

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.

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: