

OFFICE EDITING AND DATA VALIDATION GUIDELINES

2009/2010 BLES Integrated Survey



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OBJECTIVES

These guidelines aim to facilitate office editing/review of questionnaires retrieved from the field and validation of data entry. In particular, these:

- Define the responsibilities of the Area Supervisor and Reviewer/Validator;
- Guide office personnel in the logical sequence of activities from receipt of questionnaires from the field to revalidation of re-encoded survey data; and
- Enable the Reviewer/Validator to detect and correct errors in the accomplished questionnaires.

The scope of the Guidelines is from receipt of the questionnaires from the field to the re-validation of re-encoded survey data.

Attached are the annexes for reference by Area Supervisors, Reviewers and Validators.

- Annex A is the Specific Guidelines on PSIC.
- Annex B lists the survey critical activities and the corresponding parameters and quality standards of quantity, accuracy and timeliness. These control points are being put in place in order to improve reliability and timeliness of survey data.

Chapter 1

SUPERVISOR'S GUIDELINES

1.1 Completeness Check

Cover Page

- a. Check for completeness of address up to the barangay level.
- b. Any change in the name and address of the establishment should be written completely in the appropriate spaces and not in the address label. Establishment name should refer to its trade/patented name.
- c. If the questionnaire is accomplished by the **main/head office**, the complete details should be written in the spaces provided.
- d. Only one status code **"For Field Personnel"** should be encircled.
 - If status is DUP, EIN of duplicate questionnaire should be specified.
 - If status is OSP, the new PSIC should be written in the space provided.
 - If status is OTH, details should be provided.
- e. If status is CON, specify the EIN of questionnaire wherein the report is incorporated (EIN of CET questionnaire). In the other questionnaire/s where entries of the CON questionnaire/s were already incorporated, encircle CET and specify the EIN of CON questionnaire/s. The CON or CET codes should be encircled in the **"For BLES Personnel---June 2010 and CY 2009."**
- f. See to it that the Establishment's Name and Address are in accordance with the **"Guidelines on Naming and Addressing of Establishments"**.

Part VI. Certification

- a. Check if all required information about the respondent/contact person in the establishment are complete and legibly written.
- b. The respondent/contact person should indicate the time spent in answering the questionnaire; and his/her comments on the data provided for the 2009/2010 BITS, statistics from previous BITS and presentation/packaging.

Part VII. Survey Personnel

- a. Make sure that the NCR enumerator has affixed his/her name and date when the questionnaire was retrieved or was found to be spoilage.
- b. If RET questionnaires passed the completeness check, supervisor should affix his/her name and date in the space provided before turning over the questionnaires, together with FM-BLES 03-3.10 "Enumerator's Weekly Performance Report" to the Reviewer. Ensure that supervisor retains an objective evidence, either a photocopy of the forwarded FM-BLES 03-3.10 or a list of establishments forwarded to Reviewer, signed by the latter and the date it was received.

Attachments

Any attachment by the establishment should be stapled on the pertinent page of the questionnaire. The corresponding EIN should be written on the upper right corner of each page of the attachment.

1.2 Consistency Check

BITS and OWS questionnaires ask for some information that pertain to reference periods which are two months apart, that is June 30, 2010 for BITS and August 31, 2010 for OWS. These items are:

Item of Inquiry	OWS Item No.	BITS Item No.
Main economic activity	Part A: item 1	Part I: item 1
Major products/goods or services	Part A: item 1	Part I: item 1
Employment	Part A: item 2	Part II: item 1
Time-rate workers on full-time basis	Part A: item 2 Part B: sum of totals of cols. 2, 4 and 6	Part II: item 2.3.1
Hourly	Part B: sum of entries of col. 2	Part II: item 2.3.1.1
Daily	Part B: sum of entries of col. 4	Part II: item 2.3.1.2
Monthly	Part B: sum of entries of col. 6	Part II: item 2.3.1.3

BITS entries for these items of inquiries may reflect a plus (+) or minus (–) 20% difference from corresponding OWS entries, i.e., employment is 200 in BITS while entry in OWS may vary from 160 to 240. It is the responsibility of the Supervisors to ensure that the entries referred to are within the range ($\pm 20\%$) when both questionnaires are retrieved from the same establishments **at the same time**. If not within the range, return both questionnaires to the enumerator for verification with the establishment. FM-BLES 03-3.10 “Enumerator’s Weekly Performance Report” of the enumerator should be adjusted accordingly.

Questionnaires found to be OSE (less than 16) for June 2010 and RET (16 or more) for CY 2009 should be given to Reviewers for processing.

1.3. Authenticity Check

One or two questionnaires from the weekly RET submissions of each enumerator should be selected and verified for its authenticity with the contact person in the establishment. Authenticity check shall be recorded in the **Supervisor’s Control List**. Confirm with contact person the enumerator visit, his/her actual participation in the survey and all contact details in the Certification portion. Remember that failure of the Enumerator on authenticity check is a ground for pre-termination of contract. In such cases, proceed with the proper action.

1.4. Verification of Spoilage

- a. Verify the status of **all** spoilage questionnaires except REF. For a verified spoilage questionnaire, encircle appropriate status code in the portion “For BLES Personnel.” If status is OSE, write beside the code the total employment reported in Part II item 1.
- b. Write name and date verified in space provided for Area Supervisor in “Part VII: Survey Personnel” of the questionnaire.
- c. Update FM-BLES 02-2.1a “Supervisor’s Control List.”
- d. For spoilage BITS questionnaires but with OWS questionnaire still with the respondent, record in the Control List that both are spoilage. Status of OWS may be altered later if it is retrieved (good questionnaire).
- e. If found not a spoilage questionnaire, a new BITS questionnaire should be addressed and returned to enumerator for delivery. Area Supervisor should check completeness of address label.

1.5. Follow-up on Refusals

- a. Do the **4th and final callback** to refusing respondent (REF) to convince him/her to participate in the survey/s. Record call backs in Supervisor’s Control List.
- b. If establishment still refuses, encircle REF in Status Code “For BLES Personnel” and affix name and date of refusal in space provided for Area Supervisor in “Part VII: Survey Personnel” of the questionnaire.
- c. Update FM-BLES 02-2.1a “Supervisor’s Control List.”

1.6. Batch Labeling of Spoilage Questionnaires

- a. Arrange verified spoilage questionnaires in ascending EIN and batch by 25’s, separately for NCR and ONCR.
- b. Label each batch in the following format:

2009/2010 BITS		
Batch No.:		
No. of Questionnaires:		
Batched by:		
Date Batched:		
Status Encoded by:		
Date Encoded:		
Covered EIN:		

The Batch Number follows the format:

AREA	FORMAT
NCR	NCRX - Sn
ONCR	ONCR - Sn where: X – Area Supervisor code S – Spoilage n – sequence number from 1 to n

- c. Supervisor for NCR (or Senior LEO for ONCR) affixes his/her name on batch label for activities done.
- d. Store in designated area.

1.7. Questionnaires Considered RET1 or RET2

- a. Receive FM-BLES 03-3.10 “Enumerator’s Weekly Performance Report” from Reviewer.
- b. Update FM-BLES 02-2.1a “Supervisor’s Control List.”

1.8. Questionnaires for Verification

- a. Receive questionnaires for verification from Reviewer together with the corresponding Verification forms and FM-BLES 03-3.10 “Enumerator’s Weekly Performance Report.” Record these questionnaires as **RFV** in the Supervisor’s Control List.
- b. Return questionnaires and Verification forms to enumerator for verification with establishment. Request Reviewer, if necessary, to explain to the Enumerator the items to be verified.
- c. In case the NCR questionnaire for verification is not retrieved, inform Encoder about such establishments for status encoding (RFV). If there are changes in name, address, PSIC/GEO codes or employment size, accomplish FM-BLES 03-3.9 “Sample Respondents with New Names and Addresses” and forward to Encoder for updating of Status Monitoring Database.

1.9. Questionnaires for Endorsement to Head Office

List respondents using FM-BLES 03-3.15 “Questionnaires for Endorsement to Head Offices” and forward to Encoder for updating of the Status Monitoring Database.

Chapter 2

REVIEWER'S GUIDELINES

2.1 General Instructions

- a. Use **green** ballpoint in editing the questionnaire.
- b. For NCR, receive questionnaires for review from the Area Supervisor together with FM-BLES 03-3.10 "Enumerator's Weekly Performance Report." For ONCR, receive batched questionnaires from Senior LEO or get questionnaires from the designated area.
- c. If the reported employment is **less than 16** (OSE) for June 2010 and more than 16 for CY 2009, include this in the batch of RET questionnaires. However, the **PSIC Code in Part I item 1 should be updated as applicable**. Affix name and date in space provided for Reviewer in "Part VII: Survey Personnel" of the questionnaire. If employment is OSE for both reference periods, turn over spoilage questionnaires to Area Supervisor (NCR) or Senior LEO (ONCR) for batching.
- d. If the Reviewer finds out that the report is consolidated and it passes review, encircle "CET" in the status code "For BLES Personnel." Request Area Supervisor to look for the questionnaires where the reports are included in the CET questionnaire. Area supervisor should **make the necessary coding of status of the CON questionnaires as they are considered as spoilage**.
- e. Entry by the respondent that needs to be revised should not be erased or obliterated. The original entry should be lined out neatly. The correct/new entry should be legibly written close to the lined-out entry.
- f. The Reviewer should affix his/her name beside data values he/she revised. For ONCR, the Senior LEO should affix his/her name beside the data values he/she accepted without establishment verification (e.g., those that can be decided at BLES level).
- g. If during the questionnaire review, **inconsistent** entries are noted in the questionnaire, the number of item of inquiry should be encircled. Fill out the EIN and Name of Establishment in the pertinent Verification Form/s in duplicate. Attach original copy of Verification Form to questionnaire and keep duplicate copy for reference. If necessary, explain to the NCR Enumerator the item/s in the Verification Form to be verified, otherwise, return the questionnaire with Verification Form to the supervisor.
- h. Likewise, item numbers with inconsistent entries in the accomplished questionnaire from the Regional Offices should also be encircled. Accomplish the Verification Form and photocopy the section/s containing the encircled entries for verification. Indicate the name, address and EIN of the establishment on the upper right corner of the questionnaire. The Senior LEO shall fax these together with the accomplished verification form to the Regional Supervisor concerned.
- i. **All** seemingly spurious questionnaires should be recorded in the Activity Logbook of the Division where the Reviewer belongs. (***Spurious means no certification/signature of contact person or forged signature, item entries written in pencil or many erasures, fabricated entries or same entries among questionnaires or other doubtful cases***). Verify specific data item/s with contact person in the establishment. Remember that spurious submission is a ground for Enumerator's pre-termination of contract and payments for the retrieved

