OFFICE EDITING AND DATA VALIDATION GUIDELINES
2006 BLES Integrated Survey

Republic of the Philippines
DEPARTMENT OF LABOR AND EMPLOYMENT
Bureau of Labor and Employment Statistics
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OFFICE EDITING AND DATA VALIDATION GUIDELINES

OBJECTIVES

These guidelines aim to facilitate office editing/review of questionnaires retrieved from the field and validation of data entry. In particular, these:

- Define the responsibilities of the Area Supervisor, Reviewer/Validator and the PBI;
- Guide office personnel in the logical sequence of activities from receipt of questionnaires from the field to revalidation of re-encoded survey data; and
- Enable the Reviewer/Validator to detect and correct errors in the accomplished questionnaire.

The scope of the Guidelines is from receipt of the questionnaires from the field to the re-validation of encoded survey data. **Annex A** lists the major activities and corresponding parameters and quality standards for quantity, accuracy and timeliness. These control points are being put in place in order to improve reliability and timeliness of survey data. **Annex B** are guidelines on PSIC. Annex C is a copy of 1992 PSOC.

I. AREA SUPERVISORS' GUIDELINES

1.1. Completeness Check

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a) Check for completeness of address up to the barangay level.
b) Any change in the name and address of the establishment should be written completely in the appropriate spaces and not in the address label. Establishment name should refer to its trade/patented name.
c) Only the change in EIN can be written under the neatly crossed out EIN in the address label.
d) If the questionnaire is accomplished by the **head office**, the complete details should be written in the space provided.
e) Only one status code "For Field Personnel" should have been encircled. If status is DUP, EIN of duplicate questionnaire should be specified. If status is OSP, the new PSIC should be written in the space provided. If status is OTH, details should be provided.

Part IV. Certification

a) Check that all required information about the respondent/contact person in the establishment are complete and legibly written.
b) The respondent/contact person may or may not have comments on the information asked for (i.e., presentation and packaging and response on time spent in answering the questionnaire).

Part V. Survey Personnel

a) Make sure that the NCR enumerator has affixed his/her name and date when the questionnaire was retrieved or found to be spoilage.

b) If RET questionnaires pass completeness check, affix name and date in the space provided for Supervisor before turning over the questionnaires, together with FM-BLES 03-3.10 Enumerator's Weekly Performance to Reviewer.

Attachments

Any attachments by the establishment should be stapled on the pertinent page of the questionnaire. The corresponding EIN should be written on the upper right hand corner of each page of the attachment.

1.2 Consistency Check

For common samples **retrieved simultaneously**, entries for comparable items of inquiry should be the same for BITS (June 30, 2006) and OWS. These are the data items found in the section on General Information of each questionnaire. If the corresponding data are not consistent, return both questionnaires to the enumerator for verification with the establishment. FM-BLES 03-3.10 of the enumerator should be adjusted accordingly.

1.3. Authenticity Check

One or two questionnaires from the weekly RET submissions of each enumerator should be selected and verified for its authenticity, by through monthly PBIs, with the contact person in the establishment. Contact person should confirm visit of the enumerator, his/her actual participation in the survey and all contact details in the Certification portion. Remember that failure of the Enumerator in the authenticity check is a ground for pre-termination of contract. In such cases, proceed with the proper action.

1.4. Verification of Spoilage

a) Turn over all spoilage questionnaires except REF, to assigned monthly PBI for verification of spoilage status together with FM-BLES 03-3.10. For a verified spoilage questionnaire, monthly PBI encircles appropriate status code in the portion "For BLES Personnel". If status is OSE, write beside the code the total employment reported in Part II item 1.1.

b) Affix signature and date verified in space provided for Area Supervisor in Part V: Survey Personnel of the questionnaire.

c) Update FM-BLES 02-2.1a (Supervisor's Control List).

d) If found not a spoilage questionnaire, a new questionnaire should be addressed by the monthly PBI and returned to Area Supervisor. Area Supervisor should check completeness of address label. Turn over new questionnaire to concerned enumerator for delivery.

1.5. Follow-up on Refusals

a) Do the 4th and final callback to refusing respondent (REF) to convince him/her to participate in the survey/s.

b) If establishment still refuses, encircle REF in status "For BLES Personnel" and affix signature and date of refusal in space provided for Area Supervisor in Part V: Survey Personnel of the questionnaire.

c) Update FM-BLES 02-2.1a.

1.6. Batch Labeling

a) After verification of spoilage questionnaires (from monthly PBI), arrange questionnaires in ascending EIN and batch by 30's for NCR and ONCR.

b) Label each batch in the following format:

AREA	FORMAT
NCR	NCRx – Sn
ONCR	ONCR – Sn
	Where: **X** - Supervisor code **S** - Spoilage **n** -sequence number from 1 to n

c) Supervisor (or Senior LEO) affixes initial on batch label.

d) Store in designated area.

1.7. Questionnaires Considered RET1 or RET2

a) Receive FM-BLES 03-3.10 from Reviewer.

b) Update FM-BLES 02-2.1a based on the form.

1.8. Questionnaires for Verification

a) Receive questionnaires for verification from Reviewer together with the corresponding Verification forms.

b) Return questionnaires and Verification forms to enumerator for verification with establishment. Explain if necessary the items for verification.

II. REVIEWERS GUIDELINES

2.1 General Instructions

a) Use **green** ballpoint in editing the questionnaire.

b) For NCR, receive questionnaires for review from the Area Supervisor together with FM-BLES 03-3.10. For ONCR, receive batched questionnaires from Senior LEO or get it from the designated area.

c) If the reported employment is at least 16 in Part II item 1.1, accept for processing. This questionnaire should be coded as RET by the Reviewer. Otherwise, discontinue review and turn over spoilage questionnaires to Area Supervisor or Senior LEO (ONCR).

d) For consolidated report that passes review, write "CET" in the status code "For BLES Personnel".

e) Entry by the respondent that needs 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.

f) The Reviewer should affix his/her initial beside data values in the questionnaire he/she verified with the respondent. For ONCR, the Senior LEO should affix her initial beside the data values she accepted without establishment verification (e.g., those that can be decided at BLES level).

g) During the questionnaire review, **inconsistent** entries that are noted should be encircled. The questionnaire is subject to verification.

h) Likewise, inconsistent entries in the accomplished questionnaire from the Regional Offices should also be encircled. Accomplish the verification form and photocopy the section/s containing the encircled entries for verification. Indicate the name, address and EIN of the establishment on the upper left hand portion of the questionnaire. The Senior LEO shall fax these together with the accomplished verification form to the Regional Supervisor concerned.

i) All seemingly spurious questionnaires should be noted. Instruct monthly PBI to verify specific data items with contact person in the establishment. Remember that spurious submission is a ground for Enumerator's pre-termination of contract. Inform Supervisor to conduct appropriate action.

j) Where there are no numeric values to report, entry should be " – ". If entry is NA, NAP or None, line out entry and write " – ".

k) Where details are provided, these should add up to respective totals. In case of discrepancy, sum of details should prevail over reported total.

l) Where applicable, code occupations/all skills reported in Part II: Employment using the Philippine Standard Occupational Classification.

m) The comments of the respondent on p. 12 of the questionnaire should be noted as these may provide explanations relevant to the accomplished questionnaire.

n) Affix name of Reviewer and date of review in Part V: Survey Personnel of the questionnaire (NCR or ONCR as the case may be).

o) Use FM-BLES 04-4.7 (Monitoring of Data Processing Activities) for record purposes.

p) If problems (not explicitly explained in the Editing and Validation Guidelines) arise, the Reviewer should **consult** his/her Senior LEO while the latter should consult his/her Supervising LEO.

2.2. Specific Instructions

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a) If there are changes in the address of the establishment, write the corresponding 9 digit GEO code in the space provided for sample establishment.

