

## 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.

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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.

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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 \_\_\_\_\_



|   |   |             |
|---|---|-------------|
| <b>FM-BLES 03-3.23</b><br>Revision Code: 1<br>Effectivity Date: June 30, 2006 | <b>EVALUATION OF TRAINING FOR BLES SURVEY/S</b> | Page 1 of 4 |
|---|---|-------------|

|  |   |
|--|---|
| <b>Enumerator:</b> _____<br><b>Area/s of Assignment:</b> _____ | <b>Supervisor:</b> _____<br><b>Date Accomplished:</b> _____ |
|--|---|

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:<br>1 – short; 2 – adequate;<br>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                               |   |

|   |   |             |
|---|---|-------------|
| <b>FM-BLES 03-3.23</b><br>Revision Code: 1<br>Effectivity Date: June 30, 2006 | <b>EVALUATION OF TRAINING FOR BLES SURVEY/S</b> | Page 2 of 4 |
|---|---|-------------|

**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)

**D. On Operational Strategy**

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Duties and Responsibilities of Enumerators<br><br><input type="checkbox"/> Survey Respondents<br><br><input type="checkbox"/> General Information (e.g., EIN, PSIC, PSOC, ATE, Status Codes)<br><br><input type="checkbox"/> Delivery of Questionnaires<br><input type="checkbox"/> Collection and Field Editing of Questionnaires | <input type="checkbox"/> Field Verification<br><br><input type="checkbox"/> Flow Chart on Delivery, Retrieval, Verification and Review of Questionnaires<br><br><input type="checkbox"/> Flow Chart on Delivery Cases to Sample Establishments Transferred to Known Locations | <input type="checkbox"/> Flow Chart on Delivery Cases to Head Offices of Sample Establishments<br><br><input type="checkbox"/> Others <i>(specify)</i><br><hr/><br><hr/><br><hr/> |
|---|---|---|

**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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[illegible]

Date:

5-12



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

**FM-BLES 03-3.8**  
Revision Code: 1  
Effectivity Date: July 1, 2002

**CERTIFICATE OF APPEARANCE**

**CERTIFICATE OF APPEARANCE**

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:

☐ 2008 OWS

☐ 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:

**In Sample Respondent**

**In Head Office**

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

Name : \_\_\_\_\_

Position: \_\_\_\_\_

Tel. No.: \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Remarks: C/O Head Office      New location      Others, specify \_\_\_\_\_



|   |  |                   |
|---|--|-------------------|
| <b>FM-BLES 03-3.10</b><br>Revision Code: 2<br>Effectivity Date: August 23, 2004 | <b>ENUMERATOR'S WEEKLY<br/>PERFORMANCE REPORT</b><br><i>Check only one box:</i><br><input type="checkbox"/> Retrieved <input type="checkbox"/> Spoilage<br>Survey: _____ | Page ____ of ____ |
|---|--|-------------------|

Enumerator: Accomplish once a week in duplicate for each survey, and **separately** for RET and spoilage questionnaires. Attach corresponding questionnaires sorted by EIN/UIN and submit to Supervisor. Retain duplicate copy for file.

Supervisor: Turnover spoilage questionnaires to PBI for verification and retrieved questionnaires to Reviewer for editing.

PBI: Return completed form together with questionnaires to Supervisor.

Reviewer: Return completed form to Supervisor together with RFV, OSE, OSP, OTH questionnaires. Retain retrieved questionnaires for batching.

**Name and Signature of Enumerator:**

**Area/s of Assignment:**

|                        |                        |                               |
|------------------------|------------------------|-------------------------------|
| <b>Period Covered:</b> | <b>Date Submitted:</b> | <b>No. of questionnaires:</b> |
|------------------------|------------------------|-------------------------------|

| To be accomplished by Enumerator |                    |             | Status Code After Verification or Editing/Review<br>(to be accomplished by PBI/Reviewer) |
|----------------------------------|--------------------|-------------|--|
| EIN/UIN                          | Name of Respondent | Status Code |  |
|                                  |                    |             |  |
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|------------------------------------|--------------------------------------|
| Received by PBI/Reviewer: _____    | Received by Survey Supervisor _____  |
| (from Supervisor)      Date: _____ | (from PBI/Reviewer)      Date: _____ |

