

# **FIELD OPERATIONS MANUAL**

## **2008 Occupational Wages Survey and 2007/2008 BLES Integrated Survey**



**DEPARTMENT OF LABOR AND EMPLOYMENT**  
**BUREAU OF LABOR AND EMPLOYMENT STATISTICS**  
*Manila, Philippines*



*ISO 9001:2000 Certified*

In coordination with  
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## OCCUPATIONAL WAGES SURVEY

From 1989 to 1995, the Bureau of Labor and Employment Statistics (BLES) conducted the OWS to monitor the wage rates of 22 low paid occupations in 21 non-agricultural industries. Its objective then was to generate wage estimates in aid to minimum wage determination.

In 1996, the BLES redesigned the survey to focus on the wage rates of selected or key occupations, particularly in industries likely to be affected by the changing local and global economic structures. Since the new series that began with 1997 several changes have been made, such as expansion of covered industries and occupations, shift from complete enumeration to sample survey, varying reference periods, and lowering of employment size coverage.

### 1.1. Survey Objectives and Uses of the Data

The main objective of this survey is to generate statistics for *wage and salary administration and wage determination in collective bargaining negotiations*. These statistics can also be used as basis for investment decisions and determining global competitiveness of our industries and occupations.

Statistics on wage rates are useful economic indicators and are inputs to wage, income, productivity and price policies, wage fixing and collective bargaining. Specifically, occupational wage rates can be used to measure wage differentials, wage inequality in typical low wage and high wage occupations and for international comparability. Industry data on basic pay and allowance can be used to measure wage differentials across industries, for investment decisions and as reference in periodic adjustments of minimum wages.

The data category *average monthly occupational wage rate of selected occupations* is one of the variables listed by the Philippine government under the Special Data Dissemination Standard (SDDS) of the International Monetary Fund. The SDDS serves as reference to member countries in the dissemination of economic and financial data.

### 1.2. Collection Authority

The conduct of the OWS is mandated by:

- a. **Executive Order No. 126**, dated January 30, 1987, (creating the BLES) which mandates the Bureau, among others, to conduct nationwide surveys and studies which will generate trends and structures on labor and employment.
- b. **Executive Order NO. 352**, dated July 1, 1996, designating the OWS as one of the statistical activities that will generate critical data for decision-making of the government and the private sector.

1.3. Confidentiality of Information

Notes

The BLES and its field personnel shall hold all survey data supplied by the establishments in confidence. The information obtained from each respondent shall be for statistical purposes only and not for taxation, regulation nor investigation purposes. The data shall be processed with others of the same category and shall be disseminated in summary form or statistical tables so as not to reveal the identity of any respondent-establishment.

1.4. Scope and Coverage

The OWS covers establishments in non-agricultural industries with an average total employment of at least 20 persons. It inquires on total employment and on the distribution of time-rate workers on full-time basis. In the 2008 survey round, the 65 industries to be covered are:

1994 PSIC (as amended)		Description
C		MINING AND QUARRYING
1.	C10	Metallic Ore Mining
2.	C11	Non-Metallic Mining and Quarrying
D		MANUFACTURING
3.	D15 excl. D155	Manufacture of Food Products except Beverages
4.	D155	Manufacture of Beverages
5.	D16	Manufacture of Tobacco Products
6.	D17	Manufacture of Textiles
7.	D18	Manufacture of Wearing Apparel
8.	D191	Tanning and Dressing of Leather; Manufacture of Luggage and Handbags
9.	D192	Manufacture of Footwear
10.	D201	Manufacture of Wood and Wood Products except Furniture
11.	D202	Manufacture of Products of Bamboo, Cane, Rattan and the Like, and Plaiting Materials except Furniture
12.	D21	Manufacture of Paper and Paper Products
13.	D22	Publishing, Printing and Reproduction of Recorded Media
14.	D23	Manufacture of Coke, Refined Petroleum and Other Fuel Products
15.	D24	Manufacture of Chemicals and Chemical Products

	<b>1994 PSIC (as amended)</b>	<b>Description</b>	<i>Notes</i>
	<b>D</b>	<b>MANUFACTURING (cont'd)</b>	
16.	D251	Manufacture of Rubber Products	
17.	D252	Manufacture of Plastic Products	
18.	D261	Manufacture of Glass and Glass Products	
19.	D262	Manufacture of Cement	
20.	D269	Manufacture of Non-Metallic Mineral Products, n.e.c.	
21.	D27	Manufacture of Basic Metals	
22.	D28	Manufacture of Fabricated Metal Products, Except Machinery and Equipment	
23.	D29	Manufacture of Machinery and Equipment, n.e.c.	
24.	D30	Manufacture of Office, Accounting and Computing Machinery	
25.	D31	Manufacture of Electrical Machinery and Apparatus, n.e.c.	
26.	D32	Manufacture of Radio, Television and Communication Equipment and Apparatus	
27.	D33	Manufacture of Medical, Precision and Optical Instruments, Watches and Clocks	
28.	D34	Manufacture of Motor Vehicles, Trailers and Semi- Trailers	
29.	D35 excl. D351	Manufacture of Other Transport Equipment except Building and Repairing of Ships and Boats	
30.	D351	Building and Repairing of Ships and Boats	
31.	D36	Manufacture and Repair of Furniture	
32.	D37	Recycling	
33.	D39	Manufacturing, n.e.c.	
	<b>E</b>	<b>ELECTRICITY, GAS AND WATER SUPPLY</b>	
34.	E40	Electricity, Gas, Steam and Hot Water Supply	
35.	E41	Collection, Purification and Distribution of Water	
36.	<b>F45</b>	<b>CONSTRUCTION</b>	



	1994 PSIC (as amended)	Description	Notes
	<b>G</b>	<b>WHOLESALE AND RETAIL TRADE; REPAIR OF MOTOR VEHICLES, MOTORCYCLES AND PERSONAL AND HOUSEHOLD GOODS</b>	
37.	G50	Sale, Maintenance and Repair of Motor Vehicles and Motorcycles, Retail Sale of Automotive Fuel	
38.	G51	Wholesale Trade and Commission Trade, Except of Motor Vehicles and Motorcycles	
39.	G52	Retail Trade, Except of Motor Vehicles and Motorcycles and Repair of Personal and Household Goods	
40.	<b>H55</b>	<b>HOTELS AND RESTAURANTS</b>	
	<b>I</b>	<b>TRANSPORT, STORAGE AND COMMUNICATION</b>	
41.	I60 excl. I6011	Other Land Transport except Bus Line Operation	
42.	I6011	Bus Line Operation	
43.	I61	Water Transport	
44.	I62	Air Transport	
45.	I63	Supporting and Auxiliary Transport Activities; Activities of Travel Agencies	
46.	I64 excl. I6411	Postal and Telecommunications Services except National Postal Activities	
	<b>J</b>	<b>FINANCIAL INTERMEDIATION</b>	
47.	J65 excl. J6510	Banking Institutions Except Central Banking	
48.	J66	Non-Bank Financial Intermediation	
49.	J67	Insurance and Pension Funding except Compulsory Social Security	
50.	J68	Activities Auxiliary to Financial Intermediation	
	<b>K</b>	<b>REAL ESTATE, RENTING AND BUSINESS ACTIVITIES</b>	
51.	K70	Real Estate Activities	
52.	K71	Renting of Machinery and Equipment Without Operator, Personal and Household Goods	
53.	K72	Computer and Related Activities	
54.	K73	Research and Development	
55.	K74 excl. K7412, K7421, K74996 and K74997	Miscellaneous Business Activities	

	<b>1994 PSIC (as amended)</b>	<b>Description</b>	<i>Notes</i>
	<b>K</b>	<b>REAL ESTATE, RENTING AND BUSINESS ACTIVITIES (cont'd.)</b>	
56.	K7412	Accounting, Bookkeeping and Auditing Activities; Tax Consultancy	
57.	K7421	Architectural, Engineering and Related Technical Consultancy	
58.	K74996	Call Center Activities	
59.	K74997	Medical Transcription and Related Outsourcing Activities	
60.	<b>M81</b>	<b>PRIVATE EDUCATION SERVICES</b>	
61.	<b>N85 excl. N8511</b>	<b>HEALTH AND SOCIAL WORK EXCEPT PUBLIC MEDICAL, DENTAL AND OTHER HEALTH ACTIVITIES</b>	
	<b>O</b>	<b>OTHER COMMUNITY, SOCIAL AND PERSONAL SERVICE ACTIVITIES</b>	
62.	O90	Sewage and Refuse Disposal, Sanitation and Similar Activities	
63.	O92 excl. O92112	Recreational, Cultural and Sporting Activities except Animated Films and Cartoons Production	
64.	O92112	Animated Films and Cartoons Production	
65.	O93	Other Service Activities	

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

	<b>1994 PSIC (as amended)</b>	<b>Description</b>
	A01-A05	Agriculture, Hunting and Forestry
	B06	Fishing
	I6411	National Postal Activities
	J6510	Central Banking
	L75	Public Administration and Defense and Compulsory Social Security (e.g. DOLE, PNP, SSS, GSIS)
	M80	Public Education Services
	N8511	Public Medical, Dental and Other Health Activities
	O91	Activities of Membership Organizations, n.e.c. (e.g. ECOP, TUCP)
	Q99	Extra-Territorial Organizations and Bodies (e.g. ILO, UNDP)

- 1.4.1. *Benchmark Occupations:* The OWS specifically collects data on employment and wage rates of occupations. Two (2) benchmark occupations (common to all establishments) i.e., Accounting and Bookkeeping Clerks; and Unskilled Workers except Janitors, Messengers and Freight Handlers are monitored in the covered all non-agricultural industries covered.
- 1.4.2. *Industry-Specific Occupations:* In addition to the two benchmark occupations, at most 9 industry-specific occupations are monitored in the following 46 industries.

1994 PSIC (as amended)		Description
C		MINING AND QUARRYING
1.	C10	Metallic Ore Mining
2.	C11	Non-Metallic Mining and Quarrying
D		SELECTED MANUFACTURING
3.	D15	Manufacture of Food Products and Beverages
4.	D17	Manufacture of Textiles
5.	D18	Manufacture of Wearing Apparel
6.	D19	Tanning and Dressing of Leather; Manufacture of Luggage, Handbags and Footwear
7.	D201	Manufacture of Wood and Wood Products except Furniture
8.	D21	Manufacture of Paper and Paper Products
9.	D221/D222/ D223	Publishing and Printing
10.	D23	Manufacture of Coke, Refined Petroleum and Other Fuel Products
11.	D24	Manufacture of Chemicals and Chemical Products
12.	D251	Manufacture of Rubber Products
13.	D252	Manufacture of Plastic Products
14.	D26	Manufacture of Other Non-Metallic Mineral Products
15.	D27	Manufacture of Basic Metals
16.	D28	Manufacture of Fabricated Metal Products, Except Machinery and Equipment
17.	D29	Manufacture of Machinery and Equipment, n.e.c.

	<b>1994 PSIC (as amended)</b>	<b>Description</b>	<i>Notes</i>
	<b>D</b>	<b>SELECTED MANUFACTURING (cont'd)</b>	
18.	D31	Manufacture of Electrical Machinery and Apparatus, n.e.c.	
19.	D32	Manufacture of Radio, Television and Communication Equipment and Apparatus	
20.	D34	Manufacture of Motor Vehicles, Trailers and Semi-Trailers	
21.	D351	Building and Repairing of Ships and Boats	
22.	D36	Manufacture and Repair of Furniture	
	<b>E</b>	<b>ELECTRICITY, GAS AND WATER SUPPLY</b>	
23.	E40	Electricity, Gas, Steam and Hot Water Supply	
24.	E41	Collection, Purification and Distribution of Water	
25.	<b>F45</b>	<b>CONSTRUCTION</b>	
	<b>G</b>	<b>WHOLESALE AND RETAIL TRADE; REPAIR OF MOTOR VEHICLES, MOTORCYCLES AND PERSONAL AND HOUSEHOLD GOODS</b>	
26.	G50 excl. G505	Sale, Maintenance and Repair of Motor Vehicles and Motorcycles except Retail Sale of Automotive Fuel	
27.	G51	Wholesale Trade and Commission Trade, Except of Motor Vehicles and Motorcycles	
28.	G52 excl. G526	Retail Trade except of Motor Vehicles and Motorcycles and Repair of Personal and Household Goods	
29.	<b>H55</b>	<b>HOTELS AND RESTAURANTS</b>	
	<b>I</b>	<b>TRANSPORT, STORAGE AND COMMUNICATION</b>	
30.	I60 excl. I6011	Other Land Transport except Bus Line Operation	
31.	I6011	Bus Line Operation	
32.	I61	Water Transport	
33.	I62	Air Transport	
34.	I63	Supporting and Auxiliary Transport Activities; Activities of Travel Agencies	
35.	I64 excl. I6411	Postal and Telecommunications Services Except National Postal Activities	

	1994 PSIC (as amended)	Description	Notes
	<b>J</b>	<b>SELECTED FINANCIAL INTERMEDIATION</b>	
36.	J65 excl. J6510	Banking Institutions Except Central Banking	
37.	J66	Non-Bank Financial Intermediation	
38.	J67	Insurance and Pension Funding except Compulsory Social Security	
	<b>K</b>	<b>SELECTED BUSINESS ACTIVITIES</b>	
39.	K72	Computer and Related Activities	
40.	K7412	Accounting, Bookkeeping and Auditing Activities; Tax Consultancy	
41.	K7421	Architectural, Engineering and Related Technical Consultancy	
42.	K74996	Call Center Activities	
43.	K74997	Medical Transcription and Related Outsourcing Activities	
44.	<b>M81</b>	<b>PRIVATE EDUCATION SERVICES</b>	
45.	<b>N8512</b>	<b>PRIVATE MEDICAL, DENTAL AND OTHER HEALTH ACTIVITIES</b>	
	<b>O</b>	<b>SELECTED OTHER COMMUNITY, SOCIAL AND PERSONAL SERVICE ACTIVITIES</b>	
46.	O92112	Animated Films and Cartoons Production	

#### 1.4.3. Bases for Industry and Occupational Coverages

The 46 industries for which industry-specific occupations shall be monitored were identified based on the following:

- Investment Priority Plan of the Board of Investments
- Export winners identified by the Department of Trade and Industry
- Areas of cooperation under the BIMP-EAGA
- Industries likely to be affected by GATT
- Industries monitored by the ILO industrial committees and similar bodies
- Emerging industries as in the case of Call Center Activities; Medical Transcription and Related Outsourcing Activities; Animated Films and Cartoons Production

On the other hand, the specific occupations for which wage rates shall be monitored were selected based on the following:

- Relative importance of the occupations in the industry
- Philippine Standard Occupational Classification (PSOC) 2002 Update
- Consultations with employers and workers groups, government agencies and the academe
- Initial List of Indicative Offers to the Coordinating Committee on Services-General Agreement on Trade in Services (ASEAN Bloc)

- Catalogue of the Occupational Skills Standards for National Certification Program of the Technical Education and Skills Development Authority
- Occupations covered by the ILO October Inquiry on Occupational Wages and Hours of Work
- 2001-2002 Key Indicators of the Labor Market of the International Labour Office
- Occupational Employment Survey (OES) of the US Bureau of Labor Statistics
- 2006 BLES Integrated Survey (BITS)-employment module on vital occupations and the 2006 National Human Resource Conference

At most 11 occupations including the two benchmark occupations shall be monitored in each of the 46 specific industries to represent the 7 major occupational groups in the PSOC for a total of 180 occupations. These occupations can be classified as supervisory; professional; technical; clerical; service; trade skills and machine operation; and laborers/unskilled workers. More occupations were drawn for a particular major occupation group depending on the relative importance of the occupations in the pre-determined industry. For instance, in mining and quarrying, selected manufacturing industries, and construction, more occupations were taken from trade skills and machine operation. In trade, postal and telecommunications and most business services, more clerical occupations were selected. In health and social work and in private education services, mostly professional workers were drawn. In hotels and restaurants, more service occupations were chosen.

Each establishment covered by the 46 industries will be provided its own occupational sheet. This sheet lists the pre-determined occupations and job descriptions for which employment and wage data will be asked from the establishment. The occupations in this sheet vary across establishments depending on their respective industry classification.

## 1.5. Survey Design

The OWS is a sample survey of non-agricultural establishments employing 20 persons or more

### 1.5.1. Statistical Unit

The establishment is the statistical or enumeration unit. Each unit is classified in an industry that reflects its main economic activity---the activity that contributes the biggest or major portion of the gross income or revenues of the establishment.

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

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

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

### 1.5.2. Sampling Frame

The 2008 BLES Survey Sampling Frame (SSF2008) is an integrated list of establishments culled from the 2006 List of Establishments of the National Statistics Office; and updated 2006 BLES Sampling Frame based on the status of establishments reported in the 2006 BLES Integrated Survey (BITS) and 2006 Occupational Wages Survey. Lists of Establishments from the Department of Trade and Industry (DTI) and Philippine Chamber of Commerce and Industries (PCCI) were also considered in preparing the 2008 frame.

### 1.5.3. Stratification Scheme (See section 2.5.3 of Chapter 2)

### 1.5.4. Sample Size Determination (See section 2.5.4 of Chapter 2)

## 1.6. Estimation Procedure

Not all of the fielded questionnaires are accomplished. During data collection, there are reports of permanent closures, non-location, duplicate listing and shifts in industry and employment outside the survey coverage. Establishments that fall in these categories are not eligible elements (three consecutive survey rounds for “can not be located” establishments) of the frame and their count is not considered in the estimation. Non-respondents are made up of refusals, strikes or temporary closures, can not be located (less than three consecutive survey rounds) and those establishments whose questionnaires contain inconsistent item responses and have not replied to the verification queries by the time output table generation commences.

Respondents are post-stratified as to geographic, industry and employment size classifications. Non-respondents are retained in their classifications.

Sample values of basic pay and allowances for the monitored occupations whose basis of payment is an hour or a day are converted into a standard monthly equivalent, assuming 313 working days and 8 hours per day. Daily rate x 26.08333; Hourly rate x 208.66667.

Estimates are obtained by simple expansion, i.e. by multiplying the sample values at the cell level (industry and employment size) by the corresponding blowing-up factor which is the ratio of the estimated population of establishments to the number of responding establishments. These estimates are then aggregated to the desired totals.

Dividing the estimated total basic pay (or total allowances) in each occupation by the corresponding estimate of time rate workers on full-time basis results to the average monthly basic pay or average monthly allowances as the case may be. The monthly average basic pay and monthly average allowances are then summed up to provide the average monthly wage rates by occupation.

The median monthly basic pay is computed from the estimated distribution of workers by monthly basic pay. On the other hand, the median monthly allowance is computed only for those workers reported with allowances.

A 95% level of reliability of survey estimates of average occupational wage rates is desired. These are to be assessed through their coefficients of variation (CVs).

**TABLE 1 - Distribution of Establishment Population (N) and Sample Establishments (n) for 2008 OWS**  
by Industry Group and Employment Size, Philippines

1994 PSIC (as amended)	Industry Group	Total		20-99		100-199		200 & Over	
		N	n	N	n	N	n	N	n
	<b>ALL INDUSTRIES</b>	<b>32,028</b>	<b>6,460</b>	<b>25,795</b>	<b>2,824</b>	<b>3,372</b>	<b>1,223</b>	<b>2,861</b>	<b>2,413</b>
C10	Metallic Ore Mining	38	38	20	20	7	7	11	11
C11	Non-Metallic Mining and Quarrying	36	36	29	29	6	6	1	1
D15 excl D155	Mfg of Food Products except Beverages	1,470	207	1,122	54	172	27	176	126
D155	Mfg of Beverages	156	88	82	14	45	45	29	29
D16	Mfg of Tobacco Products	20	20	6	6	4	4	10	10
D17	Mfg of Textiles	346	90	251	33	63	25	32	32
D18	Mfg of Wearing Apparel	975	154	660	24	139	16	176	114
D191	Tanning and Dressing of Leather; Mfg of Luggage and Handbags	68	68	55	55	3	3	10	10
D192	Mfg of Footwear	155	68	128	41	18	18	9	9
D201	Mfg of Wood and Wood Products except Furniture	209	60	162	22	19	10	28	28
D202	Mfg of Products of Bamboo, Cane, Rattan and the Like, and Plaiting Materials except Furniture	43	43	40	40	2	2	1	1
D21	Mfg of Paper and Paper Products	237	86	155	31	55	28	27	27
D22	Publishing, Printing and Reproduction of Recorded Media	480	102	424	63	34	17	22	22
D23	Mfg of Coke, Refined Petroleum and Other Fuel Products	18	18	10	10	3	3	5	5
D24	Mfg of Chemicals and Chemical Products	548	114	409	34	84	25	55	55
D251	Mfg of Rubber Products	109	62	80	33	24	24	5	5
D252	Mfg of Plastic Products	450	115	309	34	85	25	56	56
D261	Mfg of Glass and Glass Products	62	62	38	38	10	10	14	14
D262	Mfg of Cement	30	30	13	13	4	4	13	13
D269	Mfg of Non-Metallic Mineral Products, n.e.c.	237	85	188	46	33	23	16	16
D27	Mfg of Basic Metals	298	88	220	37	52	25	26	26
D28	Mfg of Fabricated Metal Products except Machinery and Equipment	501	103	401	43	60	20	40	40
D29	Mfg of Machinery and Equipment, n.e.c.	365	74	288	31	54	20	23	23
D30	Mfg of Office, Accounting and Computing Machinery	51	51	12	12	15	15	24	24
D31	Mfg of Electrical Machinery and Apparatus, n.e.c.	208	63	118	10	48	11	42	42
D32	Mfg of Radio, TV and Communication Equipment and Apparatus	240	113	73	10	43	10	124	93
D33	Mfg of Medical, Precision and Optical Instruments, Watches and Clocks	68	68	26	26	15	15	27	27
D34	Mfg of Motor Vehicles, Trailers and Semi-Trailers	148	57	92	16	28	13	28	28
D35 excl D351	Mfg of Other Transport Equipment except Building and Repairing of Ships and Boats	34	34	20	20	5	5	9	9
D351	Building and Repairing of Ships and Boats	44	44	31	31	5	5	8	8
D36	Mfg and Repair of Furniture	407	91	303	32	66	21	38	38
D37	Recycling	18	18	14	14	3	3	1	1
D39	Manufacturing n.e.c	197	72	136	24	38	25	23	23
E40	Electricity, Gas, Steam and Hot Water	375	105	206	16	85	21	84	68
E41	Collection, Purification and Distribution of Water	232	73	184	33	33	25	15	15
F45	Construction	909	148	699	38	111	22	99	88



**TABLE 1 - Distribution of Establishment Population (N) and Sample Establishments (n) for 2008 OWS**  
by Industry Group and Employment Size, Philippines (cont'd)

1994 PSIC (as amended)	Industry Group	Total		20-99		100-199		200 & Over	
		N	n	N	n	N	n	N	n
G50	Sale, Maintenance and Repair of Motor Vehicles and Motorcycles, Retail Sale of Automotive Fuel	1,250	176	1,184	138	54	26	12	12
G51	Wholesale Trade and Commission Trade, except of Motor Vehicles and Motorcycles	2,129	269	1,888	130	174	72	67	67
G52	Retail Trade, except of Motor Vehicles and Motorcycles and Repair of Personal and Household Goods	3,946	525	3,472	242	262	71	212	212
H55	Hotels and Restaurants	3,954	491	3,737	374	151	51	66	66
I60 excl I6011	Other Land Transport except Bus Line Operation	346	77	300	46	32	17	14	14
I6011	Bus Line Operation	170	62	108	16	28	12	34	34
I61	Water Transport	154	58	115	27	20	12	19	19
I62	Air Transport	16	16	10	10	1	1	5	5
I63	Supporting and Auxiliary Transport Activities; Activities of Travel Agencies	790	145	655	52	75	33	60	60
I64 excl I6411	Postal and Telecommunications Services except National Postal Activities	363	72	288	25	41	13	34	34
J65 excl J6510	Banking Institutions except Central Banking	693	96	595	28	40	10	58	58
J66	Non-Bank Financial Intermediation	463	91	409	55	32	14	22	22
J67	Insurance and Pension Funding except Compulsory Social Security	142	73	93	31	25	18	24	24
J68	Activities Auxiliary to Financial Intermediation	132	57	102	27	16	16	14	14
K70	Real Estate Activities	350	105	297	52	43	43	10	10
K71	Renting of Machinery and Equipment without Operator, Personal and Household Goods	65	65	57	57	3	3	5	5
K72	Computer and Related Activities	335	87	231	23	57	17	47	47
K73	Research and Development	31	31	18	18	4	4	9	9
K74 excl K7412/ K7421/K74996/ K74997	Miscellaneous Business Activities	1,980	274	1,273	45	308	37	399	192
K7412	Accounting, Bookkeeping and Auditing Activities; Tax Consultancy	48	21	39	12	2	2	7	7
K7421	Architectural, Engineering and Related Technical Consultancy	167	60	136	32	20	17	11	11
K74996	Call Center Activities	164	86	33	10	65	10	66	66
K74997	Medical Transcription and Related Outsourcing Activities	26	26	20	20	3	3	3	3
M81	Private Education Services	2,828	375	2,360	154	257	70	211	151
N85 excl N8511	Health and Social Work except Public Medical, Dental and Other Health Activities	743	135	546	36	113	26	84	73
O90	Sewage and Refuse Disposal, Sanitation and Similar Activities	11	11	9	9	-	-	2	2
O92 excl O92112	Recreational, Cultural & Sporting Activities	590	110	496	44	43	15	51	51
O92112	Animated Films and Cartoons Production	30	30	6	6	23	23	1	1
O93	Other Service Activities	330	88	314	72	9	9	7	7

**TABLE 2 - Distribution of Establishment Population (N) and Sample Establishments (n) with Monitored Occupations**  
**in 2008 OWS by Industry Group and Employment Size, Philippines**

1994 PSIC (as amended)	Industry Group	Total		20-99		100-199		200 & Over	
		N	n	N	n	N	n	N	n
	<b>ALL INDUSTRIES</b>	<b>27,302</b>	<b>5,400</b>	<b>22,202</b>	<b>2,352</b>	<b>2,839</b>	<b>1,027</b>	<b>2,261</b>	<b>2,021</b>
C10	Metallic Ore Mining	38	38	20	20	7	7	11	11
C11	Non-Metallic Mining and Quarrying	36	36	29	29	6	6	1	1
D15	Mfg of Food Products	1,626	295	1,204	68	217	72	205	155
D17	Mfg of Textiles	346	90	251	33	63	25	32	32
D18	Mfg of Wearing Apparel	975	154	660	24	139	16	176	114
D19	Tanning and Dressing of Leather; Mfg of Luggage	223	136	183	96	21	21	19	19
	Handbags and Footwear								
D201	Mfg of Wood and Wood Products except Furniture	209	60	162	22	19	10	28	28
D21	Mfg of Paper and Paper Products	237	86	155	31	55	28	27	27
D221/D222/D223	Publishing and Printing	478	102	422	63	34	17	22	22
D23	Mfg of Coke, Refined Petroleum and Other Fuel Products	18	18	10	10	3	3	5	5
D24	Mfg of Chemicals and Chemical Products	548	114	409	34	84	25	55	55
D251	Mfg of Rubber Products	109	62	80	33	24	24	5	5
D252	Mfg of Plastic Products	450	115	309	34	85	25	56	56
D26	Mfg of Glass and Glass Products	329	177	239	97	47	37	43	43
D27	Mfg of Basic Metals	298	88	220	37	52	25	26	26
D28	Mfg of Fabricated Metal Products except Machinery and Equipment	501	103	401	43	60	20	40	40
D29	Mfg of Machinery and Equipment, n.e.c.	365	74	288	31	54	20	23	23
D31	Mfg of Electrical Machinery and Apparatus, n.e.c.	208	63	118	10	48	11	42	42
D32	Mfg of Radio, TV and Communication Equipment	240	113	73	10	43	10	124	93
	and Apparatus								
D34	Mfg of Motor Vehicles, Trailers and Semi-Trailers	148	57	92	16	28	13	28	28
D351	Building and Repairing of Ships and Boats	44	44	31	31	5	5	8	8
D36	Mfg and Repair of Furniture	407	91	303	32	66	21	38	38
E40	Electricity, Gas, Steam and Hot Water	375	105	206	16	85	21	84	68
E41	Collection, Purification and Distribution of Water	232	73	184	33	33	25	15	15
F45	Construction	909	148	699	38	111	22	99	88
G50 excl G505	Sale, Maintenance and Repair of Motor Vehicles	717	173	656	136	50	26	11	11
	and Motorcycles except Retail Sale								

G51	of Automotive Fuel Wholesale Trade and Commission Trade, except of Motor Vehicles and Motorcycles	2,129	269	1,888	130	174	72	67	67
G52 excl G526	Retail Trade, except of Motor Vehicles and Motorcycles and Repair of Personal and Household Goods	3,703	516	3,255	239	242	71	206	206
H55	Hotels and Restaurants	3,954	491	3,737	374	151	51	66	66
I60 excl I6011	Other Land Transport except Bus Line Operation	346	77	300	46	32	17	14	14
I6011	Bus Line Operation	170	62	108	16	28	12	34	34
I61	Water Transport	154	58	115	27	20	12	19	19
I62	Air Transport	16	16	10	10	1	1	5	5
I63	Supporting and Auxiliary Transport Activities; Activities of Travel Agencies	790	145	655	52	75	33	60	60
I64 excl I6411	Postal and Telecommunications Services except National Postal Activities	363	72	288	25	41	13	34	34
J65 excl J6510	Banking Institutions except Central Banking	693	96	595	28	40	10	58	58
J66	Non-Bank Financial Intermediation	463	91	409	55	32	14	22	22
J67	Insurance and Pension Funding except Compulsory Social Security Operator, Personal and Household Goods	142	73	93	31	25	18	24	24
K72	Computer and Related Activities	335	87	231	23	57	17	47	47
K7412	Accounting, Bookkeeping and Auditing Activities; Tax Consultancy	48	21	39	12	2	2	7	7
K7421	Architectural, Engineering and Related Technical Consultancy	167	60	136	32	20	17	11	11
K74996	Call Center Activities	164	86	33	10	65	10	66	66
K74997	Medical Transcription and Related Outsourcing Activities	26	26	20	20	3	3	3	3
M81	Private Education Services	2,828	375	2,360	154	257	70	211	151
N8512	Private Medical, Dental and Other Health Activities	715	134	520	35	112	26	83	73
O92112	Animated Films and Cartoons Production	30	30	6	6	23	23	1	1

## 1.7. Occupational Wages Survey (OWS) Questionnaire

*Notes*

The 2008 OWS questionnaire contains the following sections.

### 1.7.1. Cover Page (Page 1)

This contains the address box, contact particulars for assistance, spaces for changes in the name and location of sample establishment and head office information in case the questionnaire is endorsed to it and status codes of the establishment to be accomplished by BLES and its field personnel.

### 1.7.2. Survey Information (Page 2)

This contains the survey objective, scope of the survey, uses of the data, confidentiality clause, collection authority, authorized field personnel, coverage, periodicity and reference period, due date for accomplishment and expected date when the results of the 2008 OWS would be available.

### 1.7.3. Part A: General Information (Page 3)

This portion inquires on:

- main economic activity
- major products/goods or services
- total employment with breakdown on:
  - time-rate on full-time basis
  - time-rate on part-time basis
  - output rate workers
  - working owners (without regular pay) and unpaid workers

### 1.7.4. Part B: Employment and Wage Rates of Time-Rate Workers on Full-Time Basis (Pages 4-5)

This section requires data on the number of time-rate workers on full-time basis by time unit and by basic pay and allowance intervals.

### 1.7.5. Part C: Employment and Wage Rates of Time-Rate Workers on Full-Time Basis in Selected Occupations (Pages 6-9)

This part inquires on the basic pay and allowance per time unit and corresponding number of workers in the two benchmark occupations and in the **pre-determined occupations** listed in the occupational sheet to be provided to the establishment.

### 1.7.6. Part D: Certification (Page 10)

This portion is provided for the respondent's name/signature, position, telephone no., fax no. and e-mail address and time spent in answering the questionnaire.

Appropriate spaces are also provided to elicit comments/information on:

- data provided for the 2008 OWS
- results of the 2006 OWS
- presentation/packaging, particularly on the definition of terms, layout, font and color.
- participation in other government surveys

1.7.7. Part E: Survey Personnel (Page 10)

Notes

This portion is for the particulars of the enumerators and area/regional supervisors and reviewers at the BLES and DOLE Regional Offices involved in the data collection and review of questionnaire entries.

1.7.8. Part F: Industries With Selected Occupations (Page 11)

The list of industries for occupational wage monitoring has been provided to guide the enumerators in ensuring that the correct occupational sheet has been furnished to the respondent.

1.7.9. Results of the 2006 OWS (Page 12)

The results of the 2006 OWS are for information of the establishment. More of the results can be obtained from the BLES Website at <http://www.bles.dole.gov.ph>.

1.7.10. Revisions in the Questionnaire

Relative to the 2006 OWS questionnaire, the following revisions were made:

Part	Item	Details	Reason
Part A: General Information	Breakdown of total employment:  Time-Rate on Full-Time Basis Time-Rate on Part-Time Basis Output Rate Workers Working Owners (without regular pay) and Unpaid Workers	Added	To validate entry in Part B (Total time-rate on full-time basis).
Part C: Employment and Wage Rates of Time-Rate Workers on Full-Time Basis in Selected Occupations	Hiring/Entry Rate a. Basic Pay (with time unit) b. No allowances or With allowances Allowances (with time unit)	Added	As reference for wage rates of new hires in selected occupations.  The query on hiring rates was asked in the 2004 OWS that covered non-agricultural establishments employing 50 or more workers.
Part D: Participation in other Government Surveys	In 2006, have you been a recipient of a questionnaire in any of these surveys? <i>Check as applicable.</i> <input type="checkbox"/> Annual Survey of Philippine Business and Industry, <i>National Statistics Office</i> <input type="checkbox"/> Quarterly Survey of Philippine Business and Industry, <i>National Statistics Office</i> <input type="checkbox"/> Labor Turnover Survey, <i>Bureau of Labor and Employment Statistics</i> <input type="checkbox"/> Others ( <i>specify</i> )  _____ _____	Added	To determine respondent's burden in government surveys

## 1.8 Statistics to be Generated

From the survey, the BLES will generate statistics on:

- occupational wage rates (hiring and average of current rates) and employment of time-rate workers on full-time basis in selected industries and selected occupations
- median basic pay and allowances of time-rate workers on full-time basis by industry/region
- distribution of time-rate workers on full-time basis by basic pay and allowance intervals by industry/region

## 1.9 Periodicity and Reference Period

The OWS is conducted every two (2) years. The reference of this survey round is the pay period that includes July 31, 2008.

## 1.10 Editing Guidelines

Completeness, consistency and authenticity of survey data are requisites to ensure processing of correct information. With this in mind, these editing guidelines have been prepared to help Enumerators, Supervisors and Reviewers detect and correct errors in the accomplished questionnaires.

### 1.10.1 General Instructions

- Any attachments by the establishment should be stapled on page 7 of the questionnaire. The corresponding **EIN** (see section 3.5.2 of Chapter 3) should be written on the upper right corner of each page of the attachment.
- The **comments** of the respondent on page 10 of the questionnaire should be read as these may provide explanations relevant to the accomplished questionnaire.
- Use **red** ballpoint in editing.

The Enumerator should **verify** with the establishment any reported data in the questionnaire that does not pass the editing guidelines.

If during the questionnaire review by the Supervisor/Reviewer, **inconsistent** entries are still noted, these should be encircled and the questionnaire should be returned to the concerned Enumerator for verification together with the accomplished OWS Form 1 (Verification Form).

Likewise, inconsistent entries in the accomplished questionnaires from the Regional Offices should also be encircled by BLES Reviewers and the questionnaires should be returned to the concerned Regional Supervisors for verification together with the accomplished OWS Form 1 (Verification Form).

- Entries by the respondent that need to be revised should not be erased or obliterated. The original entry should be **lined out** neatly. The correct/new entry should be legibly written close to the crossed out entry.
- Where details are provided, these should **add up** to corresponding total.
- If problems arise, the Enumerator should **consult** his/her Area Supervisor while the latter his/her Regional Supervisor.

### 1.10.2. Specific Instructions

#### 1.10.2.1. Cover Page (Page 1)

*Notes*

If there are any **changes in the business name and address** of the sample establishment, the Enumerator should fill out the space/s provided for the purpose. **He/she should not write on the address label.** If the questionnaire is to be accomplished by the **head office**, the Enumerator should likewise fill out the allocated spaces as specified.

If the registered name or that as registered with DTI, SEC or local government is given by the respondent, it should **not** be considered as a change in name. Example, if the name of establishment in the pre-addressed label is 'McDonalds', there is no change in business name if the registered name is say, 'McGeorge Food Industries'. (*Note: Survey Trainer should make this distinction clear to avoid changing of names from business name to registered name when it refers to the same establishment.*)

At the bottom of the page are codes (see section 3.5.6 of Chapter 3) that will reflect the status of the questionnaire. The field personnel should accomplish only the portions applicable to them.