If the barangay is not indicated, barangay code should be "000". The Reviewer should accomplish the status code in the portion "For BLES Personnel". b) If the questionnaire is endorsed to its head office and appropriate head office particulars are provided, write the corresponding 9 digit GEO code in the space provided for head office. If the barangay is not indicated, barangay code should be "000".

2.3. Verification of Inconsistent/Questionable Entries

Accomplish BITS Form 1 (Verification Form) in duplicate, specifying establishment's name, address and details of entry/ies for verification.

For NCR, the original copy should be stapled to the questionnaire and return to the Area Supervisor for verification of the enumerator. For ONCR, the Senior LEO should transmit/fax to the concerned Regional Supervisor a photocopy of the portion of the questionnaire with entry/ies for verification.

The duplicate copy of BITS Form 1 shall be retained by the Reviewer to keep tab of the questionnaire for verification. Follow-up the questionnaire with the Area Supervisor (NCR) or Senior LEO (ONCR) from time to time. Also, Reviewer should inform encoder about such establishments for status encoding including changes in name, address, PSIC/GEO codes or employment size.

2.4. Batch Labeling
For NCR:
a) Batch RET questionnaires in ascending EIN.
b) Fasten and label each batch of 25 questionnaires in the following format:

AREA	FORMAT
NCR	NCRx – Rn
ONCR	ONCRx – Rn (This includes ONCR samples with Head Offices in NCR
	Where:
	X - Supervisor code
	R - Retrieved
	n - sequence number from 1 to n

For ONCR:

c) Affix initial in batch label.
d) Store in designated area.
e) Batching is done by Senior LEO and/or Reviewer.

III. DATA VALIDATORS' GUIDELINES

After batch encoding, a validation prooflist shall be generated to check accuracy of data encoding. At the same time, a rejection list shall also be generated to check the correctness of editing/review of questionnaires according to the office editing guidelines. The rejection list also captures errors in data encoding.

a) Use **red** ballpoint in validation.

b) Check accuracy of data encoding by comparing the data values in the validation prooflist with the corresponding questionnaire.

c) Check correctness of review based on rejection list. If data value in the questionnaire was found to have been initialed by the Reviewer or Senior LEO, accept data as is. Affix initial beside the data value in the rejection list.

d) Should there be corrections, write correction legibly and neatly beside the crossed out original data values in the validation prooflist and rejection list.

e) Use FM-BLES 04-4.7 to record data validation activities and affix initial in the batch label.

f) Monitor accuracy of review and encoding using FM-BLES 04-4.8 (Monitoring of Accuracy in Data Processing).

g) If problems (not explicitly explained in the Office Editing and Data Validation Guidelines) arise, the Reviewer should **consult** his/her Senior LEO while the latter should consult his/her Supervising LEO.

h) If there are no editing/encoding errors, write in the upper right hand portion of the validation proof list "No error". However, if there are errors in editing/encoding, indicate the number of errors (i.e., 5 editing errors; 2 encoding errors).

i) A validation proof list with minimal error (below 5 errors) will be re-validated by the Senior LEO on screen in coordination with the Encoder. For those with errors of 5 or more, print validation prooflist for revalidation. For record purposes, correction on screen will be logged by the encoder.

Part I: General Information

ITEM OF INQUIRY	GUIDELINES
1. Main Economic Activity *Major products/goods or services*	• The main economic activity should be completely described. • Major products/goods or services should be specified to allow for affirmation of PSIC code in the address label or its re-coding if necessary. • If there is no change in PSIC code in the address label, copy/write the code in the space provided on the right portion above the entry for main economic activity. Likewise, if there is a change in PSIC code, write the new PSIC code.
2. Ownership	• There should only be one box checked. If "with foreign equity" was checked, make sure that percent of equity was specified.
3. With union	• There must be entries in items 3 to 7 if union is enterprise-based. Write "enterprise-based" near the entry/ies. • If "Yes" is checked, items 4 to 7 must have entries. • If "No" is checked, there should be no entries in the rest of the succeeding items. Go to Part II. • However, if "No" is checked but with entries in items 4 to 7, verify if response is really a "No". Otherwise, edit as instructed.
4. Number of unions	• This refers to the total number of unions in the establishment.
5. Union membership	• Entry should be greater than "0" if there is entry in item 4. • Entry should not exceed or equal to the entry in total employment (item 1.1) in Part II.
5.1. Female members	• Entry here should not exceed entry in item 5.1. • Entry may be equal to or less than entry in item 1.1.1 in Part II.

ITEM OF INQUIRY	GUIDELINES
5.2. Union officers	• There should be entry here if there is entry in item 5. • Entry here should not exceed entry in item 5.
6. With collective bargaining agreements	• There can be entry here if there is entry in item 4.
7. Workers covered by CBA	• Entry should be other than "0" if there is entry in item 6. • Entry here may exceed corresponding union membership in item 5.
7.1. Female workers covered	• Entry here should not exceed entry in item 7. • Entry here may exceed entry in item 5.1. • Entry here should not exceed entry in item 1.1.1 in Part II.

PART II: Employment

ITEM OF INQUIRY	GUIDELINES
1. How many employees did your establishment have as of payroll period June 30, 2006 and how are they classified by major occupation group? *1.1. Total Employment*	• There should be entry here. • This refers to the total employed covered by the payroll period that includes June 30, 2006, including managing owner with no regular pay. • Entry should be the sum of entries in items 1.2.1 to 1.2.9. • If the reported employment is at least 16, accept for processing.
1.1.1 Female Workers	• Entry may be equal to or less than entry in item 1.1.
1.2. Employment by Major Occupation Group	• Workers should be reported where applicable (i.e., workers should be reported only once. • There may be entries in all the occupation groups (items 1.2.1 to 1.2.9) depending on the company structure.
1.2.1. Managers, Managing Proprietors and Supervisors	• Entry should not exceed entries in items 1.2.2 to 1.2.9. • Managing owners with no regular pay are included here. • The proportion of this group should not be more than 40 percent of total employment. If entry is not within the range, verify.
1.2.2. Professionals **1.2.3. Technical and Associate Professionals** **1.2.4. Clerks** **1.2.5. Sales Workers** **1.2.6. Service Workers** **1.2.7. Trades and Related Workers** **1.2.8. Plant and Machine Operators and Assemblers** **1.2.9. Laborers and Unskilled Workers**	• Check entry as is. • There may be entries in all the occupation groups (items 1.2.1 to 1.2.9) depending on the company structure.

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ITEM OF INQUIRY	GUIDELINES
2. **Which occupations/skills have been vital to the success of your business operations? (Please list down at most five (5) such occupations and indicate briefly their key function)**	• Every vital occupation/skill listed down should have a corresponding brief explanation that adequately provide or capture the main tasks/duties.
3. **Which occupations (if any) have presented special recruitment problem over the last three years? (Please list down hard-to-fill occupations)**	• For every occupation listed down, there should be corresponding number of months/years vacancy remains unfilled and reason why still vacant.
4. **What was the general trend in the following aspects of your business operation and working methods between 2003 and now? (Please check appropriate column corresponding to each aspect of business/working methods relevant to your establishment)**	• Accept only one (1) check in the column for each aspect of business operation and working methods.
5. **What is the current level of your organization's adoption of new technologies in each of the following areas? (Please check appropriate column corresponding to each area)**	• Accept only one (1) check in the column for each area. • If "Others" is ticked, check for details.
6. **As a result of the changes in business/working methods and adoption of technology described above, please indicate which occupations (if any) have increased or decreased as proportion of your total employment. (Please list down those most affected occupations under appropriate column).**	• Accept entry/ies as is.
7. **As a result of the changes in technology and working methods described above, were there any new/emerging occupation created in you establishment since 2003? (Please list down new/emerging occupations and describe briefly their main function. Use additional sheet if necessary).**	• Accept entry/ies as is.
8. **Which of the following developments (as identified in item 4) are likely to have influenced most on your organization's employment level between now and the end of 2010? (Please check relevant box/es for each aspect).**	• There should be at least one relevant box checked for each aspect i.e., aspect of business and aspect of working methods.

