

# **STATUS MONITORING GUIDELINES**

2012 Occupational Wages Survey  
2011/2012 BLES Integrated Survey

**August 2012**

1. Open the Microsoft Access to view the contents of the SELECTION MENU.
2. Click appropriate button to go to the selected report/form

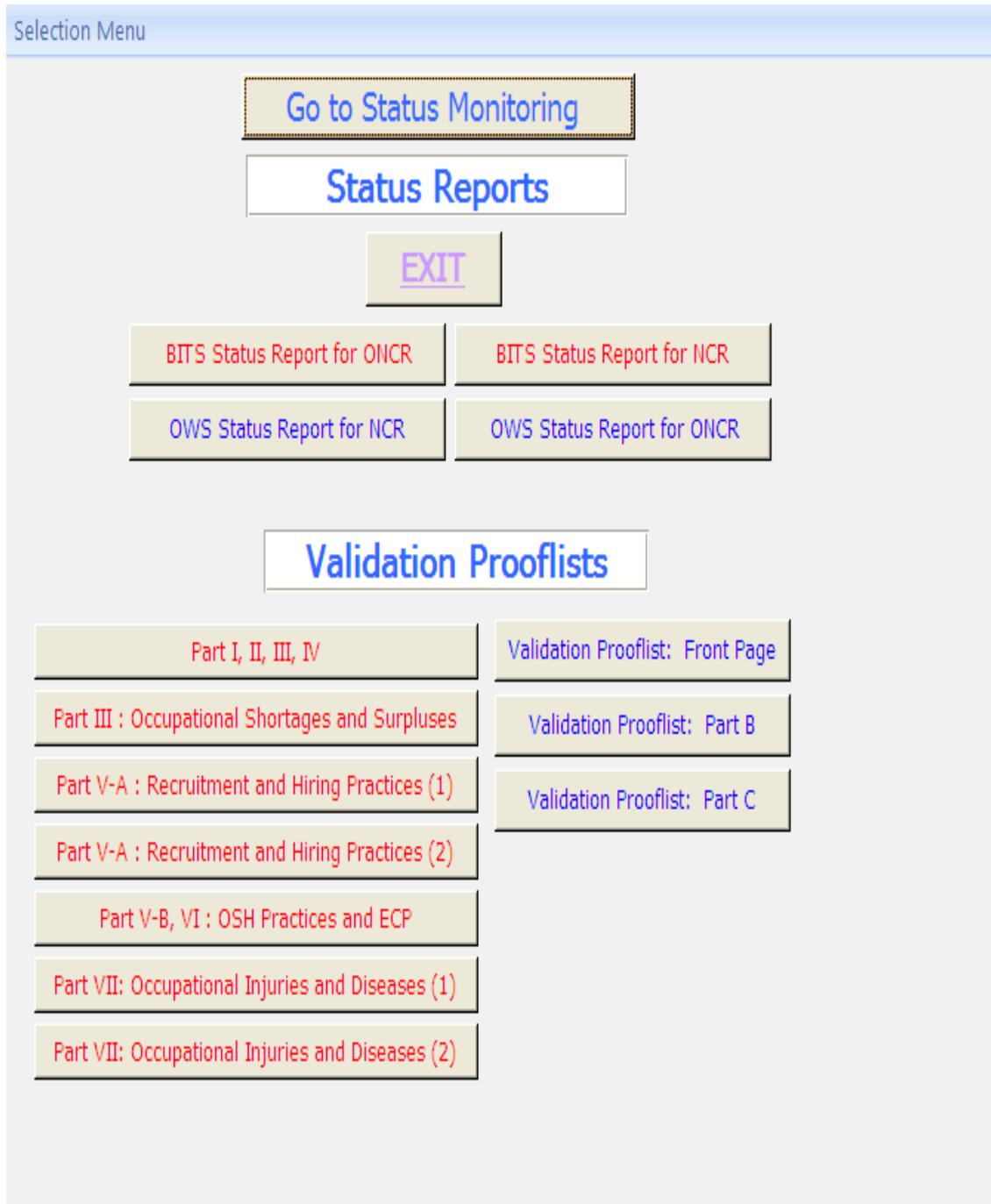


Figure 1. Selection Menu.

For example, if you click this button



The Status Monitoring Screen will appear.

# STATUS MONITORING SCREEN

ESTABLISHMENT DATA

**for BITS Only**

**Part I and II**

III and IV   V   VI   VII

Bureau of Labor and Employment Statistics

**2011/2012 BITS and 2012 OWS**

Status Monitoring

[Main Menu](#)

**for OWS Only**

[Go to Basic Pay](#)

Business Name: ILOCOS NORTE ELECTRIC COOP INC.

New Name of Establishment: \_\_\_\_\_

Address 1: NATL RD

New Address 1: \_\_\_\_\_

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

Geographic Code: \_\_\_\_\_ 01 28 09 030

HEAD OFFICE PARTICULARS (if Questionnaire is endorsed to Head Office)

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

Contact Person: \_\_\_\_\_ Tel. No.: \_\_\_\_\_

Position of Contact Person: \_\_\_\_\_

Head Office Address 1: \_\_\_\_\_

Geocode of Head office: \_\_\_\_\_ HO\_indicator:

Batch No. for BITS

Batch No. for OWS

GENERAL INFORMATION

BITS

OWS

June 2012   CY 2011

Status Code:

DUP of EIN: \_\_\_\_\_

CET with EIN: \_\_\_\_\_

CON with EIN: \_\_\_\_\_

OSP w/ PSIC: \_\_\_\_\_

OTH (specify): \_\_\_\_\_

Industry Code: 035100

Total Employment: 499

Main Economic Activity: \_\_\_\_\_

Major Products/Goods or Services: \_\_\_\_\_

Status Code:

DUP of EIN: \_\_\_\_\_

CET with EIN: \_\_\_\_\_

CON with EIN: \_\_\_\_\_

OSP w/ PSIC: \_\_\_\_\_

OTH (specify): \_\_\_\_\_

Industry Code: 035100

Total Employment: 499

Time-rate on Full-time Basis	Time-Rate on Part-time Basis	Output Rate Workers	Working Owners and Unpaid Workers	TOTAL
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Main Economic Activity: \_\_\_\_\_

Major Products/Goods or Services: \_\_\_\_\_

PART D: CERTIFICATION PORTION

Contact Person: \_\_\_\_\_

Position Title: \_\_\_\_\_ Phone Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Position Title: \_\_\_\_\_ Phone Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Fax Number: \_\_\_\_\_

COMMENTS

Time spent in answering this questionnaire:  specify if more than 2 days

Comment on data provided: \_\_\_\_\_

Employment: \_\_\_\_\_

Occupational Shortages and Surpluses: \_\_\_\_\_

Safety and Health Practices: \_\_\_\_\_

Occupational Injuries and Diseases: \_\_\_\_\_

Labor Cost of Employees: \_\_\_\_\_

**Presentation /Packaging**

Definition of terms:

Layout:

Font, color:

Time spent in answering this questionnaire:  specify if more than 2 days

Comment on results: \_\_\_\_\_

**Presentation /Packaging**

Definition of terms:

Layout:

Font, color:

**Suggestions for improvement**

**Participation in Other Government Surveys**

In 2011, have you been a recipient of a questionnaire in any of these surveys? (check as applicable)

Annual Survey of Philippine Business and Industry

Quarterly Survey of Philippine Business and Industry

Labor Turnover Survey

Others

PART E: SURVEY PERSONNEL

	Enumerator	Area Supervisor	Reviewer-BITS	Reviewer-OWS
Name	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Figure 2. Status Monitoring Screen.

The status monitoring for the 2011/2012 BLES Surveys already includes both BITS and OWS Buttons for the two surveys which are located on top of the screen (BITS – left corner; OWS-right corner).

**STATUS MONITORING GUIDELINES (see Figure 2)**

<b>1. EIN</b>	Press CTRL+F to find the desired EIN
<b>2. New Name</b>	See Guidelines on Establishments Naming and Addressing.
<b>3. New Address 1</b>	
<b>4. New GeoCode</b>	Type the corresponding entry for each item as reflected in the questionnaire
<b>5. Head Office Particulars</b>	
<i>Business Name of Establishment</i>	
<i>Contact Person</i>	
<i>Position of Contact person</i>	
<i>Telephone Number</i>	
<i>Head Office Address 1</i>	
<i>Geocode of Head Office</i>	Select from the list.
<i>Head Office Indicator</i>	
<b>6. Batch Number for BITS and OWS</b>	See Batch Label For Retrieved questionnaires <b>NCRx-Rn</b> where x - Reviewer Code <b>ONCRx-Rn</b> n - Sequence no. from 1 to n For Spoilage questionnaires <b>NCRx-Sn</b> where x - Reviewer Code <b>ONCRx-Sn</b> n - Sequence no. from 1 to n
<b>7. Status Code for BITS and OWS</b>	Select from the List
<b>DUP</b>	Enter EIN for DUP, CET, CON
<b>CET</b>	
<b>CON</b>	Enter Industry Code Specify reason
<b>OSP</b>	
<b>OTH</b>	
<b>7a. Remarks</b>	Enter as applicable
<b>FOR BITS ONLY</b>	Type the corresponding entry for each item as reflected in the questionnaire.
<i>Main Economic Activity</i>	
<i>Major products / goods or services</i>	
<i>New Industry Code</i>	
<i>New Total Employment</i>	Type the corresponding entry for each item as reflected in the questionnaire.
<b>FOR OWS ONLY</b>	
<i>Main Economic Activity</i>	
<i>Major products / goods or services</i>	
<i>New Industry Code</i>	
<i>Time-rate on Full-time Basis</i>	
<i>Time-rate on Part-time Basis</i>	
<i>Output Rate Workers</i>	Entry should be equal to Time-rate on Full-time Basis + Part-time+Output Rate+Working Owners and Unpaid Workers
<i>Working Owners and Unpaid Workers</i>	
<i>Total</i>	

**STATUS MONITORING GUIDELINES** (continued)

<b>8. Certification Portion for BITS &amp; OWS</b>	
<i>Name of Contact Person</i>	Type the corresponding entry for each item as reflected in the questionnaire.
<i>Position Title</i>	
<i>Telephone Number</i>	
<i>Fax Number</i>	
<i>E-mail address</i>	
<i>Time spent in answering the questionnaire</i>	Select from the List Less than a day 1-2 days More than 2 days
<i>If more than 2 days specify</i>	Type the corresponding entry for each item as reflected in the questionnaire.
<b>Comments on BITS</b>	
<i>On the data provided for the 2011/2012 BITS</i>	Type the corresponding entry for each item as reflected in the questionnaire.
<i>On statistics from previous BITS</i>	
<ul style="list-style-type: none"> <li>• <i>Employment</i></li> <li>• <i>Occupational Shortages and Surpluses</i></li> <li>• <i>Balancing Work and Family Responsibilities and Working Time Arrangements</i></li> <li>• <i>Occupational Safety and Health Practices</i></li> <li>• <i>Occupational Injuries &amp; Diseases</i></li> </ul>	Type the corresponding entry for each item as reflected in the questionnaire.
<b>Comments on OWS</b>	
<i>On the data provided for the 2012 OWS</i>	
<i>On results of the 2010 OWS</i>	
<b>Presentation/Packaging for BITS and OWS</b>	
Definition of terms	Type the corresponding entry for each item as reflected in the questionnaire.
Layout	
Font, color	Select from the list
Suggestions for improvement	
<b>Participation in Other Government Survey (OWS only)</b>	
If Others is checked	Type the corresponding entry for each item as reflected in the questionnaire.
<b>9. Survey Personnel for BITS and OWS</b>	Check as applicable
Enumerator	Type the corresponding entry for each item as reflected in the questionnaire.
Date	
Area Supervisor	Type the corresponding entry for each item as reflected in the questionnaire.
Date	
Reviewer	
Date	

# **DATA ENTRY GUIDELINES**

- A. 2012 Occupational Wages Survey
- B. 2011/2012 BLES Integrated Survey

**August 2012**

## A. OCCUPATIONAL WAGES SURVEY

BUREAU OF LABOR AND EMPLOYMENT STATISTICS  
**2012 OCCUPATIONAL WAGES SURVEY**  
**FORM BASIC PAY**

[Go To ALLOWANCES](#)

[Go To PART C](#)

EIN:  BATCH NO.

**PART B: EMPLOYMENT AND WAGE RATES OF TIME RATE WORKERS  
 ON FULL-TIME BASIS**

Hourly Rate		Daily Rate		Monthly Rate	
Basic Pay	Full-time Workers	Basic Pay	Full-time Workers	Basic Pay	Full-time Workers
Below 14.38		Below 115.00		Below 3,000	
14.38 - 19.16		115.00 - 153.33		3,000 - 3,999	
19.17 - 23.95		153.34 - 191.67		4,000 - 4,999	
23.96 - 28.75		191.68 - 230.01		5,000 - 5,999	
28.76 - 33.54		230.02 - 268.35		6,000 - 6,999	
33.55 - 38.33		268.36 - 306.69		7,000 - 7,999	
38.34 - 43.12		306.70 - 345.02		8,000 - 8,999	
43.13 - 47.92		345.03 - 383.36		9,000 - 9,999	
47.93 - 52.71		383.37 - 421.70		10,000 - 10,999	
52.72 - 57.50		421.71 - 460.04		11,000 - 11,999	
57.51 - 62.29		460.05 - 498.38		12,000 - 12,999	
62.30 - 67.08		498.39 - 536.72		13,000 - 13,999	
67.09 - 71.87		536.73 - 575.06		14,000 - 14,999	
71.88 - 76.66		575.07 - 613.40		15,000 - 15,999	
76.67 - 81.45		613.41 - 651.74		16,000 - 16,999	
81.46 - 86.24		651.75 - 690.08		17,000 - 17,999	
86.25 - 91.03		690.09 - 728.42		18,000 - 18,999	
91.04 - 95.82		728.43 - 766.76		19,000 - 19,999	
95.83 - 100.61		766.77 - 805.10		20,000 - 20,999	
100.62 - 105.40		805.11 - 843.44		21,000 - 21,999	
105.41 - 110.19		843.45 - 881.78		22,000 - 22,999	
110.20 - 114.98		881.79 - 920.12		23,000 - 23,999	
114.99 - 119.77		920.13 - 958.46		24,000 - 24,999	
119.78 and over		958.47 and over		25,000 and over	
Sub-total		Sub-total		Sub-total	
<b>TOTAL</b> <span style="background-color: #0070C0; color: white; padding: 2px 10px;"></span>					

Figure 3. PART B (Basic Pay) - Screen Layout

<p><b>PART B: EMPLOYMENT AND WAGE RATES OF TIME-RATE WORKERS ON FULL-TIME BASIS (Basic Pay)</b></p>	<ul style="list-style-type: none"> <li>- Type the corresponding entry for each item as reflected in the questionnaire.</li> <li>- Total below is sum of the three (3) sub-totals.</li> </ul>
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[Go To ALLOWANCES](#)

Open Figure 4. Part B – Screen Layout (Allowances)

[Go To PART C](#)

Open Figure 5. Part C – Screen Layout

BUREAU OF LABOR AND EMPLOYMENT STATISTICS  
**2012 OCCUPATIONAL WAGES SURVEY**  
**FORM ALLOWANCES**

[Go To PART C](#)

EIN:  BATCH NO:

Of the TOTAL reported in Basic Pay, how many received allowances?

**PART B: EMPLOYMENT AND WAGE RATES OF TIME RATE WORKERS  
ON FULL-TIME BASIS**

Hourly Rate		Daily Rate		Monthly Rate	
Allowances	Full-time Workers	Allowances	Full-time Workers	Allowances	Full-time Workers
Below 1.20		Below 9.58		Below 250	
1.20 - 2.39		9.58 - 19.15		250 - 499	
2.40 - 3.59		19.16 - 28.73		500 - 749	
3.60 - 4.78		28.74 - 38.31		750 - 999	
4.79 - 5.98		38.32 - 47.90		1,000 - 1,249	
5.99 - 7.18		47.91 - 57.48		1,250 - 1,499	
7.19 - 8.38		57.49 - 67.07		1,500 - 1,749	
8.39 - 9.58		67.08 - 76.65		1,750 - 1,999	
9.59 - 10.78		76.66 - 86.24		2,000 - 2,249	
10.79 - 11.97		86.25 - 95.82		2,250 - 2,499	
11.98 - 13.17		95.83 - 105.41		2,500 - 2,749	
13.18 - 14.37		105.42 - 114.99		2,750 - 2,999	
14.38 - 15.57		115.00 - 124.57		3,000 - 3,249	
15.58 - 16.77		124.58 - 134.15		3,250 - 3,499	
16.78 - 17.97		134.16 - 143.73		3,500 - 3,749	
17.98 - 19.17		143.74 - 153.31		3,750 - 3,999	
19.18 - 20.37		153.32 - 162.89		4,000 - 4,249	
20.38 - 21.57		162.90 - 172.47		4,250 - 4,499	
21.58 - 22.77		172.48 - 182.05		4,500 - 4,749	
22.78 - 23.97		182.06 - 191.63		4,750 - 4,999	
23.98 and over		191.64 and over		5,000 and over	
<b>Sub-Total</b>		<b>Sub-Total</b>		<b>Sub-total</b>	
				<b>Total</b>	

Figure 4. PART B (Allowances) - Screen Layout

<p><b>PART B: EMPLOYMENT AND WAGE RATES OF TIME-RATE WORKERS ON FULL-TIME BASIS (Allowances)</b></p>	<ul style="list-style-type: none"> <li>- Type the corresponding entry for each item as reflected in the questionnaire.</li> <li>- Total below is sum of the three (3) sub-totals.</li> <li>- The automatic computed TOTAL below should be the same with the above entry TOTAL.</li> </ul>
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[Go To PART C](#)

Open Figure 5. Part C – Screen Layout



## B. 2011/2012 BLES INTEGRATED SURVEY

### PART I: GENERAL INFORMATION

Reference Date: June 30, 2012

BITS Part1: General Information - Part 2: Employment

## Part I: GENERAL INFORMATION

EIN: **39690** Major Industry:

Part III and IV

Status Monitoring

2. Ownership	<input type="text" value=""/>		
3. Type of Market	<input type="text" value=""/>		
4. With Union <i>(Registered or under process as of reference date)</i>	<input type="text" value=""/>		
4.1. If yes, please specify scope of bargaining unit	<input type="checkbox"/> Supervisors only	<input type="checkbox"/> Rank and File only	<input type="checkbox"/> Rank and File including Supervisors
5. Number of Unions <i>(Registered or under process as of reference date)</i>	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>
6. Union membership	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>
6.1 Female Members	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>
6.2 Union officers including members of the Board	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>
6.2.1. Female officers	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>
6.2.1.1. Female presidents	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>
7. With collective bargaining agreements	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>
8. Workers covered by CBAs including those paying agency fee	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>
8.1. Female workers covered	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>
9. What are two most important problems the management faces in running the establishment? <i>(Please check only two boxes)</i>			
<input type="checkbox"/> Business Information	<input type="checkbox"/> Competition from imports	<input type="checkbox"/> Labor costs	
<input type="checkbox"/> Legal Regulations	<input type="checkbox"/> Financial losses	<input type="checkbox"/> Productivity	
<input type="checkbox"/> Political Uncertainties	<input type="checkbox"/> Lack of capital	<input type="checkbox"/> Access to technology	
<input type="checkbox"/> Product Development	<input type="checkbox"/> Cost of production material, energy	<input type="checkbox"/> Others	
<input type="checkbox"/> Marketing assistance services	<input type="checkbox"/> Downsizing/redundancy		

Figure 6. Part I: General Information - Data Screen Format

Item of Inquiry	Acceptable Entry
<b>General Rule:</b> Type the numeric entry or code indicated in the questionnaire.	
<b>2. Ownership</b>	<ul style="list-style-type: none"> <li>There should only be one answer.</li> <li>Type "1" if Filipino.</li> <li>Type "2" if Foreign.</li> <li>Type "3" if Joint Venture.</li> <li>Type "4" if Multinational.</li> </ul>

**PART I: GENERAL INFORMATION**  
(cont'd)

Item of Inquiry	Acceptable Entry
<b>General Rule:</b> Type the numeric entry or code indicated in the questionnaire.	
<b>3. Type of Market</b>	<ul style="list-style-type: none"> <li>• Entry is applicable for establishments engaged in production, e.g., agriculture, mining and quarrying, and manufacturing</li> <li>• There should only be one answer.</li> </ul>
<b>3. Type of Market</b>	<ul style="list-style-type: none"> <li>• Type "1" if Domestic Market Only.</li> <li>• Type "2" if Both Domestic and Export.</li> <li>• Type "3" if Export/International Market.</li> </ul>
<b>4. With union</b>	<ul style="list-style-type: none"> <li>• Type "1" if YES or "2" if NO.</li> <li>• If the answer is YES, there should be an answer in item no. 4.1.</li> <li>• If the answer is NO proceed to item no. 9. There should be no entries in item nos. 4.1. up to 8.1.</li> </ul>
<b>4.1. If yes, please specify scope of bargaining unit.</b>	<ul style="list-style-type: none"> <li>• Type "1" if for the appropriate bargaining unit is checked.</li> <li>• If Supervisors Only and/or Rank and File Only is "1", column for Rank and File including Supervisors will be disabled.</li> <li>• If Rank and File including supervisors is "1", column/s for Supervisors Only and Rank and File Only will be disabled.</li> </ul>
<b>5. Number of unions</b>	<ul style="list-style-type: none"> <li>• Entry is required if "1" in item 4.</li> <li>• Entry should correspond to the bargaining unit checked in item 4.1.</li> </ul>
<b>6. Union membership</b>	<ul style="list-style-type: none"> <li>• Entry should correspond to the bargaining unit checked in item 4.1.</li> <li>• If <b>Supervisors only</b> is "1" in item 4.1, union membership should NOT exceed the number of supervisors/foremen reported in <i>Part II, Item 1.4.2</i>.</li> <li>• If <b>Rank &amp; File only</b> is "1", entry should NOT exceed the number of regular workers reported in <i>Part II, Item 1.4.3.1</i>.</li> <li>• If <b>Rank &amp; File including Supervisors</b> is "1" in item 4.1, union membership should not exceed the sum of entries in <i>Part II items 1.4.2</i> (supervisors/ foremen) and <i>1.4.3.1</i> (regular workers).</li> </ul>
<b>6.1. Female members</b>	<ul style="list-style-type: none"> <li>• Entry should not exceed union membership reported in <i>Part I, Item 6</i>.</li> <li>• If Supervisors only is checked in item 4.1, entry should not exceed the number of female supervisors reported in <i>item 6</i> and <i>Part II, Item 1.4.2.1</i>.</li> </ul>

**PART I: GENERAL INFORMATION**  
(cont'd)

Item of Inquiry	Acceptable Entry
<b>General Rule:</b> Type the numeric entry or code indicated in the questionnaire.	
<b>6.2. Union officers including members of the Board</b>	<ul style="list-style-type: none"> <li>• Entry should correspond to the bargaining unit checked in item 4.1.</li> <li>• Entries should not exceed entries in <i>item 6</i>.</li> </ul>
<b>6.2.1. Female officers</b>	<ul style="list-style-type: none"> <li>• Entry should correspond to the bargaining unit checked in item 4.1.</li> <li>• Entries should not exceed entries in <i>item 6.2</i>.</li> </ul>
<b>6.2.1.1. Female presidents</b>	<ul style="list-style-type: none"> <li>• Entry should correspond to the bargaining unit checked in item 4.1.</li> <li>• Entries should not exceed entries in <i>item 5</i>.</li> </ul>
<b>7. With collective bargaining agreements</b>	<ul style="list-style-type: none"> <li>• Type "1" for YES, "0" for NO.</li> <li>• If the answer is No, go to <i>item 9</i>.</li> </ul>
<b>8. Workers covered by CBAs including those paying agency fee</b>	<ul style="list-style-type: none"> <li>• Entry may exceed the number of union membership reported in <i>Item 6</i>.</li> <li>• If <b>Supervisors only</b> is "1" in <i>Item 4.1</i>, the number of workers covered should not exceed the number of supervisors/foremen reported in <i>Part II, Item 1.4.2</i>.</li> <li>• If <b>Rank &amp; File only</b> is "1" in <i>Item 4.1</i>, the number of workers covered should not exceed the number of regular workers reported in <i>Part II, Item 1.4.3.1</i>.</li> <li>• If <b>Rank &amp; File including Supervisors</b> is "1" in <i>item 4.1</i>, the number of workers covered should not exceed the sum of the entries reported in <i>Part II, Item 1.4.2 (supervisors/foremen) and 1.4.3.1.(regular workers)</i></li> </ul>
<b>8.1. Female workers covered</b>	<ul style="list-style-type: none"> <li>• Entry should not exceed female employees reported in <i>Part II item 1.3.1</i>.</li> <li>• If <b>Supervisors only</b> is checked in <i>item 4.1</i>, the number of female workers covered should not exceed the number of female supervisors in <i>Part II item 1.4.2.1</i></li> </ul>
<b>9. What are the two most important problems the management faces in running the establishment?</b>	<ul style="list-style-type: none"> <li>• Type "1" if checked, otherwise leave it blank.</li> <li>• Only 2 boxes should be checked</li> </ul>

**PART II: EMPLOYMENT**  
Reference Period: June 30, 2012

BITS Part1: General Information - Part 2: Employment

## Part II: EMPLOYMENT

<b>1. Total Employment</b>	<input type="text"/>	<b>2.7. Non-regular workers</b>	<input type="text"/>
1.1. Working Owners	<input type="text"/>	2.7.1. Probationary Workers	<input type="text"/>
1.2. Unpaid Workers	<input type="text"/>	2.7.2. Casual workers	<input type="text"/>
1.3. Employees	<input type="text"/>	2.7.3. Contractual/Project-based workers	<input type="text"/>
1.3.1. Female Employees	<input type="text"/>	2.7.4. Seasonal Workers	<input type="text"/>
1.4.1. Managers/Executives	<input type="text"/>	2.7.5. Apprentices/Learners	<input type="text"/>
1.4.1.1. Female managers/executives	<input type="text"/>	<b>2.8 Workers who works on shifts</b>	<b>Total</b> <input type="text"/>
1.4.2. Supervisors/Foremen	<input type="text"/>	1st <input type="text"/>	6th <input type="text"/>
1.4.2.1. Female supervisors	<input type="text"/>	2nd <input type="text"/>	7th <input type="text"/>
1.4.3. Rank and file workers	<input type="text"/>	3rd <input type="text"/>	8th <input type="text"/>
1.4.3.1. Regular workers	<input type="text"/>	4th <input type="text"/>	9th <input type="text"/>
1.4.3.2. Non-regular workers	<input type="text"/>	5th <input type="text"/>	10th <input type="text"/>
<b>2. Employment of Specific Groups of Workers</b>		<b>3. Engaged in contracting or subcontracting?</b>	<input type="checkbox"/>
2.1. Young Workers		<b>3.1. Job, work or service done WITHIN the premises of the establishment</b>	<b>3.1.1. Total</b>
2.1.1. 15-24 years old	<input type="text"/>	3.1.1.1. Security Services	<input type="text"/>
2.1.2. 15-30 years old	<input type="text"/>	3.1.1.2. Janitorial	<input type="text"/>
2.2. Female Workers	<input type="text"/>	3.1.1.3. General Administrative	<input type="text"/>
2.3. Workers paid the minimum wage	<input type="text"/>	3.1.1.4. Marketing/Sales	<input type="text"/>
2.4. Time-rated workers	<input type="text"/>	3.1.1.5. Packaging	<input type="text"/>
2.4.1. Full-time workers	<input type="text"/>	3.1.1.6. Production Assembly	<input type="text"/>
2.4.1.1. Hourly	<input type="text"/>	3.1.1.7. Research and development	<input type="text"/>
2.4.1.2. Daily	<input type="text"/>	3.1.1.8. IT Services	<input type="text"/>
2.4.1.3. Monthly	<input type="text"/>	3.1.1.9. Others	<input type="text"/>
2.4.2. Part-time workers	<input type="text"/>	<input type="text"/>	<input type="text"/>
2.5. Commission Workers	<input type="text"/>	<input type="text"/>	<input type="text"/>
2.5.1. With basic pay and commission	<input type="text"/>	<b>3.2. Job, work or service done OUTSIDE the premises of the establishment</b>	<input type="checkbox"/> 3.2.1. Production/Assembly
2.5.2. Purely on commission with employer control and supervision	<input type="text"/>	<input type="checkbox"/> 3.2.2. Finance/Accounting	<input type="text"/>
2.5.3. Purely on commission without employer control	<input type="text"/>	<input type="checkbox"/> 3.2.3. Data processing/encoding	<input type="checkbox"/> 3.2.4. Human Resource
2.6. Output-rated workers	<input type="text"/>	<input type="checkbox"/> 3.2.5. Learning/Training	<input type="checkbox"/> 3.2.6. Billing and payment
2.6.1. Piece-rated workers	<input type="text"/>	<input type="checkbox"/> 3.2.7. Transport Services	<input type="checkbox"/> 3.2.8. Courier services
2.6.2. Production standard (quota) workers	<input type="text"/>	<input type="checkbox"/> 3.2.9. Packaging/Crating	<input type="checkbox"/> 3.2.10. Research and development
2.6.3. "Pakyao" or "Takay" workers	<input type="text"/>	<input type="checkbox"/> 3.2.11. Others	<input type="text"/>
2.6.4. Task workers	<input type="text"/>		

Figure 7. Part II: Employment - Data Screen Format

## PART II: EMPLOYMENT

Item of Inquiry	Acceptable Entry
<b>General Rule:</b> Type the numeric entry indicated in the questionnaire. If there is no entry on the item, type "0" (zero).	
<b>1. Total Employment</b>	<ul style="list-style-type: none"> <li>Entry should be the sum of entries in items 1.1, 1.2 and 1.3.</li> </ul>
<b>1.1. Working owners</b>	<ul style="list-style-type: none"> <li>Entry should not exceed the number in item 1.3.</li> </ul>
<b>1.2. Unpaid workers</b>	<ul style="list-style-type: none"> <li>Entry should not exceed the number in item 1.3.</li> </ul>
<b>1.3. Employees</b>	<ul style="list-style-type: none"> <li>Entry should be the sum of entries in items 1.4.1, 1.4.2 and 1.4.3.</li> </ul>
<b>1.3.1. Female Employees</b>	<ul style="list-style-type: none"> <li>Entry may be equal to or less than the entry in item 1.3</li> <li>Entry may be equal to or less than the entry in item 2.2 (Female Workers)</li> <li>Entry may be equal to or greater than the sum of entries in items 1.4.1.1 (Female Managers) and 1.4.2.1 (Female Supervisors)</li> </ul>
<b>1.4 Category of Employees</b>	
<b>1.4.1. Managers/Executives</b>	<ul style="list-style-type: none"> <li>Entry should be less than entry in item 1.3 (Employees).</li> </ul>
<b>1.4.1.1. Female managers/executive</b>	<ul style="list-style-type: none"> <li>Entry may be equal to or less than entry in items 1.3.1 (Female Employees) and 1.4.1 (Managers/Executives)</li> </ul>
<b>1.4.2. Supervisors/Foremen</b>	<ul style="list-style-type: none"> <li>Entry should be less than entry in item 1.3 (Employees).</li> </ul>
<b>1.4.2.1. Female supervisors/foremen</b>	<ul style="list-style-type: none"> <li>Entry may be equal to or less than entry in items 1.3.1 (Female Employees) and 1.4.2 (Managers/Executives).</li> </ul>
<b>1.4.3. Rank and File workers</b>	<ul style="list-style-type: none"> <li>Entry should be less than entry in item 1.3 (Employees).</li> <li>Entry should be the sum of entries in items 1.4.3.1 (Regular workers) and 1.4.3.2 (Non-regular workers).</li> </ul>
<b>1.4.3.1. Regular workers</b>	<ul style="list-style-type: none"> <li>Entry should be less than entry in item 1.4.3.</li> </ul>
<b>1.4.3.2. Non-regular workers</b>	<ul style="list-style-type: none"> <li>Entry should be less than entry in item 1.4.3.</li> <li>Entry should be the same as that in item 2.7.</li> </ul>

**PART II: EMPLOYMENT**  
(cont'd)

Item of Inquiry	Acceptable Entry
<b>General Rule:</b> Type the numeric entry indicated in the questionnaire. If there is no entry on the item, type "0" (zero).	
<b>2. Employment of Specific Groups of Workers</b>	
<b>2.1. Young workers</b>	
<b>2.1.1. 15-24 years old</b>	<ul style="list-style-type: none"> <li>Entry may be equal to or less than entry in items 1.3 (Employees) and 2.1.2 (15-30 years old)</li> </ul>
<b>2.1.2. 15-30 years old</b>	<ul style="list-style-type: none"> <li>Entry may be equal to or less than entry in item 1.3 but greater than item 2.1.1.</li> </ul>
<b>2.2. Female workers</b>	
<ul style="list-style-type: none"> <li>Entry may be equal to or greater than the figure provided in item 1.3.1 (Female Employees)</li> </ul>	
<b>2.3. Workers paid the minimum wage</b>	
<ul style="list-style-type: none"> <li>Entry may be equal to or less than entry in item 1.4.3 (Rank and File)</li> </ul>	
<b>2.4. Time-rated workers</b>	
<ul style="list-style-type: none"> <li>Entry should be the sum of entries in items 2.4.1 (Full-time workers) and 2.4.2 (Part-time workers).</li> </ul>	
<b>2.4.1 Full-time workers</b>	
<ul style="list-style-type: none"> <li>Entry should be the sum of entries in items 2.4.1.1 to 2.4.1.3.</li> </ul>	
<b>2.4.1.1 Hourly</b>	<ul style="list-style-type: none"> <li>Entry should be less than entry in item 2.4.1.</li> </ul>
<b>2.4.1.2 Daily</b>	<ul style="list-style-type: none"> <li>Entry should be equal to or less than entry in item 2.4.1.</li> </ul>
<b>2.4.1.3 Monthly</b>	<ul style="list-style-type: none"> <li>Entry should be equal to or less than entry in item 2.4.1.</li> </ul>
<b>2.4.2 Part-time workers</b>	<ul style="list-style-type: none"> <li>Entry should be less than entry in item 2.3.</li> </ul> <p><b>Note:</b> Entry excludes consultants and those on retainer basis.</p>
<b>2.5 Commission workers</b>	
<ul style="list-style-type: none"> <li>Entry should be equal to or less than item 1.4.3 (Rank and File)</li> <li>Entry should be the sum of entries in items 2.5.1 to 2.5.3.</li> </ul> <p><b>Note:</b> Establishments engaged in insurance, real estate, selling and trade would normally have entries on this item.</p>	
<b>2.5.1. With basic pay and commission</b>	<ul style="list-style-type: none"> <li>Entry may be equal to or less entry in item 2.5.</li> </ul>
<b>2.5.2. Purely on commission with employer control and supervision</b>	<ul style="list-style-type: none"> <li>Entry may be equal to or less entry in item 2.5.</li> </ul>

**PART II: EMPLOYMENT**  
(cont'd)

Item of Inquiry	Acceptable Entry
<b>General Rule:</b> Type the numeric entry indicated in the questionnaire. If there is no entry on the item, type "0" (zero).	
<b>2.5.3. Purely on commission without employer control</b>	<ul style="list-style-type: none"> <li>Entry may be equal to or less entry in item 2.5.</li> </ul>
<b>2.6. Output-rated workers</b>	<ul style="list-style-type: none"> <li>Entry should be the sum of entries in items 2.6.1 to 2.6.4.</li> </ul>
<b>2.6.1. Piece-rated workers</b>	<ul style="list-style-type: none"> <li>Entry should be equal to or less than item 2.6.</li> </ul>
<b>2.6.2. Production standard (quota) workers</b>	<ul style="list-style-type: none"> <li>Entry should be equal to or less than item 2.6.</li> </ul>
<b>2.6.3. "Pakyao" or "Takay" workers</b>	<ul style="list-style-type: none"> <li>Entry should be equal to or less than item 2.6.</li> </ul>
<b>2.6.4. Task workers</b>	<ul style="list-style-type: none"> <li>Entry should be equal to or less than item 2.6.</li> </ul>
<b>2.7. Non-regular workers</b>	<ul style="list-style-type: none"> <li>Entry should be the sum of entries in items 2.7.1 to 2.7.5.</li> <li>Entry should be equal to the entry reported in item 1.4.3.2.</li> </ul>
<b>2.7.1. Probationary workers</b>	<ul style="list-style-type: none"> <li>Entry may be equal to or less than entry in item 2.7.</li> </ul>
<b>2.7.2. Casual workers</b>	<ul style="list-style-type: none"> <li>Entry may be equal to or less than entry in item 2.7.</li> </ul>
<b>2.7.3. Contractual/project-based workers</b>	<ul style="list-style-type: none"> <li>Entry may be equal to or less than entry in item 2.7.</li> <li><b>Note:</b> Entry excludes workers hired through contractors.</li> </ul>
<b>2.7.4. Seasonal workers</b>	<ul style="list-style-type: none"> <li>Entry may be equal to or less than entry in item 2.7.</li> </ul>
<b>2.7.5. Apprentices/learners</b>	<ul style="list-style-type: none"> <li>Entry may be equal to or less than entry in item 2.7.</li> </ul>
<b>2.8. Workers who work on shifts</b>	<ul style="list-style-type: none"> <li>Entry may be less than or equal to the figure provided in item 2.6.5.</li> <li>Accept with or without entry.</li> </ul>

**PART II: EMPLOYMENT**

(cont'd)

