

2014 SURVEY OF TOURISM ESTABLISHMENTS IN THE PHILIPPINES

Accommodation

January – December 2014

[illegible]

Dear Sir/Madam:

The **Philippine Statistics Authority** created by virtue of **Republic Act 10625** is conducting the **2014 Survey of Tourism Establishments in the Philippines (STEP)**. The **2014 STEP** will provide data on tourism activities relating to supply and capacity, inventory of facilities and services, employment, revenue and other indicators relevant for planning and policy formulation by the government and private sectors.

This Office is authorized to collect information from businesses and industries under **REPUBLIC ACT NO. 10625**. *Section 25* of the same law obliges establishments to provide the required information. The accomplished survey form will be collected by our authorized representative who will visit you on an agreed date. Rest assured that the data provided shall be kept strictly confidential and shall not be used for purposes of taxation, investigation or regulation as provided under Article 55 of RA 10625.

We appreciate your utmost cooperation by accomplishing this questionnaire and providing the needed information. You may also accomplish the questionnaire online at PSA website (<https://step.psa.gov.ph>).

Thank you very much.

LISA GRACE S. BERSALES, Ph.D.

National Statistician

For inquiries please contact:

Tel. No. _____

E-mail Address

or E-mail: ITSD-RCU@census.gov.ph

GENERAL INSTRUCTIONS

- Provide best estimates if exact figures are not available in your records. Indicate N.A. for items not applicable.
- Refer to the relevant explanatory notes and definitions provided in specific items when providing responses for each item.
- Mark (✓) only **one box**, unless instructed otherwise.

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Tourism refers to activities of foreign and domestic visitors traveling to and staying in places outside their usual environment for not more than one continuous year for leisure, business and other purposes not related to employment with pay from within the place visited. Traveling for the purpose of conducting businesses, for education and training, etc., can also be part of tourism.

Both foreign visitors (country of residence is other than the Philippines) and domestic visitors (Philippine residents) are covered in the survey.

Tourism activities encompass all that foreign and domestic visitors do for a trip or while on a trip. It is not restricted to what could be considered as "typical" tourism activities such as sightseeing, sunbathing, visiting site, etc.. From an economic point of view, the basic activity of foreign and domestic visitors is consumption, that is, the acquisition of consumption goods and services to satisfy individual or collective needs and wants. For the purposes of this survey, industries that respond to tourism consumption will be covered.

1. Economic Activity or Business in 2014

A. What is the main activity of this establishment in 2014?

Main Activity refers to the activity that contributes the biggest or major portion of the gross income or revenue of this establishment.

Mark (✓) the appropriate box.

- | | |
|--|---|
| 1 <input type="checkbox"/> Hotel | 6 <input type="checkbox"/> Motorist hotel |
| 2 <input type="checkbox"/> Resort | 7 <input type="checkbox"/> Dormitory |
| 3 <input type="checkbox"/> Resort hotel | 8 <input type="checkbox"/> Condotel |
| 4 <input type="checkbox"/> Tourist inn | 9 <input type="checkbox"/> Apartelle |
| 5 <input type="checkbox"/> Pension house | 10 <input type="checkbox"/> Others, specify _____ |

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B. Aside from its main activity, does this establishment also own and operate within its premises any of the following in 2014?

Mark (✓) applicable box/es.

- | | | |
|---|--|---------------------------------|
| 1 <input type="checkbox"/> Coffee Shop/Restaurant | 5 <input type="checkbox"/> Renting of business space | |
| 2 <input type="checkbox"/> Spa/Massage therapy | 6 <input type="checkbox"/> Tours | 9 <input type="checkbox"/> None |
| 3 <input type="checkbox"/> Transport services | 7 <input type="checkbox"/> Casino | |
| 4 <input type="checkbox"/> Retailing | 8 <input type="checkbox"/> Others, specify _____ | |

2. Employment as of 15 November 2014

Paid employees are all full-time and part-time employees working in or for the establishment and receiving regular pay, as well as those working away from this establishment and paid by and under the control of this establishment.

INCLUDE:

- ✓ Employees on sick or maternity leave
- ✓ Employees on paid vacation or holiday
- ✓ Employees on strike
- ✓ Directors of corporations working for pay
- ✓ Executives/managers and other officers of the same category

- ✓ Persons hired only during peak seasons
- ✓ Working owners receiving regular pay
- ✓ Apprentices and learners receiving regular pay
- ✓ Any other employee receiving regular pay not reported above

EXCLUDE:

- * Directors paid solely for their attendance at meetings of Board of Directors
- * Consultants
- * Workers on indefinite leave
- * Working owners who do not receive regular pay
- * Workers receiving commissions only
- * Workers not in the payroll of this establishment

Unpaid employees are working owners who do not receive regular pay, apprentices and learners without regular pay, and persons working for at least 1/3 of the working time normal to this establishment without regular pay.

EXCLUDE:

- * Silent or inactive business partners

Report both paid and unpaid employees of this establishment as of November 15, 2014.

