Republic of the Philippines

Philippine Statistics Authority

--DATA ENTRY GUIDELINES--

2013/2014 INTEGRATED SURVEY ON LABOR AND EMPLOYMENT and 2014 OCCUPATIONAL WAGES SURVEY

August 2014

2013/2014 Integrated Survey on Labor and Employment (ISLE)

PART I: GENERAL INFORMATION
Reference Period: June 30, 2014

Figure 1. Part I: General Information - Data Screen Format

ITEM OF INQUIRY	GUIDELINES
General Rule: Type the numeric entry or code indicated in the questionnaire.	
2. Ownership	• There should only be one answer. • Type "1" if Filipino. • Type "2" if Foreign. • Type "3" if Joint Venture. • Type "4" if Multinational.
3. Type of market	• Entry is applicable for establishments engaged in production of goods, e.g., agriculture, mining and quarrying, and manufacturing • There should only be one answer. • Type "1" if Domestic Market Only. • Type "2" if Both Domestic and Export. • Type "3" if Export/International Market.

ITEM OF INQUIRY	GUIDELINES
General Rule: Type the numeric entry or code indicated in the questionnaire.	
4. With union?	• Type "1" if YES or "2" if NO. • If the answer is YES, there should be an answer in item 4.1. • If answer is NO proceed to Part II. There should be no entries in items 4.1. to 8.1.
4.1. If yes, please specify scope of bargaining unit.	• Type "1" for the appropriate bargaining unit checked. • If Supervisors Only and/or Rank &File Only is "1", column for Rank & File including Supervisors will be disabled. • If Rank & File including supervisors is "1", column/s for Supervisors Only and Rank & File Only will be disabled.
5. Number of unions	• Entry is required if "1" in item 4. • Entry should correspond to the bargaining unit checked in item 4.1.
6. Union membership	• Entry should correspond to the bargaining unit checked in item 4.1. • If **Supervisors only** is "1" in item 4.1, union membership should NOT exceed the number of supervisors/foremen reported in *Part II item 1.4.2.* • If **Rank & File only** is "1", entry should NOT exceed the number of regular workers reported in *Part IIitem 1.4.3.1.* • If **Rank & File including Supervisors** is "1" in item 4.1, union membership should not exceed the sum of entries in *Part II items 1.4.2* (supervisors/foremen) and *1.4.3.1* (regular workers).
6.1. Female members	• Entry should not exceed union membership reported in *Part Iitem 6.* • If Supervisors only is checked in item 4.1, entry should not exceed the number of female supervisors reported in *item 6* and *Part II item 1.4.2.1.*
6.2. Union officers including members of the Board	• Entry should correspond to the bargaining unit checked in item 4.1. • Entries should not exceed entries in *item 6.*
6.2.1. Female officers	• Entry should correspond to the bargaining unit checked in item 4.1. • Entries should not exceed entries in *item 6.2.*
6.2.1.1. Female presidents	• Entry should correspond to the bargaining unit checked in item 4.1. • Entries should not exceed entries in *items 5 and 6.2.1.*

ITEM OF INQUIRY	GUIDELINES
General Rule: Type the numeric entry or code indicated in the questionnaire.	
7. With collective bargaining agreement?	• Type "1" for YES, "2" for NO. • If the answer is No, go to Part II.
8. Workers covered by CBAs including those paying agency fees	• Entry may exceed the number of union membership reported in *Item 6.* • If **Supervisors only** is "1" in*item 4.1*, the number of workers covered should not exceed the number of supervisors/foremen reported in*Part II, Item 1.4.2.* • If **Rank & File only** is "1" in *item 4.1*, the number of workers covered should not exceed the number of regular workers reported in *Part II item 1.4.3.1.* • If **Rank & File including Supervisors** is "1" in *item 4.1*, the number of workers covered should not exceed the sum of the entries reported in *Part IIitem 1.4.2 (supervisors/foremen) and 1.4.3.1 (regular workers).*
8.1. Female workers covered	• Entry should not exceed female employees reported in *Part II item 1.3.1.* • If **Supervisors only** is checked in *item 4.1*, the number of female workers covered should not exceed the number of female supervisors in *Part II item 1.4.2.1.*

Figure 2. Part II: Employment - Data Screen Format

PART II: EMPLOYMENT

ITEM OF INQUIRY	GUIDELINES
General Rule: Type the numeric entry indicated in the questionnaire. If there is no entry on the item, type "0" (zero).	
1. Total Employment	• Entry should be the sum of entries in items 1.1, 1.2 and 1.3.
1.1. Working owners	• Entry should not exceed the number in items 1 and 1.3.
1.2. Unpaid workers	• Entry should not exceed the number in items 1 and 1.3.
1.3. Employees	• Entry should be the sum of entries in items 1.4.1, 1.4.2 and 1.4.3.
	• Entry should be the sum of entries in items 2.4, 2.5.2 and 2.6.
1.3.1. Female Employees	• Entry may be equal to or less than the entry in item 1.3.
	• Entry may be equal to or less than the entry in item 2.2.
	• Entry may be equal to or greater than the sum of entries in items 1.4.1.1 and 1.4.2.1.
1.4. Category of Employees	
1.4.1. Managers/Executives	• Entry should be less than entry in item 1.3.
1.4.1.1. Female managers/executive s	• Entry may be equal to or less than entry in items 1.3.1 and 1.4.1.
1.4.2. Supervisors/Foremen	• Entry should be less than entry in item 1.3.
1.4.2.1. Female supervisors	• Entry may be equal to or less than entry in items 1.3.1 and 1.4.
1.4.3. Rank and File workers	• Entry should be less than entry in item 1.3.
	• Entry should be the sum of entries in items 1.4.3.1 and 1.4.3.2.
1.4.3.1. Regular workers	• Entry may be equal to or less than entry in item 1.4.3.
1.4.3.2. Non-regular workers	• Entry should be less than entry in item 1.4.3.
	• Entry should be the same as that in item 2.7.

ITEM OF INQUIRY	GUIDELINES
General Rule: Type the numeric entry indicated in the questionnaire. If there is no entry on the item, type "0" (zero).	
2. Employment of Specific Groups of Workers	
2.1. Young workers	• Entry should be the sum of entries in items 2.1.1 and 2.1.2. • Entry may be equal or less than entry in item 1.3.
2.1.1. 15-24 years old	• Entry may be equal to or less than entry in items 2.1.
2.1.2. 25-30 years old	• Entry may be equal to or less than entry in items 1.3 and 2.1.
2.2. Female workers	• Entry may be equal to or greater than the entry in item 1.3.1.
2.3. Workers paid the exact minimum wage	• Entry may be equal to or less than entry in items 1.4.3 and 2.4.1.2.
2.4. Time-rated workers	• Entry should be the sum of entries in items 2.4.1 and 2.4.2.
2.4.1 Full-time workers	• Entry should be the sum of entries in items 2.4.1.1 to 2.4.1.3.
2.4.1.1 Hourly	• Entry may be less than entry in item 2.4.1.
2.4.1.2 Daily	• Entry may be equal to or less than entry in item 2.4.1.
2.4.1.3 Monthly	• Entry may be equal to or less than entry in item 2.4.1.
2.4.2 Part-time workers	• Entry should be less than entry in item 2.4. **Note:** Entry excludes consultants and those on retainer basis.
2.5 Commission workers	• Entry may be equal to or less than entry in item 1.3. • Entry should be the sum of entries in items 2.5.1 to 2.5.3. **Note:** Establishments engaged in insurance, real estate, selling and trade would normally have entries on this item.
2.5.1. With basic pay and commission	• Entry may be equal to or less than entry in item 2.5.
2.5.2. Purely on commission with employer control and supervision	• Entry may be equal to or less than entry in item 2.5.

ITEM OF INQUIRY	GUIDELINES
General Rule: Type the numeric entry indicated in the questionnaire. If there is no entry on the item, type "0" (zero).	
2.5.3. Purely on commission without employer control	• Entry may be equal to or less than entry in item 2.5.
2.6. Output-rated workers	• Entry should be the sum of entries in items 2.6.1 to 2.6.4.
2.6.1. Piece-rated workers	• Entry should be equal to or less than entry in item 2.6.
2.6.2. Production standard (quota) workers	• Entry should be equal to or less than entry in item 2.6.
2.6.3. "Pakyao" or "Takay" workers	• Entry should be equal to or less than entry in item 2.6.
2.6.4. Task workers	• Entry should be equal to or less than entry in item 2.6.
2.7. Non-regular workers	• Entry should be the sum of entries in items 2.7.1 to 2.7.5. • Entry should be equal to the entry reported in item 1.4.3.2.
2.7.1. Probationary workers	• Entry may be equal to or less than entry in item 2.7.
2.7.2. Casual workers	• Entry may be equal to or less than entry in item 2.7.
2.7.3. Contractual/project-based workers	• Entry may be equal to or less than entry in item 2.7. **Note:** Entry excludes workers hired through contractors.
2.7.4. Seasonal workers	• Entry may be equal to or less than entry in item 2.7.
2.7.5. Apprentices/learners	• Entry may be equal to or less than entry in item 2.7.
2.8. Workers who work on graveyard shifts	
Total	• Total should be equal to the sum of details. • Total number of workers working on shifts should be less than entry in item 1.3.
Shift 1	• Entry may be equal to or less than total number of workers working on evening/graveyard shift. • Valid entry should be in shift schedule in am/pm format (12 hours)
Shift 2	
Shift 3	

ITEM OF INQUIRY	GUIDELINES
General Rule: Type the numeric entry indicated in the questionnaire. If there is no entry on the item, type "0" (zero).	
3. Outsourcing/Contracting out	
3.1. Job, work, or service done *within* the premises of the establishment	
3.1.1 Total no. of workers hired through agencies/contractors	• Entry should be the sum of entries in items 3.1.1.1 to 3.1.1.21. **Note:** Total workers reported in this item is not part of entry in item 1 (Total Employment).
3.1.1.1 Security services	
3.1.1.2 Janitorial	
3.1.1.3 General administrative	
3.1.1.4 Marketing/Sales	
3.1.1.5 Packaging	
3.1.1.6 Production/Assembly (Please, specify activity/process.)	
3.1.1.7 Research and development	
3.1.1.8. IT services	• Entry may be equal to or less than entry in item 3.1.1.
3.1.1.9. Food services/Catering	• If "Production/Assembly" is checked, specific activity/process and the corresponding number of workers should be indicated.
3.1.1.10. Logistics/Transport	
3.1.1.11. Repair/Maintenance/Construction	
3.1.1.12. Warehousing	
3.1.1.13. Medical and health services	
3.1.1.14. Cashier	
3.1.1.15. Messengerial	
3.1.1.16. Billing/Payment	
3.1.1.17. Human resource	
3.1.1.18. Data processing/Encoding	
3.1.1.19. Finance/Accounting	
3.1.1.20. Learning/Training	
3.1.1. 21 Others (Please, specify.)	• Entry may be equal to or less than entry in item 3.1.1. • If there is an entry, number of workers in the specified work should be indicated.