ITEM OF INQUIRY	GUIDELINES
9. In the light of developments identified in item 8, what do you think will happen to the occupational structure of your organization's employment in the period up to 2010? (For each occupation group relevant to your establishment, please check appropriate column).	• Check if there are entries in items 1.2.1 to 1.2.9. • There should only be one checkmark in appropriate column for each occupation group.
10. Which occupations (if any) are likely to expand the most in the period up to 2010? (Please list down such occupation/s and check appropriate column of reason for expansion).	• There should only be one checkmark in appropriate column for each expanding occupation.
11. Which particular occupations/skills are likely to be most vital/key to your future business performance and why? (Please list down such occupations and for each indicate the reason why it is vital to the organization and its most important characteristics using the codes provided below).	• For each occupation, applicable code should be indicated for column (2) "Reasons Why Vital" and column (3) "Most Important Characteristics". • For code "Others", details should be specified.
12. Do you foresee any problems/ constraints that may arise in the future in the recruitment of qualified applicants for the vital occupations identified in Item 11?	• Appropriate box should be checked. • If "Yes" is checked, the problems and constraints encountered by the establishment should be checked.
13. What form of government interventions do you propose to address these problems/constraints?	• Suggestions of establishments as to the form of government interventions that could address the problems/constraints should be stated here.

PART III: Wage and Compensation Practices

ITEM OF INQUIRY	GUIDELINES
1. *What methods are used in fixing or revising wages and salaries for the majority of the employees?*	• There should only be one checkmark for each occupational group. • If corresponding to code 01 (CBA) is checked ensure that there is an existing CBA reported in Item 6 of Part I. • If the method in fixing or revising wages is other than those enumerated, this should be specified under "Others".
2. *What is the basis of wage payment for the majority of the employees?*	• There should only be one checkmark for each occupational group.
3. *What is the mode of payment of wages or salaries for the majority of the employees?*	• There should only be one checkmark for each occupational group.
4. *How are wages or salaries paid for the majority of the employees?*	• There should only be one checkmark for each occupational group.
5. *Are there any cost-of-living or dearness allowances given to the majority of the employees?*	• There should only be one checkmark for each occupational group. Either "YES" or "NO"
5a. *If yes, what methods are used in fixing cost-of living allowances?*	• There should only be one checkmark corresponding to every occupational group with "YES" responses in item 5. • If the method in fixing COLA is other than those enumerated, this should be specified under "Others".
6. *What paid leave benefits does the establishment provide for the majority of the employees*	• Check entry as is. • For every leave benefit checked, there must be entry on the no. of days paid for the applicable occupational group. • If there are paid leave benefits provided other than those enumerated, these should be specified under "Others".
7. *What social security benefits/schemes does the establishment adapt for the majority of the employees?*	• Check entry as is. • For every social security adopted, there should only be one checkmark for the type of payment corresponding to each occupational group. • If there are Social Security Schemes other than those enumerated, these should be specified under "Others".

ITEM OF INQUIRY	GUIDELINES
8. Are health care benefits provided to the majority of the employees?	• There should only be one checkmark for each occupational group.
8a. If Yes, what health care benefits are provided?	• There should only be one checkmark for coverage of every health care benefits provided corresponding to the occupational group with "YES" responses in item 8. • If there are Health Care Benefits provided other than those enumerated, these should be specified under "Others".
8b. How are these health care benefits funded?	• For every occupational group provided with health care benefits in item 8a, only funding source codes (either a, b or c) should be entered. • Other Health Care Benefits specified under "Others" in item 8a should also reflect funding source code accordingly.
9. Are incentives included in the compensation system of the majority of the employees?	• There should only be one checkmark for each occupational group. Either YES or NO.
9a. If Yes, what incentives are included in the compensation system?	• For every occupational group with "Yes" responses in item 9, there should be checkmarks on the type of incentives included in compensation package. Multiple responses for incentives are acceptable. • If there are incentives included in the compensation system other than those enumerated, these should be specified under "Others".