

CHAPTER 5

SURVEY DOCUMENTS AND FORMS

To ensure efficient and effective implementation of field operations, the PSA-Intramuros has standardized the documents and forms for its establishment surveys. These are as follows:

1. Contract of Services
2. Notice of Termination of Contract of Services
3. Letter of Introduction to Sample Establishment
4. Letter to Head Office of Sample Establishment
5. FM-BLES 03-3.23 Evaluation of Training for PSA – Intramuros Survey/s
6. FM-BLES 02-2.1a Supervisor's Control List
7. FM-BLES 02-2.2a Enumerator's Control List
8. FM-BLES 03-3.10 Enumerator's Weekly Performance Report
9. FM-BLES 03-3.11 Enumerators' Summary Performance Report
10. FM-BLES 03-3.12 General Payroll for Piece-Rate Enumerators
11. FM-BLES 03-3.13 Transmittal of Retrieved/Verified Questionnaires in ONCR
12. FM-BLES 03-3.14 Transmittal of Spoilage Questionnaires in ONCR
13. FM-BLES 03-3.15 Transmittal of Questionnaires for Endorsement to Head Offices/Establishments that Transferred Outside the Province
14. FM-BLES 03-3.9 Sample Establishments with New Names and Addresses
15. OWS Form 1 OWS Verification Checklist
16. ISLE Form 1 ISLE Verification Checklists
17. FM-BLES 03-3.16 Provincial Report on the Implementation of PSA – Intramuros Survey/s

Copies of these documents/forms are found in this chapter of the manual. The Provincial Offices will be provided electronic copies of these documents/forms.

CONTRACT OF SERVICES

KNOW ALL MEN BY THESE PRESENTS:

This SERVICE CONTRACT entered into this ___ day of September 2014 at _____, Philippines by and between:

The **PHILIPPINE STATISTICS AUTHORITY (PSA)** – (*Provincial Office*), represented in this contract by _____ with principal office at the _____, hereinafter referred to as the **OFFICE**.

-and-

The **SERVICE CONTRACTOR** whose name, address and signature appear below and hereinafter referred to as SERVICE CONTRACTOR shall undertake work on the Projects, namely, “**2013/2014 Integrated Survey on Labor and Employment (ISLE)**” and “**2014 Occupational Wages Survey (OWS)**”, funded from PSA-BLES Project Fund (MOOE).

WITNESSETH:

WHEREAS, the OFFICE will conduct the “2013/2014 Integrated Survey on Labor and Employment (ISLE)” and “2014 Occupational Wages Survey (OWS)”;

WHEREAS, to ensure the successful conduct of the aforementioned surveys, the OFFICE seems it necessary to contract services of SERVICE CONTRACTORS other than the regular employees;

WHEREAS, the SERVICE CONTRACTOR have the necessary qualifications and capabilities to contract and perform, the forecited services;

NOW, THEREFORE, for and in consideration of the foregoing premises and of the terms and conditions hereinafter provided, it is hereby agreed that:

I. SCOPE OF SERVICES OF SERVICE CONTRACTOR

The SERVICE CONTRACTOR shall perform the following activities in accordance with the procedures/rules and regulations of the OFFICE:

1. Deliver the ISLE and OWS questionnaires, to sample establishments within the allotted time.
2. Assist the establishment contact person in accomplishing the questionnaire.
3. Collect and edit accomplished questionnaires for completeness and correction of entries as provided in the Field Operations Manual, within the allotted time.
4. Submit the properly accomplished/edited and undelivered questionnaires to the Provincial Supervisor.
5. Verify from the establishments the questionnaires returned by the Provincial Supervisor.
6. Ensure the confidentiality of data provided by the sample establishments.

II. OFFICE OBLIGATIONS

The OFFICE shall have the following obligations:

1. The OFFICE shall pay the services rendered by the SERVICE CONTRACTOR in the following amount, payable on a bi-monthly basis, inclusive of transportation allowance:
 - a. **One Hundred Forty Pesos (Php140.00)** per establishment delivery. An establishment for which no delivery was made due to closure, non-location, duplication, strike, refusal and other similar reasons shall also be remunerated with the same amount subject to the verification of the establishment status by the Provincial Supervisor.

b. **Three Hundred Pesos (Php300.00)** for each collected/retrieved **ISLE** questionnaire, subject to the completeness of and correctness of entries in the questionnaire as verified by the Provincial Supervisor/Reviewer.

c. **Two Hundred Eighty Pesos (Php280.00)** for each collected/retrieved **OWS** questionnaire, subject to the completeness of and correctness of entries in the questionnaire as verified by the Provincial Supervisor/Reviewer.

III. REPORT OF ACCOMPLISHMENT

The SERVICE CONTRACTOR shall report/submit to his/her Provincial Supervisor the weekly accomplishment on delivery and retrieval of questionnaires, at a time and schedule agreed upon by both parties.

IV. DURATION OF CONTRACT

This SERVICE CONTRACT takes effect from _____ subject to the minimum criteria imposed by the OFFICE in the work performance of SERVICE CONTRACTOR for a given period.

V. TERMINATION

The OFFICE reserves the right to terminate this agreement after due notice to the SERVICE CONTRACTOR at least five (5) days prior to his/her termination in the event of unsatisfactory delivery of services by the SERVICE CONTRACTOR or when the SERVICE CONTRACTOR deliberately violates the terms and conditions herein stipulated.