#### **Validation of Economic Activity**

Upon acceptance of the questionnaire by the contact person/respondent, the enumerator should ask for the complete description of the nature of business of the establishment. This should be done to ensure that the right occupational sheet has been inserted in the questionnaire.

In case the establishment has several activities, e.g. manufacturing and trading, that activity from which it derives the most income/revenues should be the basis of the industry classification.

***To illustrate:*** *If the establishment is engaged in fruit juice manufacturing, then its questionnaire must have an occupational sheet with the caption "Manufacture of Food Products and Beverages (D15).*

*In case the establishment is not engaged in food or beverage manufacturing, the enumerator should check the list of industries given on pp. 6 - 8 of this Manual or Part F of the OWS questionnaire to see if the establishment should be given a different occupational sheet.*

*If the business of the establishment falls in any of the other listed industries, the enumerator should pull out the original occupational sheet and replace it with the correct one. On the other hand, if the establishment business does not fall in the listed industries, the original sheet should be pulled out.*

***Note:*** *Always bring extra copies of the occupational sheets.*

1. Main economic activity	Entry should clearly describe the main economic activity or business of the establishment based on that, which contributes the biggest share of <b>income/revenues</b> .
Major products/ goods or services	<p>Entry should refer to the specific products/goods produced or services provided. In case the establishment has several products/goods or services, the entries should be written in order of importance.</p> <p>It is <b>essential</b> that the respondent accomplish these items, as the entries will determine if the correct occupational sheet has been furnished to the establishment. As mentioned earlier, the occupational sheet varies for each establishment depending on its <b>industry classification</b>. Refer to pp. 6-8 of this manual or Part F of the questionnaire which contains the list of industries for which pre-determined occupations are being monitored.</p>
2. Time-Rate on Full-Time Basis	Entry should be equal to reported Total (sum of cols. 2, 4 and 6) in Part B.1 - Basic Pay (page 4).
Time-Rate on Part-Time Basis	Accept with or without entry depending on the nature of business.
Output Rate Workers	Accept with or without entry depending on the nature of business.
Working Owners (without regular pay) and Unpaid Workers	Accept with or without entry depending on the nature of business.
Total	Entry should be the sum of entries in time-rate on full-time basis; time-rate on part-time basis; output rate workers; and working owners (without regular pay) and unpaid workers. Otherwise, verify with establishment.

Example:

110	+	3	+	20	+	2	=	135
Time-Rate on Full-Time Basis		Time-Rate on Part-Time Basis		Output Rate Workers		Working Owners and Unpaid Workers		<b>TOTAL</b>



1. Basic Pay		
Cols. 2, 4 and 6	Full-time Workers (Both Sexes)	Entries should correspond to the <b>applicable</b> basic pay intervals in the questionnaire. An establishment would not necessarily have entries in all time unit of work, i.e. hourly, daily and monthly.
	Sub-totals	These should be the corresponding sum of entries in cols. 2, 4 or 6.
	Total	Entry should be the sum of the sub-totals of cols. 2, 4 and 6. This should be <b>equal</b> to time-rate workers on full-time basis reported in Item 2 of Part A. Otherwise, verify with establishment.

Example:

1. Basic Pay

Hourly Rate		Daily Rate		Monthly Rate	
Basic Pay (P)	Full - time Workers (Both Sexes)	Basic Pay (P)	Full - time Workers (Both Sexes)	Basic Pay (P)	Full - time Workers (Both Sexes)
(1)	(2)	(3)	(4)	(5)	(6)
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	10	230.02 - 268.35	15	6,000 - 6,999	
33.55 - 38.33		268.36 - 306.69	40	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	20
52.72 - 57.50		421.71 - 460.04		11,000 - 11,999	
57.51 - 62.29		460.05 - 498.38		12,000 - 12,999	15
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	10
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	10	Sub-total	55	Sub-total	45

TOTAL (sum of cols. 2, 4 and 6)

110

A common error of establishments in filling out this portion of the questionnaire is repetitive entries in cols. 2, 4 and 6 as in the following example:

Verify with the respondent if the entries in cols. 2, 4 and 6 refer to the same time-rate workers. If this is so, request for the applicable time unit then line out neatly the irrelevant entries and adjust Total.

Edited Entries

1. Basic Pay

Hourly Rate		Daily Rate		Monthly Rate	
Basic Pay (P)	Full - time Workers (Both Sexes)	Basic Pay (P)	Full - time Workers (Both Sexes)	Basic Pay (P)	Full - time Workers (Both Sexes)
(1)	(2)	(3)	(4)	(5)	(6)
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	<del>36</del>	421.71 - 460.04	<del>36</del>	11,000 - 11,999	36
57.51 - 62.29	<del>45</del>	460.05 - 498.38	<del>45</del>	12,000 - 12,999	15
62.30 - 67.08	<del>42</del>	498.39 - 536.72	<del>42</del>	13,000 - 13,999	12
67.09 - 71.87		536.73 - 575.06		14,000 - 14,999	
71.88 - 76.66	<del>7</del>	575.07 - 613.40	<del>7</del>	15,000 - 15,999	7
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	<del>70</del>	Sub-total	<del>70</del>	Sub-total	70

TOTAL (sum of cols. 2, 4 and 6)

-210 70

2. Allowances		
Cols. 8, 10 and 12	Full-time Workers (Both Sexes)	If there are entries, these should correspond to the <b>applicable</b> allowance intervals in the questionnaire. An establishment would not necessarily have entries in all time unit of work, i.e. hourly, daily and monthly.
	Sub-totals	These should be the corresponding sum of entries in cols. 8, 10 and 12.
	Total	Entry should be the sum of the sub-totals of cols. 8, 10 and 12. It should also be <b>less than or equal to Total (sum of cols. 2, 4 and 6)</b> of Part B.1 - Basic Pay. Otherwise, verify with establishment.

Example:

Of the **TOTAL** (sum of cols. 2, 4 and 6) reported on page 4, how many received allowances? Entry should equal sum of cols. 8, 10 and 12 below.

45

2. Allowances

Hourly Rate		Daily Rate		Monthly Rate	
Allowance (P)	Full - time Workers (Both Sexes)	Allowance (P)	Full - time Workers (Both Sexes)	Allowance (P)	Full - time Workers (Both Sexes)
(7)	(8)	(9)	(10)	(11)	(12)
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	10	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	30
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	5
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	10	Sub-total	35

TOTAL (sum of cols. 8, 10 and 12)

45

Total of workers with allowances should not exceed the total of workers with basic pay.

A common error of establishments in filling out this portion of the questionnaire is repetitive entries similar to the example in Basic Pay.

Verify with the respondent if the entries in cols. 8, 10 and 12 refer to the same time-rate workers. If this is so, ask for the applicable time unit then line out neatly the irrelevant entries and adjust Total.

1.10.2.4. *Part C: Employment and Wage Rates of Time-Rate Workers on Full-Time Basis in Selected Occupations (Pages 6-9)*

To guide the respondent, the relevant **occupational sheet** has been enclosed in each questionnaire of the establishments engaged in the pre-determined industries. This sheet lists at most nine (9) occupations and corresponding to each is its 2002 Update PSOC code and a brief description of tasks/responsibilities.

**To illustrate:** If the PSIC code (as indicated in the address label) of a given establishment is D15930, the questionnaire assigned to it should have an occupational sheet with the caption “Manufacture of Food Products and Beverages (D15)”: The establishment should provide data on the basic pay, allowance and employment **only** for the occupations listed in this particular sheet in addition to the benchmark occupations mentioned in Section 1.4.1 of this Chapter. The occupations enumerated in this list are:

- Production Supervisors and General Foremen
- Food Technologists
- Chemical Engineering Technicians
- Quality Inspectors
- Production Clerks
- Food Processing and Related Trades Workers
- Food and Related Products Machine Operators

The compilation of all occupational sheets is found on the last part of this chapter. The occupations are grouped according to industrial classification for easy reference. This should be referred to during field operations and editing to ensure that the reported data refers to the covered occupations in the establishment. Further, it is for this reason that the enumerator should **validate the economic activity/confirm the industry** of the establishment during questionnaire delivery to ensure that the appropriate occupational sheet is given or if the establishment should not be provided one.

**An establishment whether given an occupational sheet or not should provide the required data for the two benchmark occupations, if existing in the establishment.**

An illustration in filling out Part C is shown on page 6 of the questionnaire.

Notes

<b>Occupation</b>		<p>The respondent should write the occupation title (as found in the occupational sheet) for which he/she is providing data.</p> <p>This space is reserved for BLES use.</p>
<b>PSOC 2002 Update</b>		
<b>1. Hiring/Entry Rate</b>		<p>This part should be accomplished for all the monitored occupations.</p>
a. Basic Pay		<p>Entry should refer to the basic pay applicable to new hires in the occupation. The corresponding time unit should be given by encircling H (hour), D (day) or M (month). The said basic pay should not be given in ranges.</p>
b. No allowances or With allowances		<p>There should be only one check mark. If “With allowances” is checked, the allowances applicable to new hires should be provided together with the corresponding time unit by encircling H (hour), D (day) or M (month). The said allowances should not be given in ranges.</p>
<b>2. Current Wage Rates</b>		
2a. Basic Pay		
Col. 1	Time Unit (H-Hour; D-Day; M-Month)	<p>Entry for each line could either be H (hour), D (day) or M (month). If there is an entry, there should be corresponding entries in cols. 2 and 3.</p>
Col. 2	Basic Pay per Worker	<p>Entry should refer to the <b>actual basic pay</b> corresponding to the reported time unit in col. 1. It should not be given in ranges nor the total/aggregate basic pay of all workers reported in the occupation. If there is an entry, there should be corresponding entries in cols. 1 and 3.</p> <p>In case range is provided because it would be tedious for the respondent to report the details (basic pay per worker varies by centavos only), ask the respondent to report instead the basic pay that is applicable to the majority of the workers in the occupation.</p>
Col. 3	Full-Time Workers (Both Sexes)	<p>Entry should refer to the number of full-time workers receiving the corresponding basic pay per reported time unit in col. 1. If there is an entry, there should be corresponding entries in cols. 1 and 2.</p>
	Total (Sum of col. 3)	<p>Entries in col. 3 should add up to the reported total. It should be <b>equal</b> to the total number of time-rate workers on full-time basis in the occupation reported in Item 2.</p>

2b. Allowances		
Col. 4	Time Unit (H-Hour; D-Day; M-Month)	Entry for each line could either be H (hour), D (day) or M (month). If there is an entry, there should be corresponding entries in cols. 5 and 6.
Col. 5	Allowances per Worker	Entry should refer to the <b>actual allowances</b> corresponding to the reported time unit in col. 4. It should not be given in ranges nor total/aggregate allowances of all workers in the occupation. If there is an entry, there should be corresponding entries in cols. 4 and 6.  In case range is provided because it would be tedious for the respondents to report the details (allowance per worker varies by centavos only), ask the respondent to report instead the allowance that is applicable to the majority of the workers in the occupation.
Col. 6	Full-Time Workers (Both Sexes)	Entry should refer to the number of full-time workers receiving the corresponding allowance per reported time unit in col. 4. If there is an entry, there should be corresponding entries in cols. 4 and 5.
	Total (Sum of col. 6)	Entries in col. 6 should add up to the reported total. It should be <b>less than or equal</b> to reported total in col. 3.
3. Time-Rate Workers on Full-time Basis		Entry should be the number of total full-time workers in the occupation referred to broken down by men and women.

Following are some errors commonly committed by the establishments in accomplishing Part C of the questionnaire.

Notes

1. Time unit is not consistent with the basic pay or allowances

Verify with respondent. It could be a typographical error. No one is paid this much on a daily basis.

Time Unit	Basic Pay Per Worker	Full-Time Workers (Both Sexes)
D	3,000.00	1

2. Extremely high values for basic pay (or allowances) for a given occupation like production clerk

Verify with the respondent if the given basic pay (or allowance) refers to one (1) worker or if it is the sum of the basic pay (or allowances) of the four (4) workers. If this is so, ask for the basic pay (or allowances) of each full-time worker.

Time Unit	Basic Pay Per Worker	Full-Time Workers (Both Sexes)
M	100,000	4

3. Basic pay (or allowance) ranges were provided instead of actual basic pay or allowance per worker

Persuade the respondent to provide the actual basic pay (or allowance) per worker. It would be difficult to compute the average wage rate of the occupation if ranges are given.

However, if it would be tedious for the respondent to report details, record the basic pay (or allowances) that is applicable to majority of workers in the occupation.

4. The word “minimum” is reported in Basic Pay-col. 2

Request the respondent for the actual basic pay. It would be difficult to compute the average wage rate if the response is not numerical.

5. In the case of teachers where “per load” is reported under time unit

Request the respondent to convert the load to a time unit, e.g. hourly and report the corresponding basic pay.

Non-cash allowances such as free meals, free board and lodging, rice subsidy, service charges are reported in Allowances -col. 5

Line out neatly the entire row. Allowances as required by the survey refer to guaranteed and regular **cash** payments.

To facilitate coordination in cases when some entries have to be verified with the establishment, the Enumerator should see to it that the required information on the respondent are fully provided. The respondent's signature in particular is important, as this means that the information provided by the establishment is official/approved for submission to BLES. (see section 3.8b of Chapter 3).

Information on time spent in answering the questionnaire as well as on their comments on the presentation and packaging of the questionnaire will provide inputs in questionnaire re-design for subsequent survey rounds. Comments on data provided for the 2008 OWS can facilitate processing of survey data while those on the results of previous survey would indicate the usefulness of the data generated by the OWS. Information on the participation of the respondent in other government surveys will help the Bureau monitor the burden of the respondent in answering the survey questionnaire.

Example:

Name/Signature of Contact Person in the Establishment:		Juan dela Cruz
Position: Human Resource Manager		Fax No.: 831-5645
Tel. No.: 831-5624		E-mail address: jdc@stc.com
Time spent in answering this questionnaire: <input type="checkbox"/> Less than a day <input type="checkbox"/> 1 - 2 days <input checked="" type="checkbox"/> More than 2 days, (specify) : <u>4 days</u>		
Comments:		
a. On data provided for the 2008 OWS: Not all workers given allowance.		
b. On the results of the 2006 OWS: Useful in wage-setting		
c. On Presentation/Packaging:		Suggestions for improvement:
Definition of terms	<input checked="" type="checkbox"/> Easy to understand <input type="checkbox"/> Vague	
Layout	<input checked="" type="checkbox"/> User-friendly <input type="checkbox"/> Not user-friendly	
Font, color	<input checked="" type="checkbox"/> Appealing <input type="checkbox"/> Not appealing	
Participation in Other Government Surveys:		
In 2006, have you been a recipient of a questionnaire in any of these surveys? Check as applicable.	<input checked="" type="checkbox"/> Annual Survey of Philippine Business and Industry, <i>National Statistics Office</i> <input type="checkbox"/> Quarterly Survey of Philippine Business and Industry, <i>National Statistics Office</i> <input checked="" type="checkbox"/> Labor Turnover Survey, <i>Bureau of Labor and Employment Statistics</i> <input type="checkbox"/> Others (specify) _____ _____	



In this portion, the Enumerator writes his/her name and the date when the questionnaire was retrieved or found to be a spoilage (see 3.5.6 of Chapter 3). The Area or Regional Supervisor only writes his/her name and date if the questionnaire is acceptable for processing or confirmed spoilage.

The dates are particularly important, as these would indicate the time it takes to retrieve or review the questionnaire---a measure of survey efficiency.

Example:

National Capital Region			
	Enumerator	Area Supervisor	Reviewer
Name	Edna Castro	Nancy Dimapilis	Kathrina Birad
Date	8/29/08	9/1/08	9/5/08

Outside National Capital Region				
	Enumerator	Area Supervisor	Regional Supervisor	BLES Reviewer
Name				
Date				

1.11. OWS Form 1 (Verification Form)

The Reviewer\* should accomplish OWS Form 1 (Verification Form) in duplicate, specifying the establishment's name, address, other particulars and details of entry/s for verification. The original copy should be stapled to the questionnaire and returned to:

In BLES:	i) Area Supervisor for NCR questionnaire	Concerned Supervisor should acknowledge receipt of questionnaire on the original copy of OWS Form 1 and the Reviewer's duplicate copy. He/she should return the questionnaire and original OWS Form 1 to the Enumerator and follow-up the retrieval of the questionnaire for verification.
	ii) Senior LEO for ONCR questionnaire	Senior LEO in-charge transmits questionnaire and OWS Form 1 to concerned Regional Supervisor for verification of concerned Enumerator. He/she should follow-up the retrieval of the questionnaire with the DOLE-RO.
The duplicate copy of OWS Form 1 shall be retained by the Reviewer to keep tab of the questionnaire for verification.		
In DOLE RO:	Concerned ONCR Enumerator for verification with the establishment.	
	The duplicate copy of OWS Form 1 shall be retained by the ONCR Supervisor to keep tab of the questionnaire for verification.	

\*In the DOLE-RO, the Supervisor may double up as Reviewer.

Once verification is completed, the verified questionnaire should be returned to:

*Notes*

- In BLES**

i) Area Supervisor for NCR questionnaire

Concerned Supervisor turns over questionnaire for second pass of concerned Reviewer. The Reviewer refers to the duplicate copy of the OWS Form 1 for guidance.
- ii) Senior LEO for ONCR questionnaire

BLES Senior LEO in-charge turns over questionnaire for second pass of concerned Reviewer. The Reviewer refers to the duplicate copy of the OWS Form 1 for guidance.
- In DOLE RO:**

Concerned ONCR Supervisor for review. He/She refers to the duplicate copy of the OWS Form 1 for guidance.

If the questionnaire is acceptable, the ONCR Supervisor/BLES Reviewer signs and writes the date when verification was accepted in the appropriate spaces of the duplicate copy of OWS Form 1.

The ONCR Supervisor/BLES Reviewer then encircles RET2 in status code portion of the questionnaire. He/She signs and writes the verification date on the appropriate spaces in the certification portion of the questionnaire. Supervisor and Enumerator also record RET2 and date verified (date of RET2) in their respective control lists.

**OWS FORM 1 (VERIFICATION FORM)**

<b>To Our Valued Respondents:</b> Thank you for accomplishing the 2008 OWS questionnaire. We, however, have some queries regarding the encircled entry/s in the attached questionnaire which need verification/clarification from you. To guide you, we are providing you this form which contains our observation/s for each of the encircled item/s. Should there be a need to revise said entry/s, kindly do so and affix your initial beside the new entry/s in the questionnaire.	
<b>EIN:</b> _____ <b>GEO:</b> _____ <b>PSIC:</b> _____ <b>ATE:</b> _____	<b>NAME OF ESTABLISHMENT:</b> _____ <b>FLOOR/BLDG.:</b> _____ <b>NO./STREET/SUBDIVISION:</b> _____ <b>BARANGAY/CITY/MUNICIIPALITY:</b> _____ <b>ZIP CODE/PROVINCE:</b> _____
<b>Part A: General Information</b>	
<b>1. MAIN ECONOMIC ACTIVITY/MAJOR PRODUCTS/ GOODS OR SERVICES</b>	
<input type="checkbox"/> No entry/inadequate description of main economic activity <input type="checkbox"/> No entry for major products/ goods or services	
<b>2. EMPLOYMENT</b> <input type="checkbox"/> No entries <input type="checkbox"/> Details do not add up to Total	
<b>Part B: Employment and Wage Rates of Time-Rate Workers On Full-Time Basis</b>	
<b>1. BASIC PAY</b>	<input type="checkbox"/> No entries <input type="checkbox"/> Repetitive entries <input type="checkbox"/> Details do not add up to respective sub-totals in: <input type="checkbox"/> Col. 2 <input type="checkbox"/> Col. 4 <input type="checkbox"/> Col. 6 <input type="checkbox"/> Sub-totals do not add up to Total ( <i>sum of cols. 2, 4 and 6</i> ) <input type="checkbox"/> Total ( <i>sum of cols. 2, 4 and 6</i> ) is greater than total employment in Part A.2
<b>2. ALLOWANCES</b>	<input type="checkbox"/> No entries <input type="checkbox"/> Repetitive entries <input type="checkbox"/> Details do not add up to respective sub-totals in: <input type="checkbox"/> Col. 8 <input type="checkbox"/> Col. 10 <input type="checkbox"/> Col. 12 <input type="checkbox"/> Sub-totals do not add up to Total ( <i>sum of cols. 8, 10 and 12</i> ) <input type="checkbox"/> Total ( <i>sum of cols. 8, 10 and 12</i> ) is greater than Total reported in Part B.1
<b>Part C: Employment and Wage Rates of Time-Rate Workers on Full-Time Basis in Selected Occupations</b>	
<b>1. FOR ESTABLISHMENTS IN PRE-SELECTED INDUSTRIES</b>	<input type="checkbox"/> No data provided ( <i>occupational sheet given is appropriate</i> ) <input type="checkbox"/> Change in industry classification discovered during review ( <i>provide appropriate occupational sheet</i> )
<b>2. OCCUPATION</b>	<input type="checkbox"/> No occupation titles <input type="checkbox"/> Occupations reported not consistent with those in occupational sheet <input type="checkbox"/> Consolidated data provided/not classified by occupation
<b>3. HIRING/ENTRY RATE</b>	<input type="checkbox"/> No entry in Basic Pay <input type="checkbox"/> Time unit and monetary value are not consistent <input type="checkbox"/> Basic Pay <input type="checkbox"/> Allowances <input type="checkbox"/> No check mark in Item b <input type="checkbox"/> With check mark in "With allowances" but no entry in "Allowances"
<b>4. CURRENT WAGE RATES</b>	<input type="checkbox"/> No entry/s in Col./s _____ <input type="checkbox"/> Time unit and monetary value are not consistent <input type="checkbox"/> Cols. 1 and 2 (Basic Pay) <input type="checkbox"/> Cols. 4 and 5 (Allowances) <input type="checkbox"/> Details in col. 3 do not add up to its reported total <input type="checkbox"/> Details in col. 6 do not add up to its reported total
<b>5. TIME-RATE WORKERS ON FULL-TIME BASIS (MEN + WOMEN = TOTAL)</b>	
<input type="checkbox"/> No entries <input type="checkbox"/> No breakdown <input type="checkbox"/> Breakdown does not add up to total	
<b>Received by Supervisor:</b>	<b>Verification Accepted by Reviewer:</b>
Signature: _____	Signature: _____
Date: _____	Date: _____

## INDUSTRIES WITH SELECTED OCCUPATIONS

Benchmark Occupations.....	i
Metallic Ore Mining (C10).....	ii
Non Metallic Mining and Quarrying (C11).....	iii
Manufacture of Food Products and Beverages (D15).....	iv
Manufacture of Textiles (D17).....	v
Manufacture of Wearing Apparel (D18).....	vi
Tanning and Dressing of Leather; Manufacture of Luggage, Handbags and Footwear (D19).....	vii
Manufacture of Wood, Wood Products and Cork, except Furniture (D201).....	viii
Manufacture of Paper and Paper Products (D21).....	ix
Publishing and Printing (D221/D222/D223).....	x
Manufacture of Coke, Refined Petroleum and Other Fuel Products (D23).....	xi
Manufacture of Chemicals and Chemical Products (D24).....	xii
Manufacture of Rubber Products (D251).....	xiii
Manufacture of Plastic Products (D252).....	xiv
Manufacture of Other Non-Metallic Products (D26).....	xv
Manufacture of Basic Metals (D27).....	xvi
Manufacture of Fabricated Metal Products, except Machinery and Equipment (D28)....	xvii
Manufacture of Machinery and Equipment, n.e.c. (D29).....	xviii
Manufacture of Electrical Machinery and Apparatus, n.e.c. (D31).....	xix
Manufacture of Radio, Television and Communication Equipment and Apparatus (D32).....	xx
Manufacture of Motor Vehicles, Trailers Semi-Trailers (D34).....	xxi
Building and Repairing of Ships and Boats (D351).....	xxii
Manufacture and Repair of Furniture (D36).....	xxiii
Electricity, Gas, Steam and Hot Water Supply (E40).....	xxiv
Collection, Purification and Distribution of Water (E41).....	xxv
Construction (F45).....	xxvi
Sale, Maintenance and Repair of Motor Vehicles and Motorcycles except Retail Sale of Automotive Fuel (G50 excl. G505).....	xxvii
Wholesale Trade and Commission Trade except of Motor Vehicles and Motorcycles (G51).....	xxviii
Retail Trade, except of Motor Vehicles and Motorcycles and Repair of Personal and Household Goods (G52 excl. G526).....	xxix
Hotels and Restaurants (H55).....	xxx
Bus Line Operation (I6011).....	xxxi
Other Land Transport except Bus Line Operation (I60 excl. I6011).....	xxxii
Water Transport (I61).....	xxxiii
Air Transport (I62).....	xxxiv
Supporting and Auxiliary Transport Activities; Activities of Travel Agencies (I63).....	xxxv
Postal and Telecommunications Services except National Postal Activities (I64 excl. I6411).....	xxxvi
Banking Institutions except Central Banking (J65 excl. J6510).....	xxxvii
Non-Bank Financial Intermediation (J66).....	xxxviii
Insurance and Pension Funding, except Compulsory Social Security (J67).....	xxxix
Computer and Related Activities (K72).....	xl
Accounting, Bookkeeping and Auditing Activities; Tax Consultancy (K7412).....	xli
Architectural, Engineering and Related Technical Consultancy (K7421).....	xlII
Call Center Activities (K74996).....	xlIII
Medical Transcription and Related Outsourcing Activities (K74997).....	xlIV
Private Education Services (M81).....	xlV
Private Medical, Dental and Other Health Services (N8512).....	xlVI
Animated Films and Cartoons Production (O92112) .....	xlVII

## BLES INTEGRATED SURVEY

For the fourth time, the Bureau of Labor and Employment Statistics is conducting the **BLES Integrated Survey** (BITS). Initially conducted in 2003, it is a nationwide survey of non-agricultural establishments that collects key information on labor and employment.

### 2.1. Survey Objectives and Uses of the Data

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 studies on industry trends and practices and serve as bases for the formulation of policies on employment, conditions of work and industrial relations. To some extent, the survey results will also be used to assess the progress of decent work in the country.

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 Quality Management System of the BLES.

### 2.2. Collection Authority

The conduct of the BITS is under the authority of Executive Order No. 126 dated January 30, 1987, creating and mandating the BLES, 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.

### 2.3. Confidentiality of Information

The BLES and its field personnel shall hold all survey data supplied by the establishments in confidence. The information obtained from each respondent shall be for statistical purposes only and not for taxation, regulation nor investigation purposes. The data shall be processed with others of the same category and shall be disseminated in summary forms or statistical tables so as not to reveal the identity of any respondent-establishment.

2.4. Scope and Coverage

Notes

The BITS covers all establishments in 65 non-agricultural industries with an average total employment of at least 20 persons, as follows:

	1994 PSIC (as amended)	Description
	<b>C</b>	<b>MINING AND QUARRYING</b>
1.	C10	Metallic Ore Mining
2.	C11	Non-Metallic Mining and Quarrying
	<b>D</b>	<b>MANUFACTURING</b>
3.	D15 excl. D155	Manufacture of Food Products except Beverages
4.	D155	Manufacture of Beverages
5.	D16	Manufacture of Tobacco Products
6.	D17	Manufacture of Textiles
7.	D18	Manufacture of Wearing Apparel
8.	D191	Tanning and Dressing of Leather; Manufacture of Luggage and Handbags
9.	D192	Manufacture of Footwear
10.	D201	Manufacture of Wood and Wood Products except Furniture
11.	D202	Manufacture of Products of Bamboo, Cane, Rattan and the Like, and Plaiting Materials except Furniture
12.	D21	Manufacture of Paper and Paper Products
13.	D22	Publishing, Printing and Reproduction of Recorded Media
14.	D23	Manufacture of Coke, Refined Petroleum and Other Fuel Products
15.	D24	Manufacture of Chemicals and Chemical Products
16.	D251	Manufacture of Rubber Products
17.	D252	Manufacture of Plastic Products
18.	D261	Manufacture of Glass and Glass Products
19.	D262	Manufacture of Cement
20.	D269	Manufacture of Non-Metallic Mineral Products, n.e.c.

1994 PSIC (as amended)		Description	Notes
	<b>D</b>	<b>MANUFACTURING</b> (cont'd)	
21.	D27	Manufacture of Basic Metals	
22.	D28	Manufacture of Fabricated Metal Products, Except Machinery and Equipment	
23.	D29	Manufacture of Machinery and Equipment, n.e.c.	
24.	D30	Manufacture of Office, Accounting and Computing Machinery	
25.	D31	Manufacture of Electrical Machinery and Apparatus, n.e.c.	
26.	D32	Manufacture of Radio, Television and Communication Equipment and Apparatus	
27.	D33	Manufacture of Medical, Precision and Optical Instruments, Watches and Clocks	
28.	D34	Manufacture of Motor Vehicles, Trailers and Semi-Trailers	
29.	D35 excl. D351	Manufacture of Other Transport Equipment except Building and Repairing of Ships and Boats	
30.	D351	Building and Repairing of Ships and Boats	
31.	D36	Manufacture and Repair of Furniture	
32.	D37	Recycling	
33.	D39	Manufacturing, n.e.c.	
	<b>E</b>	<b>ELECTRICITY, GAS AND WATER SUPPLY</b>	
34.	E40	Electricity, Gas, Steam and Hot Water Supply	
35.	E41	Collection, Purification and Distribution of Water	
36.	<b>F45</b>	<b>CONSTRUCTION</b>	
	<b>G</b>	<b>WHOLESALE AND RETAIL TRADE; REPAIR OF MOTOR VEHICLES, MOTORCYCLES AND PERSONAL AND HOUSEHOLD GOODS</b>	
37.	G50	Sale, Maintenance and Repair of Motor Vehicles and Motorcycles, Retail Sale of Automotive Fuel	
38.	G51	Wholesale Trade and Commission Trade, Except of Motor Vehicles and Motorcycles	
39.	G52	Retail Trade, Except of Motor Vehicles and Motorcycles and Repair of Personal and Household Goods	

	<b>1994 PSIC (as amended)</b>	<b>Description</b>	<i>Notes</i>
40.	<b>H55</b>	<b>HOTELS AND RESTAURANTS</b>	
	<b>I</b>	<b>TRANSPORT, STORAGE AND COMMUNICATION</b>	
41.	I60 excl. I6011	Other Land Transport except Bus Line Operation	
42.	I6011	Bus Line Operation	
43.	I61	Water Transport	
44.	I62	Air Transport	
45.	I63	Supporting and Auxiliary Transport Activities; Activities of Travel Agencies	
46.	I64 excl. I6411	Postal and Telecommunications Services except National Postal Activities	
	<b>J</b>	<b>FINANCIAL INTERMEDIATION</b>	
47.	J65 excl. J6510	Banking Institutions Except Central Banking	
48.	J66	Non-Bank Financial Intermediation	
49.	J67	Insurance and Pension Funding except Compulsory Social Security	
50.	J68	Activities Auxiliary to Financial Intermediation	
	<b>K</b>	<b>REAL ESTATE, RENTING AND BUSINESS ACTIVITIES</b>	
51.	K70	Real Estate Activities	
52.	K71	Renting of Machinery and Equipment Without Operator, Personal and Household Goods	
53.	K72	Computer and Related Activities	
54.	K73	Research and Development	
55.	K74 excl. K7412, K7421, K74996 and K74997	Miscellaneous Business Activities	
56.	K7412	Accounting, Bookkeeping and Auditing Activities; Tax Consultancy	
57.	K7421	Architectural, Engineering and Related Technical Consultancy	
58.	K74996	Call Center Activities	
59.	K74997	Medical Transcription and Related Outsourcing Activities	
60.	<b>M81</b>	<b>PRIVATE EDUCATION SERVICES</b>	



	<b>1994 PSIC (as amended)</b>	<b>Description</b>	<i>Notes</i>
61.	<b>N85 excl. N8511</b>	<b>HEALTH AND SOCIAL WORK EXCEPT PUBLIC MEDICAL, DENTAL AND OTHER HEALTH ACTIVITIES</b>	
	<b>O</b>	<b>OTHER COMMUNITY, SOCIAL AND PERSONAL SERVICE ACTIVITIES</b>	
62.	O90	Sewage and Refuse Disposal, Sanitation and Similar Activities	
63.	O92 excl. O92112	Recreational, Cultural and Sporting Activities except Animated Films and Cartoons Production	
64.	O92112	Animated Films and Cartoons Production	
65.	O93	Other Service Activities	

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

	<b>1994 PSIC (as amended)</b>	<b>Description</b>	
	A01-A05	Agriculture, Hunting and Forestry	
	B06	Fishing	
	I6411	National Postal Activities	
	J6510	Central Banking	
	L75	Public Administration and Defense and Compulsory Social Security (e.g. DOLE, PNP, SSS, GSIS)	
	M80	Public Education Services	
	N8511	Public Medical, Dental and Other Health Activities	
	O91	Activities of Membership Organizations, n.e.c. (e.g. ECOP, TUCP)	
	Q99	Extra-Territorial Organizations and Bodies (e.g. ILO, UNDP)	

## 2.5. Survey Design

*Notes*

The BITS is a sample survey of non-agricultural establishments employing 20 persons or more

### 2.5.1. Statistical Unit

The establishment is the statistical or enumeration unit. Each unit is classified in an industry that reflects its main economic activity--the activity that contributes the biggest or major portion of the gross income or revenues of the establishment.

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

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

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

### 2.5.2. Sampling Frame

The 2008 BLES Survey Sampling Frame (SSF2008) is an integrated list of establishments culled from the 2006 List of Establishments of the National Statistics Office; and updated 2006 BLES Sampling Frame based on the status of establishments reported in the 2006 BLES Integrated Survey (BITS) and 2006 Occupational Wages Survey. Lists of Establishments from the Department of Trade and Industry (DTI) and Philippine Chamber of Commerce and Industries (PCCI) were also considered in preparing the 2008 frame.

### 2.5.3. Stratification Scheme

Establishments in the sampling frame were stratified by 3-digit industry (domain) and by employment size (stratum), i.e. 20-99, 100-199 and 200 and over. However, industries observed to be heterogeneous within their 3-digit classification were further broken down at the 4, 5 or 6-digit levels. Geographical location was not considered in the stratification to allow for detailed industry groupings.

### 2.5.4. Sample Size Determination

In designing the survey, the margin of error ( $e$ ) was fixed at 5%. The level of significance or the probability that the estimated total number of employed persons ( $y$ ) is within 5% of the population total ( $Y$ ) was specified as 95%, that is, setting  $\alpha = 0.05$ . This means that the probability that the estimated total number of employed persons will differ from the true number of employed persons is 5%. The desired precision for this survey can be

expressed as follows:

$$\begin{aligned}P(|y - Y| \leq e) &= 1 - \alpha \\P(|y - Y| \leq 0.05) &= 1 - 0.05, \\P(|y - Y| \leq 0.05) &= 0.95\end{aligned}$$

To compute for the sample size,  $n$ , a targeted coefficient of variation (CV) of 2.5% was used, that is,

$$\begin{aligned}n &= \frac{z_{\alpha/2}^2 CV^2}{e^2 + \frac{z_{\alpha/2}^2 CV^2}{N}} = \frac{1.96^2 (2.5)^2}{0.05^2 + \frac{1.96^2 (2.5)^2}{32,028}} \\&= \frac{24.01}{0.0025 + \frac{24.01}{32,028}} = 7,388.4731 \\n &\approx 7,388\end{aligned}$$

Sixty five (65) industry groups were considered as domains; this number is the union of industry groups covered by the Occupational Wages Survey and the BLES Integrated Survey. These surveys have common sample establishments beginning 2006 survey operations because of budgetary constraints and to facilitate delivery of questionnaires and data collection.

To ensure the precision of estimates in each domain, the initial sample size was allocated in each domain using the Kish's allocation formula defined below:

$$n_h = n \left( \frac{\sqrt{\frac{1}{L^2} + IW_h^2}}{\sum_{h=1}^L \sqrt{\frac{1}{L^2} + IW_h^2}} \right)$$

where

- $n_h$  - sample size in the industry  $h$
- $n$  - initial sample size (7,388)
- $L$  - total number of domains
- $I$  - set at 0.5 to allow approximately equal allocation for each domain
- $W_h$  - population weight which is equal to  $\frac{N_h}{N}$

After allocating the initial sample size (7,388) to the domains, the sample size in each domain was adjusted to accommodate an expected 5% proportion of ineligible samples. These adjusted sample sizes were then allocated to the different strata (employment sizes: 20-99, 100-199 and 200 and over) proportional to the total employment in each size. This was done to utilize the employment distribution because large establishments represents 55.1% of national employment despite that these establishments comprise only 8.9 % of the national establishment population. However, establishments in some industries were sampled with certainty because of their relatively few numbers. Also, a minimum of 10 samples in the cells (industry and employment size) was maintained to accommodate expected non-responses.

Thus, the final sample size is 6,460 (see Table 1).

