

DATA ENTRY GUIDELINES

- A. 2007/2008 BLES Integrated Survey
- B. 2008 Occupational Wages Survey

Microsoft Access - [frm_part1&2 : Form] Type a question for help

2007/2008 BLES INTEGRATED SURVEY PARTS I AND II

EIN Part 3: Occupational Shortages and Surpluses

Batch No.

PART I: GENERAL INFORMATION	PART II: EMPLOYMENT																																																										
<p>2. Ownership <input type="text"/> Codes: 1 - Wholly Filipino 2 - With Foreign equity 3 - Wholly foreign</p> <p>3. With Union <input type="text"/> Codes: 1 - Yes 2 - No, go to Part II.</p> <p>3.1 Scope of bargaining unit <input type="text"/> Codes: 1 - Supervisory 2 - Rank and File only 3 - Both Supervisory and Rank and File</p> <p>4. Number of unions <input type="text"/></p> <p>5. Union Membership <input type="text"/></p> <p>5.1. Female Members <input type="text"/></p> <p>5.2 Union Officers <input type="text"/></p> <p>5.2.1 Female Officers <input type="text"/></p> <p>5.2.1.1 Female Presidents <input type="text"/></p> <p>6. With collective bargaining agreement <input type="text"/> Codes: 1 - Yes 2 - No, go to Part II</p> <p>7. Workers covered by CBAs <input type="text"/></p> <p>7.1 Female Workers Covered <input type="text"/></p> <p>For Manufacturing Establishments Only</p> <p>8. Is your establishment part of a global production network (GPN)? <input type="text"/> Codes: 1 - Yes 2 - No If yes, specify parent country, if any: <input type="text"/> If yes, specify partner country/ies: <input type="text"/></p> <p>For Business Process Outsourcing (BPO) Only</p> <p>9. Please indicate your market. <input type="text"/> Codes: 1 - Local 2 - International 3 - Both</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%;">Item of Inquiry</th> <th style="width: 20%;">Number of workers</th> </tr> </thead> <tbody> <tr style="background-color: #4F81BD; color: white;"> <td>1. Total Employment</td> <td><input type="text"/></td> </tr> <tr> <td>1.1. Working owners</td> <td><input type="text"/></td> </tr> <tr> <td>1.2. Unpaid Workers</td> <td><input type="text"/></td> </tr> <tr style="background-color: #4F81BD; color: white;"> <td>1.3. Employees</td> <td><input type="text"/></td> </tr> <tr> <td>1.3.1. 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Figure 3. BITS Parts I & II Data Entry Screen Format

PART I: General Information

ITEM OF INQUIRY	GUIDELINES
2. Ownership	<ul style="list-style-type: none"> Type "1" if WHOLLY FILIPINO or "2" if WITH FOREIGN EQUITY or "3" if WHOLLY FOREIGN.
3. With union	<ul style="list-style-type: none"> Type "1" if YES or "2" if NO. If the answer is NO, there should be no entries in item 3.1 and items 4 to 7. Proceed to item 8 for manufacturing establishments or item 9 for BPO. Otherwise, go to Part II. However, if the answer is NO but there are entries for items 4 to 7, verify this with Senior LEO/reviewer.
3.1 If yes, please specify scope of bargaining unit	<ul style="list-style-type: none"> Type "1" if SUPERVISORS ONLY or "2" if RANK AND FILE ONLY or "3" if RANK AND FILE INCLUDING SUPERVISORS. Entry is acceptable if there are checks for both SUPERVISORS ONLY and RANK AND FILE ONLY. This may reflect that there are separate unions for both groups. However, if there is check for the RANK AND FILE INCLUDING SUPERVISORS, there must be no other checks for the other choices.
4. Number of unions	<ul style="list-style-type: none"> Type the numeric entry reflected in the questionnaire.
5. Union membership	<ul style="list-style-type: none"> Type the numeric entry reflected in the questionnaire. Entry here should be greater than "0" if there is entry in item 4. Entry here should not exceed or be equal to the entry in total employment (item 1) in Part II.
5.1. Female members	<ul style="list-style-type: none"> Type the numeric entry reflected in the questionnaire. Entry here should not exceed entry in item 5. Entry here may be equal to or less than entry in item 2.2 in Part II.
5.2. Union officers	<ul style="list-style-type: none"> Type the numeric entry reflected in the questionnaire. There should be entry here if there is entry in item 5. Entry here should not exceed entry in item 5.
5.2.1 Female officers	<ul style="list-style-type: none"> Type the numeric entry reflected in the questionnaire. Entry here should not exceed entry in item 5.1
5.2.1.1 Female presidents	<ul style="list-style-type: none"> Type the numeric entry reflected in the questionnaire. Entry here should not exceed entry in item 5.2.1.

PART I: General Information (cont'd)

<p>6. With collective bargaining agreements</p>	<ul style="list-style-type: none"> • Type "1" if YES or "2" if NO. • There can be entry here if there is entry in item 4. • If the answer is YES, item 7 must have an entry. • If the answer is NO proceed to item 8 for manufacturing establishments or item 9 for BPO. Otherwise, go to Part II.
<p>7. Workers covered by CBAs</p>	<ul style="list-style-type: none"> • Type the numeric entry reflected in the questionnaire. • Entry here should be other than "0" if answer in item 6 is YES. • Entry here can exceed entry in item 5 if there are workers covered by CBAs but are not union members
<p>7.1 Female workers covered</p>	<ul style="list-style-type: none"> • Type the numeric entry reflected in the questionnaire. • Entry here should not exceed entry in item 7. • Entry here can exceed entry in item 5.1 if there are female workers covered by CBAs but are not union members. • Entry here should not exceed entry in item 2.2 in Part II.
<p>8. Is your establishment part of a global production network (GPN)</p>	<ul style="list-style-type: none"> • If there is entry here, verify if PSIC is for manufacturing (DXXXXX). • Type "1" if YES or "2" if NO. • If answer is YES, parent country/ies should be indicated • If answer is NO go to Part II.
<p>9. Please indicate your market</p>	<ul style="list-style-type: none"> • If there is entry here, verify if PSIC is for BPO (K721, K7221, K7229, K723, K724, K729, K74996, K74997 and O92112). • Type "1" if LOCAL or "2" if INTERNATIONAL or "3" if BOTH.