VI. OTHER CONDITIONS

1. This contract may be amended or supplemented through the execution of contract variation. Such variation in contract shall be effective only on the date and for the period stated therein, and provided, both parties agree to the terms and conditions stated. Any contract variation is deemed an integral and amendatory part of this contract.
2. This Service Contract does not create any employer-employee relationship between the OFFICE and SERVICE CONTRACTOR. The SERVICE CONTRACTOR shall not be entitled to enjoy benefits like leave credits (Sick Leave and Vacation Leave), Christmas Bonus and Cash Gift, Personnel Emergency and Relief Allowance (PERA), Productivity Incentive Bonus (PIB) and such other benefits given to permanent employees of the OFFICE.
3. That SERVICE CONTRACTOR is not covered by the Civil Service laws, rules and regulations. Accordingly, services rendered under this Contract are not considered as government services for any purpose
4. That SERVICE CONTRACTOR shall be answerable for any claim for losses caused and for damage to properties of the OFFICE, its employees, officers, or agent or to any third party or personal injury, which may arise in the performance of the work or service under this AGREEMENT from the SERVICE CONTRACTOR's negligence or behavior.

In WITNESS WHEREOF, the parties have hereunto affixed their respective signature on the date and at the place first above stated.

PHILIPPINE STATISTICS AUTHORITY

Provincial Statistics Officer

WITNESS:

WITNESS:

CERTIFIED FUNDS AVAILABLE

SERVICE CONTRACTOR

NAME	ADDRESS	SIGNATURE

ACKNOWLEDGEMENT

REPUBLIC OF THE PHILIPPINES
_____) s.s.

Before me appeared the Service Contractor listed below who presented their Community Tax Certificate on the corresponding dates and places indicated, known to be the same persons who executed the foregoing instrument and who acknowledge to me that the same is their free will and voluntary act and deed.

SERVICE CONTRACTOR

NAME	CTC NUMBER	ISSUED ON	ISSUED AT

This instrument, relating to the services, consists of three (3) pages, including this page, all pages of which are duly signed by the parties and their instrumental witnesses.

WITNESS MY HAND AND SEAL, on the date and place above written.

NOTARY PUBLIC

Doc. No. _____
Page No. _____
Book No. _____
Series of _____

NOTICE OF TERMINATION OF CONTRACT OF SERVICES
Issued to **Mr./Ms.** _____

Based on the evaluation of your performance (see attached) on the conduct of the **2014 Occupational Wages Survey (OWS)** and the **2013/2014 Integrated Survey on Labor and Employment (ISLE)**, your output has been noted to be below the requirements of:

- Delivery: on the average, 5 establishments per day
- Retrieval: on the average, 1 - 2 questionnaires collected per day

Others:

- Falsified all or some data in the questionnaire
- Forged signature of contact person
- Failed to report to Supervisor within two (2) consecutive weeks from last appearance or communication

Your services as Enumerator is therefore terminated effective _____ in accordance with the following provision/s of your contract:

“III. The OFFICE reserves the right to terminate this agreement after due notice to the SERVICE CONTRACTOR at least five (5) days prior to his/her termination in the event of unsatisfactory delivery of service by the SERVICE CONTRACTOR or when the SERVICE CONTRACTOR deliberately violates the terms and conditions herein stipulated.”

Relative to this, you are instructed to turnover your identification card, letter of introduction to sample establishment, survey materials and pending assignments to your Supervisor before you can be officially cleared by this office of all obligations and be paid whatever monetary entitlements still due you.

Provincial Statistics Officer

(Date)

LETTER OF INTRODUCTION TO SAMPLE ESTABLISHMENT

Dear Valued Respondent,

The Philippine Statistics Authority (PSA)-Intramuros through the PSA Provincial Office _____ is currently conducting joint survey operations for the **2014 Occupational Wages Survey (OWS)** and the **2013/2014 Integrated Survey on Labor and Employment (ISLE)**. This is to rationalize data collection activities for the purpose of providing our users with **an integrated data set on key labor and employment indicators**. To some extent, the survey results will also be used to assess the progress of decent work in the country.

The OWS is a nationwide inquiry that centers on employment and wage rates (actual rates) of time-rate workers on full-time basis in selected occupations in selected industries. These data are most useful in wage and salary administration and wage determination in collective bargaining negotiations.

On the other hand, the ISLE is a nationwide establishment survey that aims to generate an integrated data set on employment of specific groups of workers, occupational shortages and surpluses, training of workers, productivity improvement and gain-sharing practices, occupational safety and health practices, occupational injuries and diseases and labor cost of employees. These data are inputs to studies on industry trends and practices and serve as bases for the formulation of policies on employment, conditions of work and industrial relations.

In this regard, we request your active participation in **both** surveys. Rest assured that any information you provide us remains **confidential** and will be used for statistical purposes only and not for taxation, regulation or investigation purposes. All information from your establishment will be processed with those of the other respondents and will be disseminated only in summaries or statistical tables.

We have sent Mr./Ms. _____ of this office to help you in accomplishing the survey form/s.

Should you need further assistance in accomplishing the survey form, please do not hesitate to contact us through:

Office: PSA Provincial Office _____
Address:
Contact Person:
Tel. No.:
Fax No.:
E-mail address:

Thank you and we look forward to your cooperation in this statistical undertaking.

Very truly yours,

Provincial Statistics Officer

(Date)

LETTER TO HEAD OFFICE OF SAMPLE ESTABLISHMENT

Name of Contact Person in the Establishment
Position
Name of Head Office
Address of Head Office

Dear

The Philippine Statistics Authority (PSA)-Intramuros through the PSA Provincial Office _____ is currently conducting joint survey operations for the **2014 Occupational Wages Survey (OWS)** and the **2013/2014 Integrated Survey on Labor and Employment (ISLE)**. This is to rationalize data collection activities for the purpose of providing our users with **an integrated data set on key labor and employment indicators**. To some extent, the survey results will also be used to assess the progress of decent work in the country.