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<br><br>(First name, Last Name)<br><br><small>List in alphabetical order by last name</small> | Delivered and Verified<br>Spoilage<br>(Respondents) |                    |       | Retrieved<br>Questionnaires |                    |       |
|--|---|--------------------|-------|-----------------------------|--------------------|-------|
|  | Survey  |                    | Total | Survey                      |                    | Total |
|  | 2008<br>OWS   | 2007/<br>2008 BITS |       | 2008<br>OWS                 | 2007/<br>2008 BITS |       |
| <b>Total</b>   |   |                    |       |                             |                    |       |
|  |   |                    |       |                             |                    |       |
|  |   |                    |       |                             |                    |       |
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|  |   |                    |       |                             |                    |       |

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

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

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

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







|  |   |   |  |
|--|---|---|--|
| <b>FM-BLES 03-3.15</b><br>Revision Code: 2<br>Effectivity Date: May 14, 2004   | <b>QUESTIONNAIRES FOR<br/>ENDORSEMENT TO HEAD<br/>OFFICES</b> | Page ____ of ____   |  |
| <b>Regional Supervisor:</b><br><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.<br><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.<br><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><br><i>(For BLES use only)</i> |
|  |   |   |  |
|  |   |   |  |
|  |   |   |  |
|  |   |   |  |
|  |   |   |  |
| <b><i>DOLE Regional Office</i></b>   |   |   |  |
| <b>Prepared by:</b>  |   | <b>Noted by:</b>  |  |
| Signature:   |   | Signature:  |  |
| Name:  |   | Name:   |  |
| Position:  |   | Position: IMSD Chief  |  |
| Date:  |   | Date:   |  |
| <b><i>Prepared by BLES</i></b>   |   |   |  |
| Signature:   |   | Position:   |  |
| Name:  |   | Date:   |  |

[illegible]

- 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> | Verification Rate | Refusal Rate      | Formulas Used (for purposes of performance assessment)   |
|-------------------------|-------------------|-------------------|--|
| <u>Points</u>           | <u>Points</u>     | <u>Points</u>     |  |
| 25     90% and over     | 15     0 percent  | 10     2% or less | <div> <b>% Accounted</b>     = (Total Accounted / Sample Questionnaires) * 100<br/> <b>Performance Rate</b>     = {Retrieved / [Sample – (Refused + Spoilage)]} * 100<br/> <div style="margin-left: 40px;">where   Spoilage = Cannot be located, permanently/ temporarily closed, on strike, duplicate, outside industry or employment coverage, inactive (labor organizations), others not eligible for processing</div> </div> |
| 22     85 - 89          | 12     > 0 - 1    | 8     > 2 - 6     |  |
| 19     80 - 84          | 9     > 1 - 2     | 6     > 6 - 10    |  |
| 16     75 - 79          | 6     > 2 - 3     | 4     > 10 - 14   |  |
| 13     70 - 74          | 3     > 3 - 4     | 2     > 14 - 18   |  |
| 10     65 - 69          | 0     > 4         | 0     > 18        |  |
| 7     60 - 64           |                   |                   |  |
| 4     55 - 59           |                   |                   |  |
| 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)**

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

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

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

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

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

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

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

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

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

OF

| 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:

Verification Accepted by Reviewer:

Signature:

Signature:

Date:

Date:

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

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

☐ Entry is not the sum of entries in items 1.1, 1.2 and 1.3.

1.1. Working owners (without regular pay)

☐ Entry is higher than entry in item 1.3.

1.2. Unpaid workers

☐ Entry is higher than entry in item 1.3.

1.3. Employees

☐ Entry is not the sum of entries in items 1.3.1, 1.3.2 and 1.3.3.

1.3.1. Managers/Executives

☐ Entry is higher than entry in item 1.3.

1.3.2. Supervisors/Foremen

☐ Entry is higher than entry in item 1.3.

1.3.3. Rank and file

☐ Entry is higher than entry in item 1.3.  
☐ Entry is not the sum of entries in items 1.3.3.1 and 1.3.3.2.

1.3.3.1. Regular workers

☐ Entry is higher than entry in item 1.3.3.

1.3.3.2. Non-regular workers

☐ Entry is higher than entry in item 1.3.3.  
☐ Different entry from entry in item 2.8.