PART II: Employment

ITEM OF INQUIRY	GUIDELINES
1. Total Employment	<ul style="list-style-type: none"> Type the numeric entry reflected in the questionnaire. Entry here should be the sum of entries in items 1.1, 1.2 and 1.3
1.1 Working owners	<ul style="list-style-type: none"> Type the numeric entry reflected in the questionnaire. Entry here should not exceed entry in 1.3
1.2 Unpaid workers	<ul style="list-style-type: none"> Type the numeric entry reflected in the questionnaire. Entry should not exceed entry in 1.3 If there is no entry here, type "0" (zero).
1.3 Employees	<ul style="list-style-type: none"> Type the numeric entry reflected in the questionnaire. Entry should be the sum of entries in items 1.3.1, 1.3.2 and 1.3.3.
1.3.1 Managers/ Executives	<ul style="list-style-type: none"> Type the numeric entry reflected in the questionnaire. The proportion of this group should not be more than 40 percent of total employment. If entry is not within the range, verify with Senior LEO/reviewer.
1.3.2 Supervisors/ Foremen	<ul style="list-style-type: none"> Type the numeric entry reflected in the questionnaire. The proportion of this group should not be more than 30 percent of total employment. If entry is not within the range, verify with Senior LEO/reviewer.
1.3.3 Rank and File	<ul style="list-style-type: none"> Type the numeric entry reflected in the questionnaire. Entry here should be the sum of entries in items 1.3.3.1 and 1.3.3.2.
1.3.3.1 Regular workers	<ul style="list-style-type: none"> Type the numeric entry reflected in the questionnaire. Entry here should be less than entry in item 1.3.3.
1.3.3.2 Non-regular workers	<ul style="list-style-type: none"> Type the numeric entry reflected in the questionnaire. Entry here should be less than entry in item 1.3.3.
2. Employment of Specific Group of Workers	
2.1 Young workers 2.2 Female workers 2.3 Workers paid the minimum wage 2.4 Persons with disabilities	<ul style="list-style-type: none"> For each item, type the corresponding numeric entry as reflected in the questionnaire. However, if there is no entry reflected on each item of inquiry, type "0" (zero).
2.5 Time-rate workers	<ul style="list-style-type: none"> Type the numeric entry reflected in the questionnaire. Entry here should be the sum of entries in items 2.5.1 and 2.5.2.
2.5.1 Full-time workers	<ul style="list-style-type: none"> Type the numeric entry reflected in the questionnaire. Entry here should be less than entry in item 2.5.

PART II: Employment (cont'd)

2.5.1.1. Hourly	<ul style="list-style-type: none"> • Type the numeric entry reflected in the questionnaire. • Entry here should be less than entry in item 2.5.1. • Entry here should be equal to entry in item 2.5.1 if there are no daily or monthly workers. • If there is no entry reflected in the corresponding item of inquiry, type "0" (zero).
2.5.1.2 Daily	<ul style="list-style-type: none"> • Type the numeric entry reflected in the questionnaire. • Entry here should be less than entry in item 2.5.1. • Entry here should be equal to entry in item 2.5.1 if there are no hourly or monthly workers. • If there is no entry reflected in the corresponding item of inquiry, type "0" (zero).
2.5.1.3 Monthly	<ul style="list-style-type: none"> • Type the numeric entry reflected in the questionnaire. • Entry here should be less than entry in item 2.5.1. • Entry here should be equal to entry in item 2.5.1 if there are no daily or hourly workers. • If there is no entry reflected in the corresponding item of inquiry, type "0" (zero).
2.5.2 Part-time workers	<ul style="list-style-type: none"> • Type the numeric entry reflected in the questionnaire. • Entry here should be less than entry in item 2.5. • If there is no entry reflected in the corresponding item of inquiry, type "0" (zero).
2.6. Commission workers 2.7. Expatriate workers	<ul style="list-style-type: none"> • Type the numeric entry in the corresponding item reflected in the questionnaire. • If there is no entry reflected in the corresponding item of inquiry, type "0" (zero).
2.8. Non-regular workers	<ul style="list-style-type: none"> • Type the numeric entry reflected in the questionnaire. • Entry here should be the sum of entries in items 2.8.1 – 2.8.5 • Entry here should be similar to entry in item 1.3.3.2. However, if entry is different from that in item 1.3.3.2, sum of details should prevail. • Adjust accordingly affected entries, e.g. items 1.3.3.2, 1.3.3 and item 1

PART II: Employment (cont'd)

<p>2.8.1. Probationary workers</p> <p>2.8.2 Casual workers</p> <p>2.8.3 Contractual/ project-based workers</p> <p>2.8.4 Seasonal workers</p> <p>2.8.5 Apprentices/ learners</p>	<ul style="list-style-type: none"> • Type the numeric entry reflected in the questionnaire for each of the corresponding items. • If there is no entry reflected in the corresponding item of inquiry, type "0" (zero).
<p>2.9 Agency-hired workers</p>	<ul style="list-style-type: none"> • Type the numeric entry reflected in the questionnaire • Entry here should be the sum of entries in items 2.9.1 – 2.9.10 • If there is no entry reflected on the corresponding item of inquiry, type "0" (zero).
<p>2.9.1 Security services</p> <p>2.9.2 Janitorial</p> <p>2.9.3 General administrative</p> <p>2.9.4 Marketing/sales</p> <p>2.9.5 Packaging</p> <p>2.9.6 Transport services</p> <p>2.9.7 Production/assembly</p> <p>2.9.8 Research and development</p> <p>2.9.9 IT services</p> <p>2.9.10 Others</p>	<ul style="list-style-type: none"> • Type the numeric entry reflected for applicable items in the questionnaire.
<p>3. Engaged in outsourcing or sub-contracting?</p>	<ul style="list-style-type: none"> • Type "1" if YES or "2" if NO. • If answer is YES, supply a check mark for applicable items. Otherwise, go to Part III.
<p>3.1 Is your subcontractor a BPO provider?</p>	<ul style="list-style-type: none"> • Type "1" if YES, "2" if NO or "3" if DON'T KNOW to applicable items.