ITEM OF INQUIRY	GUIDELINES
General Rule: Type the numeric entry indicated in the questionnaire. If there is no entry on the item, type "0" (zero).	
3.2. Job, work, or service done *outside* the premises of the establishment	
3.2.1 Production/Assembly (Please specify activity/precess.)	
3.2.2 Finance/Accounting	
3.2.3 Data processing/Encoding	• Type "1" for every checked item.
3.2.4 Human resource (HR)/Recruitment	• If "Production/Assembly" is checked, specific
3.2.5 Learning/Training	activity/process should be indicated.
3.2.6 Billing /Payment	• If "Others" is checked, process
3.2.7 Transport services	outsourced/job contracted out should be
3.2.8. Courier services	specified.
3.2.9 Packaging/Crating	• There may or may not a check mark here.
3.2.10 Research and development	
3.2.11Marketing/Sales	
3.2.12Medical and health services	
3.2.13Messengerial	
3.2.14 Others (Please specify)	

PART III: OCCUPATIONAL SHORTAGES AND SURPLUSES
Reference Period: January 2013 to June 2014

Figure 3. Part III: Occupational Shortages and Surpluses - Data Screen Format

PART III: OCCUPATIONAL SHORTAGES AND SURPLUSES

ITEM OF INQUIRY	GUIDELINES
1. Were there job vacancies in your establishment from January 2013 to June 2014?	• Type "1" if YES or "2" if NO. • If "YES", the total number of job vacancies must be indicated. • For the total number of job vacancies, the entry must be equal to the total of "Number of Vacancies" in column 5.
Col. 1 - PSOC Code	• Type the PSOC code specified for each of the corresponding job title/occupation.
Col. 2 – Job Title/Occupation	• Type the complete job title/occupation for each of the identified job vacancies.
Col. 3 – Status	• Type the corresponding status code indicated in the corresponding row of job title/occupation.

Col. 4 - Category	• Type the corresponding category indicated in the corresponding row of job title/occupation.
Col. 5 – Number of Vacancies	• Type the numeric entry reflected in the corresponding row of job/occupation title. • The total number of job vacancies for all job titles/occupations should be the same with the entry in item 1.
Col. 6 – Number of Applicants	• Type the numeric entry reflected in the corresponding row of job title/occupation.
Col. 7 – Length of Recruitment Period (in months)	• Enter the corresponding length of recruitment period (in months) for each job vacancy.
Col. 8 – Specialization/Specific skills	• Type the specialization/specific skills indicated for each of the corresponding row of job title /occupation title, e.g., specialization/specific skills needed to fill up a hard-to-fill vacancy.
Col. 9 – Reason (ONLY for Hard to Fill Vacancies)	▪ Enter the code reflected in the corresponding row of an identified hard-to-fill vacancy.

PART IV: TRAINING OF WORKERS
Reference Period: Calendar Year 2013

Figure 4. Part IV: Training of Workers - Data Screen Format

PART IV. TRAINING OF WORKERS

ITEM OF INQUIRY	GUIDELINES
General Rule: Type the numeric entry indicated in the questionnaire. If there is no entry on the item, type "0" (zero).	
1. **Did your establishment provide job-related training/s to your employee?**	• Type "1" if YES; 2 if "NO". • If the answer is NO, proceed to Part V.
Col (2) – Total No.	• The total number of employees provided job-related training should be indicated. • Entries should be the sum of entries in columns 4, 6 and 8 of the corresponding row for each training provider.
Col (3) – Total Cost	• The total cost of training should be indicated. • Entries should be equal to the total cost of entries in columns 5, 7 and 9 of the corresponding row for each training provider.
Col (4) – No. of Managers/Executives	• Entries should be the respective number of managers/executives provided job-related training for each training provider. • Entries should be less than or equal to entries in col. 2.
Col (5) – Managers/Executives Training Cost	• Entries should be the respective job-related training cost of managers/executives for each training provider.
Col (6) – No. of Supervisors/Foremen	• Entries should be the respective number of supervisors/foremen provided job-related training for each training provider. • Entries should be less than or equal to entries in col. 2.
Col (7) – Supervisors/Foremen Training Cost	• Entries should be the respective job-related training cost of supervisors/foremen for each training provider.
Col (8) – No. of Rank and File Workers	• Entries should be the respective number of rank and file workers provided job-related training for each training provider. • Entries should be less than or equal to entries in col. 2.
Col (9) – Rank and File Workers Training Cost	• Entries should be the respective job-related training cost of rank and file workers for each training provider.
Others (specify)	• Specify other training provider. • If "Others" is specified, there should be entry on the spaces provided.