2.1. Young workers

☐ Entry is higher than entry in item 1.3.

2.2. Female workers

☐ Entry is higher than entry in item 1.3.

2.3. Workers paid the minimum wage

☐ Entry is higher than entry in item 1.3.3.

2.4. Persons with disabilities

☐ Entry is equal to/higher than entry in item 1.3.

2.5. Time-rate workers

☐ Entry is not the sum of entries in items 2.5.1 and 2.5.2.

2.5.1. Full-time workers

☐ 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

☐ Entry is equal to/higher than entry in item 2.5.1.

2.5.1.2. Daily

☐ Entry is equal to/higher than entry in item 2.5.1.

2.5.1.3. Monthly

☐ Entry is equal to/higher than entry in item 2.5.1.

2.5.2. Part-time workers

☐ Entry is equal to/higher than entry in item 2.5.

2.6. Commission workers

☐ Entry is equal to/higher than entry in item 1.3.3.

2.7. Expatriate workers

☐ Entry is equal to/higher than entry in item 1.3.3.

2.8. Non-regular workers

☐ 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  
☐ Different entry from entry in item 1.3.3.2.  
☐ Entry is equal to/higher than entry in item 1.3.3.

2.8.1. Probationary workers

☐ Entry is equal to/higher than entry in item 2.8.

2.8.2. Casual workers

☐ Entry is equal to/higher than entry in item 2.8.

2.8.3. Contractual/project- based workers

☐ Entry is equal to/higher than entry in item 2.8.

2.8.4. Seasonal workers

☐ Entry is equal to/higher than entry in item 2.8.

2.8.5. Apprentices/learners

☐ Entry is equal to/higher than entry in item 2.8.

2.9. Agency-hired workers

☐ Details do not add up to total.  
☐ Number of workers reported in “Others” but jobs contracted out not specified.  
☐ 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?

☐ No check mark in any of the boxes.  
☐ “Yes” is checked but no check mark/s in types of process outsourced/jobs contracted out.  
☐ 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.  
☐ Production/assembly is checked but the activity/process is not specified.  
☐ “Others” is checked but process outsourced/jobs contracted out not specified.

Received by Supervisor:

Verification Accepted by Reviewer:

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.

|  |  |
|--|--|
| <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> _____  |
| <b>Item No.</b>  | <b>Verification Details</b>  |
| 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.<br><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.<br><input type="checkbox"/> The total number of job/occupations listed in column (2) is not equal to the entry in item 1.1.<br><input type="checkbox"/> _____ (title of job/occupation) as reported in column (2) does not have its corresponding entry in column/s _____ (identify column no.).<br><input type="checkbox"/> Column (7) has multiple responses. Code for "main reason" is not reflected.<br><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.<br><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.<br><input type="checkbox"/> Total number of job/occupation reported in column (2) is not equal to entry in item 1.3.<br><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.<br><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.<br><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.<br><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.   |
| <b>Received by Supervisor:</b>   |  |
| Signature:   | <b>Verification Accepted by Reviewer:</b>  |
| Date:  | Signature:   |
|  | Date:  |

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

|   |   |
|---|---|
| <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> _____<br><b>GEO:</b> _____<br><b>PSIC:</b> _____<br><b>ATE:</b> _____   | <b>NAME OF ESTABLISHMENT:</b> _____<br><b>FLOOR/BLDG.:</b> _____<br><b>No./STREET/SUBDIVISION:</b> _____<br><b>BARANGAY/CITY/MUNICIPALITY:</b> _____<br><b>ZIP CODE/PROVINCE:</b> _____   |
| <b>ITEM No.</b>   | <b>VERIFICATION DETAILS</b>   |
| 1 Which of the following facilities are available or provided in your establishment?  | <input type="checkbox"/> No check mark for code/s:<br>Codes: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/><br><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<br><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:<br>Codes: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/><br><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:<br>Codes: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/><br><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>last two (2) years</b> ?  | <input type="checkbox"/> No check mark for code/s:<br>Codes: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/><br><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:<br>Codes: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/><br><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<br><input type="checkbox"/> Others not specified   |
| 6 Who are the health personnel in your establishment?   | <input type="checkbox"/> No check mark/s<br><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<br><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<br><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<br><input type="checkbox"/> Others not specified   |
| <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)**

**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> _____<br><b>GEO:</b> _____<br><b>PSIC:</b> _____<br><b>ATE:</b> _____ |  | <b>NAME OF ESTABLISHMENT:</b> _____<br><b>FLOOR/BLDG.:</b> _____<br><b>NO./STREET/SUBDIVISION:</b> _____<br><b>BARANGAY/CITY/MUNICIPALITY:</b> _____<br><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<br><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<br>Column details do not add up to respective totals:<br><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<br>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<br>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<br>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<br>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<br>Workdays lost per case of temporary incapacity exceeds 365 days for items:<br><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<br><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<br>Column details do not add up to respective totals:<br><input type="checkbox"/> col. 2 <input type="checkbox"/> col. 3 <input type="checkbox"/> col. 4 <input type="checkbox"/> col. 5<br>Totals different from corresponding totals in item 3:<br><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<br>Column details do not add up to respective totals:<br><input type="checkbox"/> col. 2 <input type="checkbox"/> col. 3 <input type="checkbox"/> col. 4 <input type="checkbox"/> col. 5<br>Totals different from corresponding totals in item 4:<br><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<br>Column details do not add up to respective totals:<br><input type="checkbox"/> col. 2 <input type="checkbox"/> col. 3 <input type="checkbox"/> col. 4 <input type="checkbox"/> col. 5<br>Totals different from corresponding totals in item 5:<br><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<br><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<br><input type="checkbox"/> Entry here is lower than entry in item 8.1   |  |
| 9. Hours actually worked  |  | <input type="checkbox"/> No entry.<br>Entry here is outside acceptable range:<br><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:  |  |





| <b>FOR (SEMESTER/YEAR) FIELD OPERATIONS</b><br><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<br>Transfer/Current<br>Appropriation | Actual Expenditures |                               |  |
|   |  | Total               | From Current<br>Appropriation | From Balance of<br>Previous<br>Surveys |
| Total   |  |                     |                               |  |
| 02  |  |                     |                               |  |
| 03  |  |                     |                               |  |
| 07  |  |                     |                               |  |
| 29  |  |                     |                               |  |
| Training  |  |                     |                               |  |
| Wages   |  |                     |                               |  |
| <b>D. Problems Encountered</b>  |  |                     |                               |  |
| 1. Administrative Concerns<br><i>a. Training of Enumerators/Area Supervisors</i>  |  |                     |                               |  |
| <i>b. Manpower Complement including hiring of PBIs</i>  |  |                     |                               |  |
| <i>c. Fund Utilization</i>  |  |                     |                               |  |
| 2. Field Operations<br><i>a. Delivery of Questionnaires</i>   |  |                     |                               |  |
| <i>b. Collection/Retrieval of Questionnaires</i><br><b>On the average, how many callbacks were made to an establishment?_____</b> |  |                     |                               |  |



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:

|                         |
|-------------------------|
| Reviewed by Supervisor: |
| 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:** \_\_\_\_\_

- How many callbacks have you made before you retrieved a questionnaire from the establishment?  
(c) Minimum: \_\_\_\_\_  
(d) Maximum: \_\_\_\_\_
- How many visits have you made before you retrieved a questionnaire from the establishment?  
(a) Minimum: \_\_\_\_\_  
(b) Maximum: \_\_\_\_\_
- Generally, how difficult/easy was it to retrieve the questionnaires?  
*(Encircle answer)*  
1 – Very Easy      2 – Easy    3 – Difficult      4 – Very Difficult
- 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> |
| <i>Survey 1: 2004 OWS</i>       |                |
|                                 |                |
|                                 |                |
|                                 |                |
|                                 |                |
|                                 |                |
|                                 |                |
| <i>Survey 2: 2007/2008 BITS</i> |                |
|                                 |                |
|                                 |                |
| <i>Survey 3:</i>                |                |
|                                 |                |
|                                 |                |
|                                 |                |
|                                 |                |
|                                 |                |
|                                 |                |
|                                 |                |

6. Comments and Suggestions:

|  |
|--|
|  |
|  |
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|  |
|  |
|  |

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

*THANK YOU VERY MUCH!!!*