The OWS is a nationwide inquiry that centers on employment and wage rates (actual rates) of time-rate workers on full-time basis in selected occupations in selected industries. These data are most useful in wage and salary administration and wage determination in collective bargaining negotiations.

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Your office/branch in _____ was chosen as one of our sample respondents for this survey round. Hence, we request for your active participation in our survey/s. We realize that this takes up valuable time as this inquires on data specific to one or in some instances, more of your offices/branches. However, providing us with consolidated data for all your offices will lead to over-representation of sample data and thus result to unreliable data estimates as not all of your offices or branches have been sampled to take part in this survey.

In this regard, we request your active participation in **both** surveys. Rest assured that any information you provide us remains **confidential** and will be used for statistical purposes only and not for taxation, regulation or investigation purposes. All information from your establishment will be processed with those of the other respondents and will be disseminated only in summaries or statistical tables.

Should you need further assistance in accomplishing the survey form, please do not hesitate to contact us through:

Office: PSA Provincial Office _____
Address:
Contact Person:
Tel. No.:
Fax No.:
E-mail address:

Thank you and we look forward to your cooperation in this statistical undertaking.

Very truly yours,

Provincial Statistics Officer

(Date)
encl/as
2014 OWS EIN _____
2013/2014 ISLE EIN _____

Name (Optional): _____ **Date Accomplished:** _____
Area/s of Assignment/Province: _____

Note: The training is being evaluated for possible improvement to make it more relevant and effective. In this regard, your honest assessment would be most valuable in further improving this training.

1. What item/s do you think should have been further discussed? (Check as many as applicable)

a. 2013/2014 ISLE and 2014 OWS

- Introduction to the survey
 - Survey Objectives and Uses of the Data
 - Collection Authority and Confidentiality of Information
 - Scope and Coverage, Survey Design and Estimation Procedures
- Questionnaire and Editing Guidelines
- Others (*specify*) _____

b. Operational Strategy

- Duties and Responsibilities of Field Personnel
- General Information (e.g., EIN, PSIC, PSOC, ATE, Status Codes)
- Delivery of Questionnaires
- Collection, Field Editing, Verification and Review of Questionnaires
- Others (*specify*) _____

c. Administrative Concerns

- Work Allocation
- Monitoring of Performance of Enumerators and Survey Status
- Outputs and Terms of payment

2. Kindly evaluate the resource person and the session on the following areas: (Encircle answer)

Topic/Resource Person	In a scale where 1 - is unsatisfactory and 5 - is excellent, how would you rate the resource person in terms of:				Duration of session
	Time management	Arousing the interest of participants	Mastery of the subject	Method and skill in imparting knowledge	1 - short 2 - adequate 3 - long
2013/2014 ISLE					1 2 3
Resource Person:	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	
2014 OWS					1 2 3
Resource Person/s:	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	
Operational Strategy					1 2 3
Resource Person/s:	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	
Administrative Concerns					1 2 3
Resource Person :	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	
Survey Documents and Forms					
Resource Person:	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3

FM-BLES 02-2.1a Revision Code: 2 Effectivity Date: June 10, 2010	SUPERVISOR'S CONTROL LIST: (SURVEY ROUND) REGION: _____ PROVINCE: _____	Page __ of __
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Name of Supervisor: _____ Area/s of Assignment: _____	Total Establishments: _____ Received by: _____ Date: _____
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Enumerator's Name	EIN GEO PSIC ATE	Name/Address of Sample Establishment	Survey Code	Contact Person/ Position	Tel. No.	Date Delivered	Date Retrieved		Status Code		Remarks
							ISLE	OWS	ISLE	OWS	

FM-BLES 02-2.2a Revision Code: 1 Effectivity Date: June 10, 2010	ENUMERATOR'S CONTROL LIST: <u>(SURVEY ROUND)</u> REGION: _____ PROVINCE: _____	Page ___ of ___
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Name of Enumerator: _____ Area/s of Assignment: _____	Total Establishments: _____ Total Questionnaires (Workload): _____
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EIN GEO PSIC ATE	Name/Address of Sample Establishment	Survey Code	Contact Person/ Position	Tel. No.	Date Delivered	Date Retrieved				Status Code		Remarks
						Expected		Actual		ISLE	OWS	
						ISLE	OWS	ISLE	OWS			

FM-BLES 03-3.15 Revision Code: 3 Effectivity Date: June 10, 2010	TRANSMITTAL OF QUESTIONNAIRES FOR ENDORSEMENT TO HEAD OFFICES/ESTABLISHMENTS THAT TRANSFERRED OUTSIDE THE PROVINCE	Page ___ of ___	
Provincial Supervisor: Accomplish in triplicate for <u>each</u> survey. Retain the second copy for file in the Provincial Office, copy furnished Regional Office. Transmit the original copy to PSA-Intramuros together with the corresponding questionnaires, sorted by province and by EIN. Exercise care in writing EIN.			
The attached ___ questionnaires are for (encircle only one): <div style="display: flex; justify-content: space-around;"> 2013/2014 ISLE 2014 OWS </div>			
EIN	Name/Address of Sample Establishment	Name/Address of Head Office/ and Contact Person/ Position/Tel. No.	GEOCODE <small>(For PSA-Intramuros use only)</small>
PSA Provincial Office			
Prepared by:		Noted by:	
Signature:		Signature:	
Name:		Name:	
Position:		Position:	
Date:		Date:	
PSA-Intramuros			
Prepared by:		Noted by:	
Signature:		Position:	
Name:		Date:	

