

January	50	July	53
February	49	August	54
March	48	September	52
April	52	October	52
May	51	November	51
June	50	December	50

#### Average employment:

$$50+49+48+52+51+50+53+54+52+52+51+50$$

$$=612/12$$

$$=51$$

## PART VI: LABOR COST OF EMPLOYEES

**Reference Period: Calendar Year 2007**

*(If data can not be provided for the calendar year as the establishment uses a fiscal year that does not coincide with the calendar year, please report for the year where most of the months of 2007 fall.)*

<b>1. Reference period if other than calendar year</b> <i>(month/year)</i>	Start: _____ End: _____
<b>2. Labor Cost Component</b>	<b>Amount (₱)</b>
2.1. <i>Direct wages and salaries (in cash)</i>	
2.1.1. Pay for normal/regular working time	
2.1.2. Commissions of employees and their share in service charges	
2.1.3. Overtime, night shift and premium pay	
2.1.4. Payments under bonus, productivity, performance and other incentive schemes <i>(regular payments on the basis of work performed or current output)</i>	
2.1.5. Cost of living allowances and other guaranteed and regularly paid allowances <i>(exclude housing allowances and rents in cash which should be reported in item 2.5.2)</i>	
2.2. <i>Remuneration for time not worked</i>	
2.3. <i>Bonuses and gratuities</i>	
2.3.1. Year-end, seasonal and other one-time bonuses <i>(Mid-year/Christmas bonus, 13<sup>th</sup>/14<sup>th</sup>/15<sup>th</sup> month pay and the like)</i>	
2.3.2. Profit sharing bonuses	
2.3.3. Additional payments in respect of vacation, supplementary to normal vacation pay	
2.4. <i>Payments in kind (e.g. ordinary clothing and footwear)</i>	
2.5. <i>Cost of workers' housing shouldered by employer</i>	
2.5.1. Cost for establishment-owned dwellings	
2.5.2. Cost for dwellings not owned by establishment and other housing costs <i>(housing allowances, rents, subsidies, etc.)</i>	

### 2.1. Direct wages and salaries

- payments by employer to employees **before** any deductions is made in respect of taxes, contributions of employees to social security and pension schemes, life insurance premiums, union dues and other obligations of employees; these **exclude** payments/overhead costs which are reimbursements to employees for travel, entertainment, meals and other expenses incurred in conducting the business of the employer.

### 2.2. Remuneration for time not worked

- payments for vacation, sick, maternity, paternity, service incentive leave, union/emergency/bereavement/burial leaves and other paid leaves.

**2.4. Payments in kind** - goods and services, valued at **producer's or wholesale prices** given to workers as part of their remuneration; these **exclude** general amenities provided by the employer such as imputed rental value of free/subsidized housing, medical services and canteen and other welfare services and facilities.

**2.5.1. Cost for establishment-owned dwellings** - net cost, i.e. maintenance expenditures, fees, property taxes, insurance, interest, depreciation and other costs, **less** grants-in aid, tax rebates, subsidies, etc. received from government and other institutions in respect of employee housing; capital investment on building, equipment or land made during the year and labor cost of personnel employed by the establishment for maintenance and other work related to establishment-owned houses are **excluded**.

**Note:** For purposes of this survey, the labor cost of personnel employed in establishment-owned housing, medical care and health, training and welfare facilities for employees of the establishment should be included in the appropriate cost items and not with the cost of the facilities.



## PART VI: LABOR COST OF EMPLOYEES (cont'd)

2. Labor Cost Component (cont'd)	Amount (₱)
2.6. Employer's social security expenditures <i>(exclude employees' share)</i>	
2.6.1. Compulsory social security contributions (GSIS, SSS, PhilHealth, PAG-IBIG, ECC)	
2.6.2. Collectively agreed, contractual and non-obligatory contributions to private social security schemes and insurance (e.g. pension, life, accident, medical and health, hospitalization)	
2.6.3. Direct payments by employer to employees regarded as social security benefits (in respect of absence from work due to sickness, maternity or occupational injury)	
2.6.4. Cost of medical care and health services	
2.6.5. Retirement and termination/ separation pay	
2.7. Cost of training	
2.8. Cost of welfare services	
2.9. Other labor costs	
2.9.1. Cost of work clothes/protective gear	
2.9.2. Transport of workers to and from work undertaken by employers	
2.9.3. Recruitment cost	
2.9.4. Others (specify) _____ _____	

**2.6.4. Cost of medical care and health services** - medical care and health expenses (except insurance) e.g. medicines, incurred by the employer on behalf of the employees; it also includes cost of establishment-owned medical care and health facility and equipment **for employees**. (See definition of cost for establishment-owned dwellings).

**2.7. Cost of training** - net cost of fees, salaries and other payments for services of outside instructors, payments made to outside training institutions on behalf of the workers in the establishment and the reimbursement of school fees to workers; it also includes cost of establishment-owned training facility and equipment **for employees**. (See definition of cost for establishment-owned dwellings).

**2.8. Cost of welfare services** - grants to credit unions and related services for employees, cost of services such as canteens and other food services, educational, cultural, recreational and related facilities and services (See definition of cost for establishment-owned dwellings).

**4. Total cost** - all expenses incurred by the establishment whether paid or payable, valued at market price. Aside from labor cost, these are costs of:

- purchased materials, supplies, fuel and electricity
- industrial and non-industrial services done by others
- costs of good for resale
- interest expenses
- indirect taxes

Donations and contributions, bad debts, income taxes, losses, depreciation are **excluded**.

**3. Hours actually worked by all employees in 2007**

*To estimate for total hours actually worked (in the absence of actual record on hours worked):*

	x		x		+		+		=	
Average number of employees		Regular working hours per day		Days actually worked during the year		Total overtime hours on regular working days of all employees who rendered overtime work		Total hours worked on rest days, special days and regular holidays of all employees who rendered work on these days		Hours actually worked
		Ex. 6, 7, 8 or 12		Ex. 250 or 302						

*To compute for average number of employees for CY 2007, use the same method as in Part V-Item 9.*

**4. Percent share of labor cost to total cost** (Please check only one box)

Less than 5%   
  5% - 9%   
  10% - 19%   
  20% - 29%   
  30% or more (specify) \_\_\_\_\_

## PART VII: CERTIFICATION

This is to certify as to the accuracy of the data provided in this questionnaire.

<b>Name/Signature of Contact Person in the Establishment:</b>			
Position:		Fax No.:	
Tel. No.:		E-mail Address:	
<b>Time spent in answering this questionnaire:</b>			
<input type="checkbox"/> Less than a day		<input type="checkbox"/> 1 -2 days	<input type="checkbox"/> More than 2 days ( <i>specify</i> ) _____
<b>Comments:</b>			
a. On data provided for the 2007/2008 BITS			
b. On statistics from previous BITS			
· Employment			
· Wage and Compensation Practices			
· Occupational Injuries			
· Labor Cost of Employees			
c. On presentation/packaging:			Suggestions for improvement:
Definition of terms	<input type="checkbox"/> Easy to understand <input type="checkbox"/> Vague		
Layout	<input type="checkbox"/> User-friendly <input type="checkbox"/> Not user-friendly		
Font, color	<input type="checkbox"/> Appealing <input type="checkbox"/> Not appealing		