questionnaires shall be withheld pending the review of all questionnaires for authenticity of entries. **Inform Supervisor to conduct appropriate action.**

- j. When there are no numeric values to report, entry should be “0”. If entry is NA, NAP or NONE, line out entry and write “0”.
- k. Where there are changes in the Main Economic Activity, verify with the establishment through the enumerator the correct/new economic activity and its major products/goods or services. The correct/new PSIC Code should be legibly written on the boxes provided for in Part I item 1. Ensure that the PSIC Code for BITS and OWS are the same.
- l. Where details are provided, these should add up to respective totals. In case of discrepancy, sum of details should prevail over reported total.
- m. Where applicable, code occupations/all skills reported using the Philippine Standard Occupational Classification, PSOC Code (4-digit). These should be legibly written on space provided.
- n. The **comments** of the respondent on p. 17 of the questionnaire should be noted as these may provide explanations relevant to the accomplished questionnaire.
- o. Affix name of Reviewer and date of review in “Part VII: Survey Personnel” of the questionnaire (NCR or ONCR as the case may be).
- p. Use FM-BLES 04-4.7 “Monitoring of Data Processing Activities” to determine the time spent/mandays in the review of questionnaires. This should be submitted to Senior LEO for compilation.
- q. If problems (not explicitly explained in the Office Editing and Data Validation Guidelines) arise, the Reviewer should **consult** his/her Senior LEO while the latter should consult his/her Supervising LEO or Chief LEO.

2.2. Specific Instructions

2.2.1. Cover Page

- a. If there are changes in the address of the establishment, make sure that the corresponding 9-digit GEO code is reflected in the space provided for sample establishment. If the barangay is not indicated, barangay code should be “000”.
- b. If the questionnaire is endorsed to its **Head Office** and appropriate head office particulars are provided, make sure that the corresponding 9-digit GEO code is written in the space provided for head office. If the barangay is not indicated, barangay code should be “000”.
- c. Questionnaires found unacceptable by the Reviewer shall be returned to the concerned NCR Enumerator through his/her Area Supervisor and recorded as RFV in the control lists and in the BLES computerized Status Monitoring Database.
- d. The Reviewer should accomplish the status code in the portion “For BLES Personnel.”

2.2.2. Part I: General Information (Page 3)

ITEM OF INQUIRY	GUIDELINES
1. Main Economic Activity Major Products/Goods or Services	<ul style="list-style-type: none"> Entry should clearly describe the main economic activity or business of the establishment. Major products/goods or services reported should be consistent with main economic activity. Fill out the 6-digit alphanumeric 1994 PSIC code (as amended) in the space provided, whether it is the same or not. (See Annex A "Specific Guidelines on PSIC")
2. Ownership	<ul style="list-style-type: none"> There should only be ONE (1) box checked.
3. Type of market	<ul style="list-style-type: none"> There should only be ONE (1) box checked. If Both Domestic and Export is checked, there should be an entry on the percentage (%) of export market.
4. With union	<ul style="list-style-type: none"> There should only be ONE (1) box checked. <u>Validate</u> if union is registered or if registration is under process. If <u>under process</u>, there should be NO entry in items 7, 8 and 8.1. If <u>registered</u>, there should be entries in items 4.1, 5, 6, 6.1, 6.2, 6.2.1, 6.2.1.1, 7, 8 and 8.1. If No is checked, there should be NO entries in items 4.1, 5, 6, 6.1, 6.2, 6.2.1, 6.2.1.1, 7, 8 and 8.1.
4.1 If yes, please specify scope of bargaining unit	<ul style="list-style-type: none"> If Yes is checked in item 4, appropriate box must be checked. Multiple entries are acceptable. Managