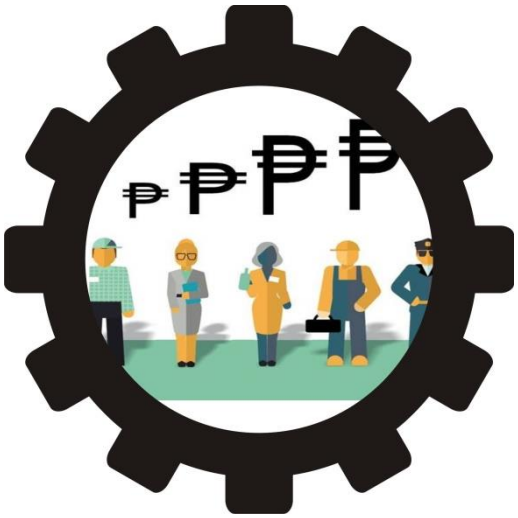
REPUBLIC OF THE PHILIPPINES

PHILIPPINE STATISTICS AUTHORITY

DATA ENTRY GUIDELINES



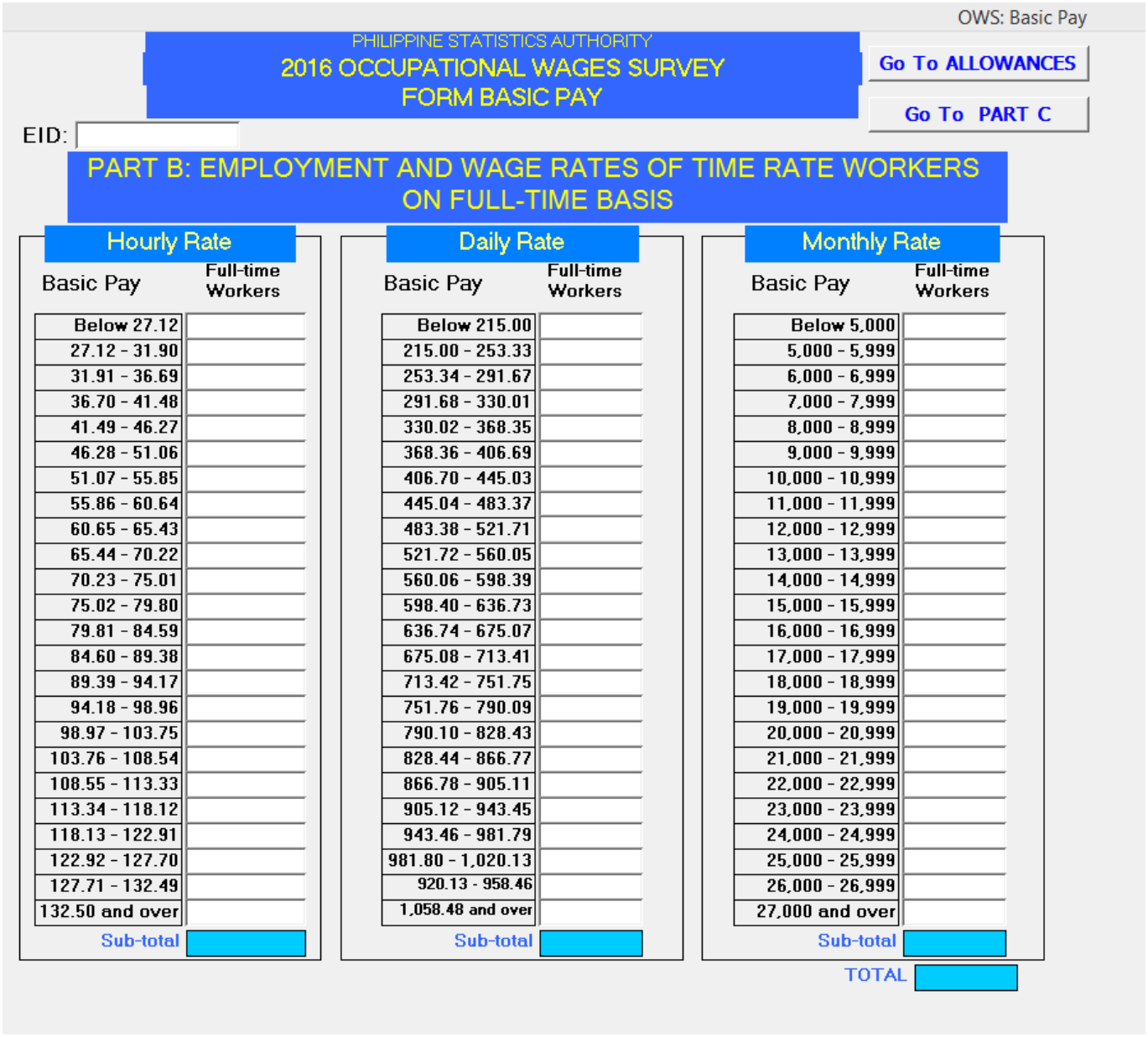
2016 OCCUPATIONAL WAGES SURVEY (OWS)

2015/2016 INTEGRATED SURVEY ON LABOR AND EMPLOYMENT (ISLE)