<b>Item of Inquiry</b>	<b>Acceptable Entry</b>
<b>General Rule:</b> Type the numeric entry indicated in the questionnaire. If there is no entry on the item, type "0" (zero).	
<b>2.7. Non-regular workers</b>	<ul style="list-style-type: none"> <li>• Entry here should be the sum of entries in items 2.7.1 to 2.7.5.</li> <li>• Entry here should be similar to entry in item 1.4.3.2. However, if entry is different from that in item 1.4.3.2, sum of details should prevail.</li> <li>• Adjust accordingly affected entries, e.g., items 1.4.3.2, 1.4.3, 1.3 and item 1.</li> </ul>
<b>2.7.1. Probationary workers</b>	<ul style="list-style-type: none"> <li>• Entry should be less than the figure provided in item 2.7.</li> </ul>
<b>2.7.2. Casual workers</b>	<ul style="list-style-type: none"> <li>• Accept with or without entry.</li> </ul>
<b>2.7.3. Contractual/project-based workers</b>	<ul style="list-style-type: none"> <li>• Entry should be less than the figure provided in item 2.7.</li> <li>• Accept with or without entry.</li> <li>• Entry excludes workers hired through employment agency/cooperative.</li> </ul>
<b>2.7.4. Seasonal workers</b>	<ul style="list-style-type: none"> <li>• Entry should be less than the figure provided in item 2.7.</li> </ul>
<b>2.7.5. Apprentices/learners</b>	<ul style="list-style-type: none"> <li>• Accept with or without entry.</li> </ul>
<b>2.8. Workers who work on shifts</b>	
<b>Total</b>	<ul style="list-style-type: none"> <li>• Total should be equal to the sum of the details.</li> <li>• Total number of workers working on shifts should be less than entry in item 1.3.</li> </ul>
<b>1<sup>st</sup> Shift</b>	<ul style="list-style-type: none"> <li>• Entry may be equal to or less than total number of workers working on shift.</li> </ul>
<b>2<sup>nd</sup> Shift</b>	
<b>3<sup>rd</sup> Shift</b>	

**PART II: EMPLOYMENT**  
(cont'd)

Item of Inquiry	Acceptable Entry
<b>General Rule:</b> Type the numeric entry indicated in the questionnaire. If there is no entry on the item, type "0" (zero).	
<b>3. Engaged in contracting or sub-contracting?</b>	<ul style="list-style-type: none"> <li>• There should be only one box checked.</li> <li>• If "Yes" is checked and the establishment is engaged in agriculture/manufacturing, percent (%) of subcontracted production process should be indicated.</li> <li>• If "No" is checked, leave it blank and go to Part III.</li> </ul>
<b>3.1. Job, work, or service done <i>within</i> the premises of the establishment</b>	
<b>3.1.1 Total no. of workers hired through contractors</b>	<ul style="list-style-type: none"> <li>• Entry should be the sum of entries in items 3.1.1.1 to 3.1.1.9.</li> </ul> <p><b>Note:</b> Total workers reported in this item is not part of entry in item 1 (Total Employment).</p>
<b>3.1.1.1 Security services</b>	<ul style="list-style-type: none"> <li>• Entry may be equal to or less than entry in item 3.1.1.</li> </ul>
<b>3.1.1.2 Janitorial</b>	
<b>3.1.1.3 General administrative</b>	
<b>3.1.1.4 Marketing/Sales</b>	
<b>3.1.1.5 Packaging</b>	
<b>3.1.1.6 Production Assembly</b>	
<b>3.1.1.7 Research and development</b>	
<b>3.1.1.8. IT services</b>	
<b>3.1.1.9 Others (specify)</b>	
<b>3.2. Job, work, or service done <i>outside</i> the premises of the establishment</b>	
<b>3.2.1 Production/Assembly</b>	<ul style="list-style-type: none"> <li>• Type "1" for every checked item.</li> <li>• If "Production/Assembly" is checked, specific activity/process should be specified.</li> <li>• If "Others" is checked, process outsourced/job contracted out should be specified.</li> <li>• There may or may not be an entry here.</li> </ul>
<b>3.2.2 Finance/Accounting</b>	
<b>3.2.3 Data processing/Encoding</b>	
<b>3.2.4 Human resource (HR)</b>	
<b>3.2.5 Learning/Training</b>	
<b>3.2.6 Billing and payment</b>	
<b>3.2.7 Transport services</b>	
<b>3.2.8. Courier services</b>	
<b>3.2.9 Packaging/Crating</b>	
<b>3.2.10 Research and development</b>	
<b>3.2.9 Others (specify)</b>	



**PART III. OCCUPATIONAL SHORTAGES AND SURPLUSES**

<b>Item of Inquiry</b>	<b>Acceptable Entry</b>
<b>1. Were there job vacancies in your establishment from January 2011 to June 2012?</b>	<ul style="list-style-type: none"> <li>• Type "1" if YES or "2" if NO.</li> <li>• If "YES", the total number of job vacancies must be indicated.</li> <li>• For the total number of job vacancies, the entry must be equal to the total of "Number of Vacancies" in column 5.</li> </ul>
<b>Col. 1 - PSOC Code</b>	<ul style="list-style-type: none"> <li>• Type the PSOC code specified for each of the corresponding job title/occupation.</li> </ul>
<b>Col. 2 – Job Title/ Occupation</b>	<ul style="list-style-type: none"> <li>• Type the complete job title/occupation for each of the identified job vacancies.</li> </ul>
<b>Col. 3 – Status</b>	<ul style="list-style-type: none"> <li>• Type the corresponding status code indicated in the corresponding row of job title/occupation.</li> </ul>
<b>Col. 4 - Category</b>	<ul style="list-style-type: none"> <li>• Type the corresponding category indicated in the corresponding row of job title/occupation.</li> </ul>
<b>Col. 5 – Number of Vacancies</b>	<ul style="list-style-type: none"> <li>• Type the numeric entry reflected in the corresponding row of job/occupation title.</li> <li>• The total number of job vacancies for all job titles/occupations should be the same with the entry in item 1.</li> </ul>
<b>Col. 6 – Number of Applicants</b>	<ul style="list-style-type: none"> <li>• Type the numeric entry reflected in the corresponding row of job title/occupation.</li> </ul>
<b>Col. 7 – Length of Recruitment Period (in months)</b>	<ul style="list-style-type: none"> <li>• Enter the corresponding length of recruitment period (in months) for each job vacancy.</li> </ul>
<b>Col. 8 – Specialization/Specific skills</b>	<ul style="list-style-type: none"> <li>• 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.</li> </ul>
<b>Col. 9 – (ONLY for Hard to Fill) Reason</b>	<ul style="list-style-type: none"> <li>▪ Enter the code reflected in the corresponding row of an identified hard-to-fill vacancy.</li> </ul>

**PART IV. TRAINING OF WORKERS**

<b>Item of Inquiry</b>	<b>Acceptable Entry</b>
<b>1. Did your establishment provide job-related training/s to your employee?</b>	<ul style="list-style-type: none"> <li>Type "1" if YES; 2 if "NO".</li> </ul>
<b>2. How many employees were provided job-related training/s</b> <ul style="list-style-type: none"> <li><b>Managers/Executives</b></li> <li><b>Supervisors/Foremen</b></li> <li><b>Rank and File Workers</b></li> </ul>	<ul style="list-style-type: none"> <li>Entry should be equal to the sum of details.</li> <li>Specify the number of employees that were given training according to the category of employee.</li> </ul>
<b>3. Total training cost to the establishment?</b>	<ul style="list-style-type: none"> <li>Entry should be total cost of the training/s provided to all employees in Part IV item 2.</li> </ul>
<b>4. Who provided the trainings?</b>	<ul style="list-style-type: none"> <li>Type "1" if checked</li> <li>If "Others" is marked with "1", there should be entry on the space provided.</li> </ul>

**PART V-A: INDUSTRIAL RELATIONS PRACTICES**  
**Recruitment and Hiring Practices for Entry-Level Jobs**  
 Reference Period: Calendar Year 2011

Part V-A

**2011/2012 BLES INTEGRATED SURVEY PART V-A**

EIN

**PART V-A: INDUSTRIAL RELATIONS PRACTICES**  
*Recruitment and Hiring Practices for Entry-Level Jobs*

1. Did your establishment have entry-level jobs in 2011?    
 If YES, go to item 2; if NO, go to Part V-B

2. What were the entry-level jobs, criteria for recruitment of applicants and number of vacancies for entry level jobs in your establishments in 2011?

EIN	PSOC	Entry-level Job	Status	M E R	Tech/Voc Course	PSCED	Degree/Course	Sex	Age	Others	Vacancies
* 39690											

Record: 1 of 1

3. What other criteria do you consider in the recruitment of applicants for entry-level jobs in your establishment?

<input type="text"/> Marital Status	<input type="text"/> Degree
<input type="text"/> Location of residence	<input type="text"/> Grade point/General weighted average
<input type="text"/> Ethnicity (e.g. Ilocano, Waray, etc)	<input type="text"/> Awards/Recognitions received
<input type="text"/> Religion	<input type="text"/> Membership/Affiliation in organizations
<input type="text"/> Professional license (PRC)	<input type="text"/> Work experience
<input type="text"/> School/University	<input type="text"/> Character references
<input type="text"/> Specify	<input type="text"/> Others, Specify

4. Identify the important skills you look for in applicants for entry-level jobs?

1. Communication skills (oral and written)	<input type="text"/>
2. Computing/Mathematical skills	<input type="text"/>
3. Problem-solving and decision-making skills	<input type="text"/>
4. Leadership, critical and creative thinking skills	<input type="text"/>
5. Organization, managing and planning skills	<input type="text"/>
6. Negotiation skills	<input type="text"/>
7. Teamwork including interpersonal skills	<input type="text"/>
8. Flexibility and adaptability skills	<input type="text"/>
9. IT and computer skills	<input type="text"/>
10. Machine and equipment operation skills	<input type="text"/>

5. Based on your assessment of entry-level jobs applicants, please rate their? general aptitude level in the following skills/area?

1. Numerical skills	<input type="text"/>
2. Writing skills	<input type="text"/>
3. Oral communication skills	<input type="text"/>
4. Technical skills	<input type="text"/>
5. IT and computer skills	<input type="text"/>
6. Machine and equipment operation skills	<input type="text"/>
7. Leadership, critical and creative thinking skills	<input type="text"/>
8. Problem-solving and decision-making skills	<input type="text"/>
9. Organization, managing and planning skills	<input type="text"/>
10. Ability to work independently	<input type="text"/>
12. Teamwork	<input type="text"/>
13. Extent of educational training	<input type="text"/>
14. Ability to apply knowledge learned in school...	<input type="text"/>
11. Flexibility and adaptability skills	<input type="text"/>

6. How do you get applicants to fill-up vacancies for entry-level jobs in your establishment?

<input type="text"/> On-the-job trainees/apprentices	<input type="text"/> Head hunters/Private recruitment agencies
<input type="text"/> Walk-in	<input type="text"/> Jobs fair
<input type="text"/> Public Employment Service Office (PESO) referral	<input type="text"/> On-site campus recruitment
<input type="text"/> Postings in Job Portals	<input type="text"/> Posting in school/company's bulletin board
<input type="text"/> Phil-JobNet	<input type="text"/> Newspaper ads
<input type="text"/> Jobstreet	<input type="text"/> Word of mouth (through friends or relatives)
<input type="text"/> JobsDB	<input type="text"/> Employee referral
<input type="text"/> Others, speci	<input type="text"/> Union recommendation
<input type="text"/> Online advertisements in social networking sites	<input type="text"/> Others, specify

7. What are the bases for determining the starting salary for entry-level positions?

<input type="text"/> Minimum wage/DOLE wage order	<input type="text"/> Based on qualifications of the employee
<input type="text"/> Standard internal pay scale	<input type="text"/> Others, specify
<input type="text"/> Prevailing rate within the industry	

Figure 9. Part V-A: Recruitment and Hiring Practices - Data Screen Format

**PART V-A: INDUSTRIAL RELATIONS PRACTICES**  
**Recruitment and Hiring Practices for Entry-Level Jobs**

<b>ITEM OF INQUIRY</b>	<b>GUIDELINES</b>
<b>1. Did your establishment have entry-level jobs in 2011?</b>	<ul style="list-style-type: none"> <li>• Type "1" if YES or "2" if NO</li> <li>• If answer is "YES", there should be entries in all items of inquiry in Part V-A</li> <li>• If "NO", proceed to <i>Part V-B</i></li> </ul>
<b>2. What were the entry-level jobs, criteria for recruitment of applicants and number of vacancies for entry-level jobs in your establishment?</b>	<ul style="list-style-type: none"> <li>• Type the details of the entry-level jobs as clearly specified in the questionnaire and the criteria for recruitment of the corresponding entry-level positions.</li> </ul>
<b>Column 1 – 2002 PSOC Code</b>	<ul style="list-style-type: none"> <li>• Type the PSOC code indicated for each of the corresponding entry-level job/occupational title.</li> </ul>
<b>Column 2 – Entry-level job title</b>	<ul style="list-style-type: none"> <li>• Type the complete job/occupation title of the entry-level position reflected in the questionnaire</li> </ul>
<b>Column 3 – Status Code</b>	<ul style="list-style-type: none"> <li>• Type the numeric code reflected in the corresponding entry-level job/occupation title.</li> </ul>
<b>Column 4 – Minimum Educational Requirement (MER)</b>	<ul style="list-style-type: none"> <li>• Type the numeric code reflected in the corresponding entry-level job/occupation title.</li> <li>• If the required minimum education for a particular entry-level position is code 1 "primary education" or 2 "secondary education" there should be <i>no entry</i> in column 6 – degree/course</li> <li>• If code 4 "Technical/Vocational", type the indicated training/short course in the next column.</li> </ul>
<b>Column 5 –2008 PSCED Code</b>	<ul style="list-style-type: none"> <li>• Type the PSCED code indicated for each of the corresponding entry-level job/occupational title.</li> </ul>
<b>Column 6 –Degree/Course</b>	<ul style="list-style-type: none"> <li>• Type the specified degree/course for the corresponding entry-level job/occupation title.</li> <li>• Degree/course should be specified if entry in column 4 (Minimum Educational Requirement) has codes from 3-8, otherwise, leave it blank.</li> </ul>

**PART V-A: INDUSTRIAL RELATIONS PRACTICES**  
**Recruitment and Hiring Practices for Entry-Level Jobs**  
(cont'd)

ITEM OF INQUIRY	GUIDELINES
<b><i>Column 7 – Sex</i></b>	<ul style="list-style-type: none"> <li>Type code for sex preference in the criteria for recruitment for each corresponding entry-level position.</li> </ul>
<b><i>Column 8 – Age</i></b>	<ul style="list-style-type: none"> <li>Type code for age requirement for each corresponding entry-level position.</li> <li>If code 4 "Others", type the indicated age requirement in the next column provided.</li> </ul>
<b><i>Column 9 –Number of vacancies</i></b>	<ul style="list-style-type: none"> <li>Type the numeric entry reflected in the corresponding entry-level position if there are any vacancies during the reference period.</li> </ul>
<b><i>3. What other criteria do you consider in the recruitment of applicants for the entry-level jobs in your establishment?</i></b>	<p>Multiple entries are acceptable, type</p> <ul style="list-style-type: none"> <li>1 = for every checked item; Otherwise, leave it blank</li> <li>For <b>Others</b>, enter as specified</li> <li>If school/university is checked, enter as specified</li> </ul>
<b><i>4. Identify the important skills you look for in applicants for entry-level jobs?</i></b>	<p>For item 4, level of importance on skills, type</p> <p>1-No importance  2-Limited importance  3-Important  4-Very important  5-Extremely important  0-No answer</p>
<b><i>5. Based on your assessment of entry-level job applicants, please rate the general aptitude level in the following skills/area?</i></b>	<p>For item 5, aptitude level on skills/ areas, type</p> <p>1-Very poor  2-Poor  3-Adequate  4-Good  5-Excellent</p>
<b><i>6. How do you get applicants to fill-up vacancies for entry-level jobs in your establishment?</i></b>	<p>Multiple entries are acceptable, type</p> <ul style="list-style-type: none"> <li>1 = for every checked item; Otherwise, leave it blank.</li> <li>For <b>Others</b>, enter as specified.</li> </ul>
<b><i>7. What are the bases for determining the starting salary for entry-level positions?</i></b>	<p>Multiple entries are acceptable, type</p> <ul style="list-style-type: none"> <li>1 = for every checked item; Otherwise, leave it blank.</li> <li>For <b>Others</b>, enter as specified.</li> </ul>

**PART V-B: INDUSTRIAL RELATIONS PRACTICES**  
**Occupational Safety and Health Practices**  
 Reference Period: Calendar Years 2011-2012

**PART V-B: INDUSTRIAL RELATIONS PRACTICES**  
*Occupational Safety and Health Practices*  
 Reference Period: Calendar Years 2011-2012

**Part VI**

EIN: 39690

**PREVENTIVE and CONTROL MEASURES/ACTIVITIES**

01 Organized safety and health committee	<input type="text"/>
02 Appointed safety/health officers and/or first aiders	<input type="text"/>
03 Posting of safety signages or warnings	<input type="text"/>
04 Workers' orientation on safety and health hazards at work	<input type="text"/>
05 Installation of machine guards on moving parts/equipment	<input type="text"/>
06 Emergency response preparedness program/activities	<input type="text"/>
07 Monitoring and control of safety/health hazards in work areas	<input type="text"/>
08 Dissemination of info materials on safety and health	<input type="text"/>
09 Submission of required reports on illness/injuries to DOLE	<input type="text"/>
10 Trainings on safety and health for officers and workers	<input type="text"/>
11 Policy on non-mandatory HIV testing of employees	<input type="text"/>
12 Policy on random drug testing procedure	<input type="text"/>
13 Work accommodation for workers with pulmonary tuberculosis	<input type="text"/>
14 Tobacco control policies/programs (e.g., designated smoking areas)	<input type="text"/>
15 Periodic/annual medical exam of workers	<input type="text"/>
16 Measures to control effect of work safety and health hazards (e.g., administrative controls, engineering control, use of PPE)	<input type="text"/>
17 Construction safety and health policy/program	<input type="text"/>
18 Others <input type="text"/>	<input type="text"/>

Encoding Rule:  
 1-Yes  
 2-Not Yet  
 3-No Plan  
 4-Not Applicable/Not Needed

**OSH TRAININGS/SEMINARS**

**TRAINING AGENCY/ORGANIZATION**

01 <input type="checkbox"/> 40-Hour Basic Course on Occupational Safety and Health (BOSH) Training	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
02 <input type="checkbox"/> 40-Hour Construction Safety Training	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
03 <input type="checkbox"/> 1-day Occupational Safety and Health Orientation	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
04 <input type="checkbox"/> Workers' Health Trainings (e.g., HIV and AIDS, tuberculosis, drugs, tobacco, ergonomics/stress, work-related diseases, etc.)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
05 <input type="checkbox"/> Work Safety Trainings (e.g., crane, forklift, lag/tagout, etc.)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
06 <input type="checkbox"/> Fire Safety Training	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
07 <input type="checkbox"/> Industrial Hygiene (e.g., ventilation, work environment measurement, etc.)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
08 <input type="checkbox"/> Chemical Safety Trainings	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
09 <input type="checkbox"/> Work Improvement in Small Enterp	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
10 <input type="checkbox"/> Emergency Preparedness	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
11 <input type="checkbox"/> Safety Audit/Accident Investigation	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
12 <input type="checkbox"/> Others (specify) <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Code for training agency/organiz  
 1-DOLE Regional/Provincial Office  
 2-Occupational Safety and Health  
 3-Bureau of Working Conditions  
 4-Bureau of Fire Protection (BFP)  
 5-Professional Organizations (OS PCOM, etc.)  
 6-Safety Training Organizations (S  
 7-Employers' Organizations (ECO  
 8-Workers' Groups (TUCP, FFW, )  
 9-Academe/Universities  
 10-Own company  
 11-Others(Please specify.)

**TRAINING AGENCIES/ORGANIZATION**

01 DOLE Regional/Provincial Office	<input type="text"/>
02 Occupational Safety and Health Center (OSHC)	<input type="text"/>
03 Bureau of Working Conditions (BWC)	<input type="text"/>
04 Bureau of Fire Protection (BFP)	<input type="text"/>
05 Professional Organizations (OSHNet, OHNAP, PCOM, etc.)	<input type="text"/>
06 Safety Training Organizations (SOPI, ASPPI, etc.)	<input type="text"/>
07 Employers' Organizations (ECOP, PMAP, PCCI)	<input type="text"/>
08 Workers' Groups (TUCP, FFW, APL)	<input type="text"/>
09 Academe/Universities	<input type="text"/>
10 Own company	<input type="text"/>
11 Others (specify) <input type="text"/>	<input type="text"/>

Encoding Rule:  
 1-Often  
 2-Sometimes  
 3-Never

Figure 10. Part V-B: Occupational Safety and Health Practices - Data Screen Format

**PART V-B: INDUSTRIAL RELATIONS PRACTICES**  
**Occupational Safety and Health Practices**

ITEM OF INQUIRY	GUIDELINES
<p><b>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 2010 - 2011?</b></p>	<ul style="list-style-type: none"> <li>• For item nos. 01-18 to each <b><u>Prevention and Control Measures/Activities</u></b>, type codes  1-Yes  2-Not Yet  3-None  4-Not Applicable/Not Needed</li> <li>• For <b>Others</b>, type the corresponding details as specified.</li> </ul>
<p><b>2. What work safety and health-related trainings/seminars were availed by your employees and which agency/organization conducted it?</b></p> <p>- <b>Trainings/Seminars Column</b></p>	<ul style="list-style-type: none"> <li>• For item 2 nos. 01-12, <b><u>Trainings/Seminars</u></b>, type "1" for every checked item, otherwise leave it blank.</li> <li>• If training/seminar is "1", there should be code specified or entered on <i>at least one (1) box</i> for column 3 – Training agency/organization in the questionnaire.</li> <li>• For <b>Others</b>, type the corresponding details as specified.</li> </ul>
<p>- <b>Training agency/organization Column</b></p>	<ul style="list-style-type: none"> <li>• If particular Training/Seminar is "1", type the numeric code for which training agency/organization conducted the corresponding training/seminar, codes are:  <b>1</b> - DOLE Regional/Provincial Office  <b>2</b> - Occupational Safety and Health Center (OSHC)  <b>3</b> - Bureau of Working Conditions (BWC)  <b>4</b> - Bureau of Fire Protection (BFP)  <b>5</b> - Professional Organizations (OSHNet, OHNAP, PCOM, etc.)  <b>6</b> - Safety Training Organizations (SOPI, ASPPI, etc.)  <b>7</b> - Employers' Organizations (ECOP, PMAP, PCCI)  <b>8</b> - Workers' Groups (TUCP, FFW, APL)  <b>9</b> - Academe/Universities  <b>10</b> - Own company  <b>11</b> - Others (<i>Please specify</i>)</li> <li>• There should be at least one (1) code specified from the tree boxes provided.</li> <li>• For <b>Others</b>, type the corresponding details as specified.</li> </ul>

**PART V-B: INDUSTRIAL RELATIONS PRACTICES**  
**Occupational Safety and Health Practices**  
(cont'd)

ITEM OF INQUIRY	GUIDELINES
<p><b>3. How frequent did you avail of the services of the following training?</b></p>	<ul style="list-style-type: none"> <li>• For items 01-11, frequency of trainings conducted by <b><i>Agencies</i></b>, type codes as:  <b>1</b>=Often (3 or more trainings)  <b>2</b>=Sometimes (1-2 trainings)  <b>3</b>=Never</li> <li>• For <b><i>Others</i></b>, type the corresponding details as specified.</li> </ul>

# PART VI: EMPLOYEES' COMPENSATION PROGRAM

Reference Period: June 30, 2012

frm\_part6

**PART VI: EMPLOYEES' COMPENSATION PROGRAM**

EIN:  Reference Period: June 30, 2012

**Part VII-A** **Status Monitoring**

**A. Awareness of the Employees' Compensation Commission (ECC) and the Employees' Compensation Program (ECP)**

1. Are you aware of a government agency called Employees' Compensation Commission?

2. Are you aware of the ECP that provides benefits and services for employees who were hurt, met an accident, got sick or died in the course of their work or employment?

3. How did you learn about the ECP? (Please check as applicable.)

<input type="checkbox"/> Radio	<input type="checkbox"/> Streamers	<input type="checkbox"/> Seminars/Lectures of the Government Service Insurance System
<input type="checkbox"/> Television	<input type="checkbox"/> Internet/Website	<input type="checkbox"/> Co-workers
<input type="checkbox"/> Newspapers	<input type="checkbox"/> ECC <input type="checkbox"/> SSS <input type="checkbox"/> GSIS	<input type="checkbox"/> Friends and relatives
<input type="checkbox"/> Flyers	<input type="checkbox"/> Seminars/Lectures of the Employees' Compensation Commission	<input type="checkbox"/> Others (Please specify) <input type="text" value=""/>
<input type="checkbox"/> Posters	<input type="checkbox"/> Seminars/Lectures of the Social Security System	
<input type="checkbox"/> Comics		

4. What information on ECP did you learn from your source/s? (Please check as applicable.)

<input type="checkbox"/> Benefits for workers with work-related continger	<input type="checkbox"/> Message is not clear
<input type="checkbox"/> Services for workers with work-related continger	<input type="checkbox"/> Others (Please specify) <input type="text" value=""/>

5. What specific benefits and services of ECP did you learn? (Please check as applicable.)

Benefits		Services
<input type="checkbox"/> Cash income benefits for sickness, disability or death	<input type="checkbox"/> Carer's allowance:	<input type="checkbox"/> Entrepreneurial training
<input type="checkbox"/> Medical benefits/services	<input type="checkbox"/> Death benefits	<input type="checkbox"/> Vocational training
<input type="checkbox"/> Rehabilitation services	<input type="checkbox"/> Funeral benefits	

**B. Dissemination of Information on Employees' Compensation Program (ECP) Benefits and Services**

1. How do you disseminate information on ECP to your employees?

<input type="checkbox"/> Flyers	<input type="checkbox"/> Seminar on ECP
<input type="checkbox"/> Posters	<input type="checkbox"/> Solely initiated by Establishment
<input type="checkbox"/> Comics	<input type="checkbox"/> In coordination with ECC
<input type="checkbox"/> Streamers	<input type="checkbox"/> In coordination with SSS
	<input type="checkbox"/> In coordination with GSIS
	<input type="checkbox"/> Others (Please specify) <input type="text" value=""/>

**C. Availment of the Employees' Compensation Program Benefits in the Past 3 Years (2009-2011)**

1. Did your employees ever avail of any employees' compensation benefits?

2. Where did your employees file their claims for compensation benefits?

3a. What were the benefits availed by your employees? (Please check as applicable.)

3b. On the average, how long did it take your employees to receive these benefits? (Check only one for each service availed of.)

3a. Type of Benefits	3b. Duration	If more than 12 months, (Please specify)
<input type="checkbox"/> Cash income benefits for sickness, disability or death	<input type="text" value=""/>	<input type="text" value=""/>
<input type="checkbox"/> Medical benefits/services	<input type="text" value=""/>	<input type="text" value=""/>
<input type="checkbox"/> Rehabilitation services	<input type="text" value=""/>	<input type="text" value=""/>
<input type="checkbox"/> Carer's allowance	<input type="text" value=""/>	<input type="text" value=""/>
<input type="checkbox"/> Death benefits	<input type="text" value=""/>	<input type="text" value=""/>
<input type="checkbox"/> Funeral	<input type="text" value=""/>	<input type="text" value=""/>

4. Did you provide assistance to your employees in availing of the EC benefits?

5. What were these assistance provided? (Please check as applicable.)

<input type="checkbox"/> Advise employees who suffered work-related contingencies to file claims for	<input type="checkbox"/> Give supporting documents upon request	<input type="checkbox"/> Others (Please specify) <input type="text" value=""/>
<input type="checkbox"/> Assist employees in filing of EC claims	<input type="checkbox"/> Follow-up EC claims of employees	<input type="text" value=""/>

**D. Availment of Services from the Employees' Compensation Commission in the Past 3 Years (2009-2011)**

1. Did your employees ever avail of any services from the ECC?

2a. What were the services availed by your employees? (Please check as applicable.)

2b. On the average, how long did it take your employees to receive these services? (Check only one for each service availed of.)

2a. Type of Benefits	2b. Duration	If more than 12 months, (Please specify)
<input type="checkbox"/> Entrepreneurial training	<input type="text" value=""/>	<input type="text" value=""/>
<input type="checkbox"/> Vocational training	<input type="text" value=""/>	<input type="text" value=""/>

3. Did you provide assistance to your employees in availing of the EC services?

4. What were these assistance provided? (Please check as applicable.)

<input type="checkbox"/> Advise employees who suffered work-related contingencies to avail of EC services	<input type="checkbox"/> Follow-up employees' request	<input type="checkbox"/> Others (Please specify) <input type="text" value=""/>
<input type="checkbox"/> Assist employees in requesting for EC services		<input type="text" value=""/>

Figure 11. Part VI: Employees Compensation Program - Data Screen Format

**PART VI: EMPLOYEES' COMPENSATION PROGRAM**

ITEM OF INQUIRY	GUIDELINES
<p><b>A. Awareness of ECC and ECP</b></p> <p><b>1. Are you aware of a govt agency called Employees' Compensation Commission or ECC?</b></p> <p><b>2. Are you aware of the ECP that provides benefits and services?</b></p>	<ul style="list-style-type: none"> <li>• For items A.1 &amp; A.2 type code 1-Yes 2-No</li> <li>• If answer in item 2 is "NO", proceed to <i>Part VII</i></li> </ul>
<p><b>3. How did you learn about the ECP?</b></p> <p><b>4. What information on ECP did you learn from your source/s</b></p> <p><b>5. What specific benefits/services of ECP did you learn</b></p>	<p>Multiple entries are acceptable, type</p> <ul style="list-style-type: none"> <li>• 1 = for every checked item; Otherwise, leave it blank.</li> <li>• For <b>Others</b>, enter as specified.</li> </ul>
<p><b>B. Dissemination of information on ECP Benefits and Services</b></p> <p><b>1. How do you disseminate information on ECP to employees?</b></p>	<p>Multiple entries are acceptable, type</p> <ul style="list-style-type: none"> <li>• 1 = for every checked item; Otherwise, leave it blank.</li> <li>• For <b>Others</b>, enter as specified.</li> </ul>
<p><b>C. Availment of ECP Benefits in the Past 3 Years (2009-2011)</b></p> <p><b>1. Did your employees ever avail of any employees' compensation benefits?</b></p> <p><b>2. Where did your employees file their claims for compensation benefits?</b></p>	<ul style="list-style-type: none"> <li>• For checked item, type code 1-Yes 2-No</li> <li>• If answer is "No", go to <i>item D</i></li> <li>• Type code 1-SSS; 2-GSIS</li> </ul>
<p><b>3a. Type of benefits availed by employees</b></p> <p><b>3b. Duration on benefits received</b></p>	<ul style="list-style-type: none"> <li>• Multiple entries are acceptable, type 1=for every checked item, otherwise leave it blank.</li> <li>• For every checked benefits availed of, type the corresponding codes for duration: <ul style="list-style-type: none"> <li><b>1</b>-Less than a month</li> <li><b>2</b>-1 to 6 months</li> <li><b>3</b>-7 to 12 months</li> <li><b>4</b>-More than 12 months</li> <li><b>5</b>-Do not know</li> </ul> </li> <li>• For code 4, enter as specified.</li> </ul>

ITEM OF INQUIRY	GUIDELINES
<p><b>4. Did you provide assistance to your employees in availing of the EC benefits?</b></p>	<ul style="list-style-type: none"> <li>• For checked item, type code 1-Yes 2-No</li> <li>• If answer is "No", go to <i>item D</i></li> </ul>
<p><b>5. What were the assistance provided?</b></p>	<ul style="list-style-type: none"> <li>• Multiple entries are acceptable, type 1=for every checked item, otherwise leave it blank.</li> <li>• For <b>Others</b>, enter as specified.</li> </ul>
<p><b>D. Availment of ECP Services in the Past 3 Years (2009-2011)</b> <b>1. Did employees ever avail any services from ECC?</b></p>	<ul style="list-style-type: none"> <li>• For checked item, type code 1-Yes 2-No</li> <li>• If answer is "No", go to <i>Part VII</i></li> </ul>
<p><b>2a. Services availed by employees</b></p> <p><b>2b. Duration on services received</b></p>	<ul style="list-style-type: none"> <li>• Multiple entries are acceptable, type 1=for every checked item, otherwise leave it blank.</li> <li>• For every checked services availed of, type the corresponding codes for duration: <ul style="list-style-type: none"> <li><b>1</b>-Less than a month</li> <li><b>2</b>-1 to 6 months</li> <li><b>3</b>-7 to 12 months</li> <li><b>4</b>-More than 12 months</li> <li><b>5</b>-Do not know</li> </ul> </li> <li>• For code 4, enter as specified.</li> </ul>
<p><b>3. Did you provide assistance to your employees in availing of the EC services?</b></p>	<ul style="list-style-type: none"> <li>• For checked item, type code 1-Yes 2-No</li> <li>• If answer is "No", go to <i>Part VII</i></li> </ul>
<p><b>4. What were the assistance provided?</b></p>	<ul style="list-style-type: none"> <li>• Multiple entries are acceptable, type 1=for every checked item, otherwise leave it blank.</li> <li>• For <b>Others</b>, enter as specified.</li> </ul>

## PART VII: OCCUPATIONAL INJURIES AND DISEASES

Reference Period: Calendar Year 2011

frm\_partv
Part VII-B

**PART VII\_A: OCCUPATIONAL INJURIES**

EIN: 39690

1. Did your establishment experience any occupational accidents during the year?

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						

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	Temporary Incapacity Cases	Cases without Lost Workdays
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 strenuous 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				

Agent of Injury	Fatal Cases	Permanent Incapacity Cases	Temporary Incapacity Cases	Cases without Lost Workdays
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				

Figure 12. Part VII: Occupational Injuries and Diseases - Data Screen Format

## PART VII: OCCUPATIONAL INJURIES AND DISEASES

frm\_partV
PART VII-B: DISEASES

EIN: 39690

Status Monitoring

Major Occupation Group	Fatal Cases (2)	Permanent Incapacity Cases (3)	Temporary Incapacity Cases (4)	Cases without Lost Workdays (5)
7. Total				
7.1. Corporate executives, managers, managing proprietors and supervisors				
7.2. Professionals				
7.3. Technicians and associate professionals				
7.4. Clerks				
7.5. Service workers and shop and market sales workers				
7.6. Farmers, forestry workers and fishermen				
7.7. Craft and related trades worker				
7.8. Plant and machine operators and assemblers				
7.9. Laborers and unskilled workers				

OCCUPATIONAL DISEASES (1)	Cases (2)
8.1. Occupational dermatitis (including 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. Acute poisonings (due to exposure to chemical toxic substances)	
8.4. Heat stroke, cramps, exhaustion (due to exposure to excessive heat)	
8.5. Chilblain, frostbite, freezing (due to exposure to excessive cold)	
8.6. Deafness (loss of or decreased hearing due to excessive exposure to noise)	
8.7. Tuberculosis (infections due to mycobacterium tuberculosis)	
8.8. Other Infections (due to exposure to biologic hazards/agents, ex. anthrax, brucellusis, leptospirosis, tetanus, ornithosis, rabies, viral encephalitis, viral hemorrhagic fevers, hepatitis A, B, C,D, HIV, mycoses, protozoal and parasitic diseases)	
8.9. Cataract (due to exposure to glare of or rays from molten glass or red hot metal)	
8.10. Cardio-vascular diseases (cardiac injury or acute attack precipitated by unusual strains of work)	
8.11. Essential hypertension (primary hypertension that cause impairment of function of kidneys, ears, eyes and brain resulting in permanent disability)	
8.12. Peptic ulcer (due to prolonged emotional or physical stress at work)	
8.13. Work-related musculoskeletal disorders (caused or made worst by work such as exposure to forceful exertions, highly repetitive motions, awkward body postures, vibrations, etc.)	
8.13.1. 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)	
8.13.2. Shoulder tendinitis (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)	
8.14.1. Others	
8.14.2. Others	
8.14.3. Others	

9. Did any of your workers experience **commuting accidents** in 2011?

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 2011?

x

x

+

+

=

Hours actually worked

Average Employment      Regular working hours per day Ex. 6, 7, 8, or 12      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

Figure 12 (cont'd). Part VII: Occupational Injuries and Diseases - Data Screen Format

**PART VII: OCCUPATIONAL INJURIES AND DISEASES**

<b>ITEM OF INQUIRY</b>	<b>GUIDELINES</b>
<b>1. Did establishment experience any occupational accidents during the year?</b>	<ul style="list-style-type: none"> <li>For checked item, type code 1-Yes 2-No</li> <li>If answer is "No", go to <i>item 8</i></li> </ul>
<b>2. How many occupational accidents were there?</b>	<ul style="list-style-type: none"> <li>Enter/type as specified in the questionnaire.</li> </ul>
<b>3. Type of injury</b> <b>4. Part of Body Injured</b> <b>5. Cause of Injury</b> <b>6. Agent of Injury</b> <b>7. Major Occupation Group</b>	If answer is "Yes" in item 1 <ul style="list-style-type: none"> <li>Type the number of cases of occupational injuries as specified in the questionnaire.</li> <li>Details should be equal to total.</li> <li>For <b>Others</b>, enter as specified.</li> </ul>
<b>8. Occupational Diseases</b>	<ul style="list-style-type: none"> <li>Type the corresponding number of cases as specified in the questionnaire.</li> <li>For <b>Others</b>, enter as specified.</li> </ul>
<b>9. Did any of your workers experience commuting accidents in 2011?</b>	<ul style="list-style-type: none"> <li>For checked item, type code 1-Yes 2-No</li> <li>If answer is "No", go to <i>item 10</i></li> </ul>
<b>9.1 How many commuting accidents were there?</b> <b>9.2 How many workers were injured?</b>	<ul style="list-style-type: none"> <li>Enter/type as specified in the questionnaire.</li> </ul>
<b>10. How many hours were actually worked by all employed persons in your establishment in 2011?</b>	<ul style="list-style-type: none"> <li>Enter/type as specified in the questionnaire.</li> </ul>