Microsoft Access - [frm_part3 : Form] Type a question for help

PART III: OCCUPATIONAL SHORTAGES AND SURPLUSES
Reference Date: June 30, 2008

EIN
Batch No. Part 4: Safe and Health Practices

1. Were there job vacancies (vacant positions) in your establishment from January 2007 to December 2007? **Type 1 if YES and 0 (zero) for No**

If YES, specify total number of vacant positions:

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

For questions 1.1 and 1.2
Part III - Hard to Fill subform

EIN	PSOC	Title of Job/Occupation	No. of Va	No. of Ap	month	year op	month	year	reason w	reason_specify	starting s
					0		0				

Record: 1 of 1

Code for Reason Why Hard to Fill:

1 - No applicant, i.e., no per applied for the job	5 - Applicant's expectation of high salary
2 - Applicants lack years of experience	6 - Location of work schedule problem
3 - Applicants lack competency/skill	7 - Applicant prefer overseas employment
4 - Applicants lack of professional license/TESDA Skills Certification	8 - Others (specify)

Part III - Hard to Fill 2 subform

EIN	PSOC	Title of Job/Occupation	Min Educ Level	Code	Main Skill/Area o	Code	Yrs of Ex	TESDA skills

Record: 1 of 1

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

Part III - Easy to Fill subform

PSOC	Title of Job/Occupation	No of Applicants	No of Vacancies	Starting Salary
				0

Record: 1 of 1

2. When was the last time you had vacancy?

3. How do you normally fill up your job vacancies?
Type 1 on box with checked mark.

<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 (PESO)	<input type="checkbox"/> Others specify: <input type="text"/>

3. Does your company have a particular school preference in recruiting new staff? **Type 1 if YES and 0 (zero) for No**

If Yes, Please indicate schools:

EIN	Schools

Record: 1 of 1

4. How much is your estimated recruitment cost per job?
 Type CODES: 0 - No Cost 1 - Less than P5,000 2 - P5,000 - P9,999 3 - P10,000 to P19,999 4 - P20,000 and over

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

Trait	Type 1 - Poor; 2 - Good; 3 - Very Good
Verbal Skill	<input type="text"/>
Writing Skill (if applicable)	<input type="text"/>
Computer skill (if applicable)	<input type="text"/>
Mathematical Skill (if applicable)	<input type="text"/>
Analytical Thinking/ Reasoning Skill	<input type="text"/>
English proficiency (if applicable)	<input type="text"/>
Confidence Level	<input type="text"/>
Motivation/Disposition	<input type="text"/>
Personal Appearance	<input type="text"/>
Ability to fill out application form correctly	<input type="text"/>
Practical knowledge of the job	<input type="text"/>
Previous work-related experience	<input type="text"/>

6. How do you rate the quality of job applicants compared to the previous years? **Type CODES: 1 - Have improved; 2 - Have remained the same; 3 - Have deteriorated**

Figure 4. BITS Part III Data Entry Screen Format

PART III: OCCUPATIONAL SHORTAGES AND SURPLUSES

Item of Inquiry	Acceptable Entry
1. Were there job vacancies (vacant positions) in your establishment from January 2007 to June 2008?	<ul style="list-style-type: none"> • Type "1" if YES or "2" if NO. • If answer is "YES", the number of vacant positions must be indicated. Otherwise, go to item 2. • For the total number of vacant positions, entry here must be the total of entries in the "No of Vacancies" column of items 1.1. and 1.3.
1.1 Of the total number of vacant positions, how many were hard-to-fill?	<ul style="list-style-type: none"> • Type the numeric entry reflected in the questionnaire. • Entry here should be less than entry in item 1. • However, if there is no entry in item 1.3, entry here should be the same with that in item 1.
Col. 1 - PSOC Code	<ul style="list-style-type: none"> • Type the PSOC code indicated for each of the corresponding job/occupation title.
Col. 2 - Title of Job/ Occupation	<ul style="list-style-type: none"> • Type the complete job/ occupation title of the vacant position reflected in the questionnaire.
Col. 3 - No. of Vacancies	<ul style="list-style-type: none"> • Type the numeric entry reflected in the corresponding row of job/occupation title. • The total number of job vacancies for all job/occupation title should be the same with entry in item 1.1. • The total number of job vacancies for all job/occupation titles should be less than or equal to entry in item 1.
Col. 4 - No. of Applicants	<ul style="list-style-type: none"> • Type the numeric entry reflected in the corresponding row of job/occupation title.
Col. 5 - Month/Year vacancy was opened	<ul style="list-style-type: none"> • Type the numeric entry (mm/yy) reflected in the corresponding row of job/occupation title.
Col. 6 - Month/Year vacancy was filled-up	<ul style="list-style-type: none"> • Type the numeric entry (mm/yy) reflected in the corresponding row of job/occupation title.
Col. 7 - Reason why hard to fill	<ul style="list-style-type: none"> • Type the numeric code entry reflected in the questionnaire. • If entry has more than one numeric code, consider the first only.
Col. 8 - Starting Salary Rate	<ul style="list-style-type: none"> • Type the numeric entry indicated for the corresponding row of job/occupation title. • If there is no entry here, type "0" (zero).

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

1.2 For each of job/ occupation title listed above, please specify the following requirements	
Col. 1 - PSOC Code	<ul style="list-style-type: none"> • Entry here should be the same with the entry in the corresponding row in <i>PSOC Code</i> column in item 1.1.
Col. 2 – Title of Job/ Occupation	<ul style="list-style-type: none"> • Entry here should be the same with the entry in the corresponding row in the <i>Vacant Positions</i> column in item 1.1.
Col. 3 - Minimum Education Level	<ul style="list-style-type: none"> • Type the minimum education level indicated for each of the corresponding row of job/occupation title.
Col. 4 - Code	<ul style="list-style-type: none"> •
Col. 5 - Main Skill/ Area of Specialization	<ul style="list-style-type: none"> • Type the main skill/area of specialization indicated for each of the corresponding row of job/occupation title.
Col. 6 - Code	<ul style="list-style-type: none"> •
Col. 7 – Yrs. of Experience	<ul style="list-style-type: none"> • Type the numeric entry for each of the corresponding row of job/occupation title.
Col. 8 - TESDA Skills Certification Title	<ul style="list-style-type: none"> • Type the TESDA Skills Certification Title indicated for each of the corresponding row of job/occupation title.
1.3 Of the total number of vacant positions reported in Item 1, how many were easy to fill?	<ul style="list-style-type: none"> • Type the numeric entry reflected in the questionnaire. • Entry here should be less than entry in item 1. • However, if there is no entry in item 1.1, entry here should be the same with that in item 1.
Col. 1 - PSOC Code	<ul style="list-style-type: none"> • Type the PSOC code indicated for each of the corresponding job/occupation title.
Col. 2 - Title of Job/ Occupation	<ul style="list-style-type: none"> • Type the complete job/ occupation title of the vacant position reflected in the questionnaire.
Col. 3 - No. of Vacancies	<ul style="list-style-type: none"> • Type the numeric entry reflected in the corresponding row of job/occupation title. • The total number of job vacancies for all job/occupation title should be the same with entry in item 1.3. • The total number of job vacancies for all job/occupation titles should be less than or equal to entry in item 1.
Col. 4 - No. of Applicants	<ul style="list-style-type: none"> • Type the numeric entry reflected in the corresponding row of job/occupation title.
Col. 5 - Starting Salary Rate	<ul style="list-style-type: none"> • Type the numeric entry indicated for the corresponding row of job/occupation title. • If there is no entry here, type "0" (zero).

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

2. When was the last time you had vacancy?	<ul style="list-style-type: none"> Type the date reflected in the questionnaire.
3. How do you normally fill-up your job vacancies?	<ul style="list-style-type: none"> Supply a check mark for entries that are applicable.
4. Does your company have a particular school preference in recruiting new staff?	<ul style="list-style-type: none"> Type "1" if YES or "0" if NO. If answer is "YES", type the name of schools indicated in the provided rows.
5. How much is your estimated recruitment cost per job?	<ul style="list-style-type: none"> Supply a check mark for entries that are applicable.
6. In general, how do you rate the job applicants in terms of the following traits?	<ul style="list-style-type: none"> Type "1" if POOR, "2" if GOOD or "3" if VERY GOOD to applicable items.
7. How do you rate the quality of job applicants compared with the previous years?	<ul style="list-style-type: none"> Type "1" if HAVE IMPROVED, "2" if HAVE REMAINED THE SAME or "3" if HAVE DETERMINED.

PART IV: SAFETY AND HEALTH PRACTICES (1)

Reference Date: June 30, 2008

EIN: Part 4: Safety and Health Practices (cont'd)
 Batch Number:

1. Which of the following facilities are available or provided in your establishment?

FACILITIES	1-Yes	2-No
1. Facilities for persons with disability	1	-
2. Medical/dental clinic or treatment room	2	-
3. Sports/recreational facilities	3	-
4. Clean canteen for employees	4	-
5. Separate toilets for men and women	5	-
6. Pantry (small room used as eating area for employees)	6	-
7. Designated smoking area/s	7	-
8. Parking space for employee's vehicle	8	-
9. Elevator for buildings with at least four floors	9	-
10. Unobstructed fire exits at the workplace	10	-
11. Pipe-in music at the workplace	11	-
12. Well-maintained office building (regular upkeep and repairs are done)	12	-
13. Ergonomically designated seats/tools/machines	13	-
14. Proper ventilation in work areas	14	-
15. Adequate lighting (in work areas, aisles, passageways) including emergency lights	15	-
16. Adequate space that allow sufficient freedom of movement to perform duties	16	-
17. Adequate aisles/passageways	17	-
18. Washing facilities and facilities for changing/storing working clothes	18	-
19. Comfortable rest area for workers	19	-
20. Separate locker rooms for men and women	20	-
21. Proper waste disposal sytem (including chemicals, pesticides, hazardous materials)	21	-
22. Adequate supply of safe drinking water	22	-
23. Access to clean and hygienic comfort rooms	23	-
24. Availability of water tank and functioning fire extinguishers within reach	24	-
25. Adequate exhaust system	25	-
26. Others, specify: <input type="text"/>	-	-

Encoding Rule:

Codes:
 1 - Yes
 2 - No
 Note:
 Do not leave any item blank

1a. What are the reason/s for the non-provision of some of the facilities mentioned above?

<input type="checkbox"/>	Too costly
<input type="checkbox"/>	Very few workers
<input type="checkbox"/>	Not required by law
<input type="checkbox"/>	No available space
<input type="checkbox"/>	No need/Not necessary
<input type="checkbox"/>	Not applicable/suitable
<input type="checkbox"/>	Others, specify: <input type="text"/>

Code:
 1 - With Entry
 Note:
 Without entry, leave it blank

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 implemented in your coy.?

OCCUPATIONAL HEALTH PROGRAMS/SERVICES	1-Yes	2-No
1. Physical fitness program	-	-
2. Availability of first-aid kits	-	-
3. Family planning programs	-	-
4. Free health plan coverage by a health maintenance organization (HMO)	-	-
5. Free health and/or accident insurance by a private insurance company	-	-
6. Free/subsidized medical care other than those provided thru HMO or private insurance	-	-
7. Regular conduct of inspection and maintenance of equipment	-	-
8. Regular monitoring of hazards such as fumes, dust, noise level and heat in work areas	-	-
9. Accident prevention program	-	-
10. Emergency response preparednes 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, specify: <input type="text"/>	-	-

Codes:
 1 - Yes
 2 - No
 Note:
 Do not leave any item blank

3. What preventive and control measures on safety and health are being implemented in your establishment?

PREVENTIVE AND CONTROL MEASURES		1-Yes	2-No
1. Appropriate number of trained health and safety officer	1		
2. Institutionalization of health and safety committees	2		
3. Proper storage and labelling for chemicals, pesticides and hazardous materials	3		
4. Emergency/evacuation plan	4		
5. Provision of protective clothing/equipment to employees (e.g. gloves, head gear, etc)	5		
6. Proper posting of safety signages	6		
7. Availability of safety manuals, labels or maintenance procedures	7		
8. Regular maintenance of mechanical and electrical facilities	8		
9. Information or advisory services on occupational safety/health	9		
10. Instruction/training on health and safety	10		
11. Observance of proper operational procedures in doing the job	11		
12. Security measures to reduce exposure to physical danger or violence	12		
13. Use of video camera or alarm system	13		
14. Provision of adequate machine guarding/railing or casing on moving parts	14		
15. Conduct of emergency drills (fire, earthquake, chemical spills, etc.)	15		
16. Availability of safety measures to reduce exposure to radiation and airborne contaminants	16		
17. Conduct of process analysis for potential problems	17		
18. Availability of Materials Data Safety Sheets (MSDS) for chemicals	18		
19. Correction action programs and performance audits	19		
20. Regular pest control treatment	20		
21. Sewage treatment plan	21		
22. Portable/built-in fire extinguishers	22		
23. Others, specify:			