November 2016

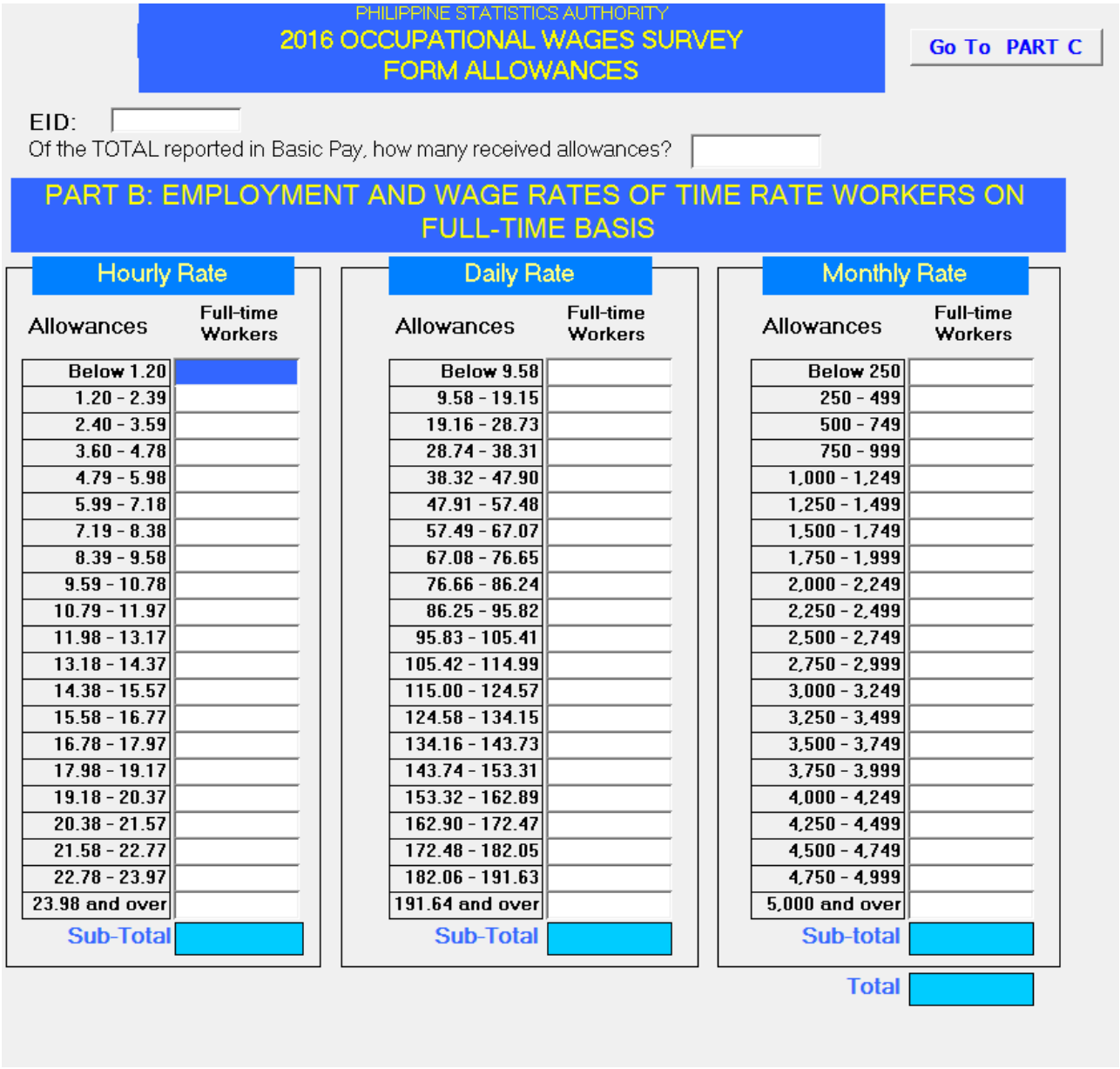
2016 OCCUPATIONAL WAGES SURVEY

Reference Period: July 31, 2016



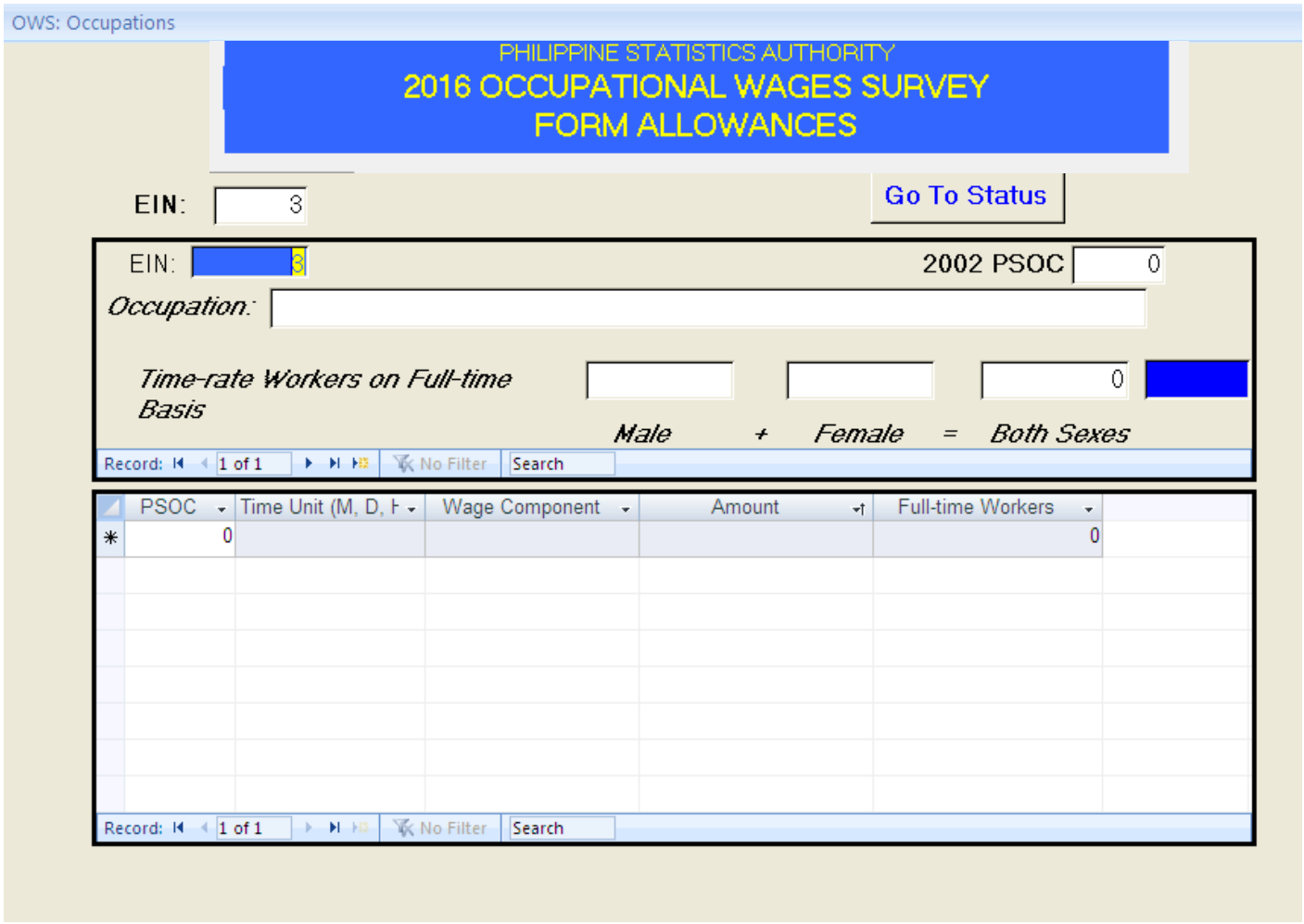
Item of Inquiry	Guidelines
PART B: EMPLOYMENT AND WAGE RATES OF TIME-RATE WORKERS ON FULL-TIME BASIS (Basic Pay)	- Type the corresponding entry for each item as reflected in the questionnaire. - Total below is sum of the three (3) sub-totals.

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



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

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



Item of Inquiry	Guidelines
PART C: EMPLOYMENT AND WAGE RATES OF TIME-RATE WORKERS ON FULL-TIME BASIS IN SELECTED OCCUPATIONS	- Type the corresponding entry for each item as reflected in the questionnaire. - Both Sexes is the sum of entry for male and female.

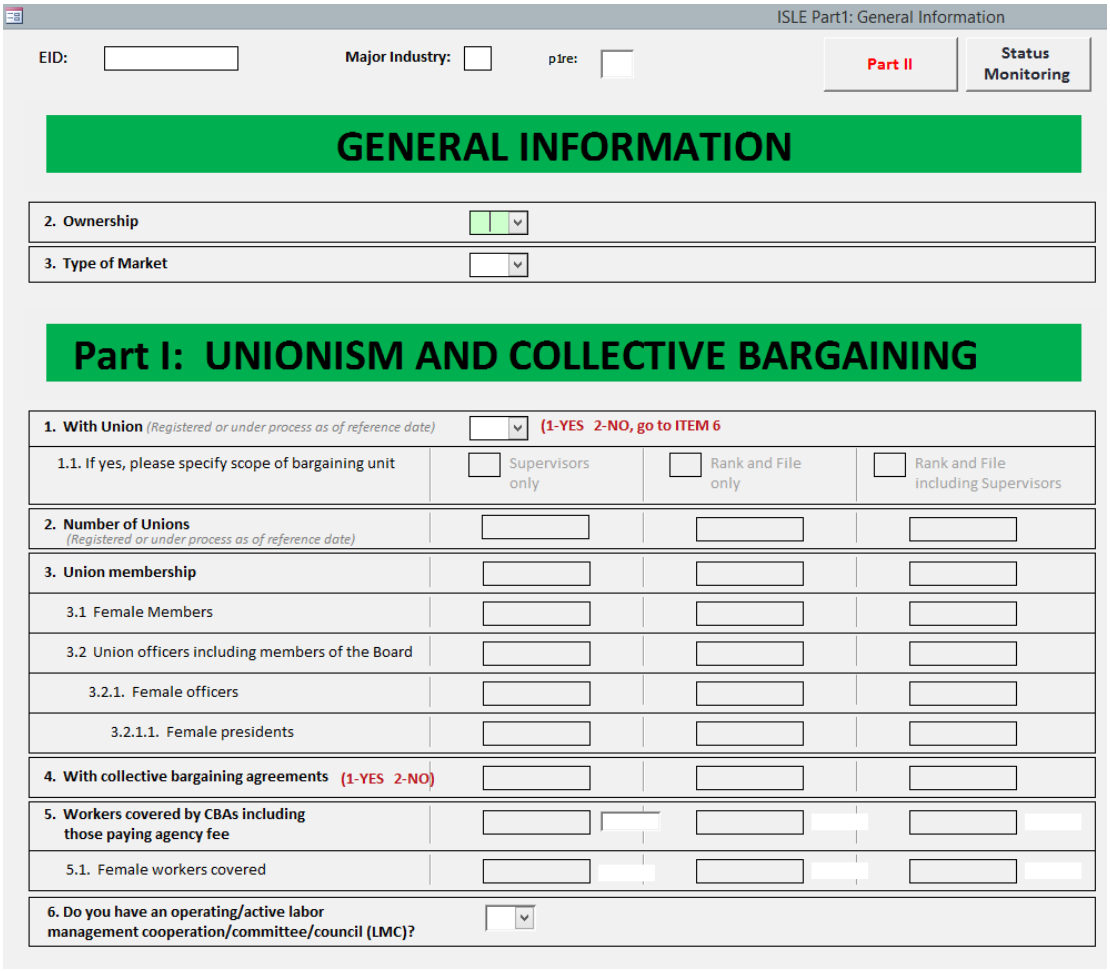
Click the button Go To Status to exit and go to status monitoring form.