## 2.6. Estimation Procedures

*Notes*

Estimates are obtained by simple expansion, i.e. by multiplying the sample values at the cell level (industry and employment size: 20-99 workers, 100-199 workers and 200 or more) by the corresponding blowing-up factor which is the ratio of the eligible (retrieved, refused, for verification, temporarily closed, on strike, unaccounted/no response) population of establishments to the number of responding establishments. This weighing procedure takes non-response into account.

The estimates are aggregated to the desired levels to arrive at total estimates of the population, e.g. number of minimum wage earners or number of establishments with unions. A population ratio is obtained by dividing total estimate of a variable with the total estimate of another variable, e.g. total lost workdays of cases resulting to temporary incapacity divided by corresponding number of cases to derive average days lost.

A 95% level of reliability of survey estimates at the national level is desired. It is to be assessed through CVs of population totals (employment, labor relations, occupational injuries) and population ratios (frequency/incidence/severity rates and average days lost of occupational injuries, annual average labor cost per employee).

TABLE 1 - Distribution of Establishment Population (N) and Sample Establishments (n) for 2007/2008 BITS									
by Industry Group and Employment Size, Philippines									
1994 PSIC (as amended)	Industry Group	Total		20-99		100-199		200 & Over	
		N	n	N	n	N	n	N	n
	<b>ALL INDUSTRIES</b>	<b>32,028</b>	<b>6,460</b>	<b>25,795</b>	<b>2,824</b>	<b>3,372</b>	<b>1,223</b>	<b>2,861</b>	<b>2,413</b>
C10	Metallic Ore Mining	38	38	20	20	7	7	11	11
C11	Non-Metallic Mining and Quarrying	36	36	29	29	6	6	1	1
D15 excl D155	Mfg of Food Products except Beverages	1,470	207	1,122	54	172	27	176	126
D155	Mfg of Beverages	156	88	82	14	45	45	29	29
D16	Mfg of Tobacco Products	20	20	6	6	4	4	10	10
D17	Mfg of Textiles	346	90	251	33	63	25	32	32
D18	Mfg of Wearing Apparel	975	154	660	24	139	16	176	114
D191	Tanning and Dressing of Leather; Mfg of Luggage and Handbags	68	68	55	55	3	3	10	10
D192	Mfg of Footwear	155	68	128	41	18	18	9	9
D201	Mfg of Wood and Wood Products except Furniture	209	60	162	22	19	10	28	28
D202	Mfg of Products of Bamboo, Cane, Rattan and the Like, and Plaiting Materials except Furniture	43	43	40	40	2	2	1	1
D21	Mfg of Paper and Paper Products	237	86	155	31	55	28	27	27
D22	Publishing, Printing and Reproduction of Recorded Media	480	102	424	63	34	17	22	22
D23	Mfg of Coke, Refined Petroleum and Other Fuel Products	18	18	10	10	3	3	5	5
D24	Mfg of Chemicals and Chemical Products	548	114	409	34	84	25	55	55
D251	Mfg of Rubber Products	109	62	80	33	24	24	5	5
D252	Mfg of Plastic Products	450	115	309	34	85	25	56	56
D261	Mfg of Glass and Glass Products	62	62	38	38	10	10	14	14
D262	Mfg of Cement	30	30	13	13	4	4	13	13
D269	Mfg of Non-Metallic Mineral Products, n.e.c.	237	85	188	46	33	23	16	16
D27	Mfg of Basic Metals	298	88	220	37	52	25	26	26
D28	Mfg of Fabricated Metal Products except Machinery and Equipment	501	103	401	43	60	20	40	40
D29	Mfg of Machinery and Equipment, n.e.c.	365	74	288	31	54	20	23	23
D30	Mfg of Office, Accounting and Computing Machinery	51	51	12	12	15	15	24	24
D31	Mfg of Electrical Machinery and Apparatus, n.e.c.	208	63	118	10	48	11	42	42
D32	Mfg of Radio, TV and Communication Equipment and Apparatus	240	113	73	10	43	10	124	93
D33	Mfg of Medical, Precision and Optical Instruments, Watches and Clocks	68	68	26	26	15	15	27	27
D34	Mfg of Motor Vehicles, Trailers and Semi-Trailers	148	57	92	16	28	13	28	28
D35 excl D351	Mfg of Other Transport Equipment except Building and Repairing of Ships and Boats	34	34	20	20	5	5	9	9
D351	Building and Repairing of Ships and Boats	44	44	31	31	5	5	8	8
D36	Mfg and Repair of Furniture	407	91	303	32	66	21	38	38
D37	Recycling	18	18	14	14	3	3	1	1
D39	Manufacturing n.e.c	197	72	136	24	38	25	23	23
E40	Electricity, Gas, Steam and Hot Water	375	105	206	16	85	21	84	68
E41	Collection, Purification and Distribution of Water	232	73	184	33	33	25	15	15
F45	Construction	909	148	699	38	111	22	99	88

TABLE 1 - Distribution of Establishment Population (N) and Sample Establishments (n) for 2007/2008 BITS									
by Industry Group and Employment Size, Philippines (cont'd)									
1994 PSIC (as amended)	Industry Group	Total		20-99		100-199		200 & Over	
		N	n	N	n	N	n	N	n
G50	Sale, Maintenance and Repair of Motor Vehicles and Motorcycles, Retail Sale of Automotive Fuel	1,250	176	1,184	138	54	26	12	12
G51	Wholesale Trade and Commission Trade, except of Motor Vehicles and Motorcycles	2,129	269	1,888	130	174	72	67	67
G52	Retail Trade, except of Motor Vehicles and Motorcycles and Repair of Personal and Household Goods	3,946	525	3,472	242	262	71	212	212
H55	Hotels and Restaurants	3,954	491	3,737	374	151	51	66	66
I60 excl I6011	Other Land Transport except Bus Line Operation	346	77	300	46	32	17	14	14
I6011	Bus Line Operation	170	62	108	16	28	12	34	34
I61	Water Transport	154	58	115	27	20	12	19	19
I62	Air Transport	16	16	10	10	1	1	5	5
I63	Supporting and Auxiliary Transport Activities; Activities of Travel Agencies	790	145	655	52	75	33	60	60
I64 excl I6411	Postal and Telecommunications Services except National Postal Activities	363	72	288	25	41	13	34	34
J65 excl J6510	Banking Institutions except Central Banking	693	96	595	28	40	10	58	58
J66	Non-Bank Financial Intermediation	463	91	409	55	32	14	22	22
J67	Insurance and Pension Funding except Compulsory Social Security	142	73	93	31	25	18	24	24
J68	Activities Auxiliary to Financial Intermediation	132	57	102	27	16	16	14	14
K70	Real Estate Activities	350	105	297	52	43	43	10	10
K71	Renting of Machinery and Equipment without Operator, Personal and Household Goods	65	65	57	57	3	3	5	5
K72	Computer and Related Activities	335	87	231	23	57	17	47	47
K73	Research and Development	31	31	18	18	4	4	9	9
K74 excl K7412/ K7421/K74996/ K74997	Miscellaneous Business Activities	1,980	274	1,273	45	308	37	399	192
K7412	Accounting, Bookkeeping and Auditing Activities; Tax Consultancy	48	21	39	12	2	2	7	7
K7421	Architectural, Engineering and Related Technical Consultancy	167	60	136	32	20	17	11	11
K74996	Call Center Activities	164	86	33	10	65	10	66	66
K74997	Medical Transcription and Related Outsourcing Activities	26	26	20	20	3	3	3	3
M81	Private Education Services	2,828	375	2,360	154	257	70	211	151
N85 excl N8511	Health and Social Work except Public Medical, Dental and Other Health Activities	743	135	546	36	113	26	84	73
O90	Sewage and Refuse Disposal, Sanitation and Similar Activities	11	11	9	9	-	-	2	2
O92 excl O92112	Recreational, Cultural & Sporting Activities	590	110	496	44	43	15	51	51
O92112	Animated Films and Cartoons Production	30	30	6	6	23	23	1	1
O93	Other Service Activities	330	88	314	72	9	9	7	7

## 2.7. BLES Integrated Survey (BITS) Questionnaire

The survey questionnaire has been designed to capture the key data requirements on labor statistics from establishments that used to be collected in previous surveys of the BLES.

### 2.7.1. Cover Page (Page 1)

This contains the address box, contact particulars for assistance, spaces for changes in the name and location of sample establishment and for head office information in case the questionnaire is endorsed to it and status codes of the establishment to be accomplished by BLES and its field personnel.

### 2.7.2. Survey Information (Page 2)

This contains the survey objectives and uses of the data, confidentiality clause, collection authority, authorized field personnel, coverage, reference periods, due date for accomplishment and expected date when the results of the 2007/2008 BITS would be available.

### 2.7.3. Part I: General Information (Page 3)

This portion inquires on:

- main economic activity
- major products/goods or services
- establishment characteristics as to ownership
- unionism and membership, and existence and coverage of collective bargaining agreement/s
- participation in global production network
- type of market for business process outsourcing

The definitions of terms used for this section are found at the bottom of page 3.

### 2.7.4. Part II: Employment (Pages 4 -5)

This section requires data on total employment and its breakdown into working owners, unpaid workers and employees (managers/executives, supervisors/foremen and rank and file: regular and non-regular workers). It also looks into the employment of specific groups of workers, number of agency-hired workers and the types of jobs contracted out.

The definitions of terms used for this section are found at the right side of page 4 and in subsequent pages.

### 2.7.5. Part III: Occupational Shortages and Surpluses (Pages 6-7)

This portion inquires on the number of job vacancies, hard-to-fill occupations, difficulties encountered in recruitment, requirements in filling-up of job vacancies, vacant positions that are easy to fill, methods adapted in filling-up of vacancy, total recruitment cost and methods used in rating the applicants in terms of acquired traits.

#### 2.7.6. *Part IV: Safety and Health Practices (Pages 8-11)*

#### *Notes*

This part inquires on the safety and health practices 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, occupational health programs/services, preventive and control measures, trainings and seminars.

#### 2.7.7. *Part V: Occupational Injuries and Diseases (Pages 12-15)*

This inquires on the incidence of occupational accidents, cases of occupational injuries and lost workdays by incapacity for work (fatal, permanent, temporary), cases without lost workdays, cases of occupational diseases, incidence of commuting accidents, workers injured and hours actually worked by all employed persons. It also inquires on the classifications (type, part of body injured, cause and agent) of the occupational injury cases.

The definitions of terms used for this section are found after the items of inquiry on type of cases of occupational injuries on page 12 and incorporated in the items of inquiry on cases of occupational diseases on page 14. The components and the descriptions of the classifications of an occupational injury are found after the items of inquiry of each classification on pages 12-14. The definitions of commuting accident and hours actually worked and the instructions on how to estimate total hours actually worked of all employed persons are found after each item of inquiry on pages 14-15, respectively. An example on how to compute average employment for the year required in item 9 of the inquiry on hours actually worked is illustrated on page 15.

#### 2.7.8. *Part VI: Labor Cost of Employees (Pages 16-17)*

This section requires data on the reference period if other than the calendar year, labor cost by component and sub-components, hours actually worked by all employees (including instructions on how to estimate) and the percent share of labor cost to total cost.

The definitions of terms used for this section are found at the right side of each page.

#### 2.7.9. *Part VII: Certification (Page 18)*

This portion is provided for the respondent's name/signature, position, telephone no., fax no. and e-mail address and time spent in answering the questionnaire.

Appropriate spaces are also provided to elicit comments on:

- data provided for the 2007/2008 BITS questionnaire
- statistics from previous BITS
- presentation/packaging, particularly on the definition of terms, layout, font and color.



This portion is for the particulars of the enumerators and area/regional supervisors and reviewers at the BLES and DOLE Regional Offices involved in the data collection and review of questionnaire entries.

## 2.7.11. Results of the previous BITS (Page 19-20)

The results/statistics of the previous BITS are for information of the establishment. More of the results can be obtained from the BLES Website at <http://www.bles.dole.gov.ph>.

**2.8. Output Tables to be Generated**

The following information can be made available from the survey.

**A. Establishment Profile**

1. Non-Agricultural Establishments with 20 or More Workers by Employment Size, Industry Group and Establishment Characteristics, Philippines: June 2008  
*where employment size refers to: 20-99; 100-199 and 200 and over; where establishment characteristics refer to:*
  - 1.1. type of ownership (wholly Filipino, with foreign equity, wholly foreign)
  - 1.2. with union (with CBA, without CBA); without union
  - 1.3. share of CBA coverage and union membership to paid employees
  - 1.4. union membership by sex
  - 1.5. type of bargaining unit
  - 1.6. union officers by sex
  - 1.7. participants in global production network
  - 1.8. type of market for business process outsourcing

**B. Employment**

1. Total Employment in Non-Agricultural Establishments by Employment Size and Industry Group, by Position, Philippines: June 2008  
*where position refers to working owners, unpaid workers, employees (managers/executives, supervisors/foremen, rank and file: regular, non-regular workers)*
2. Total Employment in Non-Agricultural Establishments by Employee Category, Employment Size and Industry Group, Philippines: June 2008  
*where employee category refers to:*
  - 2.1. young workers
  - 2.2. male, female employees
  - 2.3. workers paid the minimum wage
  - 2.4. persons with disabilities
  - 2.5. time-rate workers: full-time (hourly, daily monthly), part-time
  - 2.6. commission workers (with basic pay and commission, purely on commission with employer control and supervision, purely on commission without employer control)
  - 2.7. Expatriate workers
  - 2.8. non-regular workers (probationary, casual, contractual/project-based, seasonal, apprentices/learners)
  - 2.9. agency hired workers

3. Total Number of Non-Agricultural Establishments Engaged in Sub-contracting by Types of Jobs Contracted Out, Employment Size and Industry Group, Philippines: June 2008

### **C. Occupational Shortages and Surpluses**

1. Number of vacancies in Non-Agricultural Establishments Employing 20 and over by Employment Size and Industry Group, Philippines: June 2008
2. Hard-to-fill occupations in Non-Agricultural Establishments Employing 20 and over by Industry Group, Philippines: June 2008
3. Vacant positions that are easy to fill in Non-Agricultural Establishments Employing 20 and over by Industry Group, Philippines: June 2008
4. Total Recruitment cost in Non-Agricultural Establishments Employing 20 and over by Employment Size and Industry Group, Philippines: June 2008
5. Methods used in filling-up of vacancy in Non-Agricultural Establishments Employing 20 and over by Employment Size and Industry Group, Philippines: June 2008

### **D. Safety and Health Practices**

*Note: Statistical tables will also be prepared to show disaggregations by establishment characteristics, e.g. ownership, unionized or with CBA*

1. Non-Agricultural Establishments Employing 20 or More Workers by Safety and Health Facilities Available in the Establishment, Employment Size and Industry Group, Philippines: June 2008
2. Non-Agricultural Establishments Employing 20 or More Workers by Reason for Non-Provision of Some Safety and Health Facilities, Employment Size and Industry Group, Philippines: June 2008
3. Non-Agricultural Establishments Employing 20 or More Workers by Health Programs/Services Implemented, Employment Size and Industry Group, Philippines: June 2008
4. Non-Agricultural Establishments Employing 20 or More Workers by Preventive and Control Measures Implemented, Employment Size and Industry Group, Philippines: June 2008

5. Non-Agricultural Establishments Employing 20 or More Workers by Type of OSH Trainings/Seminars Provided to Employees, Employment Size and Industry Group, Philippines: June 2008
6. Non-Agricultural Establishments Employing 20 or More Workers That Avail Services/Assistance in the Conduct of Trainings/Seminars by Agency, Employment Size and Industry Group, Philippines: June 2008
7. Non-Agricultural Establishments Employing 20 or More Workers by Person Responsible in the Overall Implementation/Monitoring of Safety and Health Practices in the Workplace, Employment Size and Industry Group, Philippines: June 2008
8. Non-Agricultural Establishments Employing 20 or More Workers by Health Personnel Who Administers Medical Service to Employees, Employment Size and Industry Group, Philippines: June 2008
9. Non-Agricultural Establishments Employing 20 or More Workers With OSH Records of Employees by Type of Records Kept, Employment Size and Industry Group, Philippines: June 2008
10. Non-Agricultural Establishments Employing 20 or More Workers by Method Used in Communicating Safety and Health Practices in the Workplace, Employment Size and Industry Group, Philippines: June 2008
11. Non-Agricultural Establishments Employing 20 or More Workers Which Conducts Consultation With Employee Representatives or Union Officers on Matters Concerning Occupational Health and Safety by Frequency of Consultation, Employment Size and Industry Group, Philippines: June 2008
12. Non-Agricultural Establishments Employing 20 or More Workers With ISO Certification by Type of ISO Certification, Employment Size and Industry Group, Philippines: June 2008

#### **E. Occupational Injuries and Diseases**

1. Non-Agricultural Establishments Employing 20 or More Workers With or Without Occupational Accidents, Number of Occupational Accidents and Establishments by Industry Group and Incapacity for Work, Philippines: 2007
2. Cases of Occupational Injuries in Non-Agricultural Establishments Employing 20 or More Workers by Employment Size, Industry Group and Incapacity for Work, Philippines: 2007
3. Workdays Lost of Cases of Occupational Injuries in Non-Agricultural Establishments Employing 20 or More Workers by Industry Group and Incapacity for Work, Philippines: 2007

4. Total Employment, Hours Actually Worked and Annual Average Hours Worked per Worker in Non-Agricultural Establishments Employing 20 or More Workers by Industry Group, Philippines: 2007
5. Cases of Occupational Injuries With and Without Workdays Lost in Non-Agricultural Establishments Employing 20 or More Workers by Industry Group and Type of Injury and by Incapacity for Work, Philippines: 2007
6. Cases of Occupational Injuries with Workdays Lost in Non-Agricultural Establishments Employing 20 or More Workers by Industry Group and Type of Injury, Philippines: 2007
7. Cases of Occupational Injuries With and Without Workdays Lost in Non-Agricultural Establishments Employing 20 or More Workers by Industry Group, Part of the Body Injured and Incapacity for Work, Philippines: 2007
8. Cases of Occupational Injuries with Workdays Lost in Non-Agricultural Establishments Employing 20 or More Workers by Industry Group and Part of the Body Injured, Philippines: 2007
9. Cases of Occupational Injuries With and Without Workdays Lost in Non-Agricultural Establishments Employing 20 or More Workers by Industry Group, Cause of Injury and Incapacity for Work, Philippines: 2007
10. Cases of Occupational Injuries with Workdays Lost in Non-Agricultural Establishments Employing 20 or More Workers by Industry Group and Cause of Injury, Philippines: 2007
11. Cases of Occupational Injuries With and Without Workdays Lost in Non-Agricultural Establishments Employing 20 or More Workers by Industry Group, Agent of Injury and Incapacity for Work, Philippines: 2007
12. Cases of Occupational Injuries with Workdays Lost in Non-Agricultural Establishments Employing 20 or More Workers by Industry Group and Agent of Injury, Philippines: 2007
13. Cases of Occupational Diseases in Non-Agricultural Establishments Employing 20 or More Workers by Industry Group and Type of Disease, Philippines: 2007
14. Non-Agricultural Establishments Employing 20 or More Workers With or Without Commuting Accidents, Number of Commuting Accidents and Number of Workers Injured by Industry Group, Philippines: 2007

## **F. Labor Cost of Employees**

1. Annual Labor Cost, Number of Employees and Hours Actually Worked in Non-Agricultural Establishments Employing 20 and Over by Industry Group and Major Cost Component, Philippines: 2007
2. Annual Direct Wages and Salaries in Non-Agricultural Establishments Employing 20 and Over by Industry Group and Sub-Cost Component, Philippines: 2007

3. Annual Bonuses and Gratuities in Non-Agricultural Establishments Employing 20 and Over by Industry Group and Sub-Cost Component, Philippines: 2007
4. Annual Cost of Workers' Housing Shouldered by Employer in Non-Agricultural Establishments Employing 20 and Over by Industry Group and Sub-Cost Component, Philippines: 2007
5. Annual Employer's Social Security Expenditures in Non-Agricultural Establishments Employing 20 and Over by Industry Group and Sub-Cost Component, Philippines: 2007
6. Annual Other Labor Costs in Non-Agricultural Establishments Employing 20 and Over by Industry Group and Sub-Cost Component, Philippines: 2007
7. Distribution of Non-Agricultural Establishments Employing 20 and Over by Share of Labor Cost to Total Cost, Philippines: 2007 (Total)
8. Distribution of Non-Agricultural Establishments Employing 21 – 99 Workers by Share of Labor Cost to Total Cost, Philippines: 2007
9. Distribution of Non-Agricultural Establishments Employing 100 – 199 Workers by Share of Labor Cost to Total Cost, Philippines: 2007
10. Distribution of Non-Agricultural Establishments Employing 200 and Over by Share of Labor Cost to Total Cost, Philippines: 2007

## 2.9. Periodicity and Reference Periods

The BITS is conducted every two years with the inquiry on employment and occupational injuries and diseases as regular features of the survey. The inquiry on labor cost of employees is included every six years. The section on industrial relations practices adopts a modular approach such that topics vary every survey round.

For this round, the reference periods are:

- Part I: General Information---June 30, 2008
- Part II: Employment---June 30, 2008
- Part III: Occupational Shortages and Surpluses---January 2007 to  
June 30, 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

## 2.10. Editing Guidelines

Completeness, consistency and authenticity of survey data are requisites to ensure processing of correct information. With this in mind, these editing guidelines have been prepared to help Enumerators, Supervisors and Reviewers detect and correct errors in the accomplished questionnaires.

### 2.10.1. General Instructions

*Notes*

- a. Any attachments by the establishment should be stapled on the relevant page of the questionnaire. The corresponding **EIN** (see section 3.5.2 of Chapter 3) should be written on the upper right corner of each page of the attachment.
- b. The **comments** of the respondent on p.12 of the questionnaire should be read as these may provide explanations relevant to the accomplished questionnaire.
- c. Use **red** ballpoint in editing.

The Enumerator should **verify** with the establishment any reported data in the questionnaire that does not pass the editing guidelines.

If during the questionnaire review by the Supervisor/Reviewer, **inconsistent** entries are still noted, these should be encircled and the questionnaire should be returned to the concerned Enumerator for verification together with the accomplished OWS Form 1 (Verification Form).

Likewise, inconsistent entries in the accomplished questionnaires from the Regional Offices should also be encircled by BLES Reviewers and the questionnaires should be returned to the concerned Regional Supervisors for verification together with the accomplished applicable BITS Form 1 (Verification Form).

- d. Entries by the respondent that need to be revised should not be erased or obliterated. The original entry should be **lined out** neatly. The correct/new entry should be legibly written close to the crossed out entry.
- e. Where there are no numeric values to report, entry should be '0'.
- f. Where details are provided, these should **add up** to respective totals.
- g. Where entries refer to unclassified categories i.e. Others (specify), description of the entry should be provided.
- h. If problems arise, the Enumerator should **consult** his/her Area Supervisor while the latter his/her Regional Supervisor.

### 2.10.2. Specific Instructions

#### 2.10.2.1. Cover Page (Page 1)

If there are any **changes in the name (trade/patented) and address** of the sample establishment, the Enumerator should fill out the space/s right after the label as specified. **He/she should not write on the pre-addressed label.** If the questionnaire is to be accomplished by the **head office**, the Enumerator should likewise fill out the allocated spaces as specified.

If the business name or that as registered with DTI, SEC or local government is given, it should **not** be considered as a change in name. Example, if the name of establishment in the pre-addressed label is 'Castillan Restaurant', there is no change in name if the franchise holder/business name is say, 'Castillan Food Industries'. *(Note: Survey Trainer should make this distinction clear to avoid changing of names from trade name to business name or from business name to trade name)*

*of the same establishment in the survey sampling frame.)*

## *Notes*

At the bottom of the page are codes (see section 3.5.6 of Chapter 3) that will reflect the status of the questionnaire. The field personnel should accomplish only the portions applicable to them.

2.10.2.2. Part I: General Information (Pages 3)

Item of Inquiry		Guidelines
1. What is the main economic activity of your establishment?		
Main Economic Activity	Manufacture of motor vehicles	<i>The main economic activity should be completely described.</i>
Major Products/Goods or Services	Assembling motor vehicles	<i>The first product/service reported should be consistent with the main economic activity.</i>
2. Ownership	<input type="checkbox"/> Wholly Filipino <input type="checkbox"/> Wholly Foreign <input checked="" type="checkbox"/> With Foreign Equity	<i>There should be only one box checked.</i>
3. With union	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<i>There should be only one box checked.</i>
3.1 If yes, please specify scope of bargaining unit.	<input type="checkbox"/> Supervisors only <input checked="" type="checkbox"/> Rank and File only <input type="checkbox"/> Rank and File including supervisors	<i>There may be one or more boxes checked</i>
4. Number of unions	2	<i>There must be entry here if "Yes" is checked in item 3.</i>  <i>Entry should be more than one (1) if 2 or more boxes are checked in item 3.1.</i>
5. Union membership	200	<i>If "Supervisors only" is checked in item 3.1, union membership should not exceeds number of supervisors/foremen reported in Part II item 1.3.2.</i>  <i>If "Rank and File only" is checked in item 3.1, union membership should not exceed number of regular workers reported in Part II item 1.3.3.1.</i>  <i>If "Rank and File including Supervisors" is checked in item 3.1, union membership should not exceed the sum of entries in Part II items 1.3.2 (supervisory/foremen) and 1.3.3.1 (regular workers).</i>
5.1 Female members	90	<i>Entry should not exceed number of female employees reported in Part II: Item 2.2</i>
5.2 Union officers	6	<i>Entries should not exceed entries in item 5.</i>



2.10.2.2. Part I: General Information (Pages 3) cont'd

5.2.1 Female officers	1	Entries should not exceed entries in item 5.2
5.2.1.1 Female presidents	0	Entries should not exceed entries in item 4
6. With collective bargaining agreements	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No, Go to Item 8	There should be only one box checked.
7. Workers covered by CBAs	220	Entry here may exceed union membership reported in item 5.  If "Supervisors only" is checked in item 4.1, workers coverage should not exceed the number of supervisors/ foremen reported in (Part II. item 1.3.2.  If "Rank and File only" is checked in item 3, workers coverage should not exceed the number of regular workers reported in Part II item 1.3.3  If "Rank and File including Supervisors" is checked in item 3.1, workers coverage should not exceed the sum of entries Part II in items 1.3.2 (supervisors/foremen) and 1.3.3.1 (regular workers)
7.1. Female workers covered	90	Entry should not exceed female members reported in Part II item 2.2.
8. Is your establishment part of a global production network (GPN)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Theres should be only one box checked.
Please indicate the following: ▪ parent country	Japan	If "Yes" there may be entry in parent country.  Partner country/ies should be specified.  Write "NA" if there is no mother company.
▪ partner country/ies	Thailand	
9. Please indicate your market?	<input type="checkbox"/> Local <input type="checkbox"/> International <input type="checkbox"/> Both	May or may not have entry.

2.10.2.3. Part II: Employment (Pages 4-5)

**Below is an illustration of a questionnaire that has been properly accomplished for Part II.**

Item of Inquiry (1)	Number of Workers (2)	Guidelines
1. Total Employment	365	Entry should be the sum of entries in items 1.1, 1.2 and 1.3.
1.1. Working owners (without regular pay)	5	Entry should be less than entry in item 1.3.
1.2. Unpaid workers	0	Entry should be less than entry in item 1.3.
1.3. Employees	360	Entry should be the sum of entries in items 1.3.1, 1.3.2 and 1.3.3.
1.3.1. Managers/Executives (including working owners receiving regular pay)	10	Entry should be less than entry in item 1.3.
1.3.2. Supervisors/Foremen	80	Entry should be less than entry in item 1.3.
1.3.3. Rank and file	270	Entry should be less than entry in item 1.3. Entry should be the sum of entries in items 1.3.3.1 and 1.3.3.2.
1.3.3.1. Regular workers	220	Entry should be less than entry in item 1.3.3.
1.3.3.2. Non-regular workers	50	Entry should be less than entry in item 1.3.3. This should be the same entry as that in item 2.8.
2. Employment of Specific Groups of Workers	<b>Note:</b> As applicable, workers may be reported in several categories.	
2.1. Young workers	50	Entry may be equal to or less than entry in item 1.3.
2.2. Female workers	100	Entry may be equal to or less than entry in item 1.3.
2.3. Workers paid the minimum wage	100	Entry may be equal to or less than entry in item 1.3.3.
2.4. Persons with disabilities	5	Entry should be less than entry in item 1.3.
2.5. Time-rate workers	305	Entry should be the sum of entries in items 2.5.1 and 2.5.2.
2.5.1. Full-time workers	295	Entry should be the sum of entries in items 2.5.1.1, 2.5.1.2 and 2.5.1.3.
2.5.1.1. Hourly	5	Entry should be less than entry in item 2.5.1.
2.5.1.2. Daily	10	Entry should be less than entry in item 2.5.1.
2.5.1.3. Monthly	280	Entry should be less than entry in item 2.5.1.
2.5.2. Part-time workers	10	Entry should be less than entry in item 2.5. <b>Note:</b> Entry excludes consultants and those on retainer basis.
2.6. Commission workers	20	Entry should be equal to or less than entry in item 1.3.3. Note: Establishments engaged in insurance, real estate selling and trade would normally have entry in this item.
2.7. Expatriate workers	10	Entry should be less than entry in item 1.3.3.
2.8. Non-regular workers	50	Entry should be less than entry in item 1.3.3. Entry should be the 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 items 1.3.3.2.
2.8.1. Probationary workers	10	Entry should be less than entry in item 2.8.

2.10.2.3. Part II: Employment (Pages 4-5) cont'd

Item of Inquiry (1)		Number of Workers (2)	Guidelines			
2.8.2. Casual workers		10	Entry should be less than entry in items 2.8.			
2.8.3. Contractual/project-based workers (except agency-hired workers)		25	Entry should be less than entry in item 2.8. Note: Entry excludes agency-hired workers, consultants and those on retainer basis.			
2.8.4. Seasonal workers		0	Entry should be less than entry in item 2.8.			
2.8.5. Apprentices/learners		5	Entry should be less than entry in item 2.8.			
<b>2.9. Agency-hired Workers</b> (sum of items 2.9.1 to 2.9.10)		42	Entry should be the sum of entries in items 2.9.1 to 2.9.10. <b>Note:</b> Total workers reported in this item are not part of entry in item 1 (Total Employment).			
2.9.1. Security services		8	Entry may be equal to or less than entry in item 2.9.			
2.9.2. Janitorial		10	- do -			
2.9.3. General administrative		4	- do -			
2.9.4. Marketing/Sales		0	- do -			
2.9.5. Packaging		0	- do -			
2.9.6. Transport services		5	- do -			
2.9.7. Production/assembly		15	- do -			
2.9.8. Research and development		0	- do -			
2.9.9. IT services		0	- do -			
2.9.10. Others (specify) _____ _____		0	Entry may be equal to or less than entry in item 2.9. If there is an entry, number of workers must be specified.			
<b>3. Engaged in outsourcing or sub-contracting?</b> <input checked="" type="checkbox"/> Yes, please check appropriate box/es below <b>?</b> No, go to Part III			Appropriate box should be checked.  A process outsourced/job contracted out as checked in item 3 may not necessarily have an entry for the same job in item 2.9.			
<b>Code</b>	<b>Type of process outsourced/ jobs contracted out</b> (Check as applicable)	<b>3.1 Is your sub-contractor a BPO provider?</b> <table><thead><tr><th>Yes</th><th>No</th><th>Don't Know</th></tr></thead></table>		Yes	No	Don't Know
Yes	No	Don't Know				
01	? Production/assembly (Please specify activity/process) _____					
02	? Finance/Accounting					
03	<input checked="" type="checkbox"/> Procurement		<b>v</b>			
04	? Data processing/encoding					
05	? Human resource (HR)					
06	? Learning/Training					
07	<input checked="" type="checkbox"/> Billing and payment	<b>v</b>				
08	<input checked="" type="checkbox"/> Customer contact/technical support	<b>v</b>				
09	<input checked="" type="checkbox"/> Marketing/Sales	<b>v</b>				
10	<input checked="" type="checkbox"/> Material transport/delivery	<b>v</b>				
11	<input checked="" type="checkbox"/> Courier services		<b>v</b>			
12	? Packaging/crating					
13	? Research and development					
14	? Others (specify) _____					

If there is a check mark in any of the process outsourced/jobs contracted out, there should be a corresponding check mark in any of the three columns in item 3.1.  
If "Others" is checked, process outsourced/ job contracted out must be specified.

Note: In case similar jobs are checked both in item 2.9 and item 3, validate with the respondent the proper job category to avoid duplication of entries.

2.10.2.4. Part III: Occupational Shortages and Surpluses (Pages 6-7)

Item of Inquiry	Guidelines
1. Were there job vacancies (vacant positions) in your establishment from January 2007 to June 2008?	<ul style="list-style-type: none"> <li>• Appropriate box should be checked.</li> <li>• If “Yes” is checked, the total number of vacant positions should be specified.</li> <li>• If “No” is checked, proceed to item 2.</li> </ul>
1.1. Of the total number of vacant positions, how many were hard to fill?	<ul style="list-style-type: none"> <li>• If applicable, there should an entry.</li> <li>• Entry should be equal to or less than entry in item 1.</li> </ul>
Col. 1 - PSOC Code	<ul style="list-style-type: none"> <li>• Do not fill.</li> </ul>
Col. 2 - Title of Job/Occupation	<ul style="list-style-type: none"> <li>• The total number of jobs/occupations listed should tally with entry in item 1.1.</li> </ul>
Col. 3 - No. of Vacancies	<ul style="list-style-type: none"> <li>• In case a job/occupation has been vacant for several times during the reference period, it should be counted only once.</li> <li>• Information for the <b>most recent vacancy</b> should be reflected.</li> </ul>
Col. 4 - No. of Applicants	<ul style="list-style-type: none"> <li>• Entry should be the total number of applicants for each job/occupation listed in column (2).</li> <li>• If the actual count of applicants cannot be provided, an estimate can be accepted.</li> </ul>
Col. 5 - Month/Year (mm/yy) Vacancy was Opened	<ul style="list-style-type: none"> <li>• Entry should be the month and year when the vacancy was opened for immediate placement.</li> </ul>
Col. 6 - Month/Year (mm/yy) Vacancy was Filled-up	<ul style="list-style-type: none"> <li>• Entry should be the month and year when the vacancy was filled up.</li> </ul>
Col. 7 - Reason Why Hard to Fill	<ul style="list-style-type: none"> <li>• Entry should be any code from 1-8.</li> <li>• Enter only one code (<b>main reason</b> why job/occupation is hard to fill).</li> </ul>
Col. 8 - Starting Salary Rate (in ₱)	<ul style="list-style-type: none"> <li>• If the information cannot be provided due to confidentiality of data, an estimate can be accepted.</li> </ul>
1.2 Requirements for filling-up hard to fill vacant positions	<ul style="list-style-type: none"> <li>• If applicable, there should be entries.</li> <li>• Entries should be the company's requirements/qualification standards for the applicants to qualify for placement in a vacant position.</li> </ul>
Col. 1 - PSOC Code	<ul style="list-style-type: none"> <li>• Do not fill.</li> </ul>
Col. 2 - Title of Job/Occupation	<ul style="list-style-type: none"> <li>• Entry should tally with the job/occupation titles listed in column (2) of item 1.1.</li> </ul>
Col. 3 - Minimum Educational Level	<ul style="list-style-type: none"> <li>• Entry should be the <b>least</b> educational attainment required by the company for their applicants.</li> </ul>
Col. 5 - Main Skill/Area of Specialization	<ul style="list-style-type: none"> <li>• Entry should be the specific skill or field of expertise of the applicants.</li> </ul>
Col. 7 - Yrs. Of Experience	<ul style="list-style-type: none"> <li>• If applicable, entry should be the number of years of working experience acquired by the applicant from previous employment.</li> </ul>
Col. 8 - TESDA Skills Certification Title	<ul style="list-style-type: none"> <li>• If applicable, entry should be the title of TESDA Certificate issued to an applicant who has undergone TESDA skills training.</li> </ul>

2.10.2.4. Part III: Occupational Shortages and Surpluses (Pages 6-7) cont'd

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"> <li>• If applicable, there should be entry.</li> <li>• Entry should be equal to or less than entry in Item 1.</li> </ul>
Col. 1 - PSOC Code	<ul style="list-style-type: none"> <li>• Do not fill.</li> </ul>
Col. 2 - Title of Job/Occupation	<ul style="list-style-type: none"> <li>• Total number of job/occupations listed should tally with entry in item 1.3.</li> </ul>
Col. 3 - No. of Vacancies	<ul style="list-style-type: none"> <li>• In case a job/occupation has been vacant for several times during the reference period, it should be counted only once.</li> <li>• Information for the <b>most recent vacancy</b> should be reflected.</li> </ul>
Col. 4 - No. of Applicants	<ul style="list-style-type: none"> <li>• Entry should be the total number of applicants for each job/occupation listed in column (2).</li> <li>• If the actual count of applicants cannot be provided, an estimate can be accepted.</li> </ul>
Col. 5 - Starting Salary Rate (in ₱)	<ul style="list-style-type: none"> <li>• If the information cannot be provided due to confidentiality of data, an estimate can be accepted.</li> </ul>
2. When was the last time you had vacancy?	<ul style="list-style-type: none"> <li>• If applicable, there should be an entry.</li> <li>• The month and year when the company had its latest vacancy should be indicated.</li> </ul>
3. How do you normally fill up your job vacancies?	<ul style="list-style-type: none"> <li>• Appropriated box/es should be checked.</li> <li>• If "Others", is checked, details should be specified.</li> </ul>
4. Does your company have a particular school preference in recruiting new staff?	<ul style="list-style-type: none"> <li>• Appropriate box should be checked.</li> <li>• If "Yes" is checked, there should be entry/ies in the space provided.</li> </ul>
5. How much is your estimated recruitment cost per job?	<ul style="list-style-type: none"> <li>• Appropriate box should be checked.</li> </ul> <p>Note: This would normally have one check mark in any of the boxes if any or all of the following have been checked in item 3: Classified Ads, Phil-Jobnet (DOLE) and Internet (Job Boards).</p>
6. In general, how do you rate the job applicants in terms of the following traits?	<ul style="list-style-type: none"> <li>• For each applicable trait listed in column 1, corresponding rating in any of columns (2), (3) or (4) should be checked.</li> </ul>
7. How do you rate the quality of job applicants compared with the previous years?	<ul style="list-style-type: none"> <li>• Appropriate box should be checked.</li> </ul>

2.10.2.5. Part IV: Safety and Health Practices (Pages 8-11)

**Below is an illustration of a questionnaire that has been properly accomplished for Part IV.**

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

- Guidelines:** 1. There should be one response for each facility.  
2. If there are facilities other than those enumerated, these should be specified under "Others".