Nationality	LN NO	Employment by Sex		
		Total	Male	Female
a. Filipino	01			
b. Non-Filipino	02			
c. Total (sum of a and b)	03			

2.1 Seasonal Workers from March to May 2014

Seasonal Workers refer to individuals who were hired for a specific period of time to augment the regular employees due to high demand of clients and/or increased work demands during peak months.

A. Did this establishment hire seasonal workers during the period March to May 2014? ☐ YES ☐ NO

If YES, report the number of seasonal workers hired from March to May 2014. The seasonal workers should be counted only once for the same person regardless of how many times they were rehired during the said period.

Seasonal Workers	Total	Male	Female

3. Facilities/Amenities and Usage in 2014

Report all facilities and amenities present for clients/guests use in this establishment. The facilities and amenities may not necessarily be owned and operated by this establishment.

A. How many rooms are available for accommodation of clients/guests in this establishment in 2014?

Type of Room	LN NO	Number of Units
1. Guestrooms	01	
2. Suites	02	
3. Lettable apartments	03	
4. Function/conference rooms	04	
5. Others, specify _____	05	

B. What is the number of available rooms, occupied rooms, and guests in 2014?

Number	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total
Available Rooms													
Occupied Rooms													
Guests*													

* Only those who checked-in

C. What is the average occupancy rate of this establishment in 2014?

Occupancy Rate is the ratio of the number of occupied rooms to the number of available rooms.

%

D. What are the available facilities in this establishment in 2014?

Mark (✓) applicable box/es.

- | | |
|--|---|
| 1 <input type="checkbox"/> Restaurant/Coffee Shop | 7 <input type="checkbox"/> Wireless Internet Connection (Wi-Fi) |
| 2 <input type="checkbox"/> Sports/Recreational/Amusement | 8 <input type="checkbox"/> Foreign Exchange Counter |
| 3 <input type="checkbox"/> Transport facilities | 9 <input type="checkbox"/> Stores/Specialty Shops |
| 4 <input type="checkbox"/> Parking space | 10 <input type="checkbox"/> Casino |
| 5 <input type="checkbox"/> On-line reservation | 11 <input type="checkbox"/> Duty Free Shops |
| 6 <input type="checkbox"/> Electronic payment
(Ex. Credit card, Debit card) | 12 <input type="checkbox"/> Others, specify _____ |

3. Facilities/Amenities and Usage in 2014 (Cont.)**E. What are the available services in this establishment in 2014?***Mark (✓) applicable box/es.*

- | | |
|---|--|
| 1 <input type="checkbox"/> Medical services | 6 <input type="checkbox"/> Airport transfer |
| 2 <input type="checkbox"/> Spa/Massage therapy services | 7 <input type="checkbox"/> Cultural and Recreational shows |
| 3 <input type="checkbox"/> Tour services | 8 <input type="checkbox"/> Shuttle services |
| 4 <input type="checkbox"/> Valet parking | 9 <input type="checkbox"/> Others, <i>specify</i> _____ |
| 5 <input type="checkbox"/> Laundry and Dry Cleaning | |

4. Transport Facilities in 2014

Report all transport facilities owned and operated by this establishment which are available for use by clients/guests in 2014.

Type of Transport Facility	LN NO	Number of Units	Average Seating Capacity
a. Car/Sedan	01		
b. Limousine	02		
c. AUV/SUV	03		
d. Van	04		
e. Mini-bus	05		
f. Chartered bus	06		
g. Others, <i>specify</i> _____	07		

5. Revenue in 2014

A. How much is the total revenue/sales of this establishment in 2014?

PhP

B. What percent of the total revenue/sales of this establishment was generated from tourists in 2014?

 %**6. Plans for Expansion/Renovation Within the Next Five Years**

A. Does this establishment plan to expand within the next five years? ☐ YES ☐ NO

If YES, answer the following questions, if applicable.

1. How many rooms/units do you plan to add?

Type of Room	LN NO	Number of Units
a. Guestrooms	01	
b. Suites	02	
c. Lettable apartments	03	
d. Function/Conference rooms	04	
e. Others, <i>specify</i> _____	05	

2. How much is the estimated cost of expansion?PhP

6. Plans for Expansion/Renovation Within the Next Five Years (Cont.)

B. Does this establishment plan to renovate its facilities within the next five years?

☐

YES

☐

NO

1. If YES, how much is the estimated cost of renovation?

7. DOT Accreditation in 2014

Is this establishment accredited by DOT in 2014?

☐

YES

☐

NO

8. Other Information *Use the space provided for any remarks regarding entry/entries in the questionnaire.***9. Certification**

I hereby certify that this report for the period _____ to _____ has been completed as accurately as the records of this establishment allow and with the best estimates in some instances.

Name _____ Signature _____

Position Title _____ Date _____

10. Contact Person

Person to be contacted for queries regarding this form:

Name _____ Address: _____

Title/Designation _____

Tel No.: _____ Fax No.: _____ Email Address: _____

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Activity	Name	Signature	Number of Items	Date
Field Office:				
Distributed by				/ /
Collected by				/ /
Field Edited by				/ /
Manually Processed by				/ /
Machine Processed by				/ /
Central Office:				
Validated by				/ /
				/ /

THANK YOU FOR ACCOMPLISHING THIS FORM