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

2015/2016 INTEGRATED SURVEY ON LABOR AND EMPLOYMENT

GENERAL INFORMATION/ PART I: UNIONISM AND COLLECTIVE BARGAINING

Reference Period: June 30, 2016

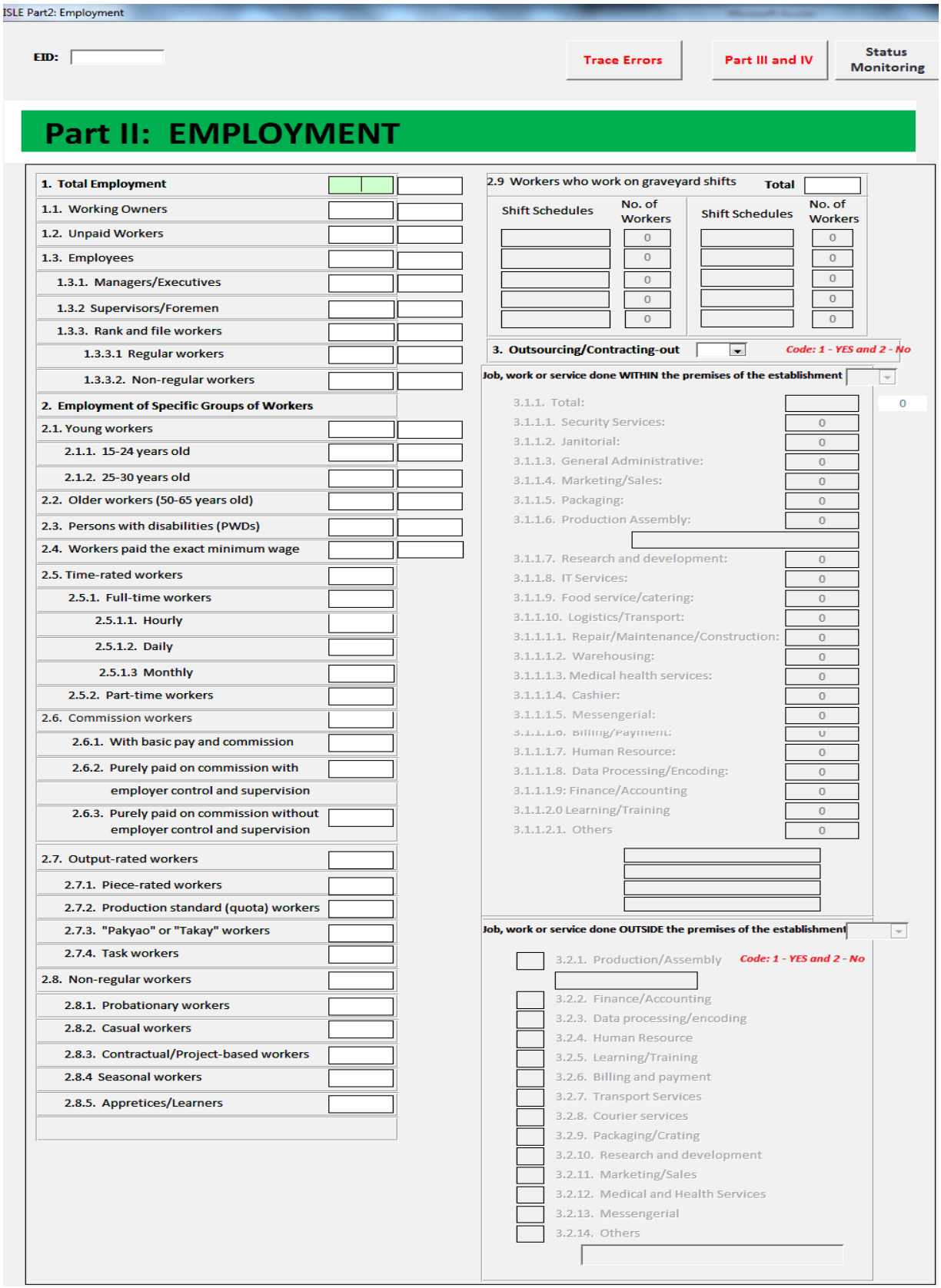


Item of Inquiry	Guidelines
General Rule: Type the numeric entry or code indicated in the questionnaire.	
2. Ownership	• There should only be one answer. • Type "1" if Filipino. • Type "2" if Foreign. • Type "3" if Joint Venture. • Type "4" if Multinational.
3. Type of Market	• Entry is applicable for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

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

Item of Inquiry	Guidelines
General Rule: Type the numeric entry or code indicated in the questionnaire.	
7. With collective bargaining agreements	• Type "1" for YES, "0" for NO. • If the answer is No, go to *item 9*.
8. Workers covered by CBAs including those paying agency fee	• Entry may exceed the number of union membership reported in *Item 6*. • If **Supervisors only** is "1" in *Item 4.1*, the number of workers covered should not exceed the number of supervisors/foremen reported in *Part II, Item 1.4.2.* • If **Rank & File only** is "1" in *Item 4.1*, the number of workers covered should not exceed the number of regular workers reported in *Part II, Item 1.4.3.1.* • If **Rank & File including Supervisors** is "1" in *item 4.1*, the number of workers covered should not exceed the sum of the entries reported in *Part II, Item 1.4.2 (supervisors/foremen) and 1.4.3.1.(regular workers)*
8.1. Female workers covered	• Entry should not exceed female employees reported in *Part II item 1.3.1.* • If **Supervisors only** is checked in *item 4.1*, the number of female workers covered should not exceed the number of female supervisors in *Part II item 1.4.2.1*

PART II: EMPLOYMENT
Reference Period: June 30, 2016



PART II: EMPLOYMENT

Item of Inquiry	Guidelines
General Rule: Type the numeric entry indicated in the questionnaire. If there is no entry on the item, type "0" (zero).	
1. Total Employment	• Entries should be the sum of entries in items 1.1, 1.2 and 1.3.
1.1. Working owners	• Entries should not exceed the number in item 1.3.
1.2. Unpaid workers	• Entries should not exceed the number in item 1.3.
1.3. Employees	• Entries should be the sum of entries in items 1.4.1, 1.4.2 and 1.4.3.
1.3.1. Managers/Executives	• Entries should be less than entry in item 1.3 (Employees).
1.3.2. Supervisors/Foremen	• Entries should be less than entry in item 1.3 (Employees).
1.3.3. Rank and File workers	• Entries should be less than entry in item 1.3 (Employees). • Entries should be the sum of entries in items 1.3.3.1 (Regular workers) and 1.3.3.2 (Non-regular workers).
1.3.3.1. Regular workers	• Entries may be equal to or less than entry in item 1.3.3.
1.3.3.2. Non-regular workers	• Entries should be less than entry in item 1.3.3. • Entries should be the same as that in item 2.7.
2. Employment of Specific Groups of Workers	
2.1. Young workers	• Entries should be the sum of entries in items 2.1.1 and 2.1.2.
2.1.1. 15-24 years old	• Entries may be equal to or less than entry in items 1.3 and 2.1.
2.1.2. 25-30 years old	
2.2. Older workers	• Entries may be equal to or less than entries in item 1.3.
2.3. Persons with disabilities (PWDs)	
2.4. Workers paid the exact minimum wage	• Entries may be equal to or less than entries in item 1.3.

PART II: EMPLOYMENT (cont'd)

Item of Inquiry	Guidelines
General Rule: Type the numeric entry indicated in the questionnaire. If there is no entry on the item, type "0" (zero).	
2.5. Time-rated workers	• Entry should be the sum of entries in items 2.5.1 (Full-time workers) and 2.5.2 (Part-time workers).
2.5.1 Full-time workers	• Entry should be the sum of entries in items 2.5.1.1 to 2.5.1.3.
2.5.1.1 Hourly	• Entry should be equal to or less than entry in item 2.5.1.
2.5.1.2 Daily	
2.5.1.3 Monthly	
2.5.2 Part-time workers	• Entry should be less than entry in item 2.5. **Note:** Entry excludes consultants and those on retainer basis.
2.6 Commission workers	• Entry should be the sum of entries in items 2.5.1 to 2.5.3.
2.6.1. With basic pay and commission	• Entry may be equal to or less entry in item 2.6.
2.6.2. Purely on commission with employer control and supervision	
2.6.3. Purely on commission without employer control	
2.7. Output-rated workers	• Entry should be the sum of entries in items 2.7.1 to 2.7.4.
2.7.1. Piece-rated workers	• Entry should be equal to or less than item 2.7.
2.7.2. Production standard (quota) workers	
2.7.3. "Pakyao" or "Takay" workers	
2.7.4. Task workers	
2.8. Non-regular workers	• Entry should be the sum of entries in items 2.8.1 to 2.8.5. • Entry should be equal to the entry reported in item 1.3.3.2.
2.8.1. Probationary workers	• Entry may be equal to or less than entry in item 2.8.
2.8.2. Casual workers	
2.8.3. Contractual/project-based workers	
2.8.4. Seasonal workers	
2.8.5. Apprentices/learners	

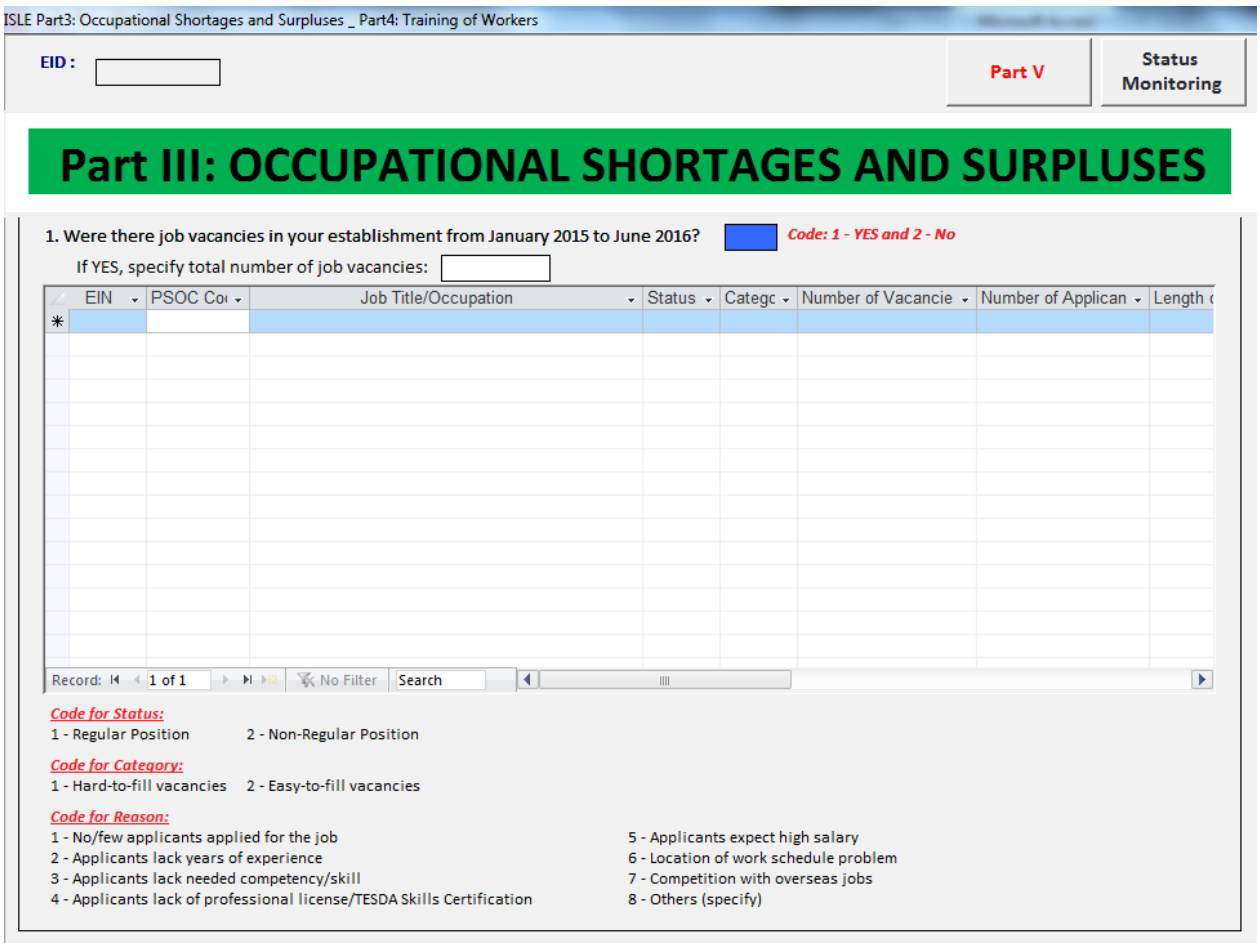
Item of Inquiry	Guidelines
General Rule: Type the numeric entry indicated in the questionnaire. If there is no entry on the item, type "0" (zero).	
2.9. Workers who work on evening/graveyard shifts	
Total	• Total should be equal to the sum of the details. • Total number of workers working on shifts should be less than entry in item 1.3.
Shift Schedules	• Entry should be shift schedules that wholly or partly cover the 10:00PM to 6:00AM window in this format: Ex. 600PM-200AM Note: All shift schedules containing special characters, spaces and in military time format are not valid inputs.
Number of workers	• Entry should be the corresponding number of workers per shift schedule.