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 (small room used as eating area of employees)		✓
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 (regular upkeep and repairs are done)		✓
13	Ergonomically designed seats/tools/machines (to prevent muskoskeletal disorders and related injuries)		✓
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?

- Guidelines:** 1. Multiple responses are acceptable.  
2. If there are reasons other than those enumerated, these should be specified under "Others".

☒ Too costly

☐ Very few workers

☐ Not required by law

☐ No available space

☒ No need/Not necessary

☐ Not applicable/suitable

☐ Others, please specify: \_\_\_\_\_

2.10.2.5 Part IV: Safety and Health Practices (Pages 8-11) 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?

**Guidelines:** 1. There should be one response for each program/service.  
2. If there are occupational health programs/services other than those enumerated, these should be specified under "Others".

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: <u>Construction and Health Program</u>		✓

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

**Guidelines:** 1. There should be one response for each preventive and control measure.  
2. If there are preventive and control measures other than those enumerated, these should be specified under "Others".

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		✓

2.10.2.5. Part IV: Safety and Health Practices (Pages 8-11) **cont'd**

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

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: _____		

4. Which of the following OSH trainings/seminars on safety and health were provided to your employees for the **last two (2) years**?

**Guidelines:** 1. There should be one response for each OSH training/seminar.  
2. If there are OSH trainings/seminars other than those enumerated, these should be specified under "Others".

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: <u>OSH Management System</u>	✓	



2.10.2.5. Part IV: Safety and Health Practices (Pages 8-11) cont'd

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

**Guidelines:** 1. There should be one response for each agency.  
2. If there are agencies other than those enumerated, these should be specified under "Others".

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

**Guidelines:** 1. Multiple responses are acceptable.  
2. If there are responsible personnel other than those enumerated, these should be specified under "Others".

<input type="checkbox"/>	Managing Proprietor/Owner
<input type="checkbox"/>	General Manager
<input type="checkbox"/>	Production/Operations Manager
<input checked="" type="checkbox"/>	Human Resource Manager
<input type="checkbox"/>	Industrial Relations Manager
<input type="checkbox"/>	Health Professionals (doctor, dentist, nurse, etc.)
<input checked="" type="checkbox"/>	Health Associate Professionals (medical assistant/dental assistant)
<input type="checkbox"/>	Health and Safety Committee/Officer
<input type="checkbox"/>	Labor-Management Committee
<input type="checkbox"/>	Industrial Hygienist
<input type="checkbox"/>	Pollution Control Officer
<input type="checkbox"/>	Others, please specify: _____

6. Who are the health personnel in your establishment?

**Guidelines:** 1. Multiple responses are acceptable.  
2. If there are health personnel other than those enumerated, these should be specified under "Others".

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

2.10.2.5. Part IV: Safety and Health Practices (Pages 8-11) **cont'd**

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

**Guidelines:** 1. Only one response is acceptable.  
2. If Yes is checked, type of records kept must be checked.

☒ Yes

If YES, please check type of records kept:

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

☐ No

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

**Guidelines:** 1. Multiple responses are acceptable.  
2. If there are means of communications other than those enumerated, these should be specified under "Others".

- |                                     |   |
|-------------------------------------|---|
| <input checked="" type="checkbox"/> | General assembly/meetings   |
| <input type="checkbox"/>            | Posters 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 checked="" type="checkbox"/> | Newsletter/Staff bulletin   |
| <input type="checkbox"/>            | Others, please specify: _____   |

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

**Guideline:** Only one response is acceptable.

- |                                     |                |
|-------------------------------------|----------------|
| <input type="checkbox"/>            | Always         |
| <input checked="" type="checkbox"/> | Sometimes      |
| <input type="checkbox"/>            | Never          |
| <input type="checkbox"/>            | Not Applicable |

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

**Guideline:** Only one response is acceptable.

☒ **Yes**

☐ **No**

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

**Guidelines:** 1. Multiple responses are acceptable.  
2. If there are type of ISO certifications other than those enumerated, these should be specified under "Others".

- |                                     |  |
|-------------------------------------|--|
| <input checked="" type="checkbox"/> | OHSAS 18001 - Occupational Health and Safety Management Standard |
| <input type="checkbox"/>            | ISO 14001 - Environmental Management Standard                    |
| <input checked="" type="checkbox"/> | ISO 9001:2000 - Quality Management System                        |
| <input type="checkbox"/>            | ISO 12006 - 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"/>            | Others, please specify: _____                                    |

2.10.2.6. Part V: Occupational Injuries and Diseases (Pages 12-15)

**Below is an illustration of a properly accomplished Part V of BITS questionnaire.**

1. Did your establishment experience any <b>occupational accidents</b> during the year? <input checked="" type="checkbox"/> Yes, go to item 2 <input type="checkbox"/> No, go to item 7	2. How many occupational accidents were there? <u>5</u>
---	---

**Guidelines:** 1. There should be only one box checked in item 1.  
2. If “Yes” is checked in item 1, there should be an entry in item 2 other than “0”. Entry may be equal to or less than the sum of injury cases in item 3 (cols. 2, 3, 5 and 7).

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)	1	1	200	2	50	3
3.1. Superficial injuries and open wounds						3
3.2. Fractures						
3.3. Dislocations, sprains and strains				2	50	
3.4. Traumatic amputations		1	200			
3.5. Concussion and internal injuries	1					
3.6. Burns, corrosions, scalds and frostbites						
3.7. Acute poisonings and infections						
3.8. Foreign body in the eye						
3.9. Others						

**Guidelines:** 1. Item 3 should be accomplished if there are occupational accidents reported in item 2.  
2. Column details should add up to respective totals.  
3. If there are permanent or temporary incapacity cases, there should be corresponding workdays lost and vice-versa.  
4. **To check for acceptability of entries for workdays lost for permanent or temporary incapacity cases:**  
• divide the number of workdays lost by the corresponding number of cases  
• computed maximum workdays lost per case of permanent incapacity may exceed 365  
• computed maximum workdays lost per case of temporary incapacity should not exceed 365.

Part of the Body Injured (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)	1	1	2	3
4.1. Head				
4.2. Neck				
4.3. Back				
4.4. Trunk or Internal Organs				
4.5. Upper Extremities		1	1	3
4.6. Lower Extremities			1	
4.7. Whole Body or Multiple Sites Equally Injured	1			
Cause of Injury (See description of classifications below)				
5. Total (as reported in item 4))	1	1	2	3
5.1. Falls of persons	1			
5.2. Struck by falling objects				3
5.3. Stepping on, striking against or struck by objects, excluding falling objects				
5.4. Caught in or between objects		1		
5.5. Over-exertion or strenuous movement			2	
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				

**Guidelines:** 1. Items 4 and 5 should be accomplished if there are occupational accidents reported in item 2.  
2. Column details should add up to respective totals.  
3. Totals of cols. 2, 3, 4 and 5 should be the same as the totals of cols. 2, 3, 5 and 7 of item 3, respectively.

2.10.2.6. Part V: Occupational Injuries and Diseases (Pages 12-15) cont'd

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

**Guidelines:** 1. Item 6 should be accomplished if there are occupational accidents reported in item 2.  
2. Column details should add up to respective totals.  
3. Totals of cols 2, 3, 4 and 5 should be the same as the totals of cols. 2, 3, 4 and 5 of item 5, respectively.

7. Occupational Diseases (1)	Occupational disease - 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. This refers to a new case recognized, diagnosed and recorded during the year.	Cases (2)
7.1 Occupational dermatitis (including skin conditions due to chemical agents which are skin irritants and sensitizers)		2
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)		3
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 and brain resulting in permanent disability)		
7.11. Peptic ulcer (due to prolonged emotional or physical stress at work)		4
7.12. Work-related musculoskeletal diseases (caused or made worst by work such as exposure to forceful exertions, highly repetitive motions, awkward body postures, vibrations, etc.)		
7.13. Others (specify)		
7.13.1. cancer of the lungs		5
7.13.2. viral encephalitis		2
7.13.3		
7.13.4		
7.13.5		

**Guidelines:** 1. There may be no entries in item 7.  
2. If there is an entry for “Others”, the disease/s should be specified.

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? 1
8.2. How many workers were injured? 2

**Guidelines:** 1. There should only be one box checked in item 8.  
2. If “Yes” is checked in item 8, there should be entries in items 8.1 and 8.2 other than “0”.  
3. Entry in item 8.2 may be equal to or higher than entry in item 8.1.

2.10.2.6. Part V: Occupational Injuries and Diseases (Pages 12-15) 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):

51

Average employment

x

8

Regular working hours per day  
Ex. 6, 7, 8 or 12

x

250

Days actually worked during the year  
Ex. 250 or 302

+

20,000

Total overtime hours on regular working days of **all employees** who rendered overtime work

+

720

Total hours worked on rest days, special days and regular holidays of **all employees** who rendered work on these days

=

122,720

Hours actually worked

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

- Guidelines:** 1. There should be an entry in item 9.
2. **To check for acceptability of entry:**
- divide hours actually worked by number of employed persons, ex. 122,720/51 ~ 2,406
  - Acceptable range: 1,200 – 3,600 per person
  - Accept entry as it falls within the range.

Below is an illustration of a questionnaire that has been properly accomplished for Part VI

Item of Inquiry		Guidelines
1. Reference period if other than calendar year (month/year)	Start:	If there is entry, check that most of the months covered by the reference period falls within 2007, e.g. April 2007 to March 2008.
	End:	
2. Labor Cost Component	Amount (₱)	<b>Data required pertains to employees reported in Part VI: item 3.</b>  If amount given contains centavos, do not round off. Line out centavo entries.
2.1. Direct wages and salaries (in cash)		
2.1.1. Pay for normal/regular working time	16,211,856	There should be entry in this item.  <b>To check for acceptability of entry:</b> Divide entry by number of employees reported in Part VI: item 3. 16,211,856/265 ~ 61,177.  <b>Acceptable range:</b> 24,000 -350,000 per employee Accept entry as it falls within the range.
2.1.2. Commissions of employees and their share in service charges	325,175	Accept with or without entry.  If there is entry, it should be those <b>received by employees</b> of the establishment (persons with basic pay and commission) and <b>not</b> those of persons purely on commission (not employees of the establishment).  Establishments engaged in insurance and real estate selling usually pay commissions to their employees, <b>on top</b> of the basic pay. These commissions are earned by employees from sales/deals completed/ closed with clients.  Sharing of service charges usually apply to employees in <b>hotels and restaurants</b> that collect service charges from their clients.
2.1.3. Overtime, night shift and premium pay	1,468,058	Accept with or without entry.  <b>Overtime pay</b> refers to additional remuneration for work performed beyond eight (8) hours on regular working days, rest days, special days and regular holidays.  <b>Night shift pay</b> refers to payment for work performed between 10:00 p.m. to 6:00 a.m. of the next day.  <b>Premium pay</b> refers to remuneration for work performed within eight (8) hours on non-working days such as rest days, special days and regular holidays.
2.1.4. Payments under bonus, productivity, performance and other incentive schemes	106,527	Accept with or without entry.  If there is entry, it should refer to monthly or more <b>frequently</b> granted bonuses under contractual arrangements and relates to work performed or to current output e.g. productivity bonus for piece-rate workers whose outputs exceeded the daily quotas.  Entry should be distinguished from entry in item 2.3.1 which refers to less frequently granted or year-end/seasonal bonuses and gratuities.

2.10.2.7. Part VI: Labor Cost of Employees (Pages 16-17) cont'd

2. Labor Cost Component	Amount (P)	Guidelines
2.1. Direct wages and salaries (in cash)		
2.1.5. Cost of living allowances and other guaranteed and regularly paid allowances	0	Accept with or without entry. Examples of these are commutable representation and transportation allowances. It should exclude housing allowances and rents in cash which should be reported in item 2.5.2.
2.2. Remuneration for time not worked	0	Accept with or without entry. If there is entry, it should refer to payments of employers to employees when not at work, e.g. for paid leaves and in some cases for those leaves under collective bargaining agreements.
2.3. Bonuses and gratuities		
2.3.1. Year-end, seasonal and other one-time bonuses	1,064,364	There should be entry in this item. Entry should refer to mid-year bonus, Christmas bonus, 13 <sup>th</sup> month pay (obligatory), 14 <sup>th</sup> , 15 <sup>th</sup> month pay and the like. Entry should be distinguished from entry in item 2.1.4 which refers to more frequently granted bonuses and gratuities. <b>To check for acceptability of entry:</b> Divide entry by number of employees reported in Part VI: item 3. 1,064,364/265 ~ 4,016. <b>Acceptable range:</b> 2,000 - 150,000 per employee Accept entry as it falls within the range.
2.3.2. Profit sharing bonuses	0	Accept with or without entry.
2.3.3. Additional payments in respect of vacation, supplementary to normal vacation pay	0	Accept with or without entry. If there is entry, it should refer to payments made to employees over and above those given for paid vacation leaves.
2.4. Payments in kind	219,000	Accept with or without entry. If there is entry, it should be from the standpoint of the employer (employer's cost). The value of all payments in kind should be at producer's price as bought/provided by the employer and not the market price or retailer's price as would have been bought/consumed by the employees (benefit accruing to the employees). Examples of these are rice/corn, food subsidies, ordinary clothing or footwear. It should exclude the imputed rental value of free/subsidized housing, medical services and canteen and other welfare services and facilities.

2.10.2.7. Part VI: Labor Cost of Employees (Pages 16-17) cont'd

2. Labor Cost Component	Amount (P)	Guidelines
2.5. Cost of workers' housing shouldered by employer		
2.5.1. Cost for establishment-owned dwellings	0	<p>Accept with or without entry.</p> <p>If there is entry, it should refer to the net cost to the employer of establishment-owned dwellings for the use of the employees in the form of maintenance expenditures, fees, property taxes, insurance, interest, depreciation, etc. but not capital investment on building, equipment or land and labor cost of housing personnel.</p> <p>If entry is unusually high i.e. runs to millions of pesos, verify with establishment as it might include the cost/worth of the building/housing facility.</p>
2.5.2. Cost for dwellings not owned by establishment and other housing costs	0	<p>Accept with or without entry.</p> <p>If there is entry, it should refer to the cost from the standpoint of the employer and not what it would have cost the employees if they were to spend for their own housing.</p> <p>Examples of these are housing allowances, rents, subsidies.</p>
2.6. Employer's social security expenditures		<b>These exclude employees' shares.</b>
2.6.1. Compulsory social security contributions	905,252	<p>There should be entry in this item.</p> <p>Examples of these are obligatory employers' contributions to SSS/GSIS, PhilHealth, PAG-IBIG and State Insurance Fund.</p> <p><b>To check for acceptability of entry:</b> Divide entry by number of employees reported in Part VI: item 3.  <math>905,252/265 \sim 3,416</math>.</p> <p><b>Acceptable range:</b> 2,000 -15,000 per employee</p> <p>Accept entry as it falls within the range.</p>
2.6.2. Collectively agreed, contractual and non-obligatory contributions to private social security schemes and insurance	0	<p>Accept with or without entry.</p> <p>Examples of these are premiums paid for pension, life, accident, medical and health and hospitalization insurance/plans of employees.</p>
2.6.3. Direct payments by employer to employees regarded as social security benefits	0	<p>Accept with or without entry.</p> <p>If there is entry, it should refer to payments in respect of absence from work due to sickness, maternity or employment injury, etc. to compensate for loss of earnings given by employer directly to the employees.</p> <p>As such, payments by GSIS/SSS are excluded.</p>



2.10.2.7. Part VI: Labor Cost of Employees (Pages 16-17) cont'd

2. Labor Cost Component	Amount (₱)	Guidelines
2.6. Employer's social security expenditures		<b>These exclude employees' shares.</b>
2.6.4. Cost of medical care and health services	94,766	<p>Accept with or without entry.</p> <p><i>If there is entry, it should refer to actual medical care and health expenses by the employer on behalf of the employees e.g. medicines, hospitalization, exclusive of medical and health insurance that should be reported in item 2.6.2</i></p> <p><i>It should include the net cost to the employer of establishment-owned building and equipment used for the medical care and health services of the employees in the form of maintenance expenditures, fees, property taxes, insurance, interest, depreciation, etc. but not capital investment on building, equipment or land and labor cost of medical care and health service personnel employed by the establishment.</i></p> <p><i>If the respondent is engaged in medical care or health services, entry in this item does not refer to the maintenance, etc. of the hospital which is intended for its patients.</i></p> <p><i>If entry is unusually high i.e. millions of pesos particularly for establishments with PSIC N85 (hospital/clinic), verify with establishment as it might include cost/worth of the building/medical facility.</i></p>
2.6.5. Retirement and termination/separation pay	547,738	Accept with or without entry.
2.7. Cost of training	60,066	<p>Accept with or without entry.</p> <p><i>If there is entry, it should refer to the cost to the employer in the training of its employees.</i></p> <p><i>It should include the nest cost to the employer of establishment-owned building and equipment used for employees' training in the form of maintenance expenditures, fees, property taxes, insurance, interest, depreciation, etc. but not capital investment on building, equipment or land and labor cost of training personnel employed by the establishment.</i></p> <p><i>It should also include payments made to outside instructors and other training institutions on behalf of the workers and reimbursement of school fees to workers.</i></p> <p><i>If the respondent is engaged in the education services, entry in this item does not include maintenance, etc. of the educational institution which is intended for its students.</i></p> <p><i>If entry is unusually high i.e. runs to millions of pesos particularly for establishments with PSIC M81 (schools), verify with establishment as it might include cost/worth of the building/training facilities.</i></p>

2.10.2.7. Part VI: Labor Cost of Employees (Pages 16-17) cont'd

2. Labor Cost Component	Amount (₱)	Guidelines
2.8. Cost of welfare services	0	<p>Accept with or without entry.</p> <p>If there is entry, it should refer to the cost incurred by the employer for the welfare or benefit of its employees other than for housing (included in item 2.5.1), medical care and health (included in item 2.6.4) and training (included in item 2.7).</p> <p>It should include the net cost to the employer of establishment-owned building and equipment used for employees' welfare (such as canteen and food facilities, gymnasium/sport facilities) in the form of maintenance expenditures, fees, property taxes, insurance, interest, depreciation, etc. but not capital investment on building, equipment or land and labor cost of welfare service personnel employed by the establishment.</p> <p>It should also include grants by employers to credit unions and cost of related services for employees, etc.</p> <p>If the respondent is engaged in the food or recreational business, cost to the employer does not include the maintenance, etc. of the restaurant or sports complex or beach resort which is intended for its customers.</p> <p>If entry is unusually high i.e. runs to millions of pesos, verify with establishment as it might include cost/worth of the building/welfare facilities of employees.</p>
2.9. Other labor costs		
2.9.1. Cost of work clothes/protective gear	0	<p>Accept with or without entry.</p> <p>Examples of these are uniform, work clothes, personal protective equipment such as safety shoes, eye goggles, etc.</p> <p>This should be distinguished from ordinary clothing which should be included in item 2.4.</p>
2.9.2. Transport of workers to and from work undertaken by employers	0	<p>Accept with or without entry.</p> <p>If there is entry, this should refer to the cost of transport of workers to and from work undertaken by the employer e.g. shuttle service.</p>
2.9.3. Recruitment cost	0	<p>Accept with or without entry.</p> <p>If there is entry, this should refer to travel expenses for interviews of new recruits, the cost of advertisements, fees paid to public and private employment services in connection with recruitment, the cost of documents, legal fees, medical or physical examinations for prospective employees (pre-employment) and similar expenses borne by the employer.</p>
2.9.4 Others (specify) _____ _____	0	<p>Accept with or without entry.</p> <p>If there is entry, description of other labor cost should be specified.</p>

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):

265

x

8

x

250

+

75,000

+

9,600

=

614,600

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

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

Guidelines:

To check for acceptability of entry:

Divide hours actually worked by number of employees.  
614,600/265 ~ 2,319

Acceptable range:

1,200 – 3,600 per employee  
Accept entry as it falls within the range.

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) 40%

Guidelines

There should only be one box checked.

If 30% or more is checked, amount should be specified.

2.10.2.8. Consistency of Some Entries for Questionnaires from the Same Samples

BITS and OWS questionnaires ask for some information that pertain to reference periods which are one month apart, that is June 30, 2008 for BITS and July 31, 2008 for OWS. These items are:

Item of Inquiry	OWS Item No.	BITS Item No.
Main economic activity	Part A: item 1	Part I: item 1
Major products/goods or services	Part A: item 1	Part I: item 1
Employment	Part A: item 2	Part II: item 1
Time-rate workers on full-time basis	Part A: item 2 Part B: sum of totals of cols. 2, 4 and 6	Part II: item 2.5.1
Hourly	Part B: sum of entries of col. 2	Part II: item 2.5.1.1
Daily	Part B: sum of entries of col. 4	Part II: item 2.5.1.2
Monthly	Part B: sum of entries of col. 6	Part II: item 2.5.1.3

BITS entries for these items of inquiries may reflect a plus (+) or minus (–) 20% difference from corresponding OWS entries, i. e., employment is 200 in BITS while entry in OWS may vary from 160 to 240. It is the responsibility of the **Supervisors** to ensure that the entries referred to are at this range (± 20%) when the questionnaires for the two surveys from the same establishments are retrieved at the **same** time.

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To facilitate coordination in cases when some entries have to be verified, the Enumerator should see to it that the required information on the respondent are fully provided. The respondent's signature in particular is important, as this means that the information provided by the establishment is official/approved for submission to BLES. (see section 3.8b of Chapter 3)

Information on time spent in answering the questionnaire as well as on their comments on the presentation and packaging of the questionnaire will provide inputs in questionnaire re-design for subsequent survey rounds. Comments on data provided for the 2007/2008 BITS can facilitate processing of survey data while those on the results of previous surveys would indicate the usefulness of the data generated by BLES surveys.

Example:

<b>Name/Signature of Contact Person In the Establishment:</b> Juan dela Cruz		
Position: Human Resource Manager		Fax No.: 831-5645
Tel. No.: 831-5624		E-mail Address: jdc@stc.com
Time spent in answering this questionnaire: <input type="checkbox"/> Less than a day <input type="checkbox"/> 1 - 2 days <input checked="" type="checkbox"/> More than 2 days, (specify) : 4 days		
<b>Comments:</b>		
a. On the data provided for the 2007/2008 BITS: Difficult to go back to records of CY 2007.		
b. On statistics from previous BITS:		
· Employment		Data should also be provided for the rest of the country.
· Wage and Compensation Practices		Informative
· Occupational Injuries		Informative
· Labor Cost of Employees		Informative
c. On presentation/packaging:		Suggestions for improvement::
Definition of terms	<input checked="" type="checkbox"/> Easy to understand <input type="checkbox"/> Vague	
Layout	<input checked="" type="checkbox"/> User-friendly <input type="checkbox"/> Not user-friendly	
Font, color	<input checked="" type="checkbox"/> Appealing <input type="checkbox"/> Not appealing	

2.10.2.10. Part VIII: Survey Personnel (Page 18)

In this portion, the persons involved in the field operations should write their names and the dates when the questionnaire was retrieved (Enumerator) and reviewed (Area/Regional Supervisor/BLES Reviewer). The dates are particularly important, as these would indicate the time it took to retrieve or review the questionnaire---a measure of survey efficiency.

National Capital Region			
	Enumerator	Area Supervisor	Reviewer
Name	Edna Castro	Nancy Dimapilis	
Date	7/31/08	8/5/08	

Outside National Capital Region

Notes

	Enumerator	Area Supervisor	Regional Supervisor	BLES Reviewer
Name				
Date				

2.11. BITS Form 1 (Verification Forms)

The Reviewer\* should accomplish the **applicable** BITS Form 1 in duplicate, specifying the establishment's name, address, other particulars and details of entry/ies for verification. The original copy should be stapled to the questionnaire and returned to:

<b>In BLES:</b>	i) Area Supervisor for NCR questionnaire	Concerned Supervisor should acknowledge receipt of questionnaire on the original copy of BITS Form 1 and the Reviewer's duplicate copy. He/she should return the questionnaire and original BITS Form 1 to the Enumerator and follow-up the retrieval of the questionnaire for verification.
	ii) Senior LEO for ONCR questionnaire	Senior LEO in-charge transmits questionnaire and BITS Form 1 to concerned Regional Supervisor for verification of concerned Enumerator. He/she should follow-up the retrieval of the questionnaire with the DOLE-RO.
The duplicate copy of BITS Form 1 shall be retained by the Reviewer to keep tab of the questionnaire for verification.		
<b>In DOLE RO:</b>	Concerned ONCR Enumerator for verification with the establishment.  The duplicate copy of OWS Form 1 shall be retained by the ONCR Supervisor to keep tab of the questionnaire for verification.	

\*In the DOLE-RO, the Supervisor may double up as Reviewer.

Once verification is completed, the verified questionnaire should be returned to:

<b>In BLES</b>	i) Area Supervisor for NCR questionnaire	Concerned Supervisor turns over questionnaire for second pass of concerned Reviewer. The Reviewer refers to the duplicate copy of the OWS Form 1 for guidance.
	ii) Senior LEO for ONCR questionnaire	BLES Senior LEO in-charge turns over questionnaire for second pass of concerned Reviewer. The Reviewer refers to the duplicate copy of the OWS Form 1 for guidance.
<b>In DOLE RO:</b>	Concerned ONCR Supervisor for review. He/She refers to the duplicate copy of the OWS Form 1 for guidance.	

If the questionnaire is acceptable, the ONCR Supervisor/BLES Reviewer signs and writes the date when verification was accepted in the appropriate spaces of the duplicate copy of BITS Form 1.

*Notes*

The ONCR Supervisor/BLES Reviewer then encircles RET2 in status code portion of the questionnaire. He/She signs and writes the verification date on the appropriate spaces in the certification portion of the questionnaire. Supervisor and Enumerator also record RET2 and date verified (date of RET2) in their respective control lists.

To facilitate accomplishment of the verification forms and to standardize the observations or verification details, the possible verification cases (menu) for each section of the form are shown in the following pages.

**BITS FORM 1 (VERIFICATION FORM FOR PART I: GENERAL INFORMATION)**

EIN: \_\_\_\_\_

GEO: \_\_\_\_\_

PSIC: \_\_\_\_\_

ATE: \_\_\_\_\_

NAME OF ESTABLISHMENT: \_\_\_\_\_

FLOOR/BLDG.: \_\_\_\_\_

No./STREET/SUBDIVISION: \_\_\_\_\_

BARANGAY/CITY/MUNICIPALITY: \_\_\_\_\_

ZIP CODE/PROVINCE: \_\_\_\_\_

Item No.	Verification Details
1. What is the main economic activity of your establishment?	<div><input type="checkbox"/> No entry</div> <div><input type="checkbox"/> Economic Activity not completely described</div> <div><input type="checkbox"/> Major products/goods or services not specified</div>
2. Ownership	<div><input type="checkbox"/> No check mark</div> <div><input type="checkbox"/> Please check only one box</div>
3. With union	<div><input type="checkbox"/> No check mark</div> <div><input type="checkbox"/> Please check only one box</div>
3.1. If yes, please specify scope of bargaining unit.	<div><input type="checkbox"/> No check mark/s</div>
4. Number of unions	<div><input type="checkbox"/> No entry</div> <div><input type="checkbox"/> For clarification</div>
5. Union membership	<div><input type="checkbox"/> No entry</div> <div><input type="checkbox"/> Membership exceed number of supervisors/foremen reported in Part II item 1.3.2</div> <div><input type="checkbox"/> Membership exceed number of regular workers reported in Part II item 1.3.3.1</div> <div><input type="checkbox"/> Membership exceed the sum of supervisor/foremen and regular workers reported in Part II items 1.3.2 and 1.3.3.1</div>
5.1. Female members	<div><input type="checkbox"/> No entry</div> <div><input type="checkbox"/> Entry exceed union membership reported in item 5</div> <div><input type="checkbox"/> Entry exceed female workers reported in Part II item 2.2</div>
5.2. Union officers	<div><input type="checkbox"/> No entry</div> <div><input type="checkbox"/> Entry exceed/equal to union membership reported in item 5</div> <div><input type="checkbox"/> Entry exceed number of unions reported in item 4</div>
5.2.1. Female officers	<div><input type="checkbox"/> No entry</div> <div><input type="checkbox"/> With entry but no female union members reported in item 5.1</div> <div><input type="checkbox"/> Entry exceed number of union officers reported in item 5.2</div>
5.2.1.1. Female presidents	<div><input type="checkbox"/> No entry</div> <div><input type="checkbox"/> Entry exceed number of unions reported in item 4</div> <div><input type="checkbox"/> With entry but no female officers reported in item 5.2.1</div>
6. With collective bargaining agreements	<div><input type="checkbox"/> No check mark</div> <div><input type="checkbox"/> Please check only one box</div>
7. Workers covered by CBAs	<div><input type="checkbox"/> No entry</div> <div><input type="checkbox"/> Workers covered less than union membership reported in item 5</div> <div><input type="checkbox"/> Workers covered exceed number of supervisors/foremen reported in Part II item 1.3.2</div> <div><input type="checkbox"/> Workers covered exceed number of regular workers employees reported in Part II item 1.3.3.1</div> <div><input type="checkbox"/> Workers covered exceed the sum of supervisor/foremen and regular workers reported in Part II items 1.3.2 and 1.3.3.1</div>
7.1 Female workers covered	<div><input type="checkbox"/> No entry</div> <div><input type="checkbox"/> Entry less than female members reported in item 5.1</div> <div><input type="checkbox"/> With entry but no female workers reported in Part II item 2.2</div>
8. Is your establishment part of a global production network (GPN)?	<div><input type="checkbox"/> No check mark</div> <div><input type="checkbox"/> Partner country/ies not specified.</div> <div><input type="checkbox"/> Please check only one box</div>
9. Please indicate your market	<div><input type="checkbox"/> No check mark</div> <div><input type="checkbox"/> Market not specified</div>

Received by Supervisor: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Verification Accepted by Reviewer: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**BITS FORM 1 (VERIFICATION FORM FOR PART II: EMPLOYMENT)**

**To Our Valued Respondent:** Thank you for accomplishing the 2007/2008 BITS questionnaire. We, however, have some queries regarding some entries in the attached questionnaire. To guide you, we are providing you this form which contains our observation/s on your report. Should there be a need to revise your data, kindly line out the original entry, write close to it the new entry and affix your initial beside it.

EIN: \_\_\_\_\_

GEO: \_\_\_\_\_

PSIC: \_\_\_\_\_

ATE: \_\_\_\_\_

NAME OF ESTABLISHMENT: \_\_\_\_\_

FLOOR/BLDG.: \_\_\_\_\_

No./STREET/SUBDIVISION: \_\_\_\_\_

BARANGAY/CITY/MUNICIPALITY: \_\_\_\_\_

ZIP CODE/PROVINCE: \_\_\_\_\_

Item No.	Verification Details
1. Total employment	<input type="checkbox"/> Entry is not the sum of entries in items 1.1, 1.2 and 1.3.
1.1. Working owners (without regular pay)	<input type="checkbox"/> Entry is higher than entry in item 1.3.
1.2. Unpaid workers	<input type="checkbox"/> Entry is higher than entry in item 1.3.
1.3. Employees	<input type="checkbox"/> Entry is not the sum of entries in items 1.3.1, 1.3.2 and 1.3.3.
1.3.1. Managers/Executives	<input type="checkbox"/> Entry is higher than entry in item 1.3.
1.3.2. Supervisors/Foremen	<input type="checkbox"/> Entry is higher than entry in item 1.3.
1.3.3. Rank and file	<input type="checkbox"/> Entry is higher than entry in item 1.3. <input type="checkbox"/> Entry is not the sum of entries in items 1.3.3.1 and 1.3.3.2.
1.3.3.1. Regular workers	<input type="checkbox"/> Entry is higher than entry in item 1.3.3.
1.3.3.2. Non-regular workers	<input type="checkbox"/> Entry is higher than entry in item 1.3.3. <input type="checkbox"/> Different entry from entry in item 2.8.
2.1. Young workers	<input type="checkbox"/> Entry is higher than entry in item 1.3.
2.2. Female workers	<input type="checkbox"/> Entry is higher than entry in item 1.3.
2.3. Workers paid the minimum wage	<input type="checkbox"/> Entry is higher than entry in item 1.3.3.
2.4. Persons with disabilities	<input type="checkbox"/> Entry is equal to/higher than entry in item 1.3.
2.5. Time-rate workers	<input type="checkbox"/> Entry is not the sum of entries in items 2.5.1 and 2.5.2.
2.5.1. Full-time workers	<input type="checkbox"/> Entry is not the sum of entries in items 2.5.1.1, 2.5.1.2 and 2.5.1.3.
2.5.1.1. Hourly	<input type="checkbox"/> Entry is equal to/higher than entry in item 2.5.1.
2.5.1.2. Daily	<input type="checkbox"/> Entry is equal to/higher than entry in item 2.5.1.
2.5.1.3. Monthly	<input type="checkbox"/> Entry is equal to/higher than entry in item 2.5.1.
2.5.2. Part-time workers	<input type="checkbox"/> Entry is equal to/higher than entry in item 2.5.
2.6. Commission workers	<input type="checkbox"/> Entry is equal to/higher than entry in item 1.3.3.
2.7. Expatriate workers	<input type="checkbox"/> Entry is equal to/higher than entry in item 1.3.3.
2.8. Non-regular workers	<input type="checkbox"/> Entry is not the sum of entries in items 2.8.1, 2.8.2, 2.8.3, 2.8.4 and 2.8.5 <input type="checkbox"/> Different entry from entry in item 1.3.3.2. <input type="checkbox"/> Entry is equal to/higher than entry in item 1.3.3.
2.8.1. Probationary workers	<input type="checkbox"/> Entry is equal to/higher than entry in item 2.8.
2.8.2. Casual workers	<input type="checkbox"/> Entry is equal to/higher than entry in item 2.8.
2.8.3. Contractual/project- based workers	<input type="checkbox"/> Entry is equal to/higher than entry in item 2.8.
2.8.4. Seasonal workers	<input type="checkbox"/> Entry is equal to/higher than entry in item 2.8.
2.8.5. Apprentices/learners	<input type="checkbox"/> Entry is equal to/higher than entry in item 2.8.
2.9. Agency-hired workers	<input type="checkbox"/> Details do not add up to total. <input type="checkbox"/> Number of workers reported in "Others" but jobs contracted out not specified. <input type="checkbox"/> Number of workers reported in items 2.9.4 to 2.9.10 but no check marks for corresponding jobs contracted out in item 3.
3. Engaged in outsourcing or sub-contracting?	<input type="checkbox"/> No check mark in any of the boxes. <input type="checkbox"/> "Yes" is checked but no check mark/s in types of process outsourced/jobs contracted out. <input type="checkbox"/> Type of process outsourced/jobs contracted out is checked but no corresponding check mark/s in any of the three columns in item 3.1. <input type="checkbox"/> Production/assembly is checked but the activity/process is not specified. <input type="checkbox"/> "Others" is checked but process outsourced/jobs contracted out not specified.

Received by Supervisor:

Verification Accepted by Reviewer:

Signature:

Signature:

Date:

Date:

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**BITS FORM 1 (VERIFICATION FORM FOR PART III: OCCUPATIONAL SHORTAGES AND SURPLUSES)**

**To Our Valued Respondent:** Thank you for accomplishing the 2007/2008 BITS questionnaire. We, however, have some queries regarding some entries in the attached questionnaire. To guide you, we are providing you this form which contains our observation/s on your report. Should there be a need to revise your data, kindly line out the original entry, write close to it the new entry and affix your initial beside it.

EIN: _____	NAME OF ESTABLISHMENT: _____
GEO: _____	FLOOR/BLDG.: _____
PSIC: _____	No./STREET/SUBDIVISION: _____
ATE: _____	BARANGAY/CITY/MUNICIPALITY: _____
	ZIP CODE/PROVINCE: _____
Item No.	Verification Details
1. Were there job vacancies (vacant positions) in your establishment from January 2007 to June 2008?	<input type="checkbox"/> No check mark in appropriate box. <input type="checkbox"/> "Yes" is checked but the total number of vacant positions is not specified.
1.1. Of the total number of vacant positions, how many were hard to fill?	<input type="checkbox"/> Entry exceeds entry in Item 1. <input type="checkbox"/> The total number of job/occupations listed in column (2) is not equal to the entry in item 1.1. <input type="checkbox"/> _____ (title of job/occupation) as reported in column (2) does not have its corresponding entry in column/s _____ (identify column no.). <input type="checkbox"/> Column (7) has multiple responses. Code for "main reason" is not reflected. <input type="checkbox"/> Code (8) "Others" as listed in column (7) is not specified.
1.2. Requirements for filling up hard to fill vacant positions	<input type="checkbox"/> Jobs/occupations reported not consistent with those reported in column (2) of Item 1.1. <input type="checkbox"/> _____ (title of job/occupation) does not have its corresponding entry in column/s _____ (identify column no.)
1.3. Of the total number of vacant positions reported in Item 1, how many were easy to fill?	<input type="checkbox"/> Entry exceeds entry in Item 1. <input type="checkbox"/> Total number of job/occupation reported in column (2) is not equal to entry in item 1.3. <input type="checkbox"/> _____ (title of job/occupations) does not have its corresponding entry in column/s _____ (identify column no.)
2. When was the last time you had vacancy?	<input type="checkbox"/> The month and year when the company had its latest vacancy is not indicated.
3 How do you normally fill up your job vacancies?	<input type="checkbox"/> No check mark/s in appropriate box/es. <input type="checkbox"/> "Others" is checked but the method of filling up job vacancies is not specified.
4. Does your company have a particular school preference in recruiting new staff?	<input type="checkbox"/> No check mark in appropriate box. <input type="checkbox"/> "Yes" is checked but the school preference is not indicated.
5. How much is your estimated recruitment cost per job?	<input type="checkbox"/> No check mark in appropriate box. <input type="checkbox"/> No check mark in appropriate box to indicate recruitment cost thru Classified Ads/ Phil-Job Net (DOLE)/Internet (Job Boards), as checked in Item 2.
6. In general, how do you rate the job applicants in terms of the following traits?	<input type="checkbox"/> No corresponding check mark in any of columns (2), (3) or (4) for each appropriate trait in column (1).
7. How do you rate the quality of job applicants compared with the previous years?	<input type="checkbox"/> No check mark in appropriate box.
Received by Supervisor:	Verification Accepted by Reviewer:
Signature:	Signature:
Date:	Date:

**BITS FORM 1 (VERIFICATION FORM FOR PART IV: SAFETY AND HEALTH PRACTICES)**

**To Our Valued Respondent:** Thank you for accomplishing the 2007/2008 BITS questionnaire. We, however, have some queries regarding some entries in the attached questionnaire. To guide you, we are providing you this form which contains our observation/s on your report. Should there be a need to revise your data, kindly line out the original entry, write close to it the new entry and affix your initial beside it.

<b>EIN:</b> _____	<b>NAME OF ESTABLISHMENT:</b> _____
<b>GEO:</b> _____	<b>FLOOR/BLDG.:</b> _____
<b>PSIC:</b> _____	<b>NO./STREET/SUBDIVISION:</b> _____
<b>ATE:</b> _____	<b>BARANGAY/CITY/MUNICIPALITY:</b> _____
	<b>ZIP CODE/PROVINCE:</b> _____

[illegible]

<b>Received by Supervisor:</b>	<b>Verification Accepted by Reviewer:</b>
Signature:	Signature:
Date:	Date:

**BITS FORM 1 (VERIFICATION FORM FOR PART V: OCCUPATIONAL INJURIES AND DISEASES)**

EIN: \_\_\_\_\_

GEO: \_\_\_\_\_

PSIC: \_\_\_\_\_

ATE: \_\_\_\_\_

NAME OF ESTABLISHMENT: \_\_\_\_\_

FLOOR/BLDG.: \_\_\_\_\_

No./STREET/SUBDIVISION: \_\_\_\_\_

BARANGAY/CITY/MUNICIPALITY: \_\_\_\_\_

ZIP CODE/PROVINCE: \_\_\_\_\_

ITEM NO.	VERIFICATION DETAILS
1. Did your establishment experience any occupational accidents during the year?	<input type="checkbox"/> No check mark in any of the boxes
2. How many occupational accidents were there?	<input type="checkbox"/> "Yes" is checked in item 1 but no entry in this item <input type="checkbox"/> "Yes" is checked in item 1 but entry in this item exceeds the sum of injury cases in item 3 (cols. 2, 3, 5 and 7).
3. Occupational injuries by type of injury	<input type="checkbox"/> "Yes" is checked in item 1 but no entries in this item Column details do not add up to respective totals: <input type="checkbox"/> col. 2 <input type="checkbox"/> col. 3 <input type="checkbox"/> col. 4 <input type="checkbox"/> col. 5 <input type="checkbox"/> col. 6 <input type="checkbox"/> col. 7 With permanent incapacity cases but no corresponding workdays lost or vice versa for items: <input type="checkbox"/> 3.1 <input type="checkbox"/> 3.2 <input type="checkbox"/> 3.3 <input type="checkbox"/> 3.4 <input type="checkbox"/> 3.5 <input type="checkbox"/> 3.6 <input type="checkbox"/> 3.7 <input type="checkbox"/> 3.8 <input type="checkbox"/> 3.9 With temporary incapacity cases but no corresponding workdays lost or vice versa for items: <input type="checkbox"/> 3.1 <input type="checkbox"/> 3.2 <input type="checkbox"/> 3.3 <input type="checkbox"/> 3.4 <input type="checkbox"/> 3.5 <input type="checkbox"/> 3.6 <input type="checkbox"/> 3.7 <input type="checkbox"/> 3.8 <input type="checkbox"/> 3.9 Workdays lost for permanent incapacity cases less than corresponding number of cases for items: <input type="checkbox"/> 3.1 <input type="checkbox"/> 3.2 <input type="checkbox"/> 3.3 <input type="checkbox"/> 3.4 <input type="checkbox"/> 3.5 <input type="checkbox"/> 3.6 <input type="checkbox"/> 3.7 <input type="checkbox"/> 3.8 <input type="checkbox"/> 3.9 Workdays lost for temporary incapacity cases less than corresponding number of cases for items: <input type="checkbox"/> 3.1 <input type="checkbox"/> 3.2 <input type="checkbox"/> 3.3 <input type="checkbox"/> 3.4 <input type="checkbox"/> 3.5 <input type="checkbox"/> 3.6 <input type="checkbox"/> 3.7 <input type="checkbox"/> 3.8 <input type="checkbox"/> 3.9 Workdays lost per case of temporary incapacity exceeds 365 days for items: <input type="checkbox"/> 3.1 <input type="checkbox"/> 3.2 <input type="checkbox"/> 3.3 <input type="checkbox"/> 3.4 <input type="checkbox"/> 3.5 <input type="checkbox"/> 3.6 <input type="checkbox"/> 3.7 <input type="checkbox"/> 3.8 <input type="checkbox"/> 3.9 <i>Note: A permanent or temporary incapacity injury case generally covers <u>at the least one workday lost</u> excluding the day of the accident. Temporary absences from work of less than one day for medical treatment are not included in workdays lost.</i>
4. Occupational injuries by part of body injured	<input type="checkbox"/> "Yes" is checked in item 1 but no entries in this item Column details do not add up to respective totals: <input type="checkbox"/> col. 2 <input type="checkbox"/> col. 3 <input type="checkbox"/> col. 4 <input type="checkbox"/> col. 5 Totals different from corresponding totals in item 3: <input type="checkbox"/> col. 2 <input type="checkbox"/> col.3 <input type="checkbox"/> col. 4 vs. col. 5 of item 3 <input type="checkbox"/> col. 5 vs. col. 7 of item 3
5. Occupational injuries by cause of injury	<input type="checkbox"/> "Yes" is checked in item 1 but no entries in this item Column details do not add up to respective totals: <input type="checkbox"/> col. 2 <input type="checkbox"/> col. 3 <input type="checkbox"/> col. 4 <input type="checkbox"/> col. 5 Totals different from corresponding totals in item 4: <input type="checkbox"/> col. 2 <input type="checkbox"/> col.3 <input type="checkbox"/> col. 4 <input type="checkbox"/> col. 5
6. Occupational injuries by agent of injury	<input type="checkbox"/> "Yes" is checked in item 1 but no entries in this item Column details do not add up to respective totals: <input type="checkbox"/> col. 2 <input type="checkbox"/> col. 3 <input type="checkbox"/> col. 4 <input type="checkbox"/> col. 5 Totals different from corresponding totals in item 5: <input type="checkbox"/> col. 2 <input type="checkbox"/> col.3 <input type="checkbox"/> col. 4 <input type="checkbox"/> col. 5
7. Occupational diseases	<input type="checkbox"/> With entry in Item 7.13 on "Others" but occupational disease not specified <input type="checkbox"/> With multiple occupational diseases specified in item 7.13 on "Others" but lumped together into a single case entry
8. Did any of your workers experience commuting accidents in 2007?	<input type="checkbox"/> No check mark in any of the boxes
8.1. How many commuting accidents were there?	<input type="checkbox"/> "Yes" is checked in item 8 but no entry in this item
8.2. How many workers were injured?	<input type="checkbox"/> "Yes" is checked in item 8 but no entry in this item <input type="checkbox"/> Entry here is lower than entry in item 8.1
9. Hours actually worked	<input type="checkbox"/> No entry. Entry here is outside acceptable range: <input type="checkbox"/> less than 1,200 hours per person <input type="checkbox"/> less than 3,600 hours per person
Received by Supervisor:	Verification Accepted by Reviewer:
Signature:	Signature:
Date:	Date:

**BITS FORM 1 (VERIFICATION FORM FOR PART VI: LABOR COST OF EMPLOYEES)**

**To Our Valued Respondent:** Thank you for accomplishing the 2007/2008 BITS questionnaire. We, however, have some queries regarding some entries in the attached questionnaire. To guide you, we are providing you this form which contains our observation/s on your report. Should there be a need to revise your data, kindly line out the original entry, write close to it the new entry and affix your initial beside it.

EIN: \_\_\_\_\_

GEO: \_\_\_\_\_

PSIC: \_\_\_\_\_

ATE: \_\_\_\_\_

NAME OF ESTABLISHMENT: \_\_\_\_\_

FLOOR/BLDG.: \_\_\_\_\_

NO./STREET/SUBDIVISION: \_\_\_\_\_

BARANGAY/CITY/MUNICIPALITY: \_\_\_\_\_

ZIP CODE/PROVINCE: \_\_\_\_\_

ITEM No.	VERIFICATION DETAILS
1. Reference period if other than calendar year ( <i>month/year</i> )	<input type="checkbox"/> Reference period not specified
2. Labor Cost Component	
2.1. <i>Direct wages and salaries (in cash)</i>	
2.1.1. Pay for normal/regular working time	<input type="checkbox"/> No entry <input type="checkbox"/> Entry is outside the acceptable range of 24,000 – 350,000 per employee
2.1.4. Payments under bonus, productivity, performance and other incentive schemes	<input type="checkbox"/> Entry is the same as entry in item 2.3.1
2.1.5. Cost of living allowances and other guaranteed and regularly paid allowances	<input type="checkbox"/> Entry is the same as entry in item 2.5.2
2.3. <i>Bonuses and gratuities</i>	
2.3.1. Year-end, seasonal and other one-time bonuses	<input type="checkbox"/> No entry <input type="checkbox"/> Entry is the same as entry in item 2.1.4 <input type="checkbox"/> Entry is outside the acceptable range of 2,000 – 150,000 per employee
2.6. <i>Employer's social security expenditures</i>	
2.6.1. Compulsory social security contributions	<input type="checkbox"/> No entry <input type="checkbox"/> Entry is outside the acceptable range of 2,000 – 15,000 per employee
2.6.4. Cost of medical care and health services	<input type="checkbox"/> Entry is the same as entry in item 2.6.2
2.8 <i>Cost of welfare services</i>	<input type="checkbox"/> Entry includes entry in item 2.5.1 <input type="checkbox"/> Entry includes entry in item 2.6.4 <input type="checkbox"/> Entry includes entry in item 2.7
2.9 <i>Other labor costs</i>	
2.9.1 Cost of work/clothes/protective gear	<input type="checkbox"/> Entry is the same as entry in item 2.4
3. Hours actually worked by all employees in 2007	<input type="checkbox"/> No entry <input type="checkbox"/> Entry is outside the acceptable range of 1,200 – 3,600 per employee
4. Percent share of labor cost to total cost	<input type="checkbox"/> No check marks in any of the boxes <input type="checkbox"/> "30% or more" is checked but percent share is not specified
Others:	
ITEM No.	VERIFICATION DETAILS
Received by Supervisor:	Verification Accepted by Reviewer:
Signature:	Signature:
Date:	Date:

OPERATIONAL STRATEGY

This chapter discusses the conduct of field operations of 2008 OWS and 2007/2008 BITS.

3.1. Training of Field Personnel

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

The training schedule is as follows:

TIME	DURATION	ACTIVITY
<b>DAY 1</b>		
<i>A.M.</i>		
8:00	15 minutes	Registration
8:15	10 minutes	Opening Ceremonies
8:25	1 hr. 30 mins.	Occupational Wages Survey
9:55	15 minutes	Break
10:10	20 minutes	BITS Part I – General Information
10:30	45 minutes	BITS Part II – Employment
11:15	45 minutes	BITS Part III – Occupational Shortages and Surpluses
12:00	1 hour	Lunch Break
<i>P.M.</i>		
1:00	1 hour	BITS Part IV –Safety and Health Practices
2:00	1 hr. 30 mins.	BITS Part V –Occupational Injuries and Diseases
3:30	15 minutes	Break
3:45	1 hour	BITS Part VI – Labor Cost of Employees
<b>DAY 2</b>		
<i>A.M.</i>		
8:00	15 minutes	Registration
8:15	2 hours	Operational Strategy
10:15	15 minutes	Break
10:30	1 hr. 30 mins.	Mock Interview
12:00	1 hr. 30 mins.	Lunch Break
<i>P.M.</i>		
1:30	2 hours	Administrative Concerns and Survey Documents and Forms
3:30	15 minutes	Break
3:45		Allocation of Workload

3.2. Duties and Responsibilities of Field Personnel

3.2.1. Regional Supervisors Outside NCR

- a. Participate in the training on data collection and field editing to be conducted by BLES;
- b. Conduct training to Area Supervisors and Enumerators;
- c. Ensure the implementation of the survey in their regions within the allotted time;

**Note:** When held in the Regional Office, the BLES trainer conducts the training to Area Supervisors and Enumerators.

3.2.1. *Regional Supervisor Outside NCR (cont'd.)*

- d. Allocate questionnaires for delivery to field personnel, receive and control questionnaires from the field and send to BLES within the required period the spoilage/retrieved/verified questionnaires and those questionnaires for endorsement to NCR head offices, covered by the applicable transmittal forms;
- e. Check the completeness and consistency of the entries in the accomplished questionnaires and return those for verification to Area Supervisors or Enumerators;
- f. Deliver questionnaires if necessary, conduct follow-ups, spot checks and verification;
- g. Submit the regional report on the implementation of the survey and other required reports to BLES;
- h. Monitor and evaluate the performance of field personnel for purposes of determining the survey status and payment of salaries; and
- i. Ensure the confidentiality of data provided by the establishments.

3.2.2. *Area Supervisors*

- a. Participate in the training on data collection and field editing;
- b. Ensure the implementation of the survey in their areas within the allotted time;
- c. Allocate questionnaires to field personnel, receive and control the questionnaires from the field (*for NCR Supervisors*);
- d. Assist the Regional Supervisor in the allocation of questionnaires to field personnel, receive and control the questionnaires from the field (*for ONCR Area Supervisors*);
- e. Check the completeness and consistency of the entries in the accomplished questionnaires and return those for verification to Enumerators;
- f. Deliver questionnaires if necessary, conduct follow-ups, spot checks and verification;
- g. Monitor and evaluate the performance of Enumerators for purposes of determining the survey status and payment of salaries; and
- h. Ensure the confidentiality of data provided by the establishments.

**Note:** In NCR, duties "e and f" shall be undertaken by BLES Reviewers and monthly Project-Based Individuals (PBIs), respectively.

3.2.3. *Enumerators*

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

**3.3. Survey Respondents**

The respondents to the survey are the HRD personnel/industrial relations managers, medical personnel, accountants or the designated employees by the establishments responsible for answering government surveys.

3.4. Materials of Field Personnel

Notes

Survey Material	Enumerator	Supervisor
Identification card	v	
Letter of introduction	v	
Field Operations Manual	v	v
Applicable control list	v	v
Pre-addressed questionnaires	v	
Extra questionnaires	v	
Extra OWS Occupational Sheets	v	
Certificate of appearance	v	
Letters to head offices of sample establishments	v	
Other applicable forms	√	√
Ballpen (blue/black and red)	v	v
Calculator		v

**Notes:** 1. Supervisors should have the relevant materials if they will double up as Enumerators.  
2. Letter to head office should already contain the signature of the Director. This letter should be addressed, filled-out and dated by the Enumerator before delivery to the head office.

3.5. General Information

3.5.1. Address Label

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

THE OWNER/MANAGER PHILIPPINE AIRLINES INC 4/f PAL CTR 106 LEGASPI ST SAN LORENZO MAKATI CITY  1223 METRO MANILA 10540 137602025 I62102 9 *				Name of Establishment Address 1: Floor/Bldg., # Street, Subdivision Address 2: Barangay, City or Municipality Address 3: Zip Code, Province	
<b>EIN</b>	<b>GEO CODE</b>	<b>PSIC CODE</b>	<b>ATE CODE</b>	<b>Note:</b> Address 3 for NCR is Metro Manila	

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

- \* This indicates that the establishment is a **priority sample** (define as those establishments belonging to cells with 10 or less samples). Efforts should be exerted to retrieve the questionnaire from the establishment to ensure accuracy of survey results particularly for the industry where the establishment belongs.
- For sample establishments c/o their head offices, the upper right hand section of their address labels contains “**c/o head office**”.

3.5.2. Establishment Identification Number (EIN)

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

3.5.3. Geographic (GEO) Code

The GEO Code is the 9-digit code to denote the geographical location of the establishment. The first and second digits refer to the *region*, the third and fourth digits to the *province*, the fifth and sixth digits to the *city/municipality* and the last three digits to the *barangay*. The reference year of the GEO code used is 2007.

3.5.4. Philippine Standard Industrial Classification (PSIC) Code

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

3.5.5. Average Total Employment (ATE) Code

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

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

3.5.6. Status Codes

The **final** status code of each questionnaire in the **Supervisor's and Enumerator's Control Lists** (FM-BLES 02-2.1a and FM-BLES 02-2.2a, respectively) should be **the same**. Only the following codes are **acceptable** and should be encircled in the applicable portion of **Status Code** found at the bottom of the cover page of the questionnaire.

Code	Description	Instruction
RET1	Retrieved for processing after distribution	All information provided by the establishment at the <b>first instance have passed</b> the field editing by the Enumerator. He/she then submits the questionnaire to the Supervisor for review. If acceptable, the status is retained.
RFV	Returned for verification	The accomplished questionnaire when reviewed by the Supervisor/Reviewer was found with <b>incomplete/inconsistent entries or is a consolidated/nationwide report</b> . The Supervisor returns it to the enumerator for verification of incomplete or inconsistent entries or reporting of data specific to the establishment in the case of consolidated or nationwide data.
RET2	Retrieved for processing after verification	All the items for verification have been <b>corrected and have passed</b> the review of the Supervisor/Reviewer. Otherwise, the status remains RFV and will be returned to the Enumerator for further verification. When the questionnaire finally passes the review, the status becomes RET2.
REF	Refusal	The establishment refuses to cooperate to the survey despite repeated persuasions and <b>three (3) callbacks/follow-ups by the Enumerator and one (1) follow-up by the Supervisor (through phone, mail or personally)</b> .



Code	Description	Instruction
STR	On strike	The establishment is on strike and <b>no</b> one could accomplish the questionnaire.
TCL	Temporarily closed	The establishment is <b>not in operation</b> at the time of the field operations due to inventory, calamity/disaster, and repair/maintenance of equipment and the like.
CBL	Cannot be located	The establishment is <b>not</b> in the given address or anywhere else in the area/s covered by the Enumerator, or the previously existing establishment in the given address has moved to an <b>unknown</b> location. All possible sources of information e.g. knowledgeable persons in the area, phone directory, should first be exhausted before an establishment is coded as CBL.
PCL	Permanently closed	The establishment has <b>permanently</b> ceased operation at the time of enumeration.
DUP	Duplicate	<p>The establishment has been confirmed as the <b>same</b> as another sample establishment relative to address and specific economic activity. <b>Discontinue</b> data collection. Write beside the code the EIN of the establishment being duplicated.</p> <p>The establishment to be retained should be that with the <u>lower</u> EIN, e.g. EIN 450 and EIN 463 are the same establishments, then EIN 463 is DUP of EIN 450.</p>
OSP	Outside industry coverage of the survey	This refers to an establishment whose industry is <b>excluded</b> from the coverage of the survey. <b>Discontinue</b> data collection. Write beside the code, the PSIC of the establishment e.g. A01-A05, B06, I64110, J65100, L75, M80, N8511, O91 and Q99.
OTH	Status n.e.c.	<p>This refers to a condition <b>not classifiable</b> in any of the above status codes. <b>Discontinue</b> data collection. Write beside the code the reason for OTH.</p> <p>Examples of this are: economic units with family/unpaid workers <b>only</b>, warehouse with no employees or only with security guard, power barge, security detachments, janitorial units, musical band or “banda” in operation during fiestas, cockpits.</p>

**Tips to Enumerators**

***Bring** the necessary survey materials when on fieldwork.*

***Manage** your time. Follow an itinerary of travel for delivery and collection that would consume the least time.*

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

- a. Each enumerator should have a **Letter of Introduction** signed by the Director (BLES/DOLE Regional Office), to be presented to the sample establishment. Upon reaching the establishment, the Enumerator introduces himself/herself to the receptionist or to any person who can refer him/her to the HRD/personnel/industrial relations manager, medical personnel, accountant or the designated employee responsible for answering government surveys. In such instance, the Enumerator re-introduces himself/herself to this contact person. It is important that the Enumerator is familiar with the objectives and concerns of the survey.

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

*“Good morning/afternoon, Ms./Mr. \_\_\_\_\_. I am \_\_\_\_\_, an interviewer of the Department of Labor and Employment (show letter of introduction). I am here concerning the 2008 Occupational Wages Survey (OWS) and/or the 2007/2008 BLES Integrated Survey (BITS) being conducted nationwide by the Bureau of Labor and Employment Statistics. The BLES is the statistical arm of the DOLE and is one of the major data producing agencies of our government. The inquiries are in response to the demand of various users for information on wages, employment, industrial relations, occupational injuries and labor cost in the workplace. For your particular needs, you may find that these statistics are useful in your business planning and operations.*

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

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

- b. The enumerator should conduct quality control of questionnaire before delivery. Enumerator should check its quality and completeness of pages. Defective questionnaire should be replaced.
- c. The delivery of questionnaires should be completed within the **prescribed time**. The duration may be extended depending on the geographical distances of the sample establishments. However, it is important that the **delivery should be completed before collection** of questionnaires in order that BLES will know the expected number of questionnaires to be retrieved and processed. The questionnaire should be delivered to a **knowledgeable person** in the establishment to ensure that the questionnaire will be officially received and the items of inquiry of the questionnaire are **clearly explained to minimize errors** in data reporting by the contact person and **callbacks** by the Enumerator. In instances that the Enumerator is asked to leave the questionnaire with the security guard or receptionist, the Enumerator should ask for the

name, position and telephone number of the person whom he/she shall follow-up regarding the questionnaire.

*Notes*

- d. After explaining the items of inquiries, the Enumerator and the contact person should agree on a “pick-up date” for the accomplished questionnaire preferably within **15 working days from delivery**.
- e. The NCR Enumerator should **leave** his/her name to facilitate coordination in case the respondent still has some queries. On the other hand, the ONCR Enumerator should also provide his/her name and write the address, telephone/fax numbers and e-mail address of the Regional Office in the spaces provided on the cover page of the questionnaire.
- f. The Enumerator should request the contact person/personnel who received the questionnaire to sign his/her **Certificate of Appearance** (FM-BLES 03-3.8). This certificate shall serve as evidence of questionnaire delivery/follow-ups/verification to the establishment. On the average, the Enumerator should deliver questionnaires to **5 establishments per day**.
- g. **No replacement** of sample establishment is allowed. If the establishment being subject of inquiry is no longer in the given address, the questionnaire should **not** be given to the establishment found in its place even if this establishment has the same economic activity and employment size.
- h. If information was obtained that the establishment employs **less than 20 workers**, the Enumerator should **continue** with the delivery of questionnaire. The decline in employment may only be temporary.
- i. A report by the Enumerator that an establishment cannot accomplish the questionnaire due to refusal (REF), strike (STR), closure (TCL or PCL), non-location (CBL), duplicate (DUP), outside survey coverage (OSP) or other reasons (OTH) should be **verified** by his/her Supervisor/Designated personnel. If **confirmed** by site verification or through other means, the Enumerator is **entitled** to the payment for delivery.

Actions on all **spoilage** questionnaires should be recorded in the Supervisor’s and Enumerator’s control lists as shown in Appendix II (Examples of Accomplished Control Lists - Case 1) of this Chapter.

- j. Actions to be taken in cases where an establishment has **moved to a known location** are shown on Appendix III (Flow Chart on Delivery Cases to Sample Establishments that Transferred to Known Locations). Examples on these are shown on Appendix IV (Examples of Control Lists on Delivery Cases to Sample Establishments that Transferred to Known Locations) of this Chapter.
- k. Actions to be taken in cases where a questionnaire is **endorsed to the head office** of the sample establishment are shown on Appendix V (Flow Chart on Delivery Cases to Head Offices of Sample Establishments). Examples on these are shown on Appendix VI (Examples of Control Lists on Delivery Cases to Head Offices of Sample Establishments) of this Chapter.

### 3.7. Collection and Field Editing of Questionnaires

- a. The period for collection/retrieval should be **within the prescribed schedule** in order that the Bureau's timetable for processing and report dissemination are met.
- b. **Phone calls and/or personal follow-ups** should be made by the Enumerator to ensure that the questionnaire is being accomplished or is ready for pick-up on the due date.
- c. In case the contact person has misplaced the questionnaire, the Enumerator should provide him/her a new one and the applicable OWS Occupational Sheet as the case maybe. The name and complete address, EIN, GEO/PSIC/ATE/Survey codes of the establishment should be **copied correctly** on the portion for address label.
- d. Upon pick-up of the accomplished survey form, the Enumerator should **check the entries for completeness and consistency** in accordance with the field editing guidelines of the survey. He/she should do this before leaving the establishment premises to avoid callbacks/return visits. The accomplished questionnaire shall be paid only after it finally passes the review of the Supervisor/Reviewer. The Enumerator should go back to the contact person in case of items for verification. Only a **correctly accomplished/edited questionnaire shall be paid**.
- e. On the average, an Enumerator should collect **1 to 2 questionnaires per day**. A properly accomplished/edited questionnaire that is duly signed by the contact person in the establishment is **evidence of retrieval**.
- f. The Enumerator should edit an accomplished questionnaire (delivered by him/her) that has been directly sent back to the office. When the questionnaire finally passes review of the Supervisor/Reviewer, the Enumerator should be **compensated** accordingly.
- g. Follow-ups on questionnaires that have been mailed should be done by the Supervisor at **least twice** during the duration of the field operations. For the purpose, the **prescribed letter format** should be used. The Supervisor should keep duplicate copies of the letters for reference.
- h. When a questionnaire that has been mailed is retrieved, the Supervisor/Reviewer should edit the questionnaire. If found acceptable, **no payment** should be made for retrieval considering that this questionnaire has been mailed and has been considered for the account of the Supervisor.

### 3.8 Field Verification

- a. Supervisors should select **1 to 2** questionnaires from each Enumerator's weekly submissions for **authenticity** checks with the contact persons of establishments. See Appendix II (Examples of Accomplished Control Lists - Case 2) of this Chapter.
- b. Supervisors/Designated personnel should phone or personally visit the contact persons of **all** establishments that submitted seemingly spurious questionnaires. **Spurious** means no certification/signature of contact person or forged signature, item entries written in pencil or many erasures, fabricated entries or same entries among questionnaires or other doubtful cases. Verification of **all** spurious questionnaires should be recorded in the Supervisor's and Enumerator's control lists. See Appendix II (Examples of Accomplished Control Lists - Case 3) of this Chapter.

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

3.9. Review of Questionnaires

The BLES shall review all accomplished questionnaires.

In NCR, those found unacceptable by the Reviewers shall be returned to the concerned NCR Enumerators through the Area Supervisors. Questionnaires from the Regional Offices that need verification shall be sent back to the Regional Supervisors also for clarification with the establishments by concerned ONCR Enumerators. In both instances the applicable verification form shall be attached to the questionnaire.

The concerned Supervisor shall ensure that these questionnaires are recorded as RFV in the control lists and in the BLES computerized status monitoring database before returning to the concerned Supervisor. Once the questionable entries are corrected, these shall be considered as finally retrieved. See Appendix II (Examples of Accomplished Control Lists - Case 4) of this Chapter.

Appendix I shows the flow chart on delivery, retrieval, verification and review of questionnaires.

3.10. Survey Status Monitoring

To keep track of the status of field operations electronically and to provide basis in updating the BLES Sampling Frame, the BLES designated personnel encodes in the survey status monitoring database the following information from the submitted questionnaires and the **Sample Respondents with New Names and Addresses** (FM-BLES 03-3.9) or **Questionnaires for Endorsement to Head Offices** (FM-BLES 03.3.15)

- changes in names, addresses, GEO code, PSIC code
- reported employment
- head office particulars, if any
- entries in certification portion of the questionnaire
- status code of the questionnaire

The computerized status monitoring report **Assessment on the Implementation of BLES Survey/s** (FM BLES 03-3.17) is generated to reflect the performance of the NCR Supervisors/Enumerators and the DOLE-Regional Offices not later than 2 days after the 5<sup>th</sup> and 20<sup>th</sup> of the month.

The Supervisors should also prepare manually the **Enumerators' Summary Performance Report** (FM-BLES 03-3.11) not later than 2 days after the payroll period.

**FLOW CHART ON DELIVERY,  
RETRIEVAL, VERIFICATION  
AND REVIEW OF QUESTIONNAIRES**

DELIVERY, RETRIEVAL, VERIFICATION AND REVIEW OF QUESTIONNAIRES

Activity	Person Responsible	Details
<div><pre>graph TD     Start([Start]) --&gt; Deliver[Deliver questionnaire to knowledgeable person in the establishment]     Deliver --&gt; Delivered{Questionnaire delivered?}     Delivered -- No --&gt; Return[Return questionnaire to Supervisor for appropriate action]     Delivered -- Yes --&gt; A((A))     Return --&gt; Spoilage{Spoilage questionnaire?}     Spoilage -- No --&gt; Deliver     Spoilage -- Yes --&gt; B((B))</pre></div>	<div>Enumerator</div> <div>Enumerator</div> <div>Supervisor/ Designated Personnel</div>	<ul style="list-style-type: none"><li>• Bring ID card, letter of introduction, field operations manual, control list, pre-addressed questionnaires for delivery, extra questionnaires, extra OWS occupational sheets, certificate of appearance forms, signed letters to head offices of sample establishments, ballpen (blue/black and red) and calculator.</li><li>• <b>No replacement</b> of sample establishment is allowed.</li><li>• If information was obtained that the establishment employs <b>less than 20 workers</b>, the Enumerator should <b>continue</b> with the delivery.</li><li>• See sections 3.5.6 and 3.6h of this Chapter.</li><li>• Confirm <b>all</b> spoilage status.</li><li>• If verified STR, TCL, PCL, CBL, DUP, OSP, OTH, see <b>Examples of Accomplished Control Lists-Case 1</b> (Appendix II) of this Chapter.</li><li>• For a confirmed REF, three (3) callbacks/follow-ups by Enumerator and one (1) follow-up by the Supervisor/Designated Personnel (through phone, mail or personally) should have been done.</li><li>• If establishment was found to be in operation in a new location, refer to <b>Flow Chart on Delivery Cases to Sample Establishments that Transferred to Known Locations</b> (Appendix III) and Appendix IV for examples of control lists.</li><li>• For other delivery cases, refer to <b>Flow Chart on Delivery Cases to Head Offices of Sample Establishments</b> (Appendix V) and Appendix VI for examples of control lists.</li><li>• On the average, the Enumerator should deliver questionnaires to <b>5 establishments per day</b>.</li></ul>

**Note:** The field personnel should accomplish the applicable survey documents and forms during the relevant stages of the field operations. Refer to Chapter 5 of this Manual.

**DELIVERY, RETRIEVAL, VERIFICATION AND REVIEW OF QUESTIONNAIRES** (cont'd.)

Activity	Person Responsible	Details
<pre>graph TD; A((A)) --&gt; B[Explain survey details to contact person]; B --&gt; C[Collect and field edit questionnaire]; C --&gt; D[Submit questionnaire to Supervisor]; D --&gt; E((C)); D --&gt; F((D)) --&gt; B;</pre>	Enumerator	<ul style="list-style-type: none"><li>• Questionnaire should be retrieved <b>within 15 days from delivery</b> or on a mutually agreed date with the contact person of the establishment.</li><li>• State purpose of visit, objectives and concerns of the survey.</li><li>• Agree on pick-up date of accomplished questionnaire with respondent.</li><li>• Leave name to facilitate coordination in case the respondent still has some queries on the survey. In addition, the ONCR enumerator should leave the address, telephone/fax numbers and e-mail address of the Regional Office in the spaces provided on the cover page of the questionnaire.</li><li>• If asked to leave the questionnaire to a person (e.g. security guard, receptionist) other than a <b>knowledgeable</b> person in the establishment, ask for the name, position and telephone number of the person responsible for filling out the questionnaire to facilitate follow-ups.</li><li>• Follow-up contact person through phone calls and/or personal visits, to ensure that questionnaire is ready for pick up on the agreed date.</li><li>• In case the contact person has misplaced the questionnaire, the Enumerator should provide him/her a new one and the applicable OWS Occupational Sheet as the case maybe. The name and complete address, EIN, GEO/PSIC/ATE/Survey codes of the establishment should be copied <b>correctly</b> on the portion for address label.</li><li>• Check entries of accomplished questionnaire for <b>completeness and consistency</b> in accordance with the field editing guidelines of the survey before leaving the establishment premises to avoid callbacks/return visits.</li><li>• As much as possible, the collection of questionnaires from establishments with at <b>least 100 workers</b> (ATE Code 5 and over) should be given priority.</li><li>• On the average, an Enumerator should collect <b>1 to 2 questionnaires per day</b>.</li></ul>

**Notes:** 1. The Enumerator should edit an accomplished questionnaire (delivered by him/her) that has been directly sent back to the office.  
2. Follow-ups on questionnaires that have been mailed should be done by the Supervisor at **least twice** during the duration of the field operations. For the purpose, the **prescribed letter format** should be used. The Supervisor should keep duplicate copies of the letters for reference.