ISLE FORM 1 (VERIFICATION CHECKLIST FOR PART I: GENERAL INFORMATION)

EIN: _____		NAME OF ESTABLISHMENT: _____	
Item No.		Verification Details	
1. What is the main economic activity of your establishment?		<input type="checkbox"/> No entry <input type="checkbox"/> Economic Activity not clearly described <input type="checkbox"/> Major products/goods or services not clearly described	
2. Ownership		<input type="checkbox"/> No check mark <input type="checkbox"/> There should be only one box checked	
3. Type of market		<input type="checkbox"/> No check mark <input type="checkbox"/> There should be only one box checked	
4. With union		<input type="checkbox"/> No check mark <input type="checkbox"/> There should be only one box checked	
4.1. If yes, please specify scope of bargaining unit		<input type="checkbox"/> No check mark/s	
5. Number of unions		<input type="checkbox"/> No entry <input type="checkbox"/> Clarify entry	
6. Union membership		<input type="checkbox"/> No entry <input type="checkbox"/> Entry exceeds number of supervisors/foremen reported in Part II Item 1.4.2 <input type="checkbox"/> Entry exceeds number of regular workers reported in Part II item 1.4.3.1 <input type="checkbox"/> Entry exceeds the sum of supervisor/foremen and regular workers reported in Part II items 1.4.2 and 1.4.3.1	
6.1. Female members		<input type="checkbox"/> No entry <input type="checkbox"/> Entry exceeds union membership reported in item 6 <input type="checkbox"/> Entry exceeds female workers reported in Part II item 1.3.1	
6.2. Union officers		<input type="checkbox"/> No entry <input type="checkbox"/> Entry exceeds/equals to union membership reported in item 6 <input type="checkbox"/> Entry exceeds number of unions reported in item 5	
6.2.1. Female officers		<input type="checkbox"/> No entry <input type="checkbox"/> With entry but no female union members reported in item 6.1 <input type="checkbox"/> Entry exceeds number of union officers reported in item 6.2	
6.2.1.1. Female presidents		<input type="checkbox"/> No entry <input type="checkbox"/> Entry exceeds number of unions reported in item 5 <input type="checkbox"/> With entry but no female officers reported in item 6.2.1	
7. With collective bargaining agreements		<input type="checkbox"/> No check mark <input type="checkbox"/> There should be only one box checked corresponding to the sub-categories checked in Item 4.1	
8. Workers covered by CBAs		<input type="checkbox"/> No entry <input type="checkbox"/> Entry is less than union membership reported in item 6 <input type="checkbox"/> Entry exceeds number of supervisors/foremen reported in Part II item 1.4.2 <input type="checkbox"/> Entry exceeds number of regular workers employees reported in Part II item 1.4.3.1 <input type="checkbox"/> Entry exceeds the sum of supervisor/foremen and regular workers reported in Part II items 1.4.2 and 1.4.3.1	
8.1 Female workers covered		<input type="checkbox"/> No entry <input type="checkbox"/> Entry is less than female members reported in item 6.1 <input type="checkbox"/> With entry but no female workers reported in Part II item 1.3.1	

ISLE FORM 1 (VERIFICATION CHECKLIST FOR PART II: EMPLOYMENT)