Item of Inquiry	Guidelines
General Rule: Type the numeric entry indicated in the questionnaire. If there is no entry on the item, type "0" (zero).	
3.Outsourcing/Contracting out	• Type "1" if checked otherwise, skip this item and go to the next form.
3.1. Job, work, or service done within the premises of the establishment	• Type "1" if checked otherwise, go to item 3.2.
3.1.1 Total no. of workers hired through contractors	• There should be entry if item 3.1 is checked. • Entry should be the sum of entries in items 3.1.1.1 to 3.1.1.21. **Note:** Total workers reported in this item is not part of entry in item 1 (Total Employment).
3.1.1.1 Security services	• Entry may be equal to or less than entry in item 3.1.1. • If "Production/Assembly" is checked, specific activity/process and the corresponding number of workers should be indicated.
3.1.1.2 Janitorial	
3.1.1.3 General administrative	
3.1.1.4 Marketing/Sales	
3.1.1.5 Packaging	
3.1.1.6 Production/Assembly (specify)	
3.1.1.7 Research and development	
3.1.1.8. IT services	
3.1.1.9. Food services/Catering	
3.1.1.10. Logistics/Transport	
3.1.1.11. Repair/Maintenance/Construction	
3.1.1.12. Warehousing	
3.1.1.13. Medical and health services	
3.1.1.14. Cashier	
3.1.1.15. Messengerial	
3.1.1.16. Billing/Payment	
3.1.1.17. Human Resource	
3.1.1.18. Data processing/Encoding	
3.1.1.19. Finance/Accounting	
3.1.1.20. Learning/Training	
3.1.1.21 Others (specify)	• Entry may be equal to or less than the figure provided in item 3.1.1. • If there is an entry, number of workers in the specified work should be indicated.

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

PART III. OCCUPATIONAL SHORTAGES AND SURPLUSES

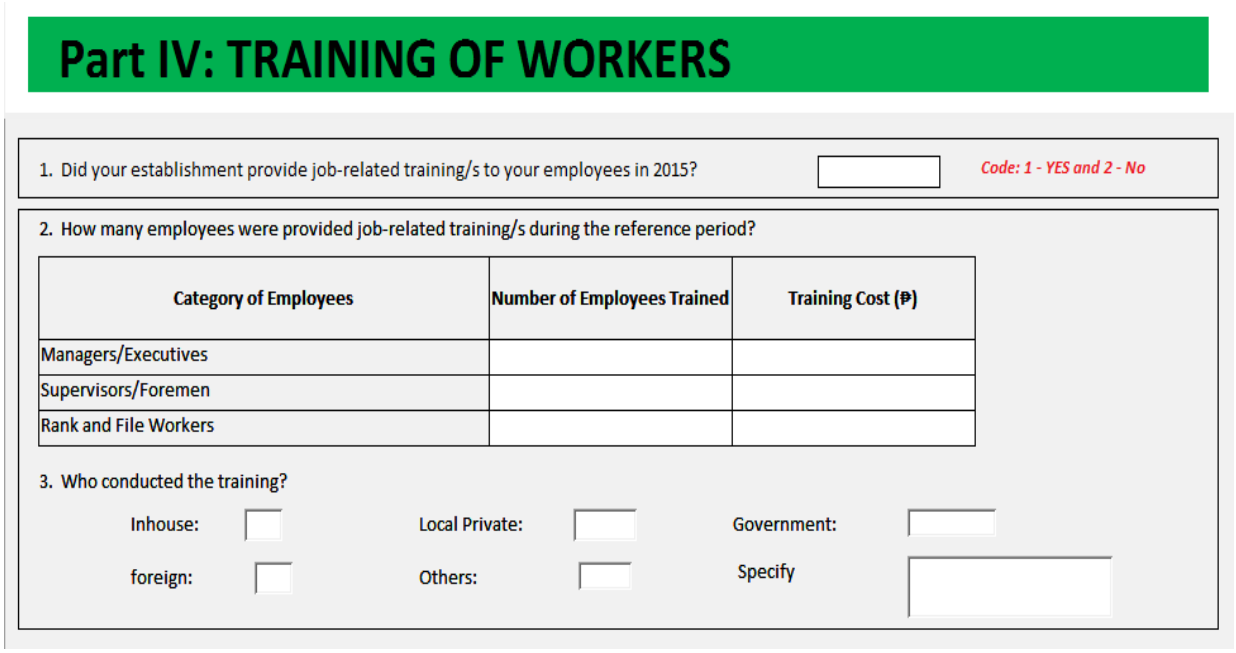
Reference Period: January 2015 to June 2016



PART III. OCCUPATIONAL SHORTAGES AND SURPLUSES

Item of Inquiry	Guidelines
1. Were there job vacancies in your establishment from January 2015 to June 2016?	• Type "1" if YES or "2" if NO. • If "YES", the total number of job vacancies must be indicated. • For the total number of job vacancies, the entry must be equal to the total of "Number of Vacancies" in column 5.
Col. 1 - PSOC Code	• Type the 2012 PSOC code specified for each of the corresponding job title/occupation.
Col. 2 – Job Title/ Occupation	• Type the complete job title/occupation for each of the identified job vacancies.
Col. 3 – Status	• Type the corresponding status code indicated in the corresponding row of job title/occupation.
Col. 4 - Category	• Type the corresponding category indicated in the corresponding row of job title/occupation.
Col. 5 – Number of Vacancies	• Type the numeric entry reflected in the corresponding row of job/occupation title. • The total number of job vacancies for all job titles/occupations should be the same with the entry in item 1.
Col. 6 – Number of Applicants	• Type the numeric entry reflected in the corresponding row of job title/occupation.
Col. 7 – Length of Recruitment Period (in months)	• Enter the corresponding length of recruitment period (in months) for each job vacancy.
Col. 8 – Specialization/Specific skills	• Type the specialization/specific skills indicated for each of the corresponding row of job title /occupation title, e.g., specialization/specific skills needed to fill up a hard-to-fill vacancy.
Col. 9 – Reason (ONLY for Hard to Fill Vacancies)	▪ Enter the code reflected in the corresponding row of an identified hard-to-fill vacancy.

PART IV. TRAINING OF WORKERS
Reference Period: Calendar Year 2015



Part IV: TRAINING OF WORKERS

1. Did your establishment provide job-related training/s to your employees in 2015? ____ *Code: 1 - YES and 2 - No*

2. How many employees were provided job-related training/s during the reference period?

Category of Employees	Number of Employees Trained	Training Cost (₱)
Managers/Executives		
Supervisors/Foremen		
Rank and File Workers		

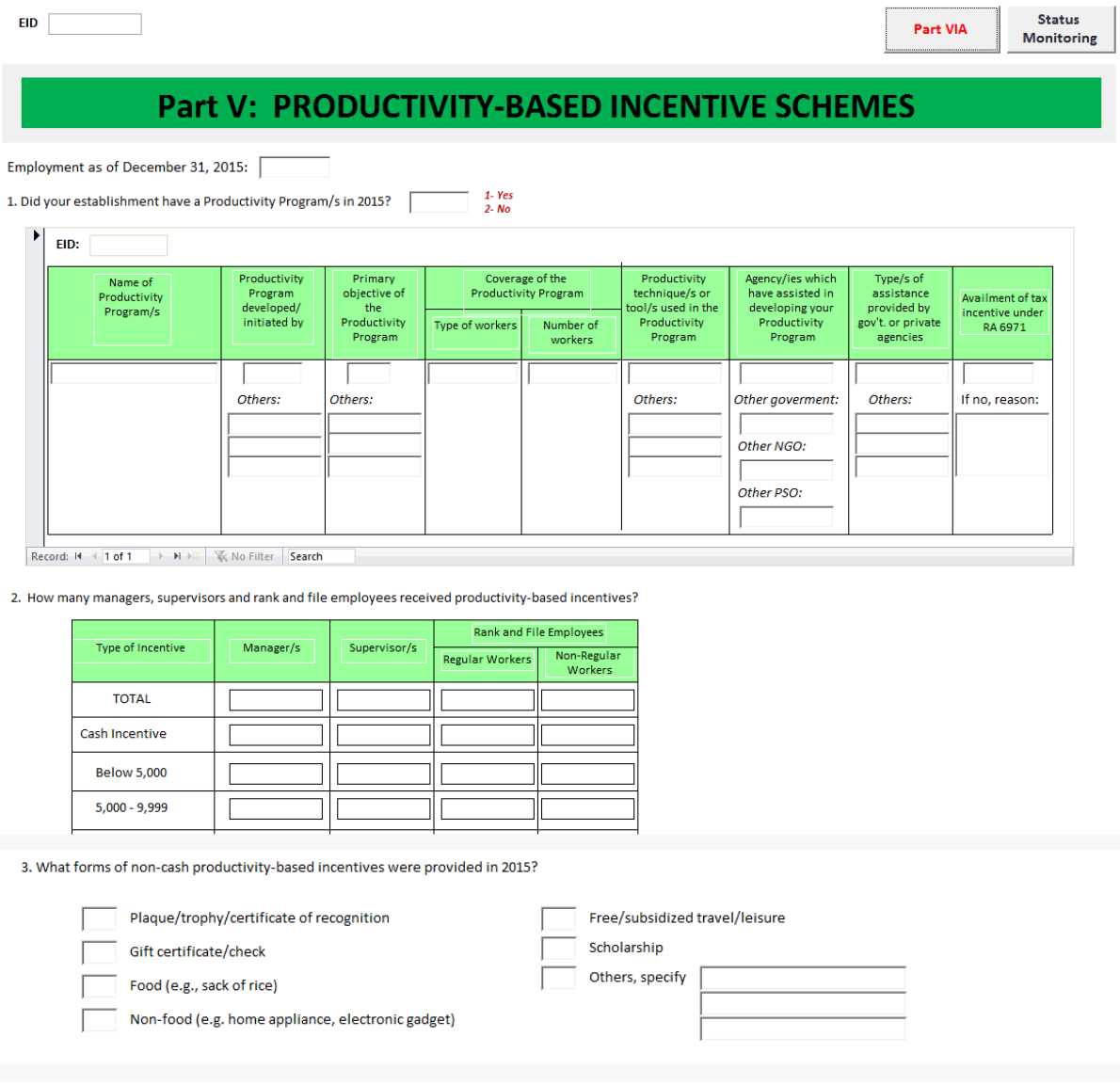
3. Who conducted the training?

Inhouse: ____ Local Private: ____ Government: ____

foreign: ____ Others: ____ Specify ____

Item of Inquiry	Guidelines
General Rule: Type the numeric entry indicated in the questionnaire. If there is no entry on the item, type "0" (zero).	
1. Did your establishment provide job-related training/s to your employee?	• Type "1" if YES; 2 if "NO". • If the answer is NO, then proceed to Part V.
2. How many employees were provided job-related training/s during the reference period?	
Number of Employees Trained	• Entries should be the corresponding number of employees provided job-related training for each category.
Training Cost (₱)	• Entries should be the corresponding training cost for each indicated number of employees trained.
3. Who conducted the training?	• Type "1" for every checked box. • If "Others" is checked, there should be entry on the space provided.

PART V: PRODUCTIVITY-BASED INCENTIVE SCHEMES
Reference Period: Calendar Year 2015



EID

Part VIA | Status Monitoring

Part V: PRODUCTIVITY-BASED INCENTIVE SCHEMES

Employment as of December 31, 2015:

1. Did your establishment have a Productivity Program/s in 2015? *1- Yes 2- No*

EID:

Name of Productivity Program/s	Productivity Program developed/ initiated by	Primary objective of the Productivity Program	Coverage of the Productivity Program: Type of workers	Coverage of the Productivity Program: Number of workers	Productivity technique/s or tool/s used in the Productivity Program	Agency/ies which have assisted in developing your Productivity Program	Type/s of assistance provided by gov't. or private agencies	Availment of tax incentive under RA 6971
	Others:	Others:			Others:	Other goverment: / Other NGO: / Other PSO:	Others:	If no, reason:

Record: 1 of 1 | No Filter | Search

2. How many managers, supervisors and rank and file employees received productivity-based incentives?

Type of Incentive	Manager/s	Supervisor/s	Rank and File Employees: Regular Workers	Rank and File Employees: Non-Regular Workers
TOTAL				
Cash Incentive				
Below 5,000				
5,000 - 9,999				

3. What forms of non-cash productivity-based incentives were provided in 2015?

- Plaque/trophy/certificate of recognition
- Gift certificate/check
- Food (e.g., sack of rice)
- Non-food (e.g. home appliance, electronic gadget)
- Free/subsidized travel/leisure
- Scholarship
- Others, specify

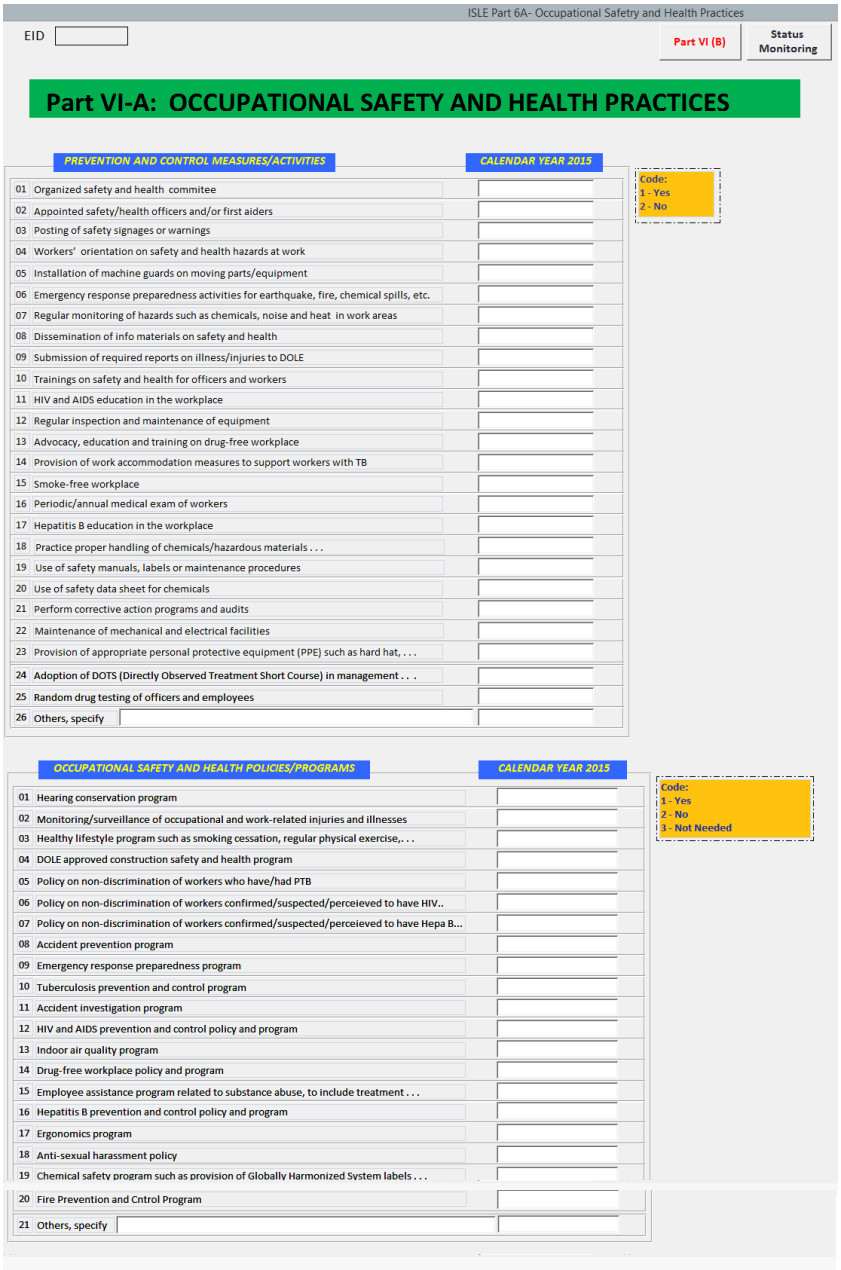
Item of Inquiry	Guidelines
Employment as of December 31, 2015	• Enter as indicated in the questionnaire.
1. Did your establishment have a Productivity Program/s for 2015?	• Type **"1"** for **YES** or **"2"** for **NO.** If 1- proceed to column 1, if 2 – proceed to Part VIA.
Column 1 – Name of Productivity Program/s	• Type as indicated in the questionnaire.
Column 2 – Productivity Program developed/initiated by	• Type **"1"** to **"6"** only. • If **"6"** is answered, type the corresponding answer in the "others" space.
Column 3 – Primary Objective of the Productivity Program	• Type **"1"** to **"8"** only. • If **"8"** is answered, type the corresponding answer in the "others" space.

PART V: PRODUCTIVITY-BASED INCENTIVE SCHEMES (CONT'D.)

Item of Inquiry	Guidelines
Columns 4 & 5 – Coverage of the Program	
Column 4 - TYPE OF WORKERS	• Type **"1"** to **"4"** only. If there are multiple answer, type number, separated by comma "**,**" with no spaces.
Column 5 - NUMBER OF WORKERS	• Type the corresponding number of workers, separated by comma "**,**" with no spaces.
Column 6 – Productivity Technique/s or Tool/s	• Type **"1"** to **"8"** only. • If **"8"** is answered, type the corresponding answer in the "others" space.
Column 7 – Agency/ies which have assisted in developing your Productivity Program	• Type **"1"** to **"7"** only. • If **"4"** is answered, type the corresponding answer in the "other government" space. • If **"5"** is answered, type the corresponding answer in the "other NGO" space. • If **"6"** is answered, type the corresponding answer in the "other PSO" space.
Column 8 – Type/s of assistance provided by government and/or private agencies in the development of the Productivity Program	• Type **"1"** to **"6"** only. • If **"6"** is answered, type the corresponding answer in the "others" space.
2. How many managers, supervisors and rank and file employees received productivity-base incentives?	• Type the corresponding entries as indicated in the questionnaire per column (Manager/s, Supervisor/s and Rank and File Employees).
3. What forms of non-cash productivity-based incentives were provided in 2015?	• Type **"1"** for each item that has check mark. • If" Others" is checked, type the corresponding answer in the "others" space.

PART VI: OCCUPATIONAL SAFETY AND HEALTH PRACTICES

Reference Period: Calendar Year 2015



ISLE Part 6A- Occupational Safetry and Health Practices

EID

Part VI (B) | Status Monitoring

Part VI-A: OCCUPATIONAL SAFETY AND HEALTH PRACTICES

	PREVENTION AND CONTROL MEASURES/ACTIVITIES	CALENDAR YEAR 2015
01	Organized safety and health commitee	
02	Appointed safety/health officers and/or first aiders	
03	Posting of safety signages or warnings	
04	Workers' orientation on safety and health hazards at work	
05	Installation of machine guards on moving parts/equipment	
06	Emergency response preparedness activities for earthquake, fire, chemical spills, etc.	
07	Regular monitoring of hazards such as chemicals, noise and heat in work areas	
08	Dissemination of info materials on safety and health	
09	Submission of required reports on illness/injuries to DOLE	
10	Trainings on safety and health for officers and workers	
11	HIV and AIDS education in the workplace	
12	Regular inspection and maintenance of equipment	
13	Advocacy, education and training on drug-free workplace	
14	Provision of work accommodation measures to support workers with TB	
15	Smoke-free workplace	
16	Periodic/annual medical exam of workers	
17	Hepatitis B education in the workplace	
18	Practice proper handling of chemicals/hazardous materials . . .	
19	Use of safety manuals, labels or maintenance procedures	
20	Use of safety data sheet for chemicals	
21	Perform corrective action programs and audits	
22	Maintenance of mechanical and electrical facilities	
23	Provision of appropriate personal protective equipment (PPE) such as hard hat, . . .	
24	Adoption of DOTS (Directly Observed Treatment Short Course) in management . . .	
25	Random drug testing of officers and employees	
26	Others, specify	

Code:
1 - Yes
2 - No

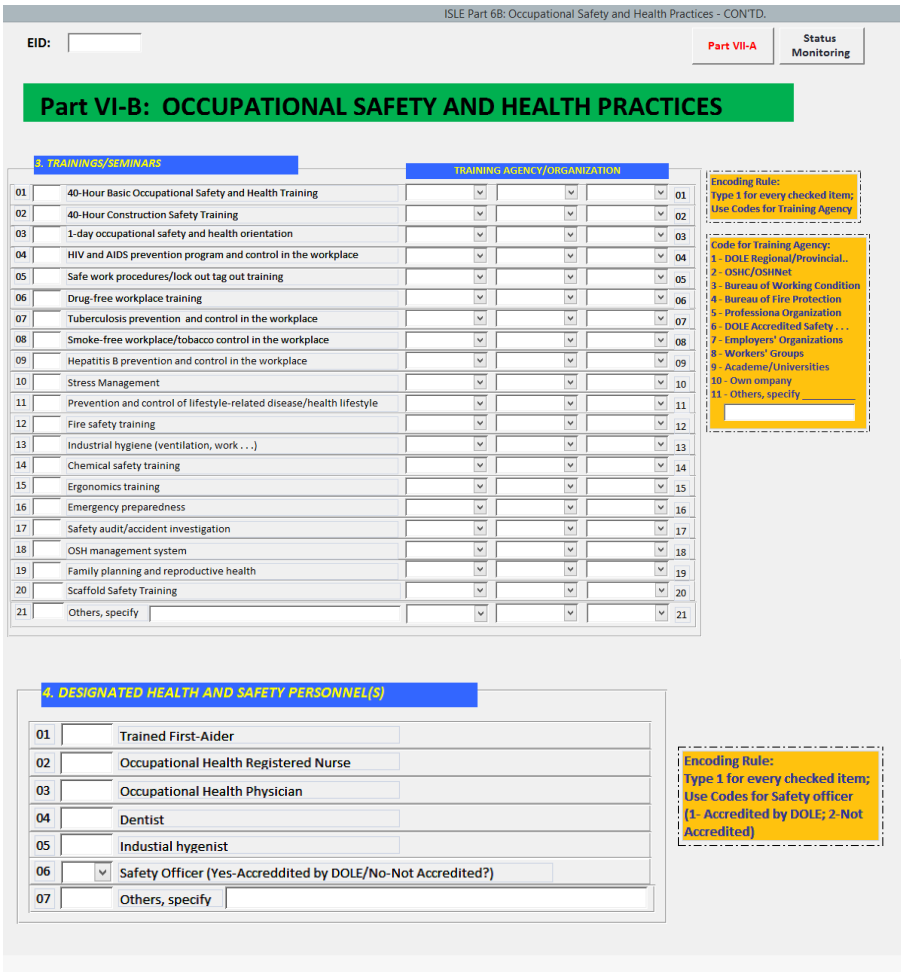
	OCCUPATIONAL SAFETY AND HEALTH POLICIES/PROGRAMS	CALENDAR YEAR 2015
01	Hearing conservation program	
02	Monitoring/surveillance of occupational and work-related injuries and illnesses	
03	Healthy lifestyle program such as smoking cessation, regular physical exercise,. . .	
04	DOLE approved construction safety and health program	
05	Policy on non-discrimination of workers who have/had PTB	
06	Policy on non-discrimination of workers confirmed/suspected/perceieved to have HIV..	
07	Policy on non-discrimination of workers confirmed/suspected/perceieved to have Hepa B...	
08	Accident prevention program	
09	Emergency response preparedness program	
10	Tuberculosis prevention and control program	
11	Accident investigation program	
12	HIV and AIDS prevention and control policy and program	
13	Indoor air quality program	
14	Drug-free workplace policy and program	
15	Employee assistance program related to substance abuse, to include treatment . . .	
16	Hepatitis B prevention and control policy and program	
17	Ergonomics program	
18	Anti-sexual harassment policy	
19	Chemical safety program such as provision of Globally Harmonized System labels . . .	
20	Fire Prevention and Cntrol Program	
21	Others, specify	

Code:
1 - Yes
2 - No
3 - Not Needed

ITEM OF INQUIRY	GUIDELINES
1. What activities were conducted or practiced in the company as part of your prevention and control measures against work safety and health hazards in 2015?	• For item nos. 01-26 to each ***Prevention and Control Measures/Activities***, type codes 1-Yes 2-No • For **Others**, type the corresponding details as specified. • There should be no blank entry here.

PART VI: OCCUPATIONAL SAFETY AND HEALTH PRACTICES (CONT'D.)

ITEM OF INQUIRY	GUIDELINES
2. Which of the following Occupational Safety and Health policies and programs were implemented in your establishment?	• For item nos. 01-21 to each ***Occupational Safety and Health Policies and Programs***, type codes 1-Yes 2-No 3-Not Needed • For **Others**, type the corresponding details as specified. • There should be no blank entry here.



PART VI: OCCUPATIONAL SAFETY AND HEALTH PRACTICES (CONT'D.)

ITEM OF INQUIRY	GUIDELINES
3. What work safety and health-related trainings/seminars were availed by your employees and which agency/organization conducted it? - **Trainings/Seminars Column**	• For item 3 nos. 01-21, ***Trainings/ Seminars***, type "1" for every checked item, otherwise leave it blank. • If training/seminar is "1", there should be code specified or entered on *at least one (1) box* for column 3 – Training agency/organization in the questionnaire. • For **Others**, type the corresponding details as specified.
- **Training agency/organization Column**	• If particular Training/Seminar is "1", type the numeric code for which training agency/organization conducted the corresponding training/seminar, codes are: **1 -** DOLE Regional/Provincial Office **2 -** Occupational Safety and Health Center (OSHC) **3 -** Bureau of Working Conditions (BWC) **4 -** Bureau of Fire Protection (BFP) **5 -** Professional Organizations (OSHNet, OHNAP, PCOM, etc.) **6 -** Safety Training Organizations (SOPI, ASPPI, etc.) **7 -** Employers' Organizations (ECOP, PMAP, PCCI) **8 -** Workers' Groups (TUCP, FFW, APL) **9 -** Academe/Universities **10 -** Own company **11 -** Others *(Please specify)* • There should be at least one (1) code specified from the tree boxes provided. • For **Others**, type the corresponding details as specified.

PART VII: OCCUPATIONAL INJURIES AND DISEASES

Reference Period: Calendar Year 2015

ISLE Part 7A: Occupational Injuries

EID: p7are: Part VII (B) Status Monitoring

Part VII-A: OCCUPATIONAL INJURIES

1. Did your establishment experience any occupational accidents during the year? 1-YES 2-NO

2. How many occupational accidents were there?

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

PART OF THE BODY INJURED (1)	Fatal Cases (2)	Permanent Incapacity Cases (3)	Temporary Incapacity Cases (4)	Cases without Lost Workdays (5)
4. Total				
4.1 Head				
4.2 Neck				
4.3. Back				
4.4. Trunk or Internal Organs				
4.5. Arm and shoulder				
4.6. Wrist and hand				
4.7. Lower Extremities				
4.8. Whole Body or Multiple Sites Equally Injured				

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

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

PART VII: OCCUPATIONAL INJURIES AND DISEASES (CONT'D.)

Part VII-B: OCCUPATIONAL DISEASES

Major Occupation Group	Fatal Cases (2)	Permanent Incapacity Cases (3)	Temporary Incapacity Cases (4)	Cases without Lost Workdays (5)
7. Total				
7.1.Managers				
7.2. Professionals				
7.3. Technicians and associate professionals				
7.4. Clerical support workers				
7.5. Service and sales workers				
7.6. Skilled agricultural, forestry and fishery workers				
7.7. Craft and related trades worker				
7.8. Plant and machine operators and assemblers				
7.9. Elementary occupations				

OCCUPATIONAL DISEASES (1)		Cases (2)
8.1. Occupational dermatitis	(includes skin conditions due to chemical agents which are skin irritants and sensitizers)	
8.2. Occupational asthma	(due to exposure to allergies in the working environment)	
8.3 Occupational kideny disease caused by heavy metals or organic solvents		
8.4 Other diseases caused by chemicals		
8.5 Heat stroke, cramps, exhaustion	(due to exposure to excessive heat)	
8.6 Chiblain, frostbite, freezing	(due to exposure to excessive cold)	
8.7 Deafness	(loss of or decreased hearing due to excessive exposure to noise)	
8.8 Tuberculosis	(infections due to mycobacterium tuberculosis)	
8.9 Occupational lung diseases	(Pneumoconiosis)	
8.10. Other infections	(due to exposure to biologic hazards/agents, e.g. anthrax, brucellosis, leptospirosis, tetanus, ornithosis, rabies, viral encephalitis, viral hemorrhagic fevers, hepatitis A, B, C, D, HIV, mycoses, protozoal and parasistic diseaseses)	
8.11. Cataract	(due to exposure to glare of or rays from molten glass or red hot metal)	
8.12. Cardio-vascular diseases	(cardiac injury or acute attack precipitated by unusual strains of work)	
8.13. Essential hypertension	(primary hypertension that cause impairment of function of kidneys, ears, eyes and brain resulting in permanent disability)	
8.14. Work-related musculoskeletal disorders	(caused or made worst by work such as exposure to forceful exertions, highly repetitive motions, awkward body postures, vibrations, etc.)	
8.14.1. Carpal tunnel syndrome	(tingling, numbness, or pain in wrist and hand from compression of the median nerve at the wrist area due to repetitive or forceful hand movement)	
8.14.2. Shoulder tenditis	(inflammation of the tendon affecting the shoulder joint due to use, overuse and pressure)	
8.13.3. Neck-shoulder pain	(affecting the bones, joints, connective tissue, muscles and nerves of the cervical area)	
8.13.4. Back pain	(affecting the bones, joints, connective tissue, muscles and nerves at the lumbar or sacral regions but not due to trauma)	
8.13.5. Other work-related musculoskeletal disorders	(Please specify)	
8.14. Others	(Please specify)	

9. Did any of your workers experience **commuting accidents** in 2013?

9.1. How many commuting accidents were there?

9.1.. How many workers were injured?

10. How many hours were actually worked by **all employed persons** in your establishments in 2013?

Average Employment	x	Regular working hours per day Ex. 6, 7, 8, or 12	x	Days actually worked during the year Ex. 250 or 302	+	Total overtime hours on regular working days of all persons who rendered overtime work	+	Total hours worked on rest days, special days and regular holidays of all persons who rendered work on these days	=	Hours actually worked
	x		x		+		+		=	

PART VII: OCCUPATIONAL INJURIES AND DISEASES

ITEM OF INQUIRY	GUIDELINES
1. Did your establishment experience any occupational accidents during the year?	• For checked item, type code 1-Yes 2-No • If answer is "No", go to *item 8*
2. How many occupational accidents were there?	• Enter/Type as specified in the questionnaire.
3. Type of Injury **4. Part of Body Injured** **5. Cause of Injury** **6. Agent of Injury** **7. Major Occupation Group**	If answer is "Yes" in item 1 • Type the number of cases of occupational injuries as specified in the questionnaire. • Details should be equal to total. • For **Others**, enter as specified.
8. Occupational Diseases	• Type the corresponding number of cases as specified in the questionnaire. • For **Others**, enter as specified.
9. Did any of your workers experience commuting accidents in 2015?	• For checked item, type code 1-Yes 2-No • If answer is "No", go to *item 10*
9.1 How many commuting accidents were there? **9.2 How many workers were injured?**	• Enter/Type as specified in the questionnaire.
10. How many hours were actually worked by all employed persons in your establishment in 2015?	• Enter/Type as specified in the questionnaire.