Codes:
1 - Yes
2 - No
Note:
Do not leave any item blank

Figure 5. BITS Part III Data Entry Screen Format

PART IV: SAFETY AND HEALTH PRACTICES

Item of Inquiry	Acceptable Entry
1 Which of the following facilities are available or provided in your establishment?	For item nos. 1-26, to each <i>facilities</i> , type <ul style="list-style-type: none"> • 1 = for every checked item in the YES column; • 2 = for every checked item in the NO column • If <i>Others</i> is chosen, type the corresponding details as specified.
1.1 What are the reasons for the non-provision of some of the facilities mentioned above?	Multiple entries are acceptable, type <ul style="list-style-type: none"> • 1 = for every checked item; Otherwise, leave it blank • For <i>Others</i>, enter as specified.
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 implemented in your establishment?	For item nos. 1-17, to each <i>occupational health programs</i> , type, <ul style="list-style-type: none"> • 1 = for every checked item in the YES column; • 2 = for every checked item in the NO column • If <i>Others</i> is chosen, type the corresponding details as specified.
3 What preventive and control measures on safety and health are implemented in your establishment?	For item nos. 1-23, to each <i>preventive and control measures</i> , type <ul style="list-style-type: none"> • 1 = for every checked item in the YES column; • 2 = for every checked item in the NO column • If <i>Others</i> is chosen, type the corresponding details as specified.

PART IV: SAFETY AND HEALTH PRACTICES (2)

Reference Date: June 30, 2008

EIN: Batch Number: Part V: Occupational Injuries

4. Which of the following OHS training/seminars were provided to your employees (last 2 yrs)?

OSH TRAINING/SEMINARS	1-Yes	2-No
1. Family Planning and Reproductive Health	<input type="checkbox"/>	<input type="checkbox"/>
2. Safety Drills (e.g. fire, earthquake, etc.)	<input type="checkbox"/>	<input type="checkbox"/>
3. Safe Work Procedures	<input type="checkbox"/>	<input type="checkbox"/>
4. Safeguarding the Environment	<input type="checkbox"/>	<input type="checkbox"/>
5. First Aid	<input type="checkbox"/>	<input type="checkbox"/>
6. Prohibited Drugs	<input type="checkbox"/>	<input type="checkbox"/>
7. Good Housekeeping (e.g. 5S+1)	<input type="checkbox"/>	<input type="checkbox"/>
8. General Safety and Health Provisions	<input type="checkbox"/>	<input type="checkbox"/>
9. General Safety Management	<input type="checkbox"/>	<input type="checkbox"/>
10. Handling of Hazardous Materials	<input type="checkbox"/>	<input type="checkbox"/>
11. Principles of Ergonomics (to address musculoskeletal disorders/injuries in the workplace)	<input type="checkbox"/>	<input type="checkbox"/>
12. Emergency Preparation to Work Hazards	<input type="checkbox"/>	<input type="checkbox"/>
13. Stress Management	<input type="checkbox"/>	<input type="checkbox"/>
14. Conflict Management	<input type="checkbox"/>	<input type="checkbox"/>
15. Total Quality Management	<input type="checkbox"/>	<input type="checkbox"/>
16. Prescribed Basic Occupational Safety and Health (BOSH) Training	<input type="checkbox"/>	<input type="checkbox"/>
17. Safety Audit	<input type="checkbox"/>	<input type="checkbox"/>
18. Health Hazard Evaluation	<input type="checkbox"/>	<input type="checkbox"/>
19. Accident Investigation	<input type="checkbox"/>	<input type="checkbox"/>
20. Others, specify: <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>

Encoding Rule:

Codes:
1 - Yes
2 - No
Note:
Do not leave any item blank

4a. Have you availed of the services/assistance of the following agencies in the conduct of any of the above trainings/seminars?

AGENCIES	1-Yes	2-No
1. Regional Offices of Dept. of Labor and Employment (DOLE-ROs)	<input type="checkbox"/>	<input type="checkbox"/>
2. Bureau of Working Conditions	<input type="checkbox"/>	<input type="checkbox"/>
3. Occupational Safety and Health Center (OSHC)	<input type="checkbox"/>	<input type="checkbox"/>
4. Employers Associations (e.g. ECOP, PMAP, PCCI, etc.)	<input type="checkbox"/>	<input type="checkbox"/>
5. Trade Unions/Federations	<input type="checkbox"/>	<input type="checkbox"/>
6. Industry Associations	<input type="checkbox"/>	<input type="checkbox"/>
7. DOLE Accredited Safety Training and Consultancy Organizations	<input type="checkbox"/>	<input type="checkbox"/>
8. Association of Safety Practitioners of the Phils., Inc. (ASPP)	<input type="checkbox"/>	<input type="checkbox"/>
9. NGOs/Universities/Academic Institutions	<input type="checkbox"/>	<input type="checkbox"/>
10. Others, specify: <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>

Codes:
1 - Yes
2 - No
Note:
Do not leave any item blank

5. Who are responsible in the overall implementation/monitoring of safety and health practices in your establishment?

<input type="checkbox"/> Managing Proprietor/Owner	<input type="checkbox"/> Health Associate Professionals
<input type="checkbox"/> General Manager	<input type="checkbox"/> Health and Safety Committee/Officer
<input type="checkbox"/> Production/Operations Mgr	<input type="checkbox"/> Labor-Management Committee
<input type="checkbox"/> Human Resource Manager	<input type="checkbox"/> Industrial Hygienist
<input type="checkbox"/> Industrial Relations Managers	<input type="checkbox"/> Pollution Control Officer
<input type="checkbox"/> Health Professionals	
<input type="checkbox"/> Others, specify: <input type="text"/>	

Code:
1 - With Entry
Note:
Without entry, leave it blank

6. Who are the health personnel in your establishment?

<input type="checkbox"/> Trained First-Aider	<input type="checkbox"/> Dentist
<input type="checkbox"/> Registered Nurse	<input type="checkbox"/> Nearest clinic/hospital
<input type="checkbox"/> Physician	<input type="checkbox"/> Others, specify: <input type="text"/>

7. Do you keep OSH records of your employees (work-related injuries, illness, health diseases)?

If yes, what type of records kept:

<input type="checkbox"/> Minutes of meeting of Health and Safety Committee
<input type="checkbox"/> Employees work accident/illness report
<input type="checkbox"/> Annual work accident/illness exposure data
<input type="checkbox"/> Annual medical report

8. How do you communicate to employees safety and health practices in your establishment?

<input type="checkbox"/> General assembly/meetings
<input type="checkbox"/> Poster in conspicuous places
<input type="checkbox"/> Conduct of drills
<input type="checkbox"/> Daily "walk-through" the establishment by senior management officials
<input type="checkbox"/> Labor-management cooperation/council meetings
<input type="checkbox"/> Quality circles/productivity improvement group meetings
<input type="checkbox"/> Newsletter/Staff bulletin
<input type="checkbox"/> Other, specify: <input type="text"/>

Codes:
1 - Always
2 - Sometimes
3 - Never
4 - Not Applicable

9. Does management consult with employee representatives or union officers on matters concerning occupational health and safety ?

10. Is your establishment ISO (International Organization Standardization) certified?

10.a. If Yes, check the appropriate box/es on type of ISO certification/s

<input type="checkbox"/>	OHSAS 18001 - Occupational Health and Safety Management
<input type="checkbox"/>	ISO 14001 - Environment Management Standard
<input type="checkbox"/>	ISO 9001:2000 - Quality Management System
<input type="checkbox"/>	ISO 12008 - Building Construction
<input type="checkbox"/>	ISO 22000 - Food Safety Management System
<input type="checkbox"/>	ISO 27001/27002 - Information Security Management
<input type="checkbox"/>	SA 8000 - Social Accountability Standard
<input type="checkbox"/>	Other, specify: <input type="text"/>

Code:
1 - With Entry
Note:
Without entry,
leave it blank

Figure 6. BITS Part IV Data Entry Screen Format

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

Item of Inquiry	Acceptable Entry
<p>4 Which of the following OSH trainings/seminars on safety and health were provided to your employees for the last two (2) years?</p>	<p>For item nos. 1-23, to each <i>OSH trainings/seminars</i>, type</p> <ul style="list-style-type: none"> • 1 = for every checked item in the YES column; • 2 = for every checked item in the NO column • If <i>Others</i> is chosen, type the corresponding details as specified.
<p>4.1 Have you availed of the services/assistance of the following agencies in the conduct of any of the above trainings/seminars?</p>	
<p>5 Who are responsible in the overall implementation/monitoring of safety and health practices in your establishment?</p>	<p>Multiple entries per column are acceptable, type</p> <ul style="list-style-type: none"> • 1 = for every checked item; Otherwise, leave it blank. • For others, enter as specified.
<p>6 Who are the health personnel in your establishment?</p>	
<p>7 Do you keep OSH records (work-related injuries, illnesses, health diseases and incidence) of your employees?</p>	<p>Accept only one entry, type</p> <ul style="list-style-type: none"> • 1 = for YES; • 2 = for NO <p>If YES, type 1 for every checked item(s). Multiple entries are acceptable.</p>
<p>8 How do you communicate to employees safety and health practices in your establishment?</p>	<p>Multiple entries are acceptable, type</p> <ul style="list-style-type: none"> • 1 = for every checked item; Otherwise, leave it blank. • For others, enter as specified.
<p>9 Does management consult with employee representatives or union officers on matters concerning occupational health and safety?</p>	<p>Accept only one entry, type</p> <ul style="list-style-type: none"> • 1 = for YES; • 2 = for NO
<p>10 Is your establishment ISO (International Organization for Standardization) Certified?</p>	
<p>10.1 If YES, please check the appropriate box/es on type of ISO certification/s.</p>	

Microsoft Access - [frm_partV] Part VI: Labor Cost

PART V: OCCUPATIONAL INJURIES

EIN: [] Batch No: []

1. Did your establishment experience any occupational accidents during the year? [] 2. How many occupational accidents were there? []

TYPE OF INJURY (1)	Fatal Cases (2)	Permanent Incapacity		Temporary Incapacity		Cases Without Lost Workdays (7)
		Cases (3)	Lost Workdays (4)	Cases (5)	Lost Workdays (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 poisoning and infections						
3.8. Foreign body in the eye						
3.9. Others						

PART OF THE BODY INJURED (1)	Fatal Cases (2)	Permanent Incapacity Cases (3)	Temporary Incapacity Cases (4)	Cases without Lost Workdays (5)
4.1. Head				
4.2. Neck				
4.3. Back				
4.4. Throat or Internal Organs				
4.5. Upper Extremities				
4.6. Lower Extremities				
4.7. Whole Body or Multiple Sites Equally Injured				

Cause of Injury	Fatal Cases (2)	Permanent Incapacity Cases (3)	Temporary Incapacity Cases (4)	Cases without Lost Workdays (5)
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 temp				
5.7. Exposure to or contact with electric current				
5.8. Exposure to or contact with harmful substance				
5.9. Others				

Agent of Injury	Fatal Cases (2)	Permanent Incapacity Cases (3)	Temporary Incapacity Cases (4)	Cases without Lost Workdays (5)
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				
6.7. Materials, objects				
6.8. Chemical substances				
6.9. Human, animals, plants, etc.				
6.10. Others				

7. Occupational Diseases

7.1. Occupational dermatitis (including skin conditions due to chemical agents which are skin irritants and sensitizers)	
7.2. Bronchial asthma (due to exposure to allergies in the working environment)	
7.3. Acute poisonings (due to exposure to chemical toxic substances)	
7.4. Heat stroke, cramps, exhaustion (due to exposure to excessive heat)	
7.5. Chilblain, frostbite, freezing (due to exposure to excessive cold)	
7.6. Deafness (loss of or decreased hearing due to excessive exposure to noise)	
7.7. Infections (due to exposure to biologic hazards/agents, ex. anthrax, rabies, hepatitis A,B,C,D PTB Pneumonia)	
7.8. Cataract (due to exposure to glare of or rays from molten glass or red hot metal)	
7.9. Cardio-vascular diseases (cardiac injury or acute attack precipitated by unusual strains of work)	
7.10. Essential hypertension (primary hypertension that cause impairment of function of kidneys, ears, eyes etc.)	
7.11. Peptic ulcer (due to prolonged emotional or physical stress at work)	
7.12. Work-related musculoskeletal diseases (caused or made worst by work such as exposure to forceful exertions)	
7.13. Others (specify)	

8. Did any of your workers experience commuting accidents in 200?? []

8.1. How many commuting accidents were there? [] 8.2. How many workers were injured? []

9. How many hours were actually worked by all employed persons in your establishment in 200?? []

Average Employment	
Regular working hours per day	[]
Days actually worked during the year	[]
Total overtime hours on regular working days of all persons who rendered overtime	[]
Total hour worked on rest days, special days, and regular holidays of all persons who rendered worked on these days	[]
Hours actually worked	[]

Figure 7. BITS Part V Data Entry Screen Format

PART V: OCCUPATIONAL INJURIES AND DISEASES

For Items 1 and 8. Select from the list

For Items 2-7 and 8.1 – 9. Type the corresponding entry as reflected in the questionnaire.

Microsoft Access - (frm_part6 : Form) Type a question for help

PART VI: LABOR COST OF EMPLOYEES Status Monitoring

Reference Period: Calendar Year 2007

EIN: Batch:

1. Reference period if other than calendar year (month/year) Start:
End:

2. Labor Cost Component

2.1 Direct wages and salaries (in cash)

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 (regular payments on the basis of work performed or current output)

2.1.5 Cost of living allowances and other guaranteed and regularly paid allowances (exclude housing allowances and rents in cash which should be reported in item 2.5.2)

2.2 Remuneration for time not worked

2.3 Bonuses and gratuities

2.3.1 Year-end, seasonal and other one-time bonuses (Mid-year/Christmas bonus, 13th/14th/15th month pay and the like)

2.3.2 Overtime, night shift and premium pay

2.3.3 Additional payments in respect of vacation, supplementary to normal vacation pay

2.4 Payments in kind (e.g. ordinary clothing and footwear)

2.5 Cost of workers' housing shouldered by employer

2.5.1 Cost for establishment-owned dwellings

2.5.2 Cost for dwellings not owned by establishment and other housing costs (housing allowances, rents, subsidies, etc)

2.6 Employer's social security expenditures (exclude employees' share)

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)

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 Ex. 6,7,8 or 12	Days actually worked during the year Ex. 250 or 302	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
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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

3. Percent share of labor cost to total cost {1 = with entry} {0 = no entry}

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

Figure 8. BITS Part VI Data Entry Screen Format

PART VI: LABOR COST

For items 1 to 3. Type the corresponding entry for each item as reflected in the questionnaire.

For item 4, enter 1 if with checkmark and 0, if without check mark, if 30% or more is checked, type the corresponding entry as reflected in the questionnaire.

B. OCCUPATIONAL WAGES SURVEY

Microsoft Access - [FORM_BASICPAY]

BUREAU OF LABOR AND EMPLOYMENT STATISTICS
2008 OCCUPATIONAL WAGES SURVEY
FORM BASIC PAY

EIN: [] BATCH NO: []

Go To ALLOWANCES
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PART B: EMPLOYMENT AND WAGE RATES OF TIME RATE WORKERS ON FULL-TIME BASIS

Hourly Rate		Daily Rate		Monthly Rate	
Basic Pay	Full-time Workers	Basic Pay	Full-time Workers	Basic Pay	Full-time Workers
Below 14.38		Below 115.00		Below 3,000	
14.38 - 19.16		115.00 - 153.33		3,000 - 3,999	
19.17 - 23.95		153.34 - 191.67		4,000 - 4,999	
23.96 - 28.75		191.68 - 230.01		5,000 - 5,999	
28.76 - 33.54		230.02 - 268.35		6,000 - 6,999	
33.55 - 38.33		268.36 - 306.69		7,000 - 7,999	
38.34 - 43.12		306.70 - 345.02		8,000 - 8,999	
43.13 - 47.92		345.03 - 383.36		9,000 - 9,999	
47.93 - 52.71		383.37 - 421.70		10,000 - 10,999	
52.72 - 57.50		421.71 - 460.04		11,000 - 11,999	
57.51 - 62.29		460.05 - 498.38		12,000 - 12,999	
62.30 - 67.08		498.39 - 536.72		13,000 - 13,999	
67.09 - 71.87		536.73 - 575.06		14,000 - 14,999	
71.88 - 76.66		575.07 - 613.40		15,000 - 15,999	
76.67 - 81.45		613.41 - 651.74		16,000 - 16,999	
81.46 - 86.24		651.75 - 690.08		17,000 - 17,999	
86.25 - 91.03		690.09 - 728.42		18,000 - 18,999	
91.04 - 95.82		728.43 - 766.76		19,000 - 19,999	
95.83 - 100.61		766.77 - 805.10		20,000 - 20,999	
100.62 - 105.40		805.11 - 843.44		21,000 - 21,999	
105.41 - 110.19		843.45 - 881.78		22,000 - 22,999	
110.20 - 114.98		881.79 - 920.12		23,000 - 23,999	
114.99 - 119.77		920.13 - 958.46		24,000 - 24,999	
119.78 and over		958.47 and over		25,000 and over	
Sub-total		Sub-total		Sub-total	
				TOTAL	

Record: 14 of 1
Establishment Identification Number

Start 2008 BLES Surveys 2007_2008 BLES Sur... BLES Survey 2008 : ... FORM_BASICPAY 0:32 PM

Figure 3. PART B - Screen Layout (Basic Pay)

<p>PART B: EMPLOYMENT AND WAGE RATES OF TIME RATE WORKERS ON FULL TIME BASIS (Basic Pay)</p>	<p>Type the corresponding entry for each item as reflected in the questionnaire</p>
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[Go To ALLOWANCES](#) Open Figure 4. Part B – Screen Layout (Allowances)

[Go To PART C](#) Open Figure 5. Part C – Screen Layout

Microsoft Access - [frmALLOWANCE - Form] Type a question for help

**BUREAU OF LABOR AND EMPLOYMENT STATISTICS
2008 OCCUPATIONAL WAGES SURVEY
FORM ALLOWANCES** [Go To PART C](#)

EIN: BATCH NO:

Of the TOTAL reported in Basic Pay, how many received allowances?