EIN: _____		NAME OF ESTABLISHMENT: _____	
Item No.		Verification Details	
1. Total Employment <i>(sum of entries in items 1.1, 1.2 and 1.3)</i>		<input type="checkbox"/> Entry is not the sum of entries in items 1.1, 1.2 and 1.3.	
1.1. Working owners <i>(without regular pay)</i>		<input type="checkbox"/> Entry is equal to/greater than entries in items 1 and 1.3	
1.2. Unpaid workers		<input type="checkbox"/> Entry is equal to/greater than entries in items 1 and 1.3	
1.3. Employees <i>(sum of entries in items 1.4.1, 1.4.2 and 1.4.3)</i>		<input type="checkbox"/> Entry is greater than entry in item 1 <input type="checkbox"/> Entry is not the sum of entries in items 1.4.1, 1.4.2 and 1.4.3 <input type="checkbox"/> Entry is not the sum of entries in items 2.4, 2.5.2 and 2.6	
1.3.1. Female Employees		<input type="checkbox"/> Entry is greater than entry in item 1.3 <input type="checkbox"/> Entry is greater than entry in item 2.2 <input type="checkbox"/> Entry is less than the sum of entries in items 1.4.1.1 and 1.4.2.1	
1.4. Category of Employees			
1.4.1. Managers/Executives <i>(including working owners receiving regular pay and female managers/executives)</i>		<input type="checkbox"/> Entry is equal to/greater than entry in item 1.3.	
1.4.1.1. Female managers/executives		<input type="checkbox"/> Entry is greater than entry in items 1.3.1 and 1.4.1	
1.4.2. Supervisors/Foremen <i>(including female supervisors)</i>		<input type="checkbox"/> Entry is equal to/greater than entry in item 1.3	
1.4.2.1. Female supervisors		<input type="checkbox"/> Entry is greater than entry in items 1.3.1 and 1.4.2	
1.4.3. Rank and file workers <i>(sum of entries in items 1.4.3.1 and 1.4.3.2)</i>		<input type="checkbox"/> Entry is equal to/greater than entry in item 1.3 <input type="checkbox"/> Entry is not the sum of entries in items 1.4.3.1 and 1.4.3.2	
1.4.3.1. Regular workers		<input type="checkbox"/> Entry is greater than entry in item 1.4.3	
1.4.3.2. Non-regular workers <i>(as reported in item 2.7)</i>		<input type="checkbox"/> Entry is equal to/greater than entry in item 1.4.3 <input type="checkbox"/> Different entry from entry in item 2.7	
2. Employment of Specific Groups of Workers <i>(As applicable, workers may be reported in several categories.)</i>			
2.1. Young workers		<input type="checkbox"/> Entry is not the sum of entries in items 2.1.1 and 2.1.2 <input type="checkbox"/> Entry is greater than entry in item 1.3.	
2.1.1. 15-24 years old		<input type="checkbox"/> Entry is greater than entries in items 1.3 and 2.1	
2.1.2. 25-30 years old		<input type="checkbox"/> Entry is greater than entries in items 1.3 and 2.1	
2.2. Female workers		<input type="checkbox"/> Entry is less than entry in item 1.3.1	
2.3. Workers paid the exact minimum wage		<input type="checkbox"/> Entry is greater than entry in item 1.4.3 and 2.4.1.2 Note: Entry excludes workers who are receiving below or above the minimum wage.	
2.4. Time-rated workers <i>(sum of entries in items 2.4.1 and 2.4.2)</i>		<input type="checkbox"/> Entry is not the sum of entries in items 2.4.1 and 2.4.2	
2.4.1. Full-time workers <i>(sum of entries in items 2.4.1.1, 2.4.1.2 and 2.4.1.3)</i>		<input type="checkbox"/> Entry is greater than entry in item 2.4 <input type="checkbox"/> Entry is not the sum of entries in items 2.4.1.1 to 2.4.1.3	
2.4.1.1. Hourly		<input type="checkbox"/> Entry is equal to/greater than entry in item 2.4.1	
2.4.1.2. Daily		<input type="checkbox"/> Entry is greater than entry in item 2.4.1 Note: Entry includes workers who are receiving wages monthly or bi-monthly but whose wages are counted daily.	
2.4.1.3. Monthly		<input type="checkbox"/> Entry is greater than entry in item 2.4.1 Note: Entry excludes workers who are receiving wages monthly or bi-monthly but whose wages are counted daily.	
2.4.2. Part-time workers <i>(except consultants and those on retainer basis)</i>		<input type="checkbox"/> Entry is equal to/greater than entry in item 2.4.	
2.5. Commission workers <i>(sum of entries in items 2.5.1, 2.5.2 and 2.5.3)</i>		<input type="checkbox"/> Entry is greater than entry in item 1.3. <input type="checkbox"/> Entry is not the sum of entries in items 2.5.1 to 2.5.3	
2.5.1. With basic pay and commission		<input type="checkbox"/> Entry is greater than entry in item 2.5	
2.5.2. Purely on commission with employer control and supervision		<input type="checkbox"/> Entry is greater than entry in item 2.5	
2.5.3. Purely on commission without employer control		<input type="checkbox"/> Entry is greater than entry in item 2.5	

ISLE FORM 1 (VERIFICATION CHECKLIST FOR PART II: EMPLOYMENT) (cont'd)

Item No.	Verification Details
2.6. Output-rated workers <i>(sum of entries in items 2.6.1, 2.6.2, 2.6.3 and 2.6.4)</i>	<input type="checkbox"/> Entry is not the sum of entries in items 2.6.1 to 2.6.4.
2.6.1. Piece-rated workers	<input type="checkbox"/> Entry is greater than entry in item 2.6.
2.6.2. Production standard (quota) workers	<input type="checkbox"/> Entry is greater than entry in item 2.6.
2.6.3. "Pakyao" or "Takay" workers	<input type="checkbox"/> Entry is greater than entry in item 2.6.
2.6.4. Task workers	<input type="checkbox"/> Entry is greater than entry in item 2.6.
2.7. Non-regular workers <i>(sum of entries in items 2.7.1, 2.7.2, 2.7.3, 2.7.4 and 2.7.5; this should be the entry reported in item 1.4.3.2)</i>	<input type="checkbox"/> Entry is not the sum of entries in items 2.7.1 to 2.7.5. <input type="checkbox"/> Different entry from entry in item 1.4.3.2.
2.7.1. Probationary workers	<input type="checkbox"/> Entry is greater than entry in item 2.7.
2.7.2. Casual workers	<input type="checkbox"/> Entry is greater than entry in item 2.7.
2.7.3. Contractual/Project-based workers <i>(except workers hired through contractors)</i>	<input type="checkbox"/> Entry is greater than entry in item 2.7.
2.7.4. Seasonal workers	<input type="checkbox"/> Entry is greater than entry in item 2.7.
2.7.5. Apprentices/Learners	<input type="checkbox"/> Entry is greater than entry in item 2.7.
2.8. Workers who work on evening/graveyard shifts <i>(workers hired through agencies/contractors are excluded)</i>	<input type="checkbox"/> Total number of workers is not equal to sum of details. <input type="checkbox"/> Total number of workers is equal to/greater than entry in item 1.3. <input type="checkbox"/> Total number of workers is indicated but no details (shift schedules/number of workers per shift) are provided.
3. Outsourcing/Contracting out	
3.1. Job, work or service done <u>WITHIN</u> the premises of the establishment	<input type="checkbox"/> No check mark but there is an entry in item 3.1.1. <input type="checkbox"/> Box is checked but no check mark in any of the boxes for type of process outsourced/contracted out (items 3.1.1 and 3.1.21).
3.1.1. Number of workers hired through agencies/contractors	<input type="checkbox"/> Entry is not the sum of entries in items 3.1.1.1 to 3.1.1.21. <input type="checkbox"/> Entry has no breakdown (items 3.1.1 and 3.1.21).
3.1.1.1.–3.1.1.21. Type of process outsourced/contracted-out	<input type="checkbox"/> Box is checked in item/s _____ but number of workers is not specified. <input type="checkbox"/> Entry in item/s _____ is greater than entry in item 3.1.1. <input type="checkbox"/> Production/assembly (item 3.1.1.6) is checked but activity/process is not specified. <input type="checkbox"/> "Others" (item 3.1.1.21) is checked but process outsourced/contracted out is not specified. <input type="checkbox"/> Number of workers reported in "Others" (item 3.1.1.21) but job outsourced/contracted out is not specified.
3.2. Job, work or service done <u>OUTSIDE</u> the premises of the establishment	<input type="checkbox"/> Box is checked but there is no check mark in items 3.2.1 to 3.2.14. <input type="checkbox"/> No check mark but there is a check mark in item/s _____. <input type="checkbox"/> Production/assembly (item 3.2.1) is checked but the activity/process is not specified. <input type="checkbox"/> "Others" is checked but process outsourced/contracted out not specified.

ISLE FORM 1 (VERIFICATION CHECKLIST FOR PART III: OCCUPATIONAL SHORTAGES AND SURPLUSES)

EIN: _____	NAME OF ESTABLISHMENT: _____
Item No.	Verification Details
1. Were there job vacancies in your establishment from January 2013 to June 2014?	<input type="checkbox"/> No check mark in appropriate box <input type="checkbox"/> "Yes" is checked but the total number of vacant positions is not specified <input type="checkbox"/> "Yes" is checked but the entry is not equal to the sum of entries in column 5
2. What were the job vacancies in your establishment during the reference period?	<input type="checkbox"/> _____ (title of job/occupation) as reported in column (2) does not have its corresponding entry in column/s _____ (identify column no.) <input type="checkbox"/> Column (9) has multiple responses. Code for "main reason" is not reflected <input type="checkbox"/> Code (8) "Others" as listed in column (9) is not specified

ISLE FORM 1 (VERIFICATION CHECKLIST FOR PART IV: TRAINING OF WORKERS)

EIN: _____	NAME OF ESTABLISHMENT: _____
Item No.	Verification Details
1. Did your establishment provide job-related training/s to your employees in 2013?	<input type="checkbox"/> "Yes" is checked but there are no entries in the rest of items of inquiry in Part IV
2. How many employees were provided job-related training/s during the reference period?	<input type="checkbox"/> Column 2 is not the sum of entries in columns 4, 6, and 8. <input type="checkbox"/> Column 3 is not the sum of entries in columns 5, 7, and 9. <input type="checkbox"/> Total (column 2/column 3) has no break down (columns 4-9). <input type="checkbox"/> Training provider is checked but details not provided.

ISLE FORM 1 (VERIFICATION CHECKLIST FOR PART V: PRODUCTIVITY IMPROVEMENT AND GAINSHARING PRACTICES)

EIN: _____		NAME OF ESTABLISHMENT: _____	
Item No.		Verification Details	
1. What productivity improvement program/s are being implemented in your establishment and who developed these programs?		<input type="checkbox"/> No check mark <input type="checkbox"/> No code indicated in "Developed by" for checked "Programs" <input type="checkbox"/> "None" is checked but there are entries in items 2-4 <input type="checkbox"/> "Others" is checked but productivity improvement program is not specified <input type="checkbox"/> Code 7 or "Others" is answered in "Developed by" but other developer is not specified	
2. What are the objective/s of your productivity improvement programs and to what extent were the objective/s met?		<input type="checkbox"/> No check mark but has checked program/s in item 1 <input type="checkbox"/> No check mark in corresponding percentage for checked objectives <input type="checkbox"/> "Reduce" is checked but no check mark in any of its sub-categories <input type="checkbox"/> "Increase" is checked but no check mark in any of its sub-categories <input type="checkbox"/> "Others" is checked but objective is not specified <input type="checkbox"/> "Others" is checked but no check mark in the corresponding percentage	
3. Does the productivity improvement program include a productivity gainsharing scheme?		<input type="checkbox"/> No check mark but has checked program/s in Item 1 <input type="checkbox"/> "Yes" is checked but no check mark in the kind of productivity gainsharing scheme <input type="checkbox"/> "Others" is checked but productivity gainsharing scheme is not specified	
4. Have you availed of tax incentives related to your productivity improvement program as provided under RA 6971 or known as the Productivity Incentives Act of 1990?		<input type="checkbox"/> No check mark but has checked program/s in Item 1	
5. Have you been assisted by any government agency in the development and implementation of your productivity improvement program?		<input type="checkbox"/> No check mark <input type="checkbox"/> "Yes" is checked but no check mark in any of the government agency <input type="checkbox"/> "Others" is checked but government agency is not specified	
6. Have you attended any of the training programs conducted by RTWPBs?		<input type="checkbox"/> No check mark <input type="checkbox"/> "Yes" is checked but no check mark in any of the training program <input type="checkbox"/> "Others" is checked but training program is not specified	
7. What forms of assistance should government provide to encourage more establishments to adopt productivity improvement program?		<input type="checkbox"/> No check mark <input type="checkbox"/> "Others" is checked but assistance is not specified	

ISLE FORM 1 (VERIFICATION CHECKLIST FOR PART VI: OCCUPATIONAL SAFETY AND HEALTH PRACTICES)