**Thank you for your support and full cooperation to our undertaking.**

## PART VIII: SURVEY PERSONNEL

### National Capital Region

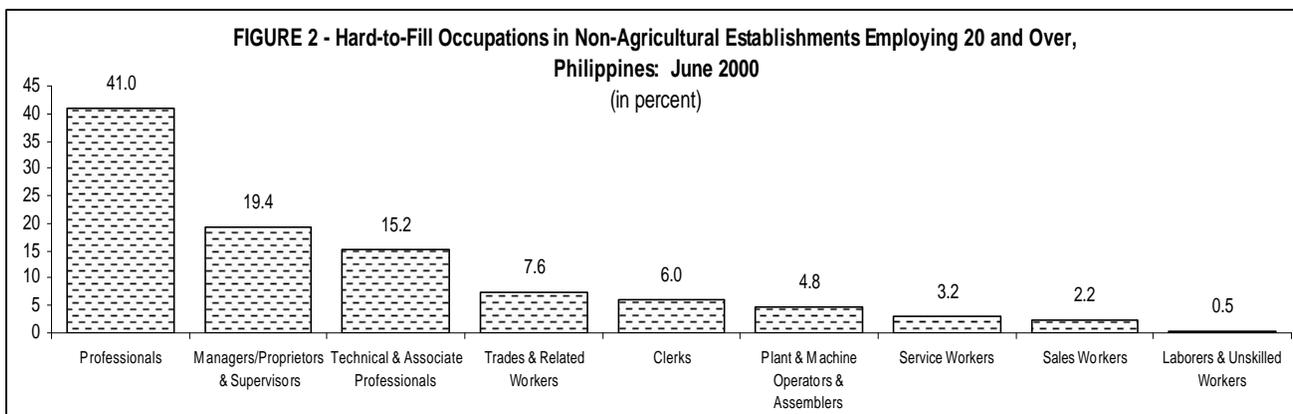
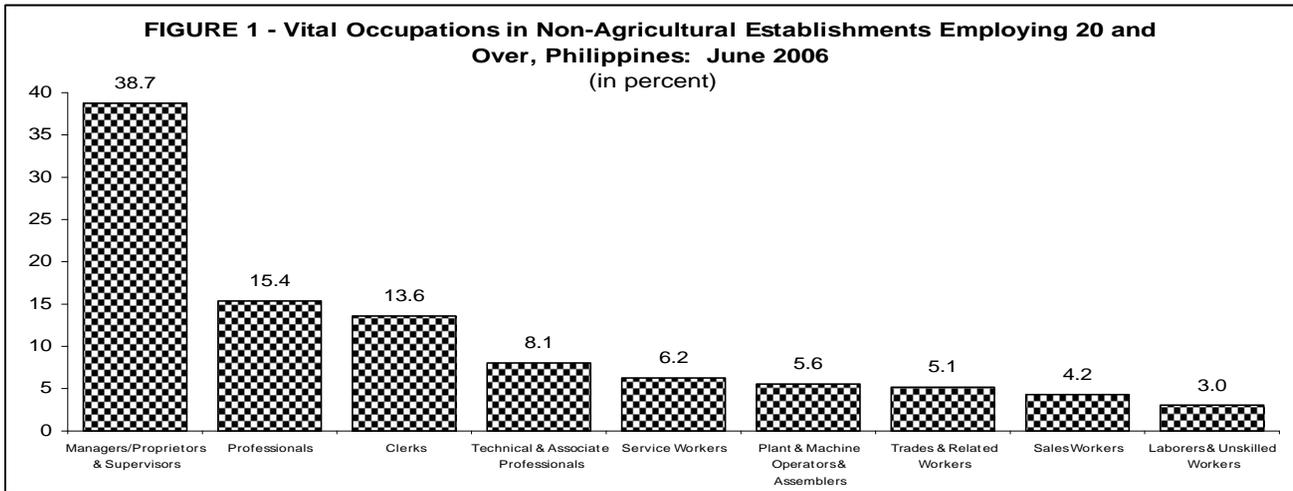
	Enumerator	Area Supervisor	Reviewer
Name			
Date			

### Outside National Capital Region

	Enumerator	Area Supervisor	Regional Supervisor	BLES Reviewer
Name				
Date				

## Selected Statistics from BLES Integrated Survey

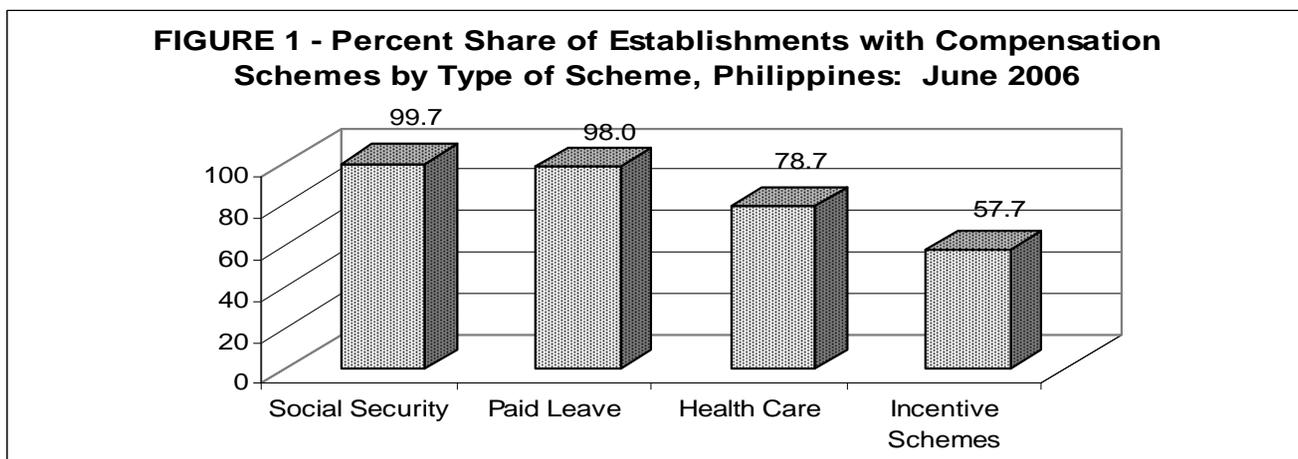
### A. Employment



### B. Wage and Compensation Practices

**TABLE 1 - Percent Share of Establishments by Method of Fixing Wages and Occupational Category, Philippines: June 2006**