## DELIVERY, RETRIEVAL, VERIFICATION AND REVIEW OF QUESTIONNAIRES *(cont'd.)*

Activity	Person Responsible	Details
<pre> graph TD     C((C)) --&gt; Review[Review questionnaire]     Review --&gt; Decision{Questionnaire pass editing guidelines?}     Decision -- No --&gt; Return[Return to Enumerator for verification with establishment]     Return --&gt; Verify[Verify with establishment]     Verify --&gt; D((D))     Decision -- Yes --&gt; End([End])     B((B)) --&gt; End           </pre>	<p>Supervisor/ Reviewer</p> <p>Supervisor</p> <p>Enumerator</p> <p>Supervisor/ Designated Personnel</p>	<ul style="list-style-type: none"> <li>Refer to survey editing guidelines</li> <li>If there are incorrect/ inconsistent/incomplete entries, fill out the pertinent Survey Verification Form/s in duplicate.</li> <li>Attach original copy of Verification Form to questionnaire. Keep duplicate copy for reference. See <b>Examples of Accomplished Control Lists-Case 4</b> (Appendix II) of this Chapter.</li> <li>ONCR questionnaires for verification are returned by BLES to the Regional Supervisors for verification of their Enumerators while those for NCR are returned to the Enumerators through the Area Supervisors.</li> <li>Select <b>1 to 2</b> questionnaires from each Enumerator's weekly submissions for <b>authenticity</b> checks with the contact persons of establishments. See <b>Examples of Accomplished Control Lists-Case 2</b> (Appendix II) of this Chapter.</li> <li><b>All</b> seemingly spurious questionnaires should be verified. See <b>Examples of Accomplished Control Lists-Case 3</b> (Appendix II) of this Chapter.</li> </ul>

**Notes:**

1. In NCR, Area Supervisors handle questionnaire delivery and collection while the Reviewers are in charge of review of accomplished questionnaires (including those from Regional Offices). The Designated Personnel (monthly PBIs) undertake confirmation of all spoilage questionnaires, random checks with establishments for authenticity of submissions and verification of seemingly spurious questionnaires. They are also tasked to deliver and collect/field edit questionnaires of sample establishments in regions outside NCR endorsed to head offices in NCR.
2. When a questionnaire that has been mailed is retrieved, the Supervisor/Reviewer should edit the questionnaire. If found acceptable, **no payment** should be made for retrieval considering that this questionnaire has been mailed and has been considered for the account of the Supervisor. See Examples on Delivery Cases to Sample Establishments that Transferred to Known Locations-Case 3 (Appendix IV) and Examples on Delivery Cases to Head Offices of Sample Establishments -Cases 3.1 and 3.2 (Appendix VI) of this Chapter.

# **EXAMPLES OF ACCOMPLISHED CONTROL LISTS**

Case 1: Spoilage Questionnaire

Enumerator's Control List

EIN GEO PSIC ATE	NAME/ADDRESS OF SAMPLE ESTABLISHMENT	SURVEY CODE	CONTACT PERSON/POSITION	TEL. NO.	DATE DELIVERED	DATE RETRIEVED		STATUS CODE	REMARKS
						Expected	Actual		
00897 133902010 D15110 4  . . .	ADVINCULA BROS 50 ACACIA ST BGY 296 BINONDO MANILA 1006 METRO MANILA	-					8/31	CBL	Confirmed

Supervisor's Control List

ENUMERATOR'S NAME	EIN GEO PSIC ATE	NAME/ADDRESS OF SAMPLE ESTABLISHMENT	SURVEY CODE	CONTACT PERSON/POSITION	TEL. NO.	DATE DELIVERED	DATE RETRIEVED	STATUS CODE	REMARKS
Brenda  . . .	00897 133902010 D15110 4	ADVINCULA BROS 50 ACACIA ST BGY 296 BINONDO MANILA 1006 METRO MANILA	-				8/31	CBL	Confirmed

**Notes:** 1. All spoilage questionnaires should be confirmed by Supervisor/Designated Personnel.  
2. Date Retrieved (Actual) of Enumerator and Date Retrieved of Supervisor is date when questionnaire is considered as spoilage after verification by Supervisor/Designated Personnel.

**Case 2: Retrieved Questionnaire**

*Enumerator's Control List*

EIN GEO PSIC ATE	NAME/ADDRESS OF SAMPLE ESTABLISHMENT	SURVEY CODE	CONTACT PERSON/POSITION	TEL. NO.	DATE DELIVERED	DATE RETRIEVED		STATUS CODE	REMARKS
						Expected	Actual		
00146 133902010 D15110 4  . . .	A B COSTELO 1546 NARRA ST BGY 296 BINONDO MANILA 1006 METRO MANILA	-	Jun de la Islas HRD Manager	527-1234	8/4	BITS-8/25 OWS-8/28	BITS-8/23 OWS-8/25	BITS-RET 1 OWS-RET 1	Authenticated BITS-8/25 OWS-8/28

*Supervisor's Control List*

ENUMERATOR'S NAME	EIN GEO PSIC ATE	NAME/ADDRESS OF SAMPLE ESTABLISHMENT	SURVEY CODE	CONTACT PERSON/POSITION	TEL. NO.	DATE DELIVERED	DATE RETRIEVED	STATUS CODE	REMARKS
Liza  . . .	00146 133902010 D15110 4	A B COSTELO 1546 NARRA ST BGY 296 BINONDO MANILA 1006 METRO MANILA	-	Jun de la Islas HRD Manager	527-1234	8/4	BITS-8/25 OWS-8/28	BITS-RET 1 OWS-RET 1	Authenticated BITS-8/25 OWS-8/28

**Note:** Supervisor/Designated Personnel should conduct random checks (1-2 reviewed questionnaires from Enumerator's weekly submission) with the contact persons of establishments on authenticity of submission.

Case 3: Spurious Questionnaire

Enumerator's Control List

EIN GEO PSIC ATE	NAME/ADDRESS OF SAMPLE ESTABLISHMENT	SURVEY CODE	CONTACT PERSON/POSITION	TEL. NO.	DATE DELIVERED	DATE RETRIEVED		STATUS CODE	REMARKS
						Expected	Actual		
00900 133902010 D15110 4  . . .	REMEDIOS CORP 65 ACACIA ST BGY 296 BINONDO MANILA 1006 METRO MANILA	-	Jun Simon HRD Manager	527-4263	8/4	8/25	8/25	RET 1	

Supervisor's Control List

ENUMERATOR'S NAME	EIN GEO PSIC ATE	NAME/ADDRESS OF SAMPLE ESTABLISHMENT	SURVEY CODE	CONTACT PERSON/POSITION	TEL. NO.	DATE DELIVERED	DATE RETRIEVED	STATUS CODE	REMARKS
Cindy  . . .	00900 133902010 D15110 4  . . .	REMEDIOS CORP 65 ACACIA ST BGY 296 BINONDO MANILA 1006 METRO MANILA	-	Jun Simon HRD Manager	527-4263	8/4	<del>8/25</del>	<del>RET1</del>	8/31 Forged signature of contact person

**Notes:** 1. **All** seemingly spurious questionnaires should be verified by Supervisor/Designated Personnel. **Spurious** means e.g. no certification/signature of contact person or forged signature, item entries written in pencil or many erasures, fabricated entries or same entries among questionnaires or other doubtful cases.  
2. The finding that the questionnaire is spurious is a ground for dismissal of the Enumerator. See section 4.6b of Chapter 4 of this Manual.

Case 4: Questionnaire for Verification

Enumerator's Control List

EIN GEO PSIC ATE	NAME/ADDRESS OF SAMPLE ESTABLISHMENT	SURVEY CODE	CONTACT PERSON/POSITION	TEL. NO.	DATE DELIVERED	DATE RETRIEVED		STATUS CODE	REMARKS
						Expected	Actual		
00543 133902010 D15110 4  . . .	A B NADAL INC 30 ACACIA ST BGY 296 BINONDO MANILA 1006 METRO MANILA	-	Jun de la Cruz HRD Manager	527-1696	8/3	BITS-8/24 OWS-8/24	BITS-8/22 <del>OWS-8/16</del> 8/18	BITS-RET1 <del>OWS-RET1</del> REF RET2	

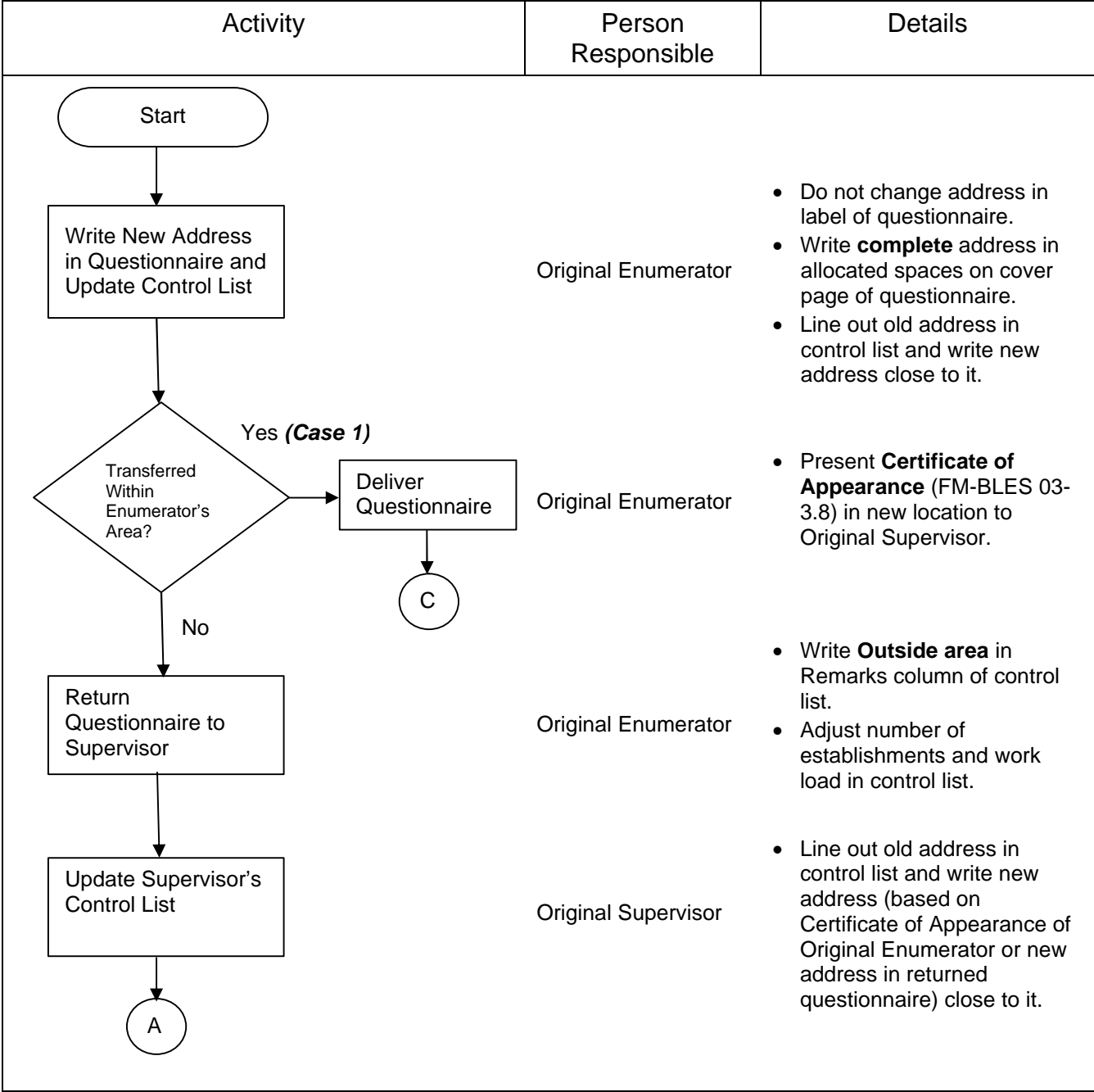
Supervisor's Control List

ENUMERATOR'S NAME	EIN GEO PSIC ATE	NAME/ADDRESS OF SAMPLE ESTABLISHMENT	SURVEY CODE	CONTACT PERSON/POSITION	TEL. NO.	DATE DELIVERED	DATE RETRIEVED	STATUS CODE	REMARKS
Bob  . . .	00543 133902010 D15110 4	A B NADAL INC 30 ACACIA ST BGY 296 BINONDO MANILA 1006 METRO MANILA	-	Jun de la Cruz HRD Manager	527-1696	8/3	BITS-8/24 OWS-8/21	BITS-RET1  OWS-REF RET2	

**Note:** Date Retrieved of Supervisor is date when entries in questionnaire for verification have been corrected and have the passed review of Supervisor/Reviewer.

**FLOW CHART ON DELIVERY CASES  
TO SAMPLE ESTABLISHMENTS  
TRANSFERRED TO KNOWN LOCATIONS**

SAMPLE ESTABLISHMENT TRANSFERRED TO KNOWN LOCATION



Cases Presented		Accountable Persons
1	Sample establishment still within area of Original Enumerator	Original Enumerator-Original Supervisor
2	Sample establishment outside area of Original Enumerator but still within area of Original Supervisor	New Enumerator-Original Supervisor
3	Sample establishment outside Region	Original Supervisor
4	Sample establishment outside area of Original Supervisor but still within Region	New Enumerator-New Supervisor



**SAMPLE ESTABLISHMENT TRANSFERRED TO KNOWN LOCATION** (cont'd.)

Activity	Person Responsible	Details
<pre>graph TD     A((A)) --&gt; D1{Establishment Within Supervisor's Area?}     D1 -- "Yes (Case 2)" --&gt; A1[Assign to New Enumerator]     A1 --&gt; A2[Deliver Questionnaire]     A2 --&gt; C((C))     D1 -- "No" --&gt; D2{Transferred within the Region?}     D2 -- "No (Case 3)" --&gt; A3[Mail the Questionnaire]     D2 -- "Yes (Case 4)" --&gt; B((B))</pre>		<ul style="list-style-type: none"><li>• Replace name of Original Enumerator with that of New Enumerator in control list.</li><li>• Adjust workloads of Original and New Enumerators in <b>Assessment on the Implementation of BLES Survey/s</b> (FM BLES 03-3.17). See section 4.4g of Chapter 4 of this Manual.</li><li>• Add establishment and its particulars in control list.</li><li>• Write <b>Additional</b> in Remarks column of control list.</li><li>• Adjust number of establishments and workload in control list.</li><li>• Present <b>Certificate of Appearance</b> (FM-BLES 03-3.8) in new location to Original Supervisor.</li><li>• Replace name of Original Enumerator with that of Original Supervisor in control list.</li><li>• Write <b>Moved to Region _ (mailed)</b> in Remarks column of control list.</li><li>• Workload should now be for the account of the Original Supervisor. This should be reflected accordingly in the <b>Assessment on the Implementation of BLES Survey/s</b> (FM BLES 03-3.17).</li><li>• Mail questionnaire together with <b>prescribed letter</b>. Keep duplicate letter for reference.</li><li>• Record date mailed under Date Delivered column of control list.</li><li>• Follow-up questionnaire at <b>least twice</b> during field operations using <b>prescribed letter</b>. Keep duplicate letters for reference.</li></ul>

**Note:** Case 4 does not apply to Regional Office where there is only one staff supervising field operations.

**SAMPLE ESTABLISHMENT TRANSFERRED TO KNOWN LOCATION** (cont'd.)

Activity	Person Responsible	Details
<pre>graph TD; B((B)) --&gt; A1[Forward to New Supervisor]; A1 --&gt; A2[Assign to New Enumerator]; A2 --&gt; A3[Deliver Questionnaire]; C((C)) --&gt; A3; A3 --&gt; End[End];</pre>	<p>Original Supervisor</p> <p>New Supervisor</p> <p>New Enumerator</p>	<ul style="list-style-type: none"><li>Write <b>To __ Supervisor</b> in Remarks column of control list.</li><li>Adjust number of establishments in control list.</li><li>Add name of Enumerator and establishment particulars in control list and write <b>Additional</b> in Remarks column.</li><li>Adjust number of establishments in control list.</li><li>Adjust workload of New Enumerator in <b>Assessment on the Implementation of BLES Survey/s</b> (FM BLES 03-3.17).</li></ul> <p><u>For BLES:</u></p> <ul style="list-style-type: none"><li>Original Supervisor accomplishes <b>Sample Respondents with New Names and Addresses</b> (FM-BLES 03-3.9) for Cases 1, 2, 3 and 4.</li><li>New Supervisor acknowledges receipt of questionnaire by signing beside his/her name in the form.</li><li>Original Supervisor <b>immediately</b> provides the accomplished form to Designated personnel for computerized status monitoring.</li></ul> <p><u>For DOLE-RO-ROs:</u></p> <ul style="list-style-type: none"><li><b>FM-BLES 03.3.9</b> should be accomplished by Regional Supervisor <b>only</b> for establishments that have not responded to the survey. The form should be sent to BLES <b>within 20 days after the termination of field operations.</b></li></ul> <ul style="list-style-type: none"><li>Add establishment particulars in control list.</li><li>Write <b>Additional</b> in Remarks column of control list.</li><li>Adjust number of establishments and workload in control list</li><li>Present <b>Certificate of Appearance</b> (FM-BLES 03-3.8) in new location to New Supervisor.</li></ul>

**Payment Schemes:**

- Original Enumerator is paid **one-time** if he/she delivers the questionnaire to the establishment in new location that is within or outside his/her area or to establishment in new location outside the area of the Original Supervisor. He/she still reports to the Original Supervisor. No adjustments are made in the number of establishments and workload.
- New Enumerator is paid as long as Certificate of Appearance in new location is presented.

**EXAMPLES OF CONTROL LISTS ON DELIVERY CASES  
TO SAMPLE ESTABLISHMENTS TRANSFERRED TO KNOWN LOCATIONS**

Case 1: Sample establishment still within area of Original Enumerator (Original Enumerator made delivery under Original Supervisor)

Original Enumerator's Control List (Ben)

Total Establishments: 55  
Total Questionnaires (Workload): BITS: 55 OWS: 55

EIN GEO PSIC ATE	NAME/ADDRESS OF SAMPLE ESTABLISHMENT	SURVEY CODE	CONTACT PERSON/POSITION	TEL. NO.	DATE DELIVERED	DATE RETRIEVED		STATUS CODE	REMARKS
						Expected	Actual		
10444 137403029 D18110 4	CARMEL'S GARMENTS MFG 45 EVANGELISTA ST UGONG PASIG CITY 1604 METRO MANILA  15 SOLAR ST KAPITOLYO PASIG CITY 1603 METRO MANILA	-	Lynn Santos Asst. HRD Manager	620-5248	8/9	BITS 8/19 OWS 8/26			

Original Supervisor's Control List (Linda)

Total Establishments: 150

ENUMERATOR'S NAME	EIN GEO PSIC ATE	NAME/ADDRESS OF SAMPLE ESTABLISHMENT	SURVEY CODE	CONTACT PERSON/POSITION	TEL. NO.	DATE DELIVERED	DATE RETRIEVED	STATUS CODE	REMARKS
Ben	10444 137403029 D18110 4	CARMEL'S GARMENTS MFG 45 EVANGELISTA ST UGONG PASIG CITY 1604 METRO MANILA  15 SOLAR ST KAPITOLYO PASIG CITY 1603 METRO MANILA	-	Lynn Santos Asst. HRD Manager	620-5248	8/9			

- General Note for Cases 1, 2, 3 and 4:
- 1. In **ONCR**, the number of establishments of the Supervisors refers to the total establishments for all Enumerators.
  - 2. In **NCR**, the initial number of establishments of Original Supervisor and Original Enumerator are the same in their control lists since these are prepared per Enumerator. Enumerators have been pre-determined prior to control list generation.

- Notes:
- 1. The number of establishments and workload of the Original Enumerator remain unchanged.
  - 2. The number of establishments of the Original Supervisor remains unchanged.

Case 2. Sample establishment outside area of Original Enumerator but still within area of Original Supervisor (New Enumerator made delivery under Original Supervisor)

Original Enumerator's Control List (Robin)

Total Establishments: ~~58~~ 57  
Total Questionnaires (Workload): BITS: ~~35~~ 57    OWS: ~~60~~ 57

EIN GEO PSIC ATE	NAME/ADDRESS OF SAMPLE ESTABLISHMENT	SURVEY CODE	CONTACT PERSON/POSITION	TEL. NO.	DATE DELIVERED	DATE RETRIEVED		STATUS CODE	REMARKS
						Expected	Actual		
9887 137401014 H55210 4	LE FRANCE CAFÉ <del>55 ESPERANZA ST</del> HULO MANDALUYONG CITY <del>1550 METRO MANILA</del>  3/F TNX BLDG SHAW BLVD BUROL MANDALUYONG CITY 1552 METRO MANILA	-							Outside area

New Enumerator's Control List (Annie)

Total Establishments: ~~60~~ 61  
Total Questionnaires (Workload): BITS: ~~60~~ 61    OWS: ~~60~~ 61

EIN GEO PSIC ATE	NAME/ADDRESS OF SAMPLE ESTABLISHMENT	SURVEY CODE	CONTACT PERSON/POSITION	TEL. NO.	DATE DELIVERED	DATE RETRIEVED		STATUS CODE	REMARKS
						Expected	Actual		
9887 137401014 H55210 4	LE FRANCE CAFÉ 3/F TNX BLDG SHAW BLVD. BUROL MANDALUYONG CITY 1552 METRO MANILA	-	Shiela Perez HRD Manager	525-2222	8/4	BITS 78/18 OWS 8/25			Additional

Original Supervisor's Control List (Rosie)

Total Establishments: 175

ENUMERATOR'S NAME	EIN GEO PSIC ATE	NAME/ADDRESS OF SAMPLE ESTABLISHMENT	SURVEY CODE	CONTACT PERSON/POSITION	TEL. NO.	DATE DELIVERED	DATE RETRIEVED	STATUS CODE	REMARKS
<del>Robin</del> Annie	9887 137401014 H55210 4	LE FRANCE CAFÉ <del>55 ESPERANZA ST</del> HULO MANDALUYONG CITY <del>1550 METRO MANILA</del>  3/F TNX BLDG SHAW BLVD BUROL MANDALUYONG CITY 1552 METRO MANILA	-	Shiela Perez HRD Manager	525-2222	8/4			

Notes: 1.) As the establishment is a common sample of BITS and OWS, the number of establishments and workload of the Original Enumerator are reduced by one (1) and two (2) respectively while those of the New Enumerator increased by one establishment (1) and two (2) questionnaires. 2.) The number of establishments of the Original Supervisor remains unchanged.

Case 3: Sample establishment outside Region (questionnaire to be mailed)

Original Enumerator's Control List (Lani)

Total Establishments: ~~87~~ 86  
Total Questionnaires (Workload): BITS: 86 OWS: ~~87~~ 86

EIN GEO PSIC ATE	NAME/ADDRESS OF SAMPLE ESTABLISHMENT	SURVEY CODE	CONTACT PERSON/POSITION	TEL. NO.	DATE DELIVERED	DATE RETRIEVED		STATUS CODE	REMARKS
						Expected	Actual		
11326 137602001 C11200 8	MINES INTERNATIONAL <del>900 BATANGAS ST</del> <del>1233 BANGKAL MAKATI</del> <del>CITY METRO MANILA</del>  BANTOL ST AGDAO DAVAO CITY 8000 DAVAO DEL SUR	-							Outside area

Original Supervisor's Control List (Hermie)

Total Establishments: 200

ENUMERATOR'S NAME	EIN GEO PSIC ATE	NAME/ADDRESS OF SAMPLE ESTABLISHMENT	SURVEY CODE	CONTACT PERSON/POSITION	TEL. NO.	DATE DELIVERED	DATE RETRIEVED	STATUS CODE	REMARKS
<del>Lani</del> Hermie	11326 137602001 C11200 8	MINES INTERNATIONAL <del>900 BATANGAS ST</del> <del>1233 BANGKAL MAKATI</del> <del>CITY METRO MANILA</del>  BANTOL ST AGDAO DAVAO CITY 8000 DAVAO DEL SUR	-			8/25			Moved to Region XI (mailed)

**Notes:** 1. As the establishment is a sample of OWS only, the number of establishments of the Original Enumerator is reduced by one (1) and the workload is reduced by one (1) questionnaire.  
The reduction in the number of establishments is for consistency with the reduction in the workload.  
2. The number of establishments of the Original Supervisor remains unchanged. However, the workload of the Original Enumerator is now for the account of the Original Supervisor.

Case 4: Sample establishment outside area of Original Supervisor but still within Region (New Enumerator made delivery under new Supervisor)

Original Enumerator's Control List (Joy)

Total Establishments: ~~75~~ 76  
Total Questionnaires (Workload): BITS: ~~75~~ 76 OWS: 76

EIN GEO PSIC ATE	NAME/ADDRESS OF SAMPLE ESTABLISHMENT	SURVEY CODE	CONTACT PERSON/POSITION	TEL. NO.	DATE DELIVERED	DATE RETRIEVED		STATUS CODE	REMARKS
						Expected	Actual		
10152 133902004 J67010 4	PYRAMID INSURANCE INC <del>15 JUAN LUNA ST</del> <del>BINONDO MANILA</del> <del>1006 METRO MANILA</del>  2/F D&Y BLDG DONGALO ST TAMBO PARANAQUE CITY 1701 METRO MANILA	-							Outside area

Original Supervisor's Control List (Rupert)

Total Establishments: ~~300~~ 301

ENUMERATOR'S NAME	EIN GEO PSIC ATE	NAME/ADDRESS OF SAMPLE ESTABLISHMENT	SURVEY CODE	CONTACT PERSON/POSITION	TEL. NO.	DATE DELIVERED	DATE RETRIEVED	STATUS CODE	REMARKS
Joy	10152 133902004 J67010 4	PYRAMID INSURANCE INC <del>15 JUAN LUNA ST</del> <del>BINONDO MANILA</del> <del>1006 METRO MANILA</del>  2/F D&Y BLDG DONGALO ST TAMBO PARANAQUE CITY 1701 METRO MANILA	-						To Paranaque Supervisor

**Notes:** 1. As the establishment is a sample of BITS only, the number of establishments of the Original Enumerator is reduced by one (1) and the workload is reduced by one (1) questionnaire.  
2. The number of establishments of the Original Supervisor is reduced by one (1).

Case 4: Sample establishment outside area of Original Supervisor but still within Region (New Enumerator made delivery under new Supervisor) *cont'd.*

New Enumerator's Control List (Carol)

Total Establishments: ~~75~~ 76  
Total Questionnaires (Workload): BITS: ~~75~~ 76    OWS: 76

EIN GEO PSIC ATE	NAME/ADDRESS OF SAMPLE ESTABLISHMENT	SURVEY CODE	CONTACT PERSON/POSITION	TEL. NO.	DATE DELIVERED	DATE RETRIEVED		STATUS CODE	REMARKS
						Expected	Actual		
10152 133902004 J67010 4	PYRAMID INSURANCE INC 2/F D&Y BLDG DONGALO ST TAMBO PARANAQUE CITY 1701 METRO MANILA	-	Susan Nieves HR Manager	827-5698	8/4	8/15			Additional

New Supervisor's Control List (Remy)

Total Establishments: ~~300~~ 301

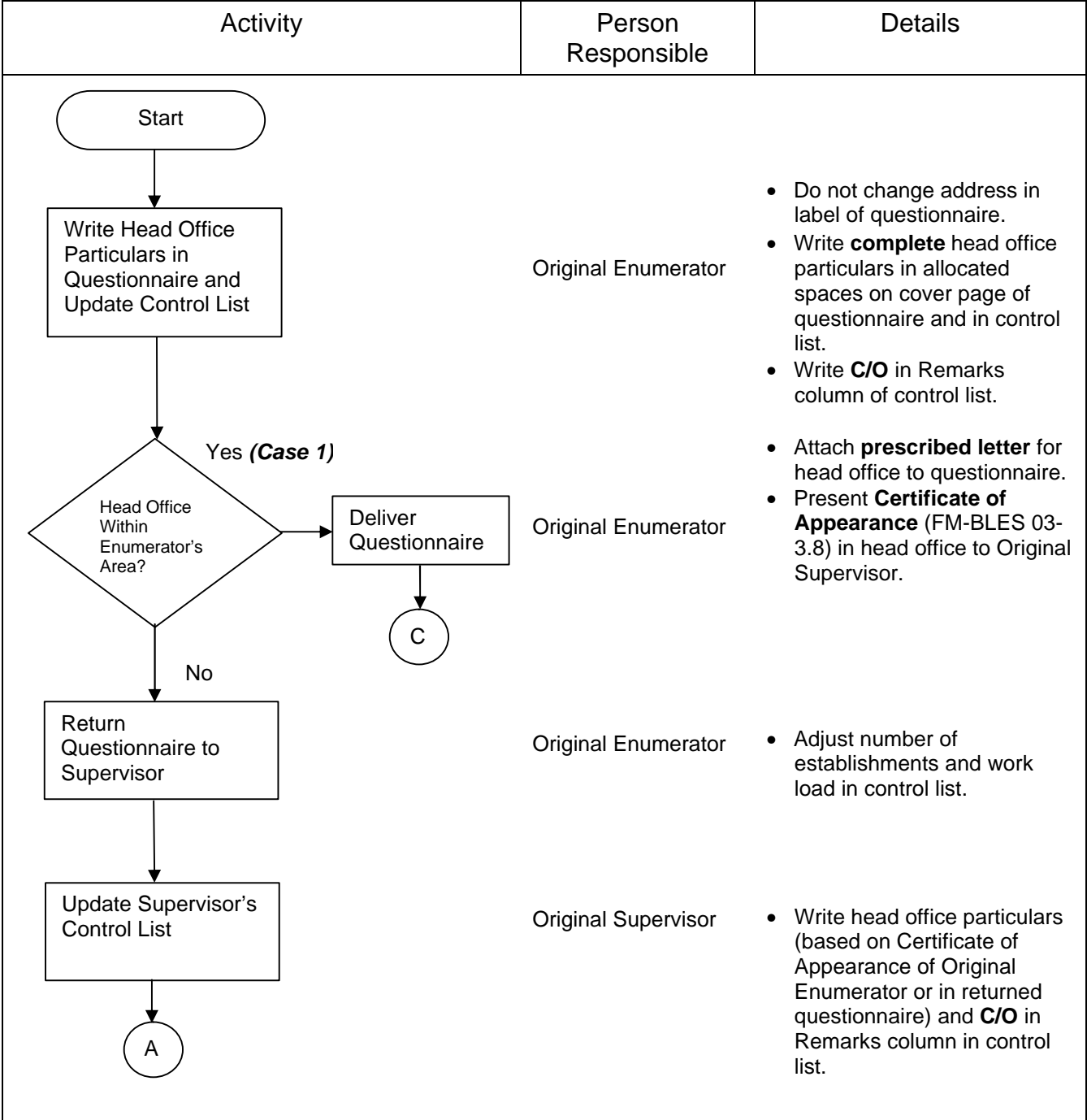
ENUMERATOR'S NAME	EIN GEO PSIC ATE	NAME/ADDRESS OF SAMPLE ESTABLISHMENT	SURVEY CODE	CONTACT PERSON/POSITION	TEL. NO.	DATE DELIVERED	DATE RETRIEVED	STATUS CODE	REMARKS
Carol	10152 133902004 J67010 4	PYRAMID INSURANCE INC 2/F D&Y BLDG DONGALO ST TAMBO PARANAQUE CITY 1701 METRO MANILA	-	Susan Nieves HR Manager	827-5698	8/4			Additional

**Notes:** 1. As the establishment is a sample of BITS only, the number of establishments of the New Enumerator is increased by one (1) and the workload is increased by one (1) questionnaire.  
2. The number of establishments of the New Supervisor is increased by one (1).



**FLOW CHART ON DELIVERY CASES TO  
HEAD OFFICES OF SAMPLE  
ESTABLISHMENTS**

SAMPLE QUESTIONNAIRE DELIVERED TO HEAD OFFICE



Cases Presented		Accountable Persons
1	Head office still within area of Original Enumerator	Original Enumerator-Original Supervisor
2	Head office outside area of Original Enumerator but still within area of Original Supervisor	New Enumerator-Original Supervisor
3.1/ 3.2	Head office outside Region	Original Supervisor
4	Head office outside area of Original Supervisor but still within Region	New Enumerator-New Supervisor

**SAMPLE QUESTIONNAIRE DELIVERED TO HEAD OFFICE** *(cont'd.)*

Activity	Person Responsible	Details
<pre> graph TD     A((A)) --&gt; D1{Head Office Within Supervisor's Area?}     D1 -- "Yes (Case 2)" --&gt; E1[Assign to New Enumerator]     E1 --&gt; E2[Deliver Questionnaire]     E2 --&gt; C((C))     D1 -- "No" --&gt; D2{Head Office within the Region?}     D2 -- "Yes (Case 4)" --&gt; B((B))     D2 -- "No (Cases 3.1 and 3.2)" --&gt; E3[Mail the Questionnaire] </pre>		<ul style="list-style-type: none"> <li>Replace name of Original Enumerator with that of New Enumerator in control list.</li> <li>Adjust workloads of Original and New Enumerators in <b>Assessment on the Implementation of BLES Survey/s</b> (FM BLES 03-3.17).</li> <li>Add establishment/head office particulars in control list.</li> <li>Write <b>C/O-additional</b> in Remarks column of control list.</li> <li>Adjust number of establishments and workload in control list.</li> <li>Attach <b>prescribed letter</b> for head office to questionnaire.</li> <li>Present <b>Certificate of Appearance</b> (FM-BLES 03-3.8) in head office to Original Supervisor.</li> </ul> <p><u>Case 3.1. Head Office Outside NCR: (for BLES and DOLE ROs):</u></p> <ul style="list-style-type: none"> <li>Replace name of Original Enumerator with that of Original Supervisor in control list.</li> <li>Add <b>mailed</b> to <b>C/O</b> in Remarks column of control list.</li> <li>Workload should now be for the account of the Original Supervisor. This should be reflected accordingly in <b>Assessment on the Implementation of BLES Survey/s</b> (FM BLES 03-3.17).</li> <li>Mail questionnaire together with <b>prescribed letter</b>. Keep duplicate letter for reference.</li> <li>Record date mailed under Date Delivered column of control list.</li> <li>Follow-up questionnaire at least twice during field operations using <b>prescribed letter</b>. Keep duplicate letters for reference.</li> </ul> <p><u>Case 3.2. Head Office in NCR (for DOLE-ROs)</u></p> <ul style="list-style-type: none"> <li>Replace name of Original Enumerator with that of Original Supervisor in control list.</li> <li>Add <b>BLES</b> to <b>C/O</b> in Remarks column of control list.</li> <li>Workload should now be for the account of the Original Supervisor. This should be reflected accordingly in <b>Assessment on the Implementation of BLES Survey/s</b> (FM BLES 03-3.17).</li> <li>Accomplish <b>Questionnaires for Endorsement to Head Offices</b> (FM-BLES 03.3.15) for similarly situated establishments and send <b>immediately</b> to BLES together with questionnaires.</li> </ul> <p><u>Case 3.1. Head Office Outside NCR: (for DOLE ROs):</u></p> <p>Another <b>FM-BLES 03.3.15</b> should be accomplished by Regional Supervisor for questionnaires that <b>have not been retrieved</b> by end of field operations. The form should be sent to BLES <b>within 20 days after the termination of field operations</b>.</p> <p><u>Case 3.2 Head Office in NCR (for BLES Sr. LEO/s in charge)</u></p> <ul style="list-style-type: none"> <li>Write GEO code of the head office in FM-BLES 03-3.15. Attach <b>prescribed letter</b> to questionnaire then forward questionnaire to monthly-based PBI who acknowledges receipt by signing below the EIN of the head office.</li> <li>Monitor delivery and retrieval of questionnaire and record the same in the form below the signature of the PBI.</li> <li>Forward the form to Designated personnel for computerized status monitoring <b>within 10 days from the end of delivery period</b>.</li> </ul>
<p><b>Notes:</b> 1. Case 4 does not apply to Regional Office where there is only one staff supervising field operations.</p> <p>2. Case 3.2: When questionnaire is retrieved by BLES, it would be for the account of the Regional Office.</p>		

**SAMPLE QUESTIONNAIRE DELIVERED TO HEAD OFFICE** *(cont'd.)*

Activity	Person Responsible	Details
<pre> graph TD     B((B)) --&gt; A1[Forward to New Supervisor]     A1 --&gt; A2[Assign to New Enumerator]     A2 --&gt; A3[Deliver Questionnaire]     C((C)) --&gt; A3     A3 --&gt; End([End])         </pre>	<p>Original Supervisor</p> <p>New Supervisor</p> <p>New Enumerator</p>	<ul style="list-style-type: none"> <li>• Add __ <b>Supervisor</b> to <b>C/O</b> in Remarks column of control list.</li> <li>• Adjust number of establishments in control list.</li> <li>• Add name of Enumerator and establishment/head office particulars in control list and write <b>C/O-additional</b> in Remarks column.</li> <li>• Adjust number of establishments in control list.</li> <li>• Adjust workload of New Enumerator in <b>Assessment on the Implementation of BLES Survey/s</b> (FM BLES 03-3.17).</li> </ul> <p><u>For BLES:</u></p> <ul style="list-style-type: none"> <li>• Original Supervisor accomplishes <b>FM-BLES 03-3.15</b> for Cases 1, 2, 3 and 4.</li> <li>• New Supervisor (Case 4) acknowledges receipt of questionnaire by signing below the corresponding EIN in the form.</li> <li>• Original Supervisor forwards the accomplished form to Designated personnel for computerized status monitoring <b>within 10 days from the end of delivery period</b>.</li> <li>• Add establishment/head office particulars in control list.</li> <li>• Write <b>C/O-additional</b> in Remarks column of control list.</li> <li>• Adjust number of establishments and workload in control list.</li> <li>• Present <b>Certificate of Appearance</b> (FM-BLES 03-3.8) in head office to New Supervisor.</li> </ul>

### Payment Schemes:

1. Original Enumerator is paid **one-time** if he delivers the questionnaire to the head office that is within or outside his/her area or to head office outside the area of the Original Supervisor. He/she still reports to the Original Supervisor. No adjustments are made in the number of establishments and workload.
2. New Enumerator is paid as long as Certificate of Appearance in head office is presented.

**EXAMPLES OF CONTROL LISTS ON DELIVERY CASES  
TO HEAD OFFICES OF SAMPLE ESTABLISHMENTS**

**Case 1: Head office still within area of Original Enumerator (Original Enumerator made delivery under Original Supervisor)**

Original Enumerator’s Control List (Rene)

Total Establishments: 45  
Total Questionnaires (Workload): BITS: 45 OWS: 45

EIN GEO PSIC ATE	NAME/ADDRESS OF SAMPLE ESTABLISHMENT	SURVEY CODE	CONTACT PERSON/POSITION	TEL. NO.	DATE DELIVERED	DATE RETRIEVED		STATUS CODE	REMARKS
						Expected	Actual		
25294 137404115 D151620 3	MADRIGAL ENTERPRISES ROMULO ST COR AURORA BLVD SOCORRO QUEZON CITY 1109 METRO MANILA	-	Jose Almir VP - HR 113 Aurora Blvd. Socorro, Quezon City 1109 Metro Manila	911-2598	8/4	8/15			C/O

Original Supervisor’s Control List (Lando)

Total Establishments: 145

ENUMERATOR’S NAME	EIN GEO PSIC ATE	NAME/ADDRESS OF SAMPLE ESTABLISHMENT	SURVEY CODE	CONTACT PERSON/POSITION	TEL. NO.	DATE DELIVERED	DATE RETRIEVED	STATUS CODE	REMARKS
Rene	25294 137404115 D151620 3	MADRIGAL ENTERPRISES ROMULO ST COR AURORA BLVD SOCORRO QUEZON CITY 1109 METRO MANILA	-	Jose Almir VP - HR 113 Aurora Blvd. Socorro, Quezon City 1109 Metro Manila	911-2598	8/4			C/O

**General Note for Cases 1, 2, 3 and 4:**

- 1. In **ONCR**, the number of establishments of the Supervisors refers to the total establishments for all Enumerators.
- 2. In **NCR**, the initial number of establishments of Original Supervisor and Original Enumerator are the same in their control lists since these are prepared per Enumerator. Enumerators have been pre-determined prior to control list generation.

- Notes:**
- 1. The number of establishments and workload of the Original Enumerator remain unchanged.
  - 2. The number of establishments of the Original Supervisor remains unchanged.

**Case 2: Head office outside area of Original Enumerator but still within area of Original Supervisor (New Enumerator made delivery under Original Supervisor)**

*Original Enumerator's Control List (Bert)*

*Total Establishments: 95 94*

*Total Questionnaires (Workload): BITS: 94 OWS: 95 94*

EIN GEO PSIC ATE	NAME/ADDRESS OF SAMPLE ESTABLISHMENT	SURVEY CODE	CONTACT PERSON/ POSITION	TEL. NO.	DATE DELIVERED	DATE RETRIEVED		STATUS CODE	REMARKS
						Expected	Actual		
25111 137404082 D24241 9	FAMILY DRUG CORP LYMANN BLDG V LUNA RD PINYAHAN QUEZON CITY 1100 METRO MANILA	-	Zeny de Leon HRD Manager 7 Mercury Ave. Libis, Quezon City 1110 Metro Manila	912-4058					C/O

*New Enumerator's Control List (Ana)*

*Total Establishments: 86 87*

*Total Questionnaires (Workload): BITS: 87 OWS: 86 87*

EIN GEO PSIC ATE	NAME/ADDRESS OF SAMPLE ESTABLISHMENT	SURVEY CODE	CONTACT PERSON/ POSITION	TEL. NO.	DATE DELIVERED	DATE RETRIEVED		STATUS CODE	REMARKS
						Expected	Actual		
25111 137404082 D24241 9	FAMILY DRUG CORP LYMANN BLDG V LUNA RD PINYAHAN QUEZON CITY 1100 METRO MANILA	-	Zeny de Leon HRD Manager 7 Mercury Ave. Libis, Quezon City 1110 Metro Manila	912-4058	8/8	8/18			C/O - additional

*Original Supervisor's Control List (Joven)*

*Total Establishments: 230*

ENUMERATOR'S NAME	EIN GEO PSIC ATE	NAME/ADDRESS OF SAMPLE ESTABLISHMENT	SURVEY CODE	CONTACT PERSON/ POSITION	TEL. NO.	DATE DELIVERED	DATE RETRIEVED	STATUS CODE	REMARKS
Bert Ana	25111 137404082 D24241 9	FAMILY DRUG CORP LYMANN BLDG V LUNA RD PINYAHAN QUEZON CITY 1100 METRO MANILA	-	Zeny de Leon HRD Manager 7 Mercury Ave. Libis, Quezon City 1110 Metro Manila	912-4058	8/8			C/O

**Notes:** 1. As the establishment is a sample of OWS only, the number of establishments and workload of the Original Enumerator are both reduced by one (1) while those of the New Enumerator increased by one (1) establishment and one (1) questionnaire.  
2. The number of establishments of the Original Supervisor remains unchanged.

Case 3.1: Head office outside NCR (questionnaire to be mailed)

Original Enumerator's Control List (Emma)

Total Establishments: 87 86  
Total Questionnaires (Workload): BITS: 87 86 OWS: 86

EIN GEO PSIC ATE	NAME/ADDRESS OF SAMPLE ESTABLISHMENT	SURVEY CODE	CONTACT PERSON/POSITION	TEL. NO.	DATE DELIVERED	DATE RETRIEVED		STATUS CODE	REMARKS
						Expected	Actual		
13123 137602 C10100 5	ISABELA MINING BANCORP LEGASPI ST SAN LORENZO MAKATI CITY 1223 METRO MANILA	-	Oscar Kho Personnel Manager Tudao Bldg., Raja St. Ugac Norte, Tuguegarao 3500 Cagayan	(078) 844- 2350					C/O

Original Supervisor's Control List (Aida)

Total Establishments: 487

ENUMERATOR'S NAME	EIN GEO PSIC ATE	NAME/ADDRESS OF SAMPLE ESTABLISHMENT	SURVEY CODE	CONTACT PERSON/POSITION	TEL. NO.	DATE DELIVERED	DATE RETRIEVED	STATUS CODE	REMARKS
<del>Emma</del> Aida	13123 137602 C10100 5	ISABELA MINING BANCORP LEGASPI ST SAN LORENZO MAKATI CITY 1223 METRO MANILA	-	Oscar Kho Personnel Manager Tudao Bldg., Raja St. Ugac Norte, Tuguegarao 3500 Cagayan	(078) 844-2350	8/8			C/O-mailed

**Notes:** 1. As the establishment is a sample of BITS only, the number of establishments of the Original Enumerator is reduced by one (1) and the workload is reduced by one (1) questionnaire. The reduction in the number of establishments is for consistency with the reduction in the workload.  
2. The number of establishments of the Original Supervisor remains unchanged. However, the workload of the Original Enumerator is now for the account of the Original Supervisor.



Case 3.2: Head office outside Region and in NCR (For DOLE-ROs, questionnaire to be sent to BLES)

Original Enumerator's Control List (Rhoda)

Total Establishments: 50 49

Total Questionnaires (Workload): BITS: 50 49 OWS: 50 49

EIN GEO PSIC ATE	NAME/ADDRESS OF SAMPLE ESTABLISHMENT	SURVEY CODE	CONTACT PERSON/POSITION	TEL. NO.	DATE DELIVERED	DATE RETRIEVED		STATUS CODE	REMARKS
						Expected	Actual		
13123 021529034 D24241 5	SOLAR MFG TUDAO BLDG RAJA ST UGAC NORTE TUGUEGARAO 3500 CAGAYAN	-	Priscilla Romu Personnel Manager 50 Mercury Ave. Libis, Quezon City 1110 Metro Manila	911-1345					C/O

Original Supervisor's Control List (Susan)

Total Establishments: 287

ENUMERATOR'S NAME	EIN GEO PSIC ATE	NAME/ADDRESS OF SAMPLE ESTABLISHMENT	SURVEY CODE	CONTACT PERSON/POSITION	TEL. NO.	DATE DELIVERED	DATE RETRIEVED	STATUS CODE	REMARKS
<del>Rhoda</del> Susan	13123 021529034 D24241 5	SOLAR MFG TUDAO BLDG RAJA ST UGAC NORTE TUGUEGARAO 3500 CAGAYAN	-	Priscilla Romu Personnel Manager 50 Mercury Ave. Libis, Quezon City 1110 Metro Manila	911-1345	8/8			C/O-BLES

- Notes:** 1. As the establishment is a common sample of BITS and OWS, the number of establishments of the Original Enumerator is reduced by one (1) and the workload is reduced by two (2) questionnaires. The reduction in the number of establishments is for consistency with the reduction in the workload.
2. The number of establishments of the Original Supervisor remains unchanged. However, the workload of the Original Enumerator is now for the account of the Original Supervisor.
3. When the BLES retrieves the questionnaires, these would be credited for the account of the Regional Office.

Case 4: Head office outside area of Original Supervisor but still within Region (New Enumerator made delivery under New Supervisor)

Original Enumerator's Control List (Joy)

Total Establishments: ~~75~~ 74  
Total Questionnaires (Workload): BITS: ~~75~~ 74 OWS: ~~75~~ 74

EIN GEO PSIC ATE	NAME/ADDRESS OF SAMPLE ESTABLISHMENT	SURVEY CODE	CONTACT PERSON/POSITION	TEL. NO.	DATE DELIVERED	DATE RETRIEVED		STATUS CODE	REMARKS
						Expected	Actual		
25146 133902010 D28111 7	DELTA MANUFACTURING 744 IPIL ST BGY 289 BINONDO MANILA 1006 METRO MANILA	-	June Miraflor HRD- Head 87 Paseo de Roxas Bel-Air, Makati City 1209 Metro Manila	817-2156					C/O

Original Supervisor's Control List (Bella)

Total Establishments: ~~486~~ 185

ENUMERATOR'S NAME	EIN GEO PSIC ATE	NAME/ADDRESS OF SAMPLE ESTABLISHMENT	SURVEY CODE	CONTACT PERSON/POSITION	TEL. NO.	DATE DELIVERED	DATE RETRIEVED	STATUS CODE	REMARKS
Joy	25146 133902010 D28111 7	DELTA MANUFACTURING 744 IPIL ST BGY 289 BINONDO MANILA 1006 METRO MANILA	-	June Miraflor HRD- Head 87 Paseo de Roxas Bel-Air, Makati City 1209 Metro Manila	817-2156				C/O Makati Supervisor

**Notes:** 1. As the establishment is a common sample of BITS and OWS, the number of establishments of the Original Enumerator is reduced by one (1) and the workload is reduced by two (2) questionnaires.  
2. The number of establishments of the Original Supervisor is reduced by one (1).

Case 4: Head office outside area of Original Supervisor but still within Region (New Enumerator made delivery under New Supervisor) cont'd.

New Enumerator's Control List (Minda)

Total Establishments: ~~87~~ 88  
Total Questionnaires (Workload): BITS: ~~87~~ 88 OWS: ~~87~~ 88

EIN GEO PSIC ATE	NAME/ADDRESS OF SAMPLE ESTABLISHMENT	SURVEY CODE	CONTACT PERSON/POSITION	TEL. NO.	DATE DELIVERED	DATE RETRIEVED		STATUS CODE	REMARKS
						Expected	Actual		
25146 133902010 D28111 7	DELTA MANUFACTURING 744 IPIL ST BGY 289 BINONDO MANILA 1006 METRO MANILA	-	June Miraflor HRD-Head 87 Paseo de Roxas Bel-Air, Makati City 1209 Metro Manila	817-2156	8/10	BITS 8/20 OWS 8/20			C/O-additional

New Supervisor's Control List (Maura)

Total Establishments: ~~347~~ 348

ENUMERATOR'S NAME	EIN GEO PSIC ATE	NAME/ADDRESS OF SAMPLE ESTABLISHMENT	SURVEY CODE	CONTACT PERSON/POSITION	TEL. NO.	DATE DELIVERED	DATE RETRIEVED	STATUS CODE	REMARKS
Minda	25146 133902010 D28111 7	DELTA MANUFACTURING 744 IPIL ST BGY 289 BINONDO MANILA 1006 METRO MANILA	-	June Miraflor HRD-Head 87 Paseo de Roxas Bel-Air, Makati City 1209 Metro Manila	817-2156	8/10			C/O- additional

**Notes:** 1. As the establishment is a common sample of BITS and OWS, the number of establishments of the New Enumerator is increased by one (1) and the workload is increased by two (2) questionnaires.  
2. The number of establishments of the New Supervisor is increased by one (1).

## CHAPTER 4

## ADMINISTRATIVE CONCERNS

**Note:** The BLES survey personnel should conform to the field operations procedures under the BLES Quality Management System.

**4.1. Recruitment and Selection of Project-based Individuals**

- a. The PBI should be a graduate of a post secondary course or has completed at least 60 units of a college course, possesses good conversational skills and must be willing to do field work. He/she should preferably be a resident of or familiar with the assigned area/s.
- b. The contract of the PBI shall specify the duties and responsibilities, the duration and conditions of employment and the terms of payment. This should be signed by the contracting parties and approved by the hiring authority prior to questionnaire delivery.
- c. The PBI should be issued his/her office identification card and Letter of Introduction to Sample Establishment.

**4.2. Training of Field Personnel**

- a. Participants should accomplish **Evaluation of Training for BLES Survey/s** (FM-BLES 03-3.23); **Enumerator's Evaluation Survey on the Delivery of Questionnaire** (FM-BLES 03-3.24) and **Enumerator's Evaluation Survey on the Retrieval of Questionnaire** (FM-BLES 03-3.25) to monitor the effectiveness of training/s conducted by BLES trainers.
- b. Regional Offices that conduct their own training (without BLES participation) should transmit the accomplished forms to the BLES not later than 20 days after the training for processing and consolidation with other reports.
- c. The results of the training evaluation shall form part of the Terminal Report on Training.

**4.3. Work Allocation**

- a. The Supervisor should, as much as possible, equitably distribute assignments to his/her Enumerators relative to the workload or number of establishments/questionnaires under his/her concern. Work assignments should be finalized before the start of the delivery period.
- b. The Enumerator should acknowledge receipt of his/her **Enumerator's Control List** (FM-BLES 02-2.2a) from the Supervisor by affixing his/her signature and date on the appropriate spaces of the **Supervisor's Control List** (FM-BLES 02-2.1a).

**4.4. Monitoring of Performance of Enumerators and Survey Status**

The Supervisor should closely monitor the conduct of the field operations in his/her area/s of concern and make certain that:

- a. time lines in the work plan are observed; the Enumerator submits a **Certificate of Appearance** (FM-BLES verification);
- b. the Enumerator reports once a week on a mutually agreed day and time;
- c. the Enumerator communicates with him/her if the Enumerator cannot report as scheduled since there is nothing to report or no retrieved questionnaires to submit;
- d. the performance of the Enumerator is monitored by requiring him/her to accomplish the **Enumerator's Weekly Performance Report** (FM-BLES 03-3.10) that serves as basis for the Supervisor's accomplishment of the **Enumerators' Summary Performance Report** (FM-BLES 03-3.11) and subsequently the **General Payroll for Piece-Rate Enumerators** (FM-BLES 03-3.12).
- e. the Enumerator's Control List is properly filled out/updated and such details are consistent with those in the Supervisor's Control List; and
- f. the status of field operations in his/her area/s is manually tracked by accomplishing the **Assessment on the Implementation of Field Operations of BLES Surveys** (FM-BLES 03-3.17) every 5<sup>th</sup> and 20<sup>th</sup> of the month.

**Note:** The status of field operations are monitored electronically as well by BLES.

#### 4.5. Outputs and Terms of Payment

- a. An Enumerator should deliver the questionnaires to at least **five (5)** establishments in a day. Each establishment delivery regardless of the number of questionnaires per establishment costs **₱ 95.00**.
- b. A report by the Enumerator that an establishment cannot accomplish the questionnaire due to refusal (REF), strike (STR), closure (TCL or PCL), non-location (CBL), duplicate (DUP), outside survey coverage (OSP) or other reasons (OTH) should be **verified** by his/her Supervisor or designated personnel. If **confirmed** through site verification or other means by the Supervisor or designated personnel, the Enumerator is **entitled** to the payment for delivery.
- c. On the average, an Enumerator should collect **1 to 2 questionnaires per day**. A properly accomplished/edited questionnaire that is duly signed by the contact person/respondent in the establishment is **proof of retrieval**. However, his/her Supervisor/designated personnel should make random spot checks on the **authenticity** of the submissions (one or two accomplished questionnaires from each Enumerator's weekly submissions). He/she should also undertake verification of all seemingly spurious submissions. A correctly accomplished or edited questionnaire **costs ₱ 250.00 for BITS and ₱ 250.00 for OWS**.

#### 4.6. Pre-Termination of PBI Contract

- a. An Enumerator who decides to resign before the termination of field operations should file a letter of resignation at least five (5) days prior to the effectivity of his/her resignation. Otherwise, he/she shall not be issued a certificate of employment should a request for such be made.
- b. An Enumerator shall be issued a Notice of Termination of Contract of Services at least five (5) days prior to the effectivity of the termination should he/she fail to meet survey standards i.e., quota requirements, submission of authentic accomplished questionnaires or weekly reporting to Supervisors.
- c. An Enumerator should return his/her identification card, letter of introduction, field operations manual and other survey materials issued by his/her Supervisor before he/she can be officially cleared and be paid whatever monetary entitlements due him/her.

#### 4.7. Fund Utilization by DOLE ROs

- a. The amount allocated for each object of expenditure including wages and salaries are indicative only. **Realignment** of the budget is allowed subject to the usual accounting and auditing procedures.
- b. Cash advances for Supervisors and reimbursement of traveling allowances of Enumerators, tokens of appreciation to establishments and related expenses for the conduct of the survey may also be given as long as no additional funds are requested from the BLES.
- c. The BLES shall provide the Regional Offices copies of their respective Advice Disbursement Limits (ADL).

#### 4.8. Transmittal of Questionnaires by DOLE ROs to BLES

- a. At the end of the delivery period, the Regional Supervisor should send all undelivered questionnaires (closures, refusals, non-location, etc.) to the Bureau, sorted by survey, province and ascending EIN, together with the accomplished **Transmittal of Spoilage Questionnaires in ONCR** (FM-BLES 03-3.14).
- b. Twice a month during the data collection period, the Regional Supervisor should send all correctly accomplished/edited and verified questionnaires to the Bureau, sorted by survey, province and ascending EIN, together with the accomplished **Transmittal of Retrieved/Verified Questionnaires in ONCR** (FM-BLES 03-3.13).
- c. Establishments whose questionnaires will be accomplished by the head offices in NCR should be immediately returned to the Bureau by the Regional Supervisor. The questionnaires sorted by survey, province and ascending EIN should be accompanied by the accomplished **Questionnaires for Endorsement to Head Offices** (FM-BLES 03-3.15).

#### 4.9. Sample Respondents with New Names and Addresses

To ensure that the BLES Survey Sampling Frame is updated and to minimize spoilage during delivery of questionnaires in future survey rounds:

- a. Regional Supervisors should accomplish the **Sample Respondents with New Names and Addresses** (FM-BLES 03.3-9) for questionnaires that have been delivered but not retrieved at the close of field operations. He/she should send this to the BLES not later than 20 days after termination of field operations in the region.
- b. NCR supervisors should accomplish the said form and forward it to the designated personnel for computerized status monitoring and if there are new reports until the end of the period of delivery.

#### 4.10. Form on Questionnaires for Endorsement to Head offices (FM-BLES 03-3.15)

Regional Supervisors should accomplish the **Questionnaires for Endorsement to Head Offices** (FM-BLES 03-3.15) for those head offices outside NCR that have not responded to the survey by the end of field operations. The form should be sent to BLES not later than 20 days after termination of field operations in the region.

#### 4.11. Report on the Conduct of Field Operations by DOLE ROs

The **Regional Report on the Implementation of BLES Surveys** (FM-BLES 03-3.16) should be accomplished by the Regional Supervisor and sent to the BLES not later than 20 days after termination of data collection activities.

#### 4.12. Enumerator's Evaluation Survey on the Delivery and Retrieval of Questionnaire.

The **Enumerator's Evaluation Survey on the Delivery of Questionnaire** (FM-BLES 03-3.24) should be administered by Supervisor a month after the delivery of questionnaires. On the other hand, the **Enumerator's Evaluation Survey on the Retrieval of Questionnaire** (FM-BLES 03-3.25) should be administered by Supervisor three (3) months after start of delivery of questionnaires.

For NCR Supervisors, submit the questionnaires to Team Head, Statistics Support Group. For regions outside NCR, submit the accomplished questionnaires together with the **Regional Report on the Implementation of BLES Surveys** (FM-BLES 03-3.16).

## CHAPTER 5

### SURVEY DOCUMENTS AND FORMS

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

1. Contract of Services
2. Notice of Termination of Contract of Services
3. Letter of Introduction to Sample Establishment
4. Letter to Sample Establishment with Mailed Questionnaire
5. Letter to Head Office of Sample Establishment
6. Follow-up Letter to Sample Establishment or its Head Office (including refusal)
7. FM-BLES 03-3.23 Evaluation of Training for BLES Survey/s
8. FM-BLES 02-2.1a Supervisor's Control List
9. FM-BLES 02-2.2a Enumerator's Control List
10. FM-BLES 03-3.8 Certificate of Appearance
11. FM-BLES 03-3.10 Enumerator's Weekly Performance Report
12. FM-BLES 03-3.11 Enumerators' Summary Performance Report
13. FM-BLES 03-3.12 General Payroll for Piece-Rate Enumerators
14. FM-BLES 03-3.13 Transmittal of Retrieved/Verified Questionnaires in ONCR
15. FM-BLES 03-3.14 Transmittal of Spoilage Questionnaires in ONCR
16. FM-BLES 03-3.15 Questionnaires for Endorsement to Head Offices
17. FM-BLES 03-3.17 Assessment on the Implementation of Field Operations of BLES Surveys
18. FM-BLES 03-3.9 Sample Respondents with New Names and Addresses
19. OWS Form 1 OWS Verification Form
20. BITS Form 1 BITS Verification Form
21. FM-BLES 03-3.16 Regional Report on the Implementation of BLES Surveys
22. FM-BLES 03-3.24 Enumerator's Evaluation Survey on the Delivery of Questionnaire
23. FM-BLES 03-3.25 Enumerator's Evaluation Survey on the Retrieval of Questionnaire

Copies of these documents/forms are found in this chapter of the manual. The Regional Offices will be provided electronic copies of these or they can access these at the BLES Homepage ([www.bles.dole.gov.ph](http://www.bles.dole.gov.ph)).



## Contract of Services

### KNOW ALL MEN BY THESE PRESENTS:

This contract of service entered into and executed this \_\_\_\_\_ of \_\_\_\_\_ 2008 at \_\_\_\_\_, Philippines by and between:

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

-and-

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

### WITNESSETH:

That pursuant to the provisions of CSC Memorandum Circular No. 38 (Omnibus Guidelines on Appointments) and the DOLE Administrative Order No. 113 and 113-A, series of 2003, authorizing the contracting of services in the DOLE where manpower is inadequate, to be able to effectively and efficiently deliver services, the following terms and conditions are hereby set:

1. That the **SECOND PARTY** is fully competent to render services as a Project-based Individual - (Area Supervisor or Enumerator) in connection with the conduct of the **2008 Occupational Wages Survey (OWS) and the 2007/2008 BLES Integrated Survey (BITS)** in accordance with the professional qualifications he/she alleged in the attached information sheet.
2. That the **SECOND PARTY** hereby attests that he/she is not related within the third degree of consanguinity or affinity to the: a) hiring authority and /or representative of the **FIRST PARTY**; b) that he/she has not been previously dismissed from government by reason of an administrative offense; c) that he/she has not already reached the compulsory retirement age of sixty-five (65).
3. That the **SECOND PARTY** shall perform work at a time and schedule to be agreed upon by both parties.
4. That the **SECOND PARTY** is specifically contracted by the **FIRST PARTY** to: (enumerate duties and responsibilities of Area Supervisor or Enumerator)
5. That the **FIRST PARTY** for and in consideration of the services rendered agrees to pay the **SECOND PARTY**, on a bi-monthly basis

For Area Supervisor--the amount of \_\_\_\_\_ and the reimbursement of traveling expenses related to the conduct of the OWS and BITS but not to exceed the amount of \_\_\_\_\_.

For Enumerator:

- a. the amount of \_\_\_\_\_ per establishment delivery. An establishment for which no delivery was made due to closure, non-location, duplication, strike, refusal and similar reasons shall also be remunerated the same amount subject to the verification of the establishment status by the Supervisor; and

- b. the amount of \_\_\_\_\_ for each collected/retrieved OWS or BITS questionnaire, subject to the acceptance of the questionnaire/verification by the Supervisor/Reviewer.
6. That provisions for mandatory benefits provided by the Labor Code namely SSS, EC, Phil Health and Pag-IBIG representing the employer share shall form part of the contract price.
7. That the **SECOND PARTY** shall not enjoy the benefits of government employees and that his/her services rendered thereunder are not considered as government service.
8. That this contract takes effect from \_\_\_\_\_.
9. That notwithstanding the fixed duration of the employment, this contract of services can be terminated anytime by the **FIRST PARTY** for just cause such as but not limited to the unsatisfactory performance of the **SECOND PARTY** and only after due notice to the **SECOND PARTY** at least five (5) days prior to his/her termination.
10. That the herein parties do hereby agree and accept that there will be no employee-employer relationship between them during the tenure of this contract of service.

**IN WITNESS WHEREOF**, the parties have hereunto affixed their signatures this \_\_\_\_ day of \_\_\_\_\_ at \_\_\_\_\_, Philippines.

FIRST PARTY

SECOND PARTY

SIGNED IN THE PRESENCE OF:

\_\_\_\_\_

\_\_\_\_\_

WITNESS

WITNESS

CERTIFIED FUNDS AVAILABLE:

\_\_\_\_\_

APPROVED BY:

**NOTICE OF TERMINATION OF CONTRACT OF SERVICES**  
Issued to **Mr./Ms.** \_\_\_\_\_

Based on the evaluation of your performance (see attached) on the conduct of the **2008 Occupational Wages Survey (OWS)** and the **2007/2008 BLES Integrated Survey (BITS)**, your output has been noted to be below the requirements of:

- ☐ Delivery: on the average, 5 establishments per day
- ☐ Retrieval: on the average, 1 - 2 questionnaires collected per day

Others:

- ☐ Falsified all or some data in the questionnaire
- ☐ Forged signature of contact person
- ☐ Failed to report to Supervisor within two (2) consecutive weeks from last appearance or communication

Your services as PBI-Enumerator is therefore terminated effective \_\_\_\_\_ in accordance with the following provision/s of your contract:

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

Relative to this, you are instructed to turnover your identification card, letter of introduction to sample establishment, survey materials and pending assignments to your Supervisor/s before you can be officially cleared by this office of all obligations and be paid whatever monetary entitlements still due you.

Director

(Date)

## LETTER OF INTRODUCTION TO SAMPLE ESTABLISHMENT

Dear Valued Respondent,

The Bureau of Labor and Employment Statistics (*Note: add this phrase if ONCR PBI: through the DOLE Regional Office No. \_\_\_\_*) is currently conducting joint survey operations for the **2008 Occupational Wages Survey (OWS)** and the **2007/2008 BLES Integrated Survey (BITS)**. This is to rationalize data collection activities for the purpose of providing our users with **an integrated data set on key labor and employment indicators**. To some extent, the survey results will also be used to assess the progress of decent work in the country.

The OWS is a nationwide inquiry that centers on employment and wage rates (hiring/entry and actual rates) of time-rate workers on full time basis in selected occupations in selected non-agricultural industries. These data are most useful in wage and salary administration and wage determination in collective bargaining negotiations.

On the other hand, the BITS is a nationwide establishment survey that aims 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 studies on industry trends and practices and serve as bases for the formulation of policies on employment, conditions of work and industrial relations.

In this regard, we request your active participation in **both** of our survey/s. Rest assured that any information you provide us remains **confidential** and will be used for statistical purposes only and not for taxation, regulation or investigation purposes. All information from your establishment will be processed with those of the other respondents and will be disseminated only in summaries or statistical tables.

We have sent Mr./Ms. \_\_\_\_\_ of this office to help you in accomplishing the survey form/s.

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

Office: BLES or DOLE Regional Office No. \_\_\_\_

Address:

Contact Person

Tel. No.

Fax No.

E-mail address

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

Very truly yours,

Director

(Date)

## LETTER TO SAMPLE ESTABLISHMENT WITH MAILED QUESTIONNAIRE

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

Dear Valued Respondent,

The Bureau of Labor and Employment Statistics (*Note: add this phrase if ONCR PBI: through the DOLE Regional Office No. \_\_\_\_*) is currently conducting joint survey operations for the **2008 Occupational Wages Survey (OWS)** and the **2007/2008 BLES Integrated Survey (BITS)**. This is to rationalize data collection activities for the purpose of providing our users with **an integrated data set on key labor and employment indicators**. To some extent, the survey results will also be used to assess the progress of decent work in the country.

The OWS is a nationwide inquiry that centers on employment and wage rates (hiring/entry and actual rates) of time-rate workers on full time basis in selected occupations in selected non-agricultural industries. These data are most useful in wage and salary administration and wage determination in collective bargaining negotiations.

On the other hand, the BITS is a nationwide establishment survey that aims to generate an **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 studies on industry trends and practices and serve as bases for the formulation of policies on employment, conditions of work and industrial relations.

In this regard, we request your active participation in **both** of our survey/s. Rest assured that any information you provide us remains **confidential** and will be used for statistical purposes only and not for taxation, regulation or investigation purposes. All information from your establishment will be processed with those of the other respondents and will be disseminated only in summaries or statistical tables.

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

Office: BLES or DOLE Regional Office No. \_\_\_\_  
Address:  
Contact Person  
Tel. No.  
Fax No.  
E-mail address

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

Very truly yours,

Director

(Date)  
encl/as:  
2008 OWS EIN \_\_\_\_\_  
2007/2008 BITS EIN \_\_\_\_\_

## LETTER TO HEAD OFFICE OF SAMPLE ESTABLISHMENT

Name of Contact Person in the Establishment  
Position  
Name of Head Office  
Address of Head Office

Dear

The Bureau of Labor and Employment Statistics (*Note: add this phrase if ONCR PBI: through the DOLE Regional Office No. \_\_\_\_*) is currently conducting joint survey operations for the **2008 Occupational Wages Survey** (OWS) and the **2007/2008 BLES Integrated Survey** (BITS). This is to rationalize data collection activities for the purpose of providing our users with **an integrated data set on key labor and employment indicators**. To some extent, the survey results will also be used to assess the progress of decent work in the country.

The OWS is a nationwide inquiry that centers on employment and wage rates (hiring/entry and actual rates) of time-rate workers on full time basis in selected occupations in selected non-agricultural industries. These data are most useful in wage and salary administration and wage determination in collective bargaining negotiations.

On the other hand, the BITS is a nationwide establishment survey that aims to generate an **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 studies on industry trends and practices and serve as bases for the formulation of policies on employment, conditions of work and industrial relations.

Your office/branch in \_\_\_\_\_ was chosen as one of our sample respondents for this survey round. Hence, we request for your active participation in our survey/s. We realize that this takes up valuable time as this inquires on data specific to one or in some instances, more of your offices/branches. However, providing us with consolidated data for all your offices will lead to over-representation of sample data and thus result to unreliable data estimates as not all of your offices or branches have been sampled to take part in this survey.

In this regard, we request your active participation in **both** of our survey/s. Rest assured that any information you provide us remains **confidential** and will be used for statistical purposes only and not for taxation, regulation or investigation purposes. All information from your establishment will be processed with those of the other respondents and will be disseminated only in summaries or statistical tables.

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

Office: BLES or DOLE Regional Office No. \_\_\_\_  
Address:  
Contact Person  
Tel. No.  
Fax No.  
E-mail address

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

Very truly yours,  
Director

(Date)  
encl/as  
2008 OWS EIN \_\_\_\_\_  
2007/2008 BITS EIN \_\_\_\_\_

**FOLLOW-UP LETTER TO SAMPLE ESTABLISHMENT OR ITS HEAD OFFICE (INCLUDING REFUSAL)**

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

Dear

Our office, the (Bureau of Labor and Employment Statistics or DOLE Regional Office No. \_\_\_\_)  
reiterates our request for your establishment to accomplish our questionnaire/s for the:

- ☐ 2008 Occupational Wages Survey
- ☐ 2007/2008 BLES Integrated Survey

We realize that accomplishing our survey questionnaire/s takes up your valuable time for they could be tedious and requires looking into past records. Nevertheless, your response is most important to enable us to come up with reliable information that can be used by our government in assessing the current labor situation in the country.

On your end, as well, labor statistics are necessary for making sound and informed decisions in your business planning and operations. Our survey results are provided **free of charge** and can be accessed in our website at <http://www.bles.dole.gov.ph>.

Rest assured that any information you provide us remains **confidential** and will be used for statistical purposes only and not for taxation, regulation or investigation purposes. All information from your establishment will be processed with those of the other respondents and will be disseminated only in summaries or statistical tables.

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

Office: BLES or DOLE Regional Office No. \_\_\_\_  
Address:  
Contact Person  
Tel. No.  
Fax No.  
E-mail address

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

Very truly yours,

Director

(Date)  
encl/as  
2008 OWS EIN \_\_\_\_\_  
2007/2008 BITS EIN \_\_\_\_\_

**Enumerator:** \_\_\_\_\_  
**Area/s of Assignment:** \_\_\_\_\_

**Supervisor:** \_\_\_\_\_  
**Date Accomplished:** \_\_\_\_\_

Note: Enumerators' Training is being evaluated for possible improvement to make it relevant and effective for enumerators. In this regard, your honest assessment would be most valuable in further improving this training.

**1. Kindly evaluate the resource person and the session on the following areas: (Encircle answer)**

Topic/Resource Person	In a scale where 1 - is unsatisfactory and 5 - is excellent, how would you rate the resource person in terms of:				Duration of session
	Time management	Arousing the interest of participants	Mastery of the subject	Method and skill in imparting knowledge	Was the session: 1 – short; 2 – adequate; 3 – long?
Survey 1 - 2008 OWS					1 2 3
Resource Person:	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	
Survey 2 - 2007/2008 BITS					1 2 3
Resource Person:	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	
Survey 3 (Title of Survey)					1 2 3
Resource Person:	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	
Operational Strategy					1 2 3
Resource Person:	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	
Administrative Concerns					1 2 3
Resource Person:	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	
Survey Documents and Forms					1 2 3
Resource Person:	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	



**2. What item/s do you think should have been more thoroughly discussed? (Check as many as applicable)**
**A. On Survey 1 - 2008 OWS**

- ☐ Survey Objectives and Uses of the Data  
☐ Collection Authority  
☐ Confidentiality of Information  
☐ Scope and Coverage  
☐ Survey Design  
☐ Estimation Procedures  
☐ Statistics to be Generated  
☐ Periodicity and Reference Period  
☐ Editing Guidelines  
☐ General Instructions  
☐ Specific Instructions (specify)

\_\_\_\_\_  
 \_\_\_\_\_  
☐ Others (specify)  
 \_\_\_\_\_  
 \_\_\_\_\_

**B. On Survey 2 - 2007/2008 BITS**

- ☐ Survey Objectives and Uses of the Data  
☐ Collection Authority  
☐ Confidentiality of Information  
☐ Scope and Coverage  
☐ Survey Design  
☐ Estimation Procedures  
☐ Statistics to be Generated  
☐ Periodicity and Reference Period  
☐ Editing Guidelines  
☐ General Instructions  
☐ Specific Instructions (specify)

\_\_\_\_\_  
 \_\_\_\_\_  
☐ Others (specify)  
 \_\_\_\_\_  
 \_\_\_\_\_

**C. On Survey 3 (Title of Survey)**

- ☐ Survey Objectives and Uses of the Data  
☐ Collection Authority  
☐ Confidentiality of Information  
☐ Scope and Coverage  
☐ Survey Design  
☐ Estimation Procedures  
☐ Statistics to be Generated  
☐ Periodicity and Reference Period  
☐ Editing Guidelines  
☐ General Instructions  
☐ Specific Instructions (specify)

\_\_\_\_\_  
 \_\_\_\_\_  
☐ Others (specify)  
 \_\_\_\_\_  
 \_\_\_\_\_

**FM-BLES 03-3.23**

Revision Code: 1

Effectivity Date: June 30, 2006

**EVALUATION OF TRAINING FOR BLES SURVEY/S**

Page 3 of 4

**D. On Operational Strategy**☐ Duties and Responsibilities of Enumerators☐ Survey Respondents☐ General Information (e.g., EIN, PSIC, PSOC, ATE, Status Codes)☐ Delivery of Questionnaires☐ Collection and Field Editing of Questionnaires☐ Field Verification☐ Flow Chart on Delivery, Retrieval,

Verification and Review of Questionnaires

☐ Flow Chart on Delivery Cases to Sample Establishments Transferred to Known Locations☐ Flow Chart on Delivery Cases to Head Offices of Sample Establishments☐ Others (specify)

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**E. On Administrative Concerns**☐ Work Allocation☐ Monitoring of Performance of Enumerators and Survey Status☐ Outputs and Terms of Payment☐ Pre-Termination of PBI Contract**F. On Survey Documents and Forms (Please specify)**

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**FM-BLES 03-3.23**

Revision Code: 1

Effectivity Date: June 30, 2006

**EVALUATION OF TRAINING FOR BLES SURVEY/S**

Page 4 of 4

**3. Comments and Suggestions:**

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**Reviewed by Supervisor:**

Signature:

Position:

Name:

Date:

**THANK YOU VERY MUCH!!!**



<b>FM-BLES 02-2.2a</b> Revision Code: 0 Effectivity Date: March 26, 2001		<b>ENUMERATOR'S CONTROL LIST: <u>(SURVEY ROUND)</u></b> <b>REGION: _____</b>					Page ____ of ____		
Name of Enumerator: _____ Area/s of Assignment: _____						Total Establishments: _____ Total Questionnaires (Workload): _____			
EIN GEO PSIC ATE	Name/Address of Sample Establishment	Survey Code	Contact Person/ Position	Tel. No.	Date Delivered	Date Retrieved		Status Code	Remarks
						Expected	Actual		

The control lists are integrated for OWS and BITS. However, a separate control list for sample establishments care of (c/o) their head offices shall be generated by BLES.

The **Supervisor’s Control List** (FM-BLES 02-2.1a) for ONCR contains the sample establishments to be covered and is sorted by province, city/municipality, and ascending EIN. For NCR, it is sorted by enumerator, city/municipality, barangay and ascending EIN. The Supervisor should provide the following information in his/her control list.

- **Name of Supervisor**
- **Area/s of Assignment:** province (as applicable), city/municipality of the sample establishments
- **Total Establishments:** number of sample establishments covered in the area/s of assignment *(In NCR, the initial number of establishments of the Supervisor and his/her Enumerators are the same since the Supervisor’s Control List is prepared per Enumerator.)*
- **Received by:** signature of Enumerator upon receipt of workload
- **Date:** date when Enumerator received workload

Prior to delivery of questionnaires:

- **For NCR:** The Enumerator shall be provided with **Enumerator’s Control List** (FM-BLES 02-2.2a) of sample establishments.
- **For outside NCR:** The Enumerator should prepare his/her own control list following the format of the **Enumerator’s Control List** (FM-BLES 02-2.2a). The Supervisor should write the names of the Enumerators in the appropriate columns of his/her control list.

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

- **CONTACT PERSON/ POSITION**
- **TEL. NO.**
- **DATE DELIVERED**
- **DATE RETRIEVED (Expected):** mutually agreed date of pick-up of the accomplished questionnaire/s, preferably within **15 working days from delivery**.

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

- **DATE RETRIEVED (Actual):** date when the questionnaire was actually picked up by the enumerator from the establishment. In the case of a questionnaire whose status is REF, STR, TCL, CBL, PCL, DUP, OSP or OTH, the **date to be written is the date when the status was confirmed/verified as such by the Supervisor/Designated personnel**.
- **STATUS CODE:** see section 3.5.6 of Chapter 3.
- **REMARKS:** any relevant statement to facilitate the monitoring of the survey/s

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

<b>FM-BLES 03-3.8</b> Revision Code: 1 Effectivity Date: July 1, 2002	<b>CERTIFICATE OF APPEARANCE</b>
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<b>CERTIFICATE OF APPEARANCE</b>	
This is to certify that Mr./Ms. _____, of the Bureau of Labor and Employment Statistics appeared in this office to (pls. underline) deliver/follow-up/collect/verify the questionnaire/s for:	
<input type="checkbox"/> 2008 OWS	<input type="checkbox"/> 2007/2008 BITS
EIN/UIN: _____	
Name of Establishment/Labor Organization: _____	
Address: (as located by enumerator)	
Floor/Bldg./# Street Name: _____	
Barangay/City/Municipality: _____	
Zip Code/Province: _____	
Contact Person/s:	
<b>In Sample Respondent</b>	<b>In Head Office</b>
Signature: _____	_____
Name : _____	_____
Position: _____	_____
Tel. No.: _____	_____
Date: _____	_____
Remarks: C/O Head Office      New location      Others, specify _____	





This form should be accomplished by the Supervisor for all surveys not later than two (2) days after payroll period. Refer to Certificates of Appearance for delivered questionnaires and FM-BLES 03-3.10 Enumerator's Weekly Performance Report for verified spoilage and retrieved questionnaires.

**Area/s of Assignment:**

**Payroll Period:**

Enumerator's Name  (First name, Last Name)  <small>List in alphabetical order by last name</small>	<i>Delivered and Verified Spoilage (Respondents)</i>			<i>Retrieved Questionnaires</i>		
	Survey		Total	Survey		Total
	2008 OWS	2007/ 2008 BITS		2008 OWS	2007/ 2008 BITS	
Total						

Prepared by: \_\_\_\_\_
 Reviewed by: \_\_\_\_\_

Date: \_\_\_\_\_
 Date: \_\_\_\_\_







<b>FM-BLES 03-3.15</b> Revision Code: 2 Effectivity Date: May 14, 2004	<b>QUESTIONNAIRES FOR ENDORSEMENT TO HEAD OFFICES</b>	Page ____ of ____	
<b>Regional Supervisor:</b> <u>Head Offices in NCR:</u> Accomplish in duplicate for <u>each</u> survey. Retain duplicate for file. Transmit the original copy to BLES together with the corresponding questionnaires, sorted by province and by EIN. Exercise <b>care</b> in writing EIN. <u>Head Offices in ONCR That Have Not Responded to the Survey:</u> Accomplish in duplicate for <u>each</u> survey. Retain duplicate for file. Forward to BLES <b>within 20 days after termination of field operations</b> . Exercise <b>care</b> in writing EIN. <b>NCR Supervisor:</b> List respondents and forward accomplished form to the designated personnel for computerized status monitoring <b>within 10 days from the end of the period of delivery</b> . Exercise <b>care</b> in writing EIN.			
<b>(For ONCR only.) The attached ____ questionnaires are for</b> (encircle only one):		<b>2008 OWS                      2007/2008 BITS</b>	
<b>EIN</b>	<b>Name/Address of Sample Establishment</b>	<b>Name/Address of Head Office and Contact Person/Position/Tel. No.</b>	<b>GEOCODE</b> <i>(For BLES use only)</i>
<b>DOLE Regional Office</b>			
<b>Prepared by:</b>		<b>Noted by:</b>	
Signature:		Signature:	
Name:		Name:	
Position:		Position: IMSD Chief	
Date:		Date:	
<b>Prepared by BLES</b>			
Signature:		Position:	
Name:		Date:	



**ASSESSMENT ON THE IMPLEMENTATION OF FIELD  
OPERATIONS OF BLES SURVEY/S**

**Notes:**

1. Bases for NCR Assessment: Points earned relative to performance rate, verification rate, refusal rate and bonus points (10 % of maximum points) for additional workload for each survey.

<i>Performance Rate</i>		<b>Verification Rate</b>	<b>Refusal Rate</b>	<b>Formulas Used (for purposes of performance assessment)</b>	
<u>Points</u>		<u>Points</u>	<u>Points</u>	<b>% Accounted</b>	= (Total Accounted / Sample Questionnaires) * 100
25	90% and over	15	0 percent	<b>Performance Rate</b>	= {Retrieved / [Sample – (Refused + Spoilage)]} * 100
22	85 - 89	12	> 0 - 1		where Spoilage = Cannot be located, permanently/ temporarily closed, on strike, duplicate, outside industry or employment coverage, inactive (labor organizations), others not eligible for processing
19	80 - 84	9	> 1 - 2		
16	75 - 79	6	> 2 - 3		
13	70 - 74	3	> 3 - 4		
10	65 - 69	0	> 4		
7	60 - 64			<b>Verification Rate</b>	= [For Verification / (Sample - Spoilage)] * 100
4	55 - 59			<b>Refusal Rate</b>	= [Refused / (Sample - Spoilage)] * 100
1	Below 55				

2. For Regional Assessment:
  - a. Regions are grouped in accordance to number of establishments/labor organizations covered by the survey/s.
  - b. Bases for assessment: Same as above.
  - c. Ranking in the group is based on total points earned by each region in all surveys. A maximum of 50 points is given per survey.
3. For NCR assessment, 1<sup>st</sup> column of the form should be Supervisor/Enumerator.  
For Regional assessment, 1<sup>st</sup> column of the form should be Region/Survey.
4. Points earned and ranking shall be reflected at the end of field operations.





OVS FORM 1 (VERIFICATION FORM)

EIN: \_\_\_\_\_

GEO: \_\_\_\_\_

PSIC: \_\_\_\_\_

ATE: \_\_\_\_\_

NAME OF ESTABLISHMENT: \_\_\_\_\_

FLOOR/BLDG.: \_\_\_\_\_

\_\_\_\_\_  
No./STREET/SUBDIVISION: \_\_\_\_\_

\_\_\_\_\_  
BARANGAY/CITY/MUNICIPALITY: \_\_\_\_\_

\_\_\_\_\_  
ZIP  
CODE/PROVINCE: \_\_\_\_\_

Part A: General Information

1. MAIN ECONOMIC ACTIVITY/MAJOR PRODUCTS/ GOODS OR SERVICES

☐ No/inadequate description of main economic activity

☐ No entry for major products/ goods or services

2. EMPLOYMENT

☐ No entry

Part B: Employment and Wage Rates of Time-Rate Workers On Full-time Basis

1. BASIC PAY

☐ No entries

☐ Repetitive entries

☐ Details do not add up to respective sub-totals in: ☐Col. 2 ☐Col. 4 ☐Col. 6

☐ Sub-totals do not add up to Total (sum of cols. 2, 4 and 6)

☐ Total (sum of cols. 2, 4 and 6) is greater than total employment in Part A.2

2. ALLOWANCES

☐ No entries

☐ Repetitive entries

☐ Details do not add up to respective sub-totals in: ☐Col. 8 ☐Col. 10 ☐Col. 12

☐ Sub-totals do not add up to Total (sum of cols. 8, 10 and 12)

☐ Total (sum of cols. 8, 10 and 12) is greater than Total reported in Part B.1

Part C: Employment and Wage Rates of Time-rate Workers on Full-time Basis in Selected Occupations

1. FOR ESTABLISHMENTS IN PRE-SELECTED INDUSTRIES

☐ No data provided (occupational sheet given is appropriate)

☐ Change in industry classification discovered during review (provide appropriate occupational sheet)

2. OCCUPATION

☐ No occupation titles

☐ Occupations reported not consistent with those in occupational sheet

☐ Consolidated data provided/not classified by occupation

3. CURRENT WAGE RATES

☐ No entry/s in Col./s \_\_\_\_\_

☐ Time unit and monetary value are not consistent

☐ Cols. 1 and 2 (Basic Pay)

☐ Cols. 4 and 5 (Allowances)

☐ Details in col. 3 do not add up to its reported total

☐ Details in col. 6 do not add up to its reported total

4. TIME-RATE WORKERS ON FULL-TIME BASIS (MALE + FEMALE = BOTH SEXES)

☐ No entries

☐ No breakdown by sex

☐ Breakdown by sex does not add up to total

Received by Supervisor

Signature:

Date:

Verification Accepted by Reviewer

Signature:

Date:

To facilitate accomplishment of the verification form and to standardize the observations or verification details, the possible verification cases (menu) for each section of the form are shown below.

**BITS FORM 1 (VERIFICATION FORM FOR PART I: GENERAL INFORMATION)**

<b>To Our Valued Respondent:</b> Thank you for accomplishing the 2007/2008 BITS questionnaire. We, however, have some queries regarding some entries in the attached questionnaire. To guide you, we are providing you this form which contains our observation/s on your report. Should there be a need to revise your data, kindly line out the original entry, write close to it the new entry and affix your initial beside it.	
<b>EIN:</b> _____  <b>GEO:</b> _____ <b>PSIC:</b> _____ <b>ATE:</b> _____	<b>NAME</b> _____ <b>OF</b> _____ <b>ESTABLISHMENT:</b> _____ <b>FLOOR/BLDG.:</b> _____ <b>No./STREET/SUBDIVISION:</b> _____ <b>BARANGAY/CITY/MUNICIPALITY:</b> _____ <b>ZIP CODE/PROVINCE:</b> _____
<b>Item No.</b>	<b>Verification Details</b>
1. What is the main economic activity of your establishment?	<input type="checkbox"/> No entry <input type="checkbox"/> Economic Activity not completely described <input type="checkbox"/> Major products/goods or services not specified
2. Ownership	<input type="checkbox"/> No check mark <input type="checkbox"/> Please check only one box
3. With union	<input type="checkbox"/> No check mark <input type="checkbox"/> Please check only one box
3.1. If yes, please specify scope of bargaining unit.	<input type="checkbox"/> No check mark/s
4. Number of unions	<input type="checkbox"/> No entry <input type="checkbox"/> For clarification
5. Union membership	<input type="checkbox"/> No entry <input type="checkbox"/> Membership exceed number of supervisors/foremen reported in Part II item 1.3.2 <input type="checkbox"/> Membership exceed number of regular workers reported in Part II item 1.3.3.1 <input type="checkbox"/> Membership exceed the sum of supervisor/foremen and regular workers reported in Part II items 1.3.2 and 1.3.3.1
5.1. Female members	<input type="checkbox"/> No entry <input type="checkbox"/> Entry exceed union membership reported in item 5 <input type="checkbox"/> Entry exceed female workers reported in Part II item 2.2
5.2. Union officers	<input type="checkbox"/> No entry <input type="checkbox"/> Entry exceed/equal to union membership reported in item 5 <input type="checkbox"/> Entry exceed number of unions reported in item 4
5.2.1. Female officers	<input type="checkbox"/> No entry <input type="checkbox"/> With entry but no female union members reported in item 5.1 <input type="checkbox"/> Entry exceed number of union officers reported in item 5.2
5.2.1.1. Female presidents	<input type="checkbox"/> No entry <input type="checkbox"/> Entry exceed number of unions reported in item 4 <input type="checkbox"/> With entry but no female officers reported in item 5.2.1
6. With collective bargaining agreements	<input type="checkbox"/> No check mark <input type="checkbox"/> Please check only one box
7. Workers covered by CBAs	<input type="checkbox"/> No entry <input type="checkbox"/> Workers covered less than union membership reported in item 5 <input type="checkbox"/> Workers covered exceed number of supervisors/foremen reported in Part II item 1.3.2 <input type="checkbox"/> Workers covered exceed number of regular workers employees reported in Part II item 1.3.3.1 <input type="checkbox"/> Workers covered exceed the sum of supervisor/foremen and regular workers reported in Part II items 1.3.2 and 1.3.3.1
7.1 Female workers covered	<input type="checkbox"/> No entry <input type="checkbox"/> Entry less than female members reported in item 5.1 <input type="checkbox"/> With entry but no female workers reported in Part II item 2.2
8. Is your establishment part of a global production network (GPN)?	<input type="checkbox"/> No check mark <input type="checkbox"/> Partner country/ies not specified. <input type="checkbox"/> Please check only one box
9. Please indicate your market	<input type="checkbox"/> No check mark <input type="checkbox"/> Market not specified
<b>Received by Supervisor:</b>	<b>Verification Accepted by Reviewer:</b>
Signature:	Signature:
Date:	Date:



**BITS FORM 1 (VERIFICATION FORM FOR PART III: OCCUPATIONAL SHORTAGES AND SURPLUSES)**

**To Our Valued Respondent:** Thank you for accomplishing the 2007/2008 BITS questionnaire. We, however, have some queries regarding some entries in the attached questionnaire. To guide you, we are providing you this form which contains our observation/s on your report. Should there be a need to revise your data, kindly line out the original entry, write close to it the new entry and affix your initial beside it.

EIN: \_\_\_\_\_

GEO: \_\_\_\_\_

PSIC: \_\_\_\_\_

ATE: \_\_\_\_\_

NAME OF ESTABLISHMENT: \_\_\_\_\_

FLOOR/BLDG.: \_\_\_\_\_

No./STREET/SUBDIVISION: \_\_\_\_\_

BARANGAY/CITY/MUNICIPALITY: \_\_\_\_\_

ZIP CODE/PROVINCE: \_\_\_\_\_

Item No.

Verification Details

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

☐ No check mark in appropriate box.

☐ "Yes" is checked but the total number of vacant positions is not specified.

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

☐ Entry exceeds entry in Item 1.

☐ The total number of job/occupations listed in column (2) is not equal to the entry in item 1.1.

☐ \_\_\_\_\_ (title of job/occupation) as reported in column (2) does not have its corresponding entry in column/s \_\_\_\_\_ (identify column no.).

☐ Column (7) has multiple responses. Code for "main reason" is not reflected.

☐ Code (8) "Others" as listed in column (7) is not specified.

1.2. Requirements for filling up hard to fill vacant positions

☐ Jobs/occupations reported not consistent with those reported in column (2) of Item 1.1.

☐ \_\_\_\_\_ (title of job/occupation) does not have its corresponding entry in column/s \_\_\_\_\_ (identify column no.)

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

☐ Entry exceeds entry in Item 1.

☐ Total number of job/occupation reported in column (2) is not equal to entry in item 1.3.

☐ \_\_\_\_\_ (title of job/occupations) does not have its corresponding entry in column/s \_\_\_\_\_ (identify column no.)

2. When was the last time you had vacancy?

☐ The month and year when the company had its latest vacancy is not indicated.

3 How do you normally fill up your job vacancies?

☐ No check mark/s in appropriate box/es.

☐ "Others" is checked but the method of filling up job vacancies is not specified.

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

☐ No check mark in appropriate box.

☐ "Yes" is checked but the school preference is not indicated.

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

☐ No check mark in appropriate box.

☐ No check mark in appropriate box to indicate recruitment cost thru Classified Ads/ Phil-Job Net (DOLE)/Internet (Job Boards), as checked in Item 2.

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

☐ No corresponding check mark in any of columns (2), (3) or (4) for each appropriate trait in column (1).

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

☐ No check mark in appropriate box.

Received by Supervisor:

Verification Accepted by Reviewer:

Signature:

Signature:

Date:

Date:

5 - 29

**BITS FORM 1 (VERIFICATION FORM FOR PART IV: SAFETY AND HEALTH PRACTICES)**

**To Our Valued Respondent.** Thank you for accomplishing the 2007/2008 BITS questionnaire. We, however, have some queries regarding some entries in the attached questionnaire. To guide you, we are providing you this form which contains our observation/s on your report. Should there be a need to revise your data, kindly line out the original entry, write close to it the new entry and affix your initial beside it.

<b>EIN:</b> _____ <b>GEO:</b> _____ <b>PSIC:</b> _____ <b>ATE:</b> _____		<b>NAME OF ESTABLISHMENT:</b> _____ <b>FLOOR/BLDG.:</b> _____ <b>NO./STREET/SUBDIVISION:</b> _____ <b>BARANGAY/CITY/MUNICIPALITY:</b> _____ <b>ZIP CODE/PROVINCE:</b> _____	
ITEM No.		VERIFICATION DETAILS	
1	Which of the following facilities are available or provided in your establishment?	<input type="checkbox"/> No check mark for code/s: Codes: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Others not specified	
1.1	What are the reason/s for the non-provision of some of the facilities mentioned above?	<input type="checkbox"/> No check mark/s <input type="checkbox"/> Others not 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 being implemented in your establishment?	<input type="checkbox"/> No check mark for code/s: Codes: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Others not specified	
3	What preventive and control measures on safety and health are being implemented in your establishment?	<input type="checkbox"/> No check mark for code/s: Codes: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Others not specified	
4	Which of the following OSH trainings/seminars on safety and health were provided to your employees for the <b><u>last two (2) years</u></b> ?	<input type="checkbox"/> No check mark for code/s: Codes: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Others not specified	
4.1	Have you availed of the services/assistance of the following agencies in the conduct of any of the above trainings/seminars?	<input type="checkbox"/> No check mark for code/s: Codes: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Others not specified	
5	Who are responsible for the overall implementation/monitoring of safety and health practices in your establishment?	<input type="checkbox"/> No check mark/s <input type="checkbox"/> Others not specified	
6	Who are the health personnel in your establishment?	<input type="checkbox"/> No check mark/s <input type="checkbox"/> Others not specified	
7	Do you keep <u>OSH records</u> (work-related injuries, illnesses, health diseases and incidence) of your employees?	<input type="checkbox"/> No check mark/s <input type="checkbox"/> No check mark/s for type of records kept	
8	How do you <u>communicate</u> to employees safety and health practices in your establishment?	<input type="checkbox"/> No check mark/s <input type="checkbox"/> Others not specified	
9	Does management consult with employee representatives or union officers on matters concerning occupational health and safety?	<input type="checkbox"/> No check mark	
10	Is your establishment ISO (International Organization for Standardization) Certified?	<input type="checkbox"/> No check mark	
10.1	If <b>Yes</b> , please check the appropriate box/es on type of ISO certification/s	<input type="checkbox"/> No check mark/s <input type="checkbox"/> Others not specified	
<b>Received by Supervisor:</b> Signature: _____ Date: _____		<b>Verification Accepted by Reviewer:</b> Signature: _____ Date: _____	

# BITS FORM 1 (VERIFICATION FORM FOR PART V: OCCUPATIONAL INJURIES AND DISEASES)

**To Our Valued Respondent:** Thank you for accomplishing the 2007/2008 BITS questionnaire. We, however, have some queries regarding some entries in the attached questionnaire. To guide you, we are providing you this form which contains our observation/s on your report. Should there be a need to revise your data, kindly line out the original entry, write close to it the new entry and affix your initial beside it.

<b>EIN:</b> _____ <b>GEO:</b> _____ <b>PSIC:</b> _____ <b>ATE:</b> _____	<b>NAME OF ESTABLISHMENT:</b> _____ <b>FLOOR/BLDG.:</b> _____ <b>NO./STREET/SUBDIVISION:</b> _____ <b>BARANGAY/CITY/MUNICIPALITY:</b> _____ <b>ZIP CODE/PROVINCE:</b> _____
ITEM No.	VERIFICATION DETAILS
1. Did your establishment experience any occupational accidents during the year?	<input type="checkbox"/> No check mark in any of the boxes
2. How many occupational accidents were there?	<input type="checkbox"/> "Yes" is checked in item 1 but no entry in this item <input type="checkbox"/> "Yes" is checked in item 1 but entry in this item exceeds the sum of injury cases in item 3 (cols. 2, 3, 5 and 7).
3. Occupational injuries by type of injury	<input type="checkbox"/> "Yes" is checked in item 1 but no entries in this item Column details do not add up to respective totals: <input type="checkbox"/> col. 2 <input type="checkbox"/> col. 3 <input type="checkbox"/> col. 4 <input type="checkbox"/> col. 5 <input type="checkbox"/> col. 6 <input type="checkbox"/> col. 7 With permanent incapacity cases but no corresponding workdays lost or vice versa for items: <input type="checkbox"/> 3.1 <input type="checkbox"/> 3.2 <input type="checkbox"/> 3.3 <input type="checkbox"/> 3.4 <input type="checkbox"/> 3.5 <input type="checkbox"/> 3.6 <input type="checkbox"/> 3.7 <input type="checkbox"/> 3.8 <input type="checkbox"/> 3.9 With temporary incapacity cases but no corresponding workdays lost or vice versa for items: <input type="checkbox"/> 3.1 <input type="checkbox"/> 3.2 <input type="checkbox"/> 3.3 <input type="checkbox"/> 3.4 <input type="checkbox"/> 3.5 <input type="checkbox"/> 3.6 <input type="checkbox"/> 3.7 <input type="checkbox"/> 3.8 <input type="checkbox"/> 3.9 Workdays lost for permanent incapacity cases less than corresponding number of cases for items: <input type="checkbox"/> 3.1 <input type="checkbox"/> 3.2 <input type="checkbox"/> 3.3 <input type="checkbox"/> 3.4 <input type="checkbox"/> 3.5 <input type="checkbox"/> 3.6 <input type="checkbox"/> 3.7 <input type="checkbox"/> 3.8 <input type="checkbox"/> 3.9 Workdays lost for temporary incapacity cases less than corresponding number of cases for items: <input type="checkbox"/> 3.1 <input type="checkbox"/> 3.2 <input type="checkbox"/> 3.3 <input type="checkbox"/> 3.4 <input type="checkbox"/> 3.5 <input type="checkbox"/> 3.6 <input type="checkbox"/> 3.7 <input type="checkbox"/> 3.8 <input type="checkbox"/> 3.9 Workdays lost per case of temporary incapacity exceeds 365 days for items: <input type="checkbox"/> 3.1 <input type="checkbox"/> 3.2 <input type="checkbox"/> 3.3 <input type="checkbox"/> 3.4 <input type="checkbox"/> 3.5 <input type="checkbox"/> 3.6 <input type="checkbox"/> 3.7 <input type="checkbox"/> 3.8 <input type="checkbox"/> 3.9 <i>Note: A permanent or temporary incapacity injury case generally covers at the least one workday lost excluding the day of the accident. Temporary absences from work of less than one day for medical treatment are not included in workdays lost.</i>
4. Occupational injuries by part of body injured	<input type="checkbox"/> "Yes" is checked in item 1 but no entries in this item Column details do not add up to respective totals: <input type="checkbox"/> col. 2 <input type="checkbox"/> col. 3 <input type="checkbox"/> col. 4 <input type="checkbox"/> col. 5 Totals different from corresponding totals in item 3: <input type="checkbox"/> col. 2 <input type="checkbox"/> col.3 <input type="checkbox"/> col. 4 vs. col. 5 of item 3 <input type="checkbox"/> col. 5 vs. col. 7 of item 3
5. Occupational injuries by cause of injury	<input type="checkbox"/> "Yes" is checked in item 1 but no entries in this item Column details do not add up to respective totals: <input type="checkbox"/> col. 2 <input type="checkbox"/> col. 3 <input type="checkbox"/> col. 4 <input type="checkbox"/> col. 5 Totals different from corresponding totals in item 4: <input type="checkbox"/> col. 2 <input type="checkbox"/> col.3 <input type="checkbox"/> col. 4 <input type="checkbox"/> col. 5
6. Occupational injuries by agent of injury	<input type="checkbox"/> "Yes" is checked in item 1 but no entries in this item Column details do not add up to respective totals: <input type="checkbox"/> col. 2 <input type="checkbox"/> col. 3 <input type="checkbox"/> col. 4 <input type="checkbox"/> col. 5 Totals different from corresponding totals in item 5: <input type="checkbox"/> col. 2 <input type="checkbox"/> col.3 <input type="checkbox"/> col. 4 <input type="checkbox"/> col. 5
7. Occupational diseases	<input type="checkbox"/> With entry in Item 7.13 on "Others" but occupational disease not specified <input type="checkbox"/> With multiple occupational diseases specified in item 7.13 on "Others" but lumped together into a single case entry
8. Did any of your workers experience commuting accidents in 2007?	<input type="checkbox"/> No check mark in any of the boxes
8.1. How many commuting accidents were there?	<input type="checkbox"/> "Yes" is checked in item 8 but no entry in this item
8.2. How many workers were injured?	<input type="checkbox"/> "Yes" is checked in item 8 but no entry in this item <input type="checkbox"/> Entry here is lower than entry in item 8.1
9. Hours actually worked	<input type="checkbox"/> No entry. Entry here is outside acceptable range: <input type="checkbox"/> less than 1,200 hours per person <input type="checkbox"/> less than 3,600 hours per person
<b>Received by Supervisor:</b>	<b>Verification Accepted by Reviewer:</b>
Signature:	Signature:
Date:	Date:

**BITS FORM 1 (VERIFICATION FORM FOR PART VI: LABOR COST OF EMPLOYEES)**

**To Our Valued Respondent:** Thank you for accomplishing the 2007/2008 BITS questionnaire. We, however, have some queries regarding some entries in the attached questionnaire. To guide you, we are providing you this form which contains our observation/s on your report. Should there be a need to revise your data, kindly line out the original entry, write close to it the new entry and affix your initial beside it.

EIN: \_\_\_\_\_

GEO: \_\_\_\_\_

PSIC: \_\_\_\_\_

ATE: \_\_\_\_\_

NAME OF ESTABLISHMENT: \_\_\_\_\_

FLOOR/BLDG.: \_\_\_\_\_

NO./STREET/SUBDIVISION: \_\_\_\_\_

BARANGAY/CITY/MUNICIPALITY: \_\_\_\_\_

ZIP CODE/PROVINCE: \_\_\_\_\_

ITEM NO.	VERIFICATION DETAILS
1. Reference period if other than calendar year ( <i>month/year</i> )	<input type="checkbox"/> Reference period not specified
2. Labor Cost Component	
2.1. <i>Direct wages and salaries (in cash)</i>	
2.1.1. Pay for normal/regular working time	<input type="checkbox"/> No entry <input type="checkbox"/> Entry is outside the acceptable range of 24,000 – 350,000 per employee
2.1.4. Payments under bonus, productivity, performance and other incentive schemes	<input type="checkbox"/> Entry is the same as entry in item 2.3.1
2.1.5. Cost of living allowances and other guaranteed and regularly paid allowances	<input type="checkbox"/> Entry is the same as entry in item 2.5.2
2.3. <i>Bonuses and gratuities</i>	
2.3.1. Year-end, seasonal and other one-time bonuses	<input type="checkbox"/> No entry <input type="checkbox"/> Entry is the same as entry in item 2.1.4 <input type="checkbox"/> Entry is outside the acceptable range of 2,000 – 150,000 per employee
2.6. <i>Employer's social security expenditures</i>	
2.6.1. Compulsory social security contributions	<input type="checkbox"/> No entry <input type="checkbox"/> Entry is outside the acceptable range of 2,000 – 15,000 per employee
2.6.4. Cost of medical care and health services	<input type="checkbox"/> Entry is the same as entry in item 2.6.2
2.8 <i>Cost of welfare services</i>	<input type="checkbox"/> Entry includes entry in item 2.5.1 <input type="checkbox"/> Entry includes entry in item 2.6.4 <input type="checkbox"/> Entry includes entry in item 2.7
2.9 <i>Other labor costs</i>	
2.9.1 Cost of work/clothes/protective gear	<input type="checkbox"/> Entry is the same as entry in item 2.4
3. Hours actually worked by all employees in 2007	<input type="checkbox"/> No entry <input type="checkbox"/> Entry is outside the acceptable range of 1,200 – 3,600 per employee
4. Percent share of labor cost to total cost	<input type="checkbox"/> No check marks in any of the boxes <input type="checkbox"/> "30% or more" is checked but percent share is not specified
Others:	
ITEM NO.	VERIFICATION DETAILS
Received by Supervisor:	Verification Accepted by Reviewer:
Signature:	Signature:
Date:	Date:

<b>FM-BLES 03-3.16</b> Revision Code: 1 Effectivity Date: February 9, 2004	<b>REGIONAL REPORT ON THE IMPLEMENTATION OF BLES SURVEY/S</b>	Page 1 of 2
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<b>FOR (SEMESTER/YEAR) FIELD OPERATIONS</b> <b>DOLE Regional Office No. _____</b>				
<b>A. Timetable of Field Operations</b>				
Activity	BLES Scheduled Dates		Actual Dates	
Training of PBIs				
Delivery				
Collection				
<b>B. Manpower Complement</b>				
Personnel	BLES Required Manpower		Manpower Utilized	
Total				
Regional Staff				
Area Supervisors				
Enumerators				
<b>C. Fund Utilization (P)</b>				
Object	Interfund Transfer/Current Appropriation	Actual Expenditures		
		Total	From Current Appropriation	From Balance of Previous Surveys
Total				
02				
03				
07				
29				
Training				
Wages				
<b>D. Problems Encountered</b>				
1. Administrative Concerns a. <i>Training of Enumerators/Area Supervisors</i>				
b. <i>Manpower Complement including hiring of PBIs</i>				
c. <i>Fund Utilization</i>				
2. Field Operations a. <i>Delivery of Questionnaires</i>				
b. <i>Collection/Retrieval of Questionnaires</i> <b>On the average, how many callbacks were made to an establishment?_____</b>				



<b>FOR <u>    (SEMESTER/YEAR)    </u> FIELD OPERATIONS</b> <b>DOLE Regional Office No. <u>          </u></b>
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<b>E. Measures Undertaken by the RO to Solicit Cooperation of Sample Establishments</b>

<b>F. Suggestions for Improvement of Survey Implementation</b>
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1. Training of Enumerators and Area Supervisors

2. Manpower Complement

3. Fund Utilization

4. Field Operations

<b>Prepared by:</b>	<b>Noted by:</b>
Signature:	Signature:
Name:	Name:
Position: IMSD Chief	Position: Regional Director
Date:	Date:

**To All Enumerators,**

The quality of BLES survey data greatly relies on the quality of field operations in which you have been a part of. The Statistics Support Group of BLES has prepared this questionnaire to gather feedback/comments from you that will help us assess the effectiveness of the conduct of Enumerators' Training and the supervision rendered by our technical staff during the delivery of questionnaires.

Please accomplish this form and return to your supervisor. Thank you very much.

**Statistics Support Group**

**Note to all Supervisors:** Please administer this form to your enumerators a month after start of delivery operations.

**Enumerator:** \_\_\_\_\_ **Supervisor:** \_\_\_\_\_

**Area(s) of Assignment:** \_\_\_\_\_ **Number of Workload:** \_\_\_\_\_

**Number of Questionnaires Delivered** (A month after start of delivery operations) : \_\_\_\_\_

**Date Accomplished:** \_\_\_\_\_

1. How many visits have you made before you completed the delivery of a questionnaire to an establishment?
 

(a) Minimum: \_\_\_\_\_  
 (b) Maximum: \_\_\_\_\_
2. Generally, how difficult/easy was it to locate the establishments?  
(Encircle answer)

1 – Very Easy      2 – Easy   3 – Difficult      4 – Very Difficult

3. To what extent did the following factors contribute to the successful delivery of questionnaires? (Check only one for each factor)

Factors	Very Great Extent	Great Extent	Moderate Extent	Less Extent	No Help
Operational Strategy from the Enumerators' Training					
Assistance of Supervisor					
Assistance of Monthly PBI					
Use of Control List					
Use of Maps					
Use of Telephone Directory					
Familiarity with the Area					
Others, specify					
_____					
_____					
_____					

4. What were the common problems you encountered in the delivery of questionnaire? (Check as many as applicable)

- ☐ Incomplete/Incorrect Address Labels
- ☐ Too Many CBL, PCL and TCL Samples
- ☐ Improper Allocation of Workloads
- ☐ Uncooperative Establishment Personnel
- ☐ Ignorance of Establishment about the Survey
- ☐ Strict Security Personnel in the Establishment
- ☐ Others (Please specify)

5. Comments and Suggestions:

<b>Reviewed by Supervisor:</b>
Signature:
Name:
Position:
Date:

**THANK YOU VERY MUCH!!!**

**To All Enumerators,**

The quality of BLES survey data greatly relies on the quality of field operations in which you have been a part of. The Statistics Support Group of BLES has prepared this questionnaire to gather feedback/comments from you that will help us assess the effectiveness of the conduct of Enumerators’ Training and the supervision rendered by our technical staff during the retrieval of questionnaires.

Please accomplish this form and return to your supervisor. Thank you very much.

**Statistics Support Group**

**Note to all Supervisors:** Please administer this form to your enumerators three months after start of delivery operations.

**Enumerator:** \_\_\_\_\_ **Supervisor:** \_\_\_\_\_

**Area(s) of Assignment:** \_\_\_\_\_ **Number of Workload:** \_\_\_\_\_

**Number of Questionnaires Retrieved** (Three months after start of delivery operations): \_\_\_\_\_

**Date Accomplished:** \_\_\_\_\_

1. How many callbacks have you made before you retrieved a questionnaire from the establishment?
- (c) Minimum: \_\_\_\_\_
- (d) Maximum: \_\_\_\_\_
2. How many visits have you made before you retrieved a questionnaire from the establishment?
- (a) Minimum: \_\_\_\_\_
- (b) Maximum: \_\_\_\_\_
3. Generally, how difficult/easy was it to retrieve the questionnaires?  
(Encircle answer)
- 1 – Very Easy      2 – Easy    3 – Difficult      4 – Very Difficult
4. To what extent did the following factors contribute to the successful retrieval of questionnaires? (Check only one for each factor)

Factors	Very Great Extent	Great Extent	Moderate Extent	Less Extent	No Help
Operational Strategy from the Enumerators’ Training					
Establishments’ Cooperation					
Assistance of Supervisor					
Completeness of Data Reported					
Consistency of Entries					
Others, specify					
_____					
_____					
_____					

5. What were the common errors you have noted on the retrieved questionnaires during field editing?

	<b>Error/s</b>
<b>Survey 1: 2004 OWS</b>	
<b>Survey 2: 2007/2008 BITS</b>	
<b>Survey 3:</b>	

6. Comments and Suggestions:


<b>Reviewed by Supervisor:</b>
Signature:
Name:
Position:
Date:

**THANK YOU VERY MUCH!!!**