EIN: _____		NAME OF ESTABLISHMENT: _____	
Item No.		Verification Details	
1. What activities were conducted or practiced in the company as part of your preventive and control measures against work safety and health hazards?		<input type="checkbox"/> No check mark <input type="checkbox"/> Only one check mark for each item for each year <input type="checkbox"/> "Others" is checked but preventive and control measure/activity is not specified	
2. Which of the following Occupational Safety and Health policies and programs are implemented in your establishment?		<input type="checkbox"/> No check mark <input type="checkbox"/> Only one check mark for each item for each year <input type="checkbox"/> "Others" is checked but occupational safety and health policy/program is not specified	
3. What work safety and health-related trainings/seminars were availed by your employees and which agency/organization conducted it?		<input type="checkbox"/> No check mark <input type="checkbox"/> "Trainings/Seminars" is checked but training agency/organization code is not indicated <input type="checkbox"/> "Others" is checked but training/seminar is not specified <input type="checkbox"/> Code 9 or "Others" is answered in "training agency/organization" but other agency/organization is not specified	
4. Who is/are the designated health and safety personnel in your establishment?		<input type="checkbox"/> No check mark <input type="checkbox"/> "Safety Officer" is checked but did not specify if accredited by DOLE <input type="checkbox"/> "Others" is checked but health and safety personnel is not specified	

ISLE FORM 1 (VERIFICATION CHECKLIST FOR PART VII: OCCUPATIONAL INJURIES AND DISEASES)

EIN: _____		NAME OF ESTABLISHMENT: _____	
Item No.		Verification Details	
1. Did your establishment experience any occupational accidents during the year?		<input type="checkbox"/> No check mark in any of the boxes	
2. How many occupational accidents were there?		<input type="checkbox"/> "Yes" is checked in item 1 but no entry in this item <input type="checkbox"/> "Yes" is checked in item 1 but entry in this item exceeds the sum of injury cases in item 3 (cols. 2, 3, 5 and 7).	
3. Occupational injuries by type of injury		<input type="checkbox"/> "Yes" is checked in item 1 but no entries in this item Column details do not add up to respective totals: <input type="checkbox"/> col. 2 <input type="checkbox"/> col. 3 <input type="checkbox"/> col. 4 <input type="checkbox"/> col. 5 <input type="checkbox"/> col. 6 <input type="checkbox"/> col. 7 With permanent incapacity cases but no corresponding workdays lost or vice versa for items: <input type="checkbox"/> 3.1 <input type="checkbox"/> 3.2 <input type="checkbox"/> 3.3 <input type="checkbox"/> 3.4 <input type="checkbox"/> 3.5 <input type="checkbox"/> 3.6 <input type="checkbox"/> 3.7 <input type="checkbox"/> 3.8 <input type="checkbox"/> 3.9 With temporary incapacity cases but no corresponding workdays lost or vice versa for items: <input type="checkbox"/> 3.1 <input type="checkbox"/> 3.2 <input type="checkbox"/> 3.3 <input type="checkbox"/> 3.4 <input type="checkbox"/> 3.5 <input type="checkbox"/> 3.6 <input type="checkbox"/> 3.7 <input type="checkbox"/> 3.8 <input type="checkbox"/> 3.9 Workdays lost for permanent incapacity cases less than corresponding number of cases for items: <input type="checkbox"/> 3.1 <input type="checkbox"/> 3.2 <input type="checkbox"/> 3.3 <input type="checkbox"/> 3.4 <input type="checkbox"/> 3.5 <input type="checkbox"/> 3.6 <input type="checkbox"/> 3.7 <input type="checkbox"/> 3.8 <input type="checkbox"/> 3.9 Workdays lost for temporary incapacity cases less than corresponding number of cases for items: <input type="checkbox"/> 3.1 <input type="checkbox"/> 3.2 <input type="checkbox"/> 3.3 <input type="checkbox"/> 3.4 <input type="checkbox"/> 3.5 <input type="checkbox"/> 3.6 <input type="checkbox"/> 3.7 <input type="checkbox"/> 3.8 <input type="checkbox"/> 3.9 Workdays lost per case of temporary incapacity exceeds 365 days for items: <input type="checkbox"/> 3.1 <input type="checkbox"/> 3.2 <input type="checkbox"/> 3.3 <input type="checkbox"/> 3.4 <input type="checkbox"/> 3.5 <input type="checkbox"/> 3.6 <input type="checkbox"/> 3.7 <input type="checkbox"/> 3.8 <input type="checkbox"/> 3.9 <i>Note: A permanent or temporary incapacity injury case generally covers <u>at the least one workday lost</u> excluding the day of the accident. Temporary absences from work of less than one day for medical treatment are not included in workdays lost.</i>	
4. Occupational injuries by part of body injured		<input type="checkbox"/> "Yes" is checked in item 1 but no entries in this item Column details do not add up to respective totals: <input type="checkbox"/> col. 2 <input type="checkbox"/> col. 3 <input type="checkbox"/> col. 4 <input type="checkbox"/> col. 5 Totals different from corresponding totals in item 3: <input type="checkbox"/> col. 2 <input type="checkbox"/> col. 3 <input type="checkbox"/> col. 4 vs. col.5 of item 3 <input type="checkbox"/> col. 5 vs. col. 7 of item 3	
5. Occupational injuries by cause of injury		<input type="checkbox"/> "Yes" is checked in item 1 but no entries in this item Column details do not add up to respective totals: <input type="checkbox"/> col. 2 <input type="checkbox"/> col. 3 <input type="checkbox"/> col. 4 <input type="checkbox"/> col. 5 Totals different from corresponding totals in item 4: <input type="checkbox"/> col. 2 <input type="checkbox"/> col. 3 <input type="checkbox"/> col. 4 <input type="checkbox"/> col. 5	
6. Occupational injuries by agent of injury		<input type="checkbox"/> "Yes" is checked in item 1 but no entries in this item Column details do not add up to respective totals: <input type="checkbox"/> col. 2 <input type="checkbox"/> col. 3 <input type="checkbox"/> col. 4 <input type="checkbox"/> col. 5 Totals different from corresponding totals in item 5: <input type="checkbox"/> col. 2 <input type="checkbox"/> col. 3 <input type="checkbox"/> col. 4 <input type="checkbox"/> col. 5	
7. Occupational injuries by major occupation group		<input type="checkbox"/> "Yes" is checked in item 1 but no entries in this item Column details do not add up to respective totals: <input type="checkbox"/> col. 2 <input type="checkbox"/> col. 3 <input type="checkbox"/> col. 4 <input type="checkbox"/> col. 5 Totals different from corresponding totals in item 6: <input type="checkbox"/> col. 2 <input type="checkbox"/> col. 3 <input type="checkbox"/> col. 4 <input type="checkbox"/> col. 5	
8. Occupational diseases		<input type="checkbox"/> With entry in Item 8.13.5 on "Other work-related musculoskeletal disorders," but disease/s not specified <input type="checkbox"/> With entry in Item 8.14 on "Others" but occupational disease/s not specified <input type="checkbox"/> With multiple occupational diseases specified in item 8.14 on "Others" but lumped together into one entry	
9. Did any of your workers experience commuting accidents in 2013?		<input type="checkbox"/> No check mark in any of the boxes	
9.1. How many commuting accidents were there?		<input type="checkbox"/> "Yes" is checked in item 9 but no entry in this item	
9.2. How many workers were injured?		<input type="checkbox"/> "Yes" is checked in item 9 but no entry in this item <input type="checkbox"/> Entry here is lower than entry in item 9.1	
10. Hours actually worked		<input type="checkbox"/> No entry Entry is outside acceptable range: <input type="checkbox"/> less than 1,200 hours per person <input type="checkbox"/> more than 3,600 hours per person	