Figure 5. Part V: Productivity and Gainsharing Practices - Data Screen Format

PART V: PRODUCTIVITY IMPROVEMENT AND GAINSHARING PRACTICES

ITEM OF INQUIRY	GUIDELINES
1. **What productivity improvement program/s are being implemented in your establishment and who developed these programs?**	• Type "1" if WITH productivity improvement program/s or "2" if NONE. • If "WITH", type "1" for program/s answered and select at most 3 codes in DEVELOPED BY. • If "Others" in programs is marked with "1", there should be entry on the space provided as specified in questionnaire. • If code 7 or "Others",there should be entry on the space provided as specified in the questionnaire. • If "NONE", proceed to item 5.
2. **What are the objective/s of your productivity improvement programs and to what extent were the objective/s met?**	• No entry here if NONE in item 1. • Type "1" on checked objective/s and corresponding percentage equivalent to the extent the objective/s was met. • If REDUCE and/or INCREASE is "1", there should be "1" on its sub-categories and percentage equivalent. • If "Others" is answered, there should be entry on the space provided and percentage equivalent as specified in questionnaire.
3. **Does the productivity improvement program include a productivity gainsharing scheme?**	• No entry here if NONE in item 1. • Type "1" if YES; 2 if "NO". • If "YES", there should be "1" on the kind of productivity gainsharing scheme/s being implemented. • If "NO", proceed to item 5.
4. **Have you availed of tax incentives related to your productivity improvement program as provided under RA 6971 or known as the Productivity Incentives Act of 1990?**	• No entry here if NONE in Item 1 or NO in Item 3. • Type "1" if YES; 2 if "NO".
5. **Have you been assisted by any government agency in the development and implementation of your productivity improvement program?**	• Type "1" if YES; 2 if "NO". • If "YES", there should be "1" on the corresponding government agency/ies selected. • If "Others" is answered, there should be entry on the space provided.
6. **Have you attended any training programs conducted by RTWPBs?**	• Type "1" if YES; 2 if "NO". • If "YES", there should be "1" on the corresponding training program/s selected. • If "Others" is answered, there should be entry on the space provided as specified in questionnaire.
7. **What forms of assistance should government provide to encourage more establishments to adopt productivity improvement programs?**	• Type "1" if WITH answer or "2" if NONE. • If "WITH", there should be "1" on the corresponding assistance selected • If "Others" is answered, there should be entry on the space provided as specified in questionnaire.

PART VI: OCCUPATIONAL SAFETY AND HEALTH PRACTICES
Reference Period: Calendar Years 2012-2013

ISLE Part 6A- Occupational Safetry and Health Practices

EIN 3

Part VI (B)   Status Monitoring

Part VI-A: OCCUPATIONAL SAFETY AND HEALTH PRACTICES

PREVENTION AND CONTROL MEASURES/ACTIVITIES	2012	2013
01 Organized safety and health commitee		
02 Appointed safety/health officers and/or first aiders		
03 Posting of safety signages or warnings		
04 Workers' orientation on safety and health hazards at work		
05 Installation of machine guards on moving parts/equipment		
06 Emergency response preparedness activities for earthquake, fire, chemical spills, etc.		
07 Regular monitoring of hazards such as chemicals, noise and heat in work areas		
08 Dissemination of info materials on safety and health		
09 Submission of required reports on illness/injuries to DOLE		
10 Trainings on safety and health for officers and workers		
11 HIV and AIDS education in the workplace		
12 Regular inspection and maintenance of equipment		
13 Advocacy, education and training on drug-free workplace		
14 Provision of work accommodation measures to support workers with TB		
15 Smoke-free workplace		
16 Periodic/annual medical exam of workers		
17 Hepatitis B education in the workplace		
18 Practice proper handling of chemicals/hazardous materials . . .		
19 Use of safety manuals, labels or maintenance procedures		
20 Use of safety data sheet for chemicals		
21 Perform corrective action programs and audits		
22 Maintenance of mechanical and electrical facilities		
23 Provision of appropriate personal protective equipment (PPE) such as hard hat, . . .		
24 Adoption of DOTS (Directly Observed Treatment Short Course) in management . . .		
25 Random drug testing of officers and employees		
26 Others, specify		

Encoding Rule:
1 – Yes
2 – Not Yet
3 – Not Needed/Not Applicable

OCCUPATIONAL SAFETY AND HEALTH POLICIES/PROGRAMS	2012	2013
01 Hearing conservation program		
02 Monitoring/surveillance of occupational and work-related injuries and illnesses		
03 Healthy lifestyle program such as smoking cessation, regular physical exercise, . . .		
04 DOLE approved construction safety and health program		
05 Policy on non-discrimination of workers who have/had PTB		
06 Policy on non-discrimination of workers confirmed/suspected/perceieved to have HIV..		
07 Policy on non-discrimination of workers confirmed/suspected/perceieved to have Hepa B...		
08 Accident prevention program		
09 Emergency response preparedness program		
10 Tuberculosis prevention and control program		
11 Accident investigation program		
12 HIV and AIDS prevention and control policy and program		
13 Indoor air quality program		
14 Drug-free workplace policy and program		
15 Employee assistance program related to substance abuse, to include treatment . . .		
16 Hepatitis B prevention and control policy and program		
17 Ergonomics program		
18 Anti-sexual harassment policy		
19 Chemical safety program such as provision of Globally Harmonized System labels . . .		
20 Others, specify		

Encoding Rule:
1 – Yes
2 – Not Yet
3 – Not Needed/Not Applicable

Figure 6a. Part VI: Occupational Safety and Health Practices - Data Screen Format

PART VI - OCCUPATIONAL SAFETY AND HEALTH PRACTICES

Figure 6b. Part VI: Occupational Safety and Health Practices - Data Screen Format

PART VI: OCCUPATIONAL SAFETY AND HEALTH PRACTICES

ITEM OF INQUIRY	GUIDELINES

1. **What activities were conducted or practiced in the company as part of your prevention and control measures against work and safety and health hazards?**
[Codes 01-26 Prevention and Control Measures/Activities]
	• For every checked item in the questionnaire under column 2012 and 2013, use or type code
	  1 – Yes
	  2 – Not Yet (Planning Stage)
	  3 – Not Needed/Not Applicable

2. **Which of the following Occupational Safety and Health policies and programs are implemented in your establishment?** *[Codes 01-20 Occupational Safety and Health Policies/Programs]*	• Each item of inquiry should have an answer using the codes, do not leave item(s) blank. • For "**Others**", type as specified in the questionnaire.

3. **What work safety and health-related trainings/seminars were availed by your employees and which agency/organization conducted it?**
[Codes 01-21 Trainings/ Seminars]
	• For Trainings/Seminars, type "1" for every checked item.
	• Use the following codes for training agency/organization or click the dropdown box to select:
	  1 – Occupational Safety and Health Center (OSHC)/OSHNet
	  2 – Bureau of Fire Protection (BFP)
	  3 – Professional Organizations (ASPPI, OHNAP, PCOM, etc.)
	  4 – DOLE Accredited Safety Training Organizations (SOPI, etc.)
	  5 – Employer's Organizations (ECOP, PMAP, PCCI, etc.)
	  6 – Workers' Groups (TUCP, FFW, APL, etc.)
	  7 – Academe/Universities
	  8 – Own Company
	  9 – Others
	• If "Others' is answered, there should be entry as specified in questionnaire
	
	Note: If Trainings/Seminars (Col. 2 in Qn) has no tick mark, "Ttraining Agency/Organization" (Col. 3) should be blank.

PART VI: OCCUPATIONAL SAFETY AND HEALTH PRACTICES (cont'd.)

ITEM OF INQUIRY	GUIDELINES
4. Who is/are the designated health and safety personnel in your establishment?	• Multiple entries are acceptable • Type "1" for every checked item; otherwise, leave it blank • For **Others**, enter as specified in questionnaire • If safety officer is checked, enter "1" for Yes - accredited by DOLE and "2" for No – not accredited by DOLE

BLE Part 7A: Occupational Injuries

EIN: _____ 3   Part VII (B)   Status Monitoring

Part VII-A: OCCUPATIONAL INJURIES

1. Did your establishment experience any occupational accidents during the year? [_____]

2. How many occupational accidents were there? [_____]

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

Part of the Body Injured (1)	Fatal Cases (2)	Permanent Incapacity Cases (3)	Temporary Incapacity Cases (4)	Cases Without Workdays Lost (5)
4. Total				
4.1 Head				
4.2 Neck				
4.3. Back				
4.4. Trunk or internal organs				
4.5. Arm and shoulder				
4.6. Wrist and hand				
4.7. Lower extremities				
4.8. Whole body or multiple sites equally injured				

Cause of Injury (1)	Fatal Cases (2)	Permanent Incapacity Cases (3)	Temporary Incapacity Cases (4)	Cases Without Workdays Lost (5)
5. Total				
5.1. Falls of persons				
5.2. Struck by falling objects				
5.3. Stepping on, striking against or struck by objects, excluding falling objects				
5.4. Caught in or between objects				
5.5. Over-exertion or strenuous movements				
5.6. Exposure to or contact with extreme temp				
5.7. Exposure to or contact with electric current				
5.8. Exposure to or contact with harmful substances				
5.9. Others (Please specify.)				

Agent of Injury (1)	Fatal Cases (2)	Permanent Incapacity Cases (3)	Temporary Incapacity Cases (4)	Cases Without Workdays Lost (5)
6. Total				
6.1. Buildings, structures				
6.2. Prime movers				
6.3. Distribution systems				
6.4. Hand tools				
6.5. Machines, equipment				
6.6. Conveying/Transport/Packaging equipment or vehicles				
6.7. Materials, objects				
6.8. Chemical substances				
6.9. Human, animals, plants, etc.				
6.10. Others (Please specify.)				

Figure 7a. Part VII: Occupational Injuries and Diseases - Data Screen Format

Figure 7b. Part VII: Occupational Injuries and Diseases - Data Screen Format

PART VII: OCCUPATIONAL INJURIES AND DISEASES

ITEM OF INQUIRY	GUIDELINES
1. **Did your establishment experience any occupational accidents during the year?**	- For checked item, type code 1-Yes 2-No - If answer is "No", go to *item 8*
2. **How many occupational accidents were there?**	Enter/Type as specified in the questionnaire.
3. **Type of Injury** 4. **Part of Body Injured** 5. **Cause of Injury** 6. **Agent of Injury** 7. **Major Occupation Group**	If answer is "Yes" in item 1 - Type the number of cases of occupational injuries as specified in the questionnaire. - Details should be equal to total. - For **Others**, enter as specified.
8. Occupational Diseases	- Type the corresponding number of cases as specified in the questionnaire. - For **Others**, enter as specified.
9. Did any of your workers experience commuting accidents in 2013?	- For checked item, type code 1-Yes 2-No - If answer is "No", go to *item 10*
9.1 How many commuting accidents were there? 9.2 How many workers were injured?	Enter/Type as specified in the questionnaire.
10. How many hours were actually worked by all employed persons in your establishment in 2013?	Enter/Type as specified in the questionnaire.

Figure 8. Part VIII: Labor Cost of Employees - Data Screen Format

PART VIII: LABOR COST OF EMPLOYEES

ITEM OF INQUIRY	GUIDELINES
1. Reference period if other than calendar year	• Enter/Type as specified in the questionnaire. • Date should be in mm/yyyy format.
2. Labor Cost Component	• Enter/Type as specified in the questionnaire. • For **Others**, enter as specified.
3. How many hours were actually worked by all employees in your establishment in 2013?	• Enter/Type as specified in the questionnaire.
4. Percent share of labor cost to total cost	• **1** = for checked item;Otherwise, leave it blank. • If 30% or more is checked, enter as specified.

2014 Occupational Wages Survey

Reference Period: July 31, 2014

OWS: Basic Pay

PHILIPPINE STATISTICS AUTHORITY
2014 OCCUPATIONAL WAGES SURVEY
FORM BASIC PAY

Go To ALLOWANCES

Go To PART C

EIN: [3]

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

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

PART B: EMPLOYMENT AND WAGE RATES OF TIME-RATE WORKERS ON FULL-TIME BASIS (Basic Pay)	• Type the corresponding entry for each item as reflected in the questionnaire. • Total below is sum of the three (3) sub-totals.

Click the button   **Go To ALLOWANCES**   to go to next part.

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Of the TOTAL reported in Basic Pay, how many received allowances? 0

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

Hourly Rate		Daily Rate		Monthly Rate	
Allowances	Full-time Workers	Allowances	Full-time Workers	Allowances	Full-time Workers
Below 1.20	0	Below 9.58	0	Below 250	0
1.20 - 2.39	0	9.58 - 19.15	0	250 - 499	0
2.40 - 3.59	0	19.16 - 28.73	0	500 - 749	0
3.60 - 4.78	0	28.74 - 38.31	0	750 - 999	0
4.79 - 5.98	0	38.32 - 47.90	0	1,000 - 1,249	0
5.99 - 7.18	0	47.91 - 57.48	0	1,250 - 1,499	0
7.19 - 8.38	0	57.49 - 67.07	0	1,500 - 1,749	0
8.39 - 9.58	0	67.08 - 76.65	0	1,750 - 1,999	0
9.59 - 10.78	0	76.66 - 86.24	0	2,000 - 2,249	0
10.79 - 11.97	0	86.25 - 95.82	0	2,250 - 2,499	0
11.98 - 13.17	0	95.83 - 105.41	0	2,500 - 2,749	0
13.18 - 14.37	0	105.42 - 114.99	0	2,750 - 2,999	0
14.38 - 15.57	0	115.00 - 124.57	0	3,000 - 3,249	0
15.58 - 16.77	0	124.58 - 134.15	0	3,250 - 3,499	0
16.78 - 17.97	0	134.16 - 143.73	0	3,500 - 3,749	0
17.98 - 19.17	0	143.74 - 153.31	0	3,750 - 3,999	0
19.18 - 20.37	0	153.32 - 162.89	0	4,000 - 4,249	0
20.38 - 21.57	0	162.90 - 172.47	0	4,250 - 4,499	0
21.58 - 22.77	0	172.48 - 182.05	0	4,500 - 4,749	0
22.78 - 23.97	0	182.06 - 191.63	0	4,750 - 4,999	0
23.98 and over	0	191.64 and over	0	5,000 and over	0
Sub-total	0	Sub-total	0	Sub-total	0
				TOTAL	0

PART B: EMPLOYMENT AND WAGE RATES OF TIME-RATE WORKERS ON FULL-TIME BASIS (Allowances)	• Type the corresponding entry for each item as reflected in the questionnaire. • Total below is sum of the three (3) sub-totals. • The automatic computed TOTAL below should be the same with the above entry TOTAL.

Click the button   **Go To PART C**   to go to next part.

PART C: EMPLOYMENT AND WAGE RATES OF TIME-RATE WORKERS ON FULL-TIME BASIS IN SELECTED OCCUPATIONS	• Type the corresponding entry for each item as reflected in the questionnaire. • "Total" is the sum of entry for "Men" and "Women"

Click the button **Go To Status** to exit and go to status monitoring form.

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