**PART B: EMPLOYMENT AND WAGE RATES OF TIME RATE WORKERS
ON FULL-TIME BASIS**

Hourly Rate		Daily Rate		Monthly Rate	
Allowances	Full-time Workers	Allowances	Full-time Workers	Allowances	Full-time Workers
Below 1.20		Below 9.58		Below 250	
1.20 - 2.39		9.58 - 19.15		250 - 499	
2.40 - 3.59		19.16 - 28.73		500 - 749	
3.60 - 4.78		28.74 - 38.31		750 - 999	
4.79 - 5.98		38.32 - 47.90		1,000 - 1,249	
5.99 - 7.18		47.91 - 57.48		1,250 - 1,499	
7.19 - 8.38		57.49 - 67.07		1,500 - 1,749	
8.39 - 9.58		67.08 - 76.65		1,750 - 1,999	
9.59 - 10.78		76.66 - 86.24		2,000 - 2,249	
10.79 - 11.97		86.25 - 95.82		2,250 - 2,499	
11.98 - 13.17		95.83 - 105.41		2,500 - 2,749	
13.18 - 14.37		105.42 - 114.99		2,750 - 2,999	
14.38 - 15.57		115.00 - 124.57		3,000 - 3,249	
15.58 - 16.77		124.58 - 134.15		3,250 - 3,499	
16.78 - 17.97		134.16 - 143.73		3,500 - 3,749	
17.98 - 19.17		143.74 - 153.31		3,750 - 3,999	
19.18 - 20.37		153.32 - 162.89		4,000 - 4,249	
20.38 - 21.57		162.90 - 172.47		4,250 - 4,499	
21.58 - 22.77		172.48 - 182.05		4,500 - 4,749	
22.78 - 23.97		182.06 - 191.63		4,750 - 4,999	
23.98 and over		191.64 and over		5,000 and over	
Sub-Total		Sub-Total		Sub-Total	
				Total	

Record: 14 of 1 Establishment Identification Number

Start 2008 BLES Surveys 2007_2008 BLES Sur... BLES Survey 2008 : ... frmALLOWANCE : F... 6:34 PM

Figure 4. PART B - Screen Layout (Allowances)

<p>PART B: EMPLOYMENT AND WAGE RATES OF TIME RATE WORKERS ON FULL TIME BASIS (Allowances)</p>	<p>Type the corresponding entry for each item as reflected in the questionnaire</p>
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[Go to BASIC PAY](#) Open Figure 3. PART B – Screen Layout (Basic Pay)

[Go To PART C](#) Open Figure 5. Part C – Screen Layout

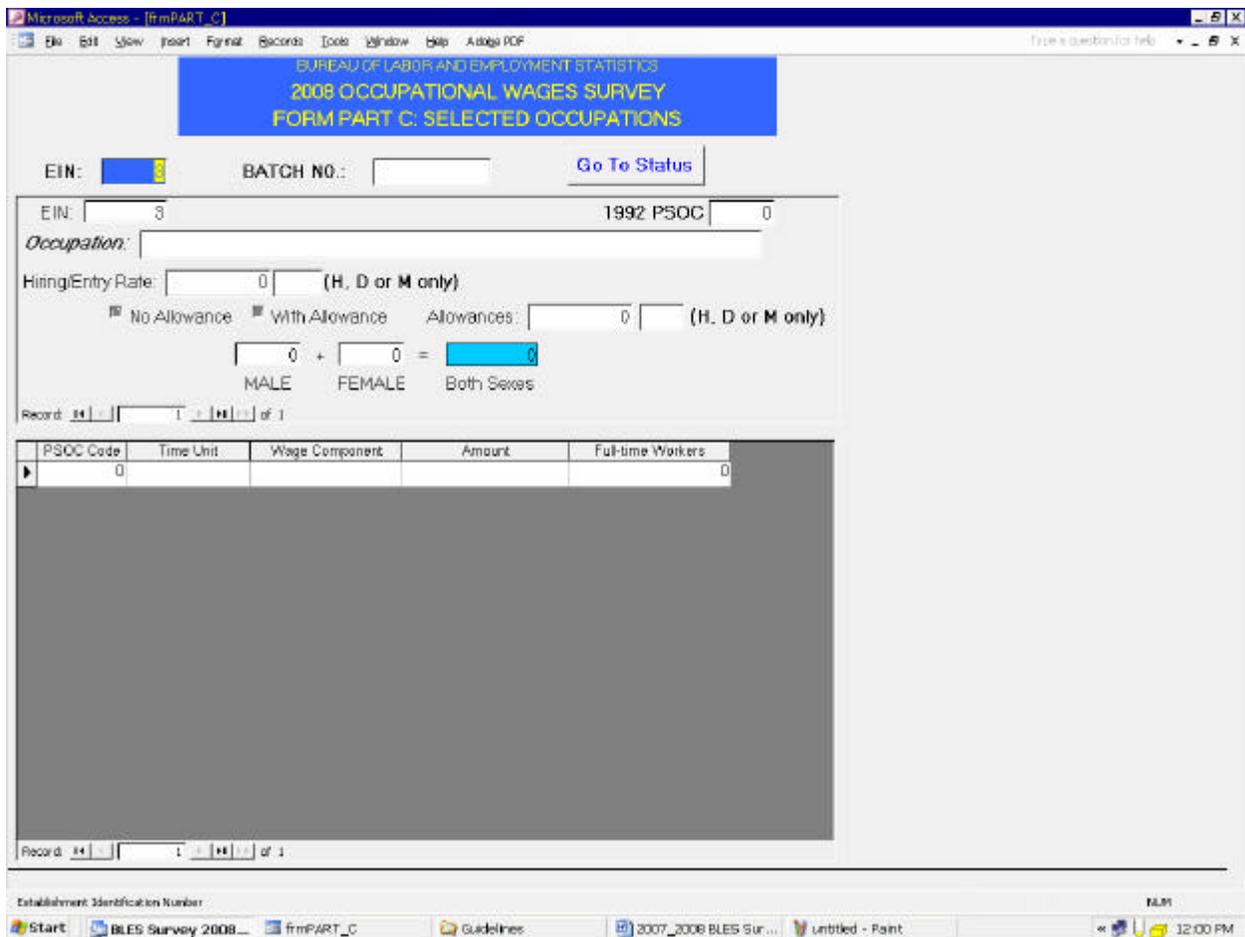


Figure 5. Part C – Screen Layout

<p>PART C: EMPLOYMENT AND WAGE RATES OF TIME-RATE WORKERS ON FULL-TIME BASIS IN SELECTED OCCUPATIONS</p>	<p>Type the corresponding entry for each item as reflected in the questionnaire</p>
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Go To Status

Open Figure 2. Status Monitoring Screen Layout.

NOTE: ANY INCONSISTENCIES THAT MAY ARISE DURING THE ENCODING PROCESS, PLEASE CONSULT YOUR Senior LEOs. DO NOT TRY TO CORRECT THE PROBLEM BY YOURSELF, ERRORS FOUND SHOULD BE RECORDED IN THE FM-BLES 04-4.8 MONITORING OF ACCURACY IN DATA PROCESSING.