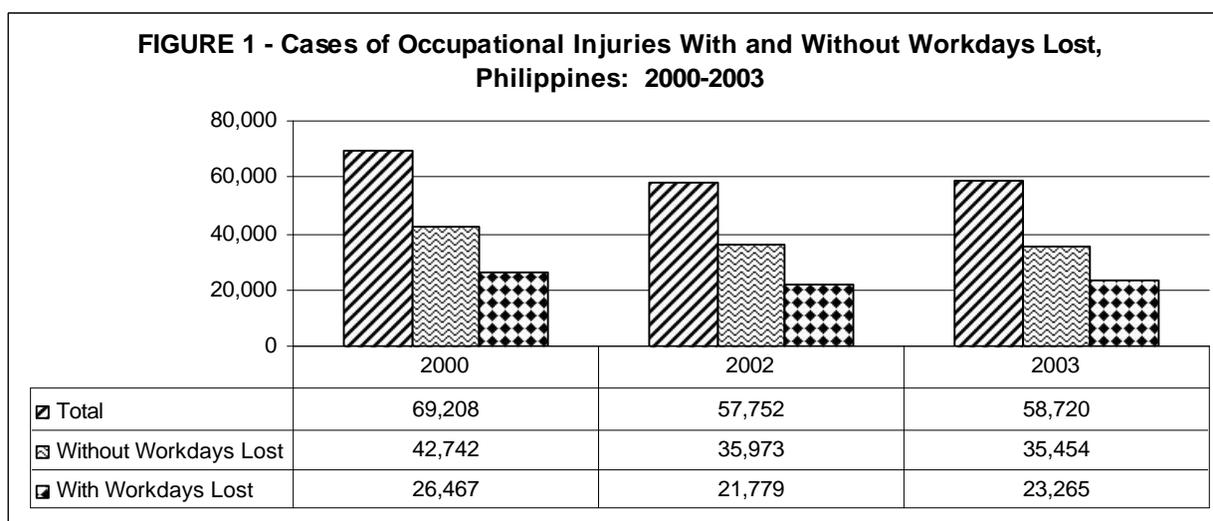
Method of Fixing Wages	Managers	Supervisors	Regular Rank and File	Non-Regular Workers
<b>Total Reporting Establishments</b>	<b>23,906</b>	<b>21,917</b>	<b>25,110</b>	<b>18,553</b>
Collective Bargaining Agreement	-	2.4	9.8	1.3
Agreement between Employer and Employee	19.9	16.8	7.9	7.2
Employer's Decision	53.9	45.4	24.9	22.1
Wage Issuances	17.7	25.3	49.4	61.9
Productivity-based	5.8	7.3	5.7	5.4
Others	2.8	2.7	2.4	2.1



## C. Occupational Injuries

**TABLE 1 - Cases of Occupational Injuries with Workdays Lost by Incapacity for Work, Philippines: 2000 and 2002-2003**

Incapacity	Number			Percent		
	2000	2002	2003	2000	2002	2003
<b>Total</b>	<b>26,467</b>	<b>21,779</b>	<b>23,265</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>
Fatal	178	302	170	0.7	1.4	0.7
Permanent Incapacity	179	321	131	0.7	1.5	0.6
Temporary Incapacity	26,110	21,156	22,964	98.7	97.1	98.7



Note: 2000 data from 2000 Occupational Injuries Survey.

## D. Labor Cost of Employees

**TABLE 1 - Annual Labor Cost per Employee and Percent Distribution of Labor Cost by Major Cost Component, Philippines: 1998 and 2002**

Major Cost Component	Number		Percent	
	1998	2002	1998	2002
<b>Total</b>	<b>139,934</b>	<b>182,541</b>	<b>100.0</b>	<b>100.0</b>
Direct Wages and Salaries	107,233	135,774	76.6	74.4
Remuneration for Time Not Worked	3,110	2,680	2.2	1.5
Bonuses and Gratuities	12,147	19,147	8.7	10.5
Payments in Kind	952	387	0.7	0.2
Cost of Worker's Housing Shouldered by Employer	619	1,788	0.4	1.0
Employer's Social Security Expenditures	12,731	17,317	9.1	9.5
Cost of Training	1,060	1,368	0.8	0.8
Cost of Welfare Services	765	1,496	0.6	0.8
Other Labor Costs <sup>1</sup>	1,317	2,585	0.9	1.4

Note: 1998 data from 1998 Labor Cost Survey.

<sup>1</sup> Other Labor Costs include Cost of work clothes/protective gear, Transport of workers to and from work undertaken by employers, Recruitment cost.