ISLE FORM 1 (VERIFICATION CHECKLIST FOR PART VIII: LABOR COST OF EMPLOYEES)

EIN: _____		NAME OF ESTABLISHMENT: _____	
ITEM No.		VERIFICATION DETAILS	
1. Reference period if other than calendar year <i>(month/year)</i>		<input type="checkbox"/> Reference period not specified	
2. Labor Cost Component			
<i>2.1. Direct wages and salaries (in cash)</i>			
2.1.1. Pay for normal/regular working time		<input type="checkbox"/> No entry <input type="checkbox"/> Entry is outside the acceptable range of 36,000 – 500,000 per employee	
2.1.4. Payments under bonus, productivity, performance and other incentive schemes		<input type="checkbox"/> Entry is the same as entry in item 2.3.1	
2.1.5. Cost of living allowances and other guaranteed and regularly paid allowances		<input type="checkbox"/> Entry is the same as entry in item 2.5.2	
<i>2.3. Bonuses and gratuities</i>			
2.3.1. Year-end, seasonal and other one-time bonuses		<input type="checkbox"/> No entry <input type="checkbox"/> Entry is the same as entry in item 2.1.4 <input type="checkbox"/> Entry is outside the acceptable range of 3,000 – 200,000 per employee	
<i>2.6. Employer's social security expenditures</i>			
2.6.1. Compulsory social security contributions		<input type="checkbox"/> No entry <input type="checkbox"/> Entry is outside the acceptable range of 3,000 – 20,000 per employee	
2.6.4. Cost of medical care and health services		<input type="checkbox"/> Entry is the same as entry in item 2.6.2	
2.8 <i>Cost of welfare services</i>		<input type="checkbox"/> Entry includes entry in item 2.5 <input type="checkbox"/> Entry includes entry in item 2.6.4 <input type="checkbox"/> Entry includes entry in item 2.7	
<i>2.9 Other labor costs</i>			
2.9.1 Cost of work/clothes/protective gear		<input type="checkbox"/> Entry is the same as entry in item 2.4	
3. Hours actually worked by all employees in 2013		<input type="checkbox"/> No entry <input type="checkbox"/> Entry is outside the acceptable range of 1,200 – 3,600 per employee	
4. Percent share of labor cost to total cost		<input type="checkbox"/> No check mark in any of the boxes <input type="checkbox"/> "30% or more" is checked but percent share is not specified	

For _____ (Survey Title) _____		
PSA Provincial Office _____		
A. Timetable of Field Operations		
Activity	Scheduled Dates	Actual Dates
Training of Enumerators		
Delivery		
Collection		
B. Manpower Complement		
Personnel	Required Manpower	Manpower Utilized
Total		
Provincial Supervisor		
Assistant to the Provincial Supervisor		
Enumerators		
C. Fund Utilization (P)		
Object	Interfund Transfer/Current Appropriation	Actual Expenditures
Total		
Travelling		
Communications		
Supplies		
Tokens		
Survey Briefing		
Wages		
D. Problems Encountered		
1. Administrative Concerns		
a. Training of Enumerators/ Assistant to the Provincial Supervisors		
b. Manpower Complement Including Hiring of Enumerators		
c. Fund Utilization		
2. Field Operations		
a. Delivery of Questionnaires		
b. Retrieval of Questionnaires		
On the average, how many callbacks were made to an establishment? _____		

For (Survey Title)
 PSA Provincial Office _____

E. Measures Undertaken by the PO to Solicit Cooperation of Sample Establishments

F. Suggestions for Improvement of Survey Implementation

1. Training of Enumerators, Provincial Supervisors and Assistant to the Provincial Supervisors

2. Manpower Complement

3. Fund Utilization

4. Field Operations

Prepared by:	Noted by:
Signature:	Signature:
Name:	Name:
Position:	Position: Provincial Statistics Officer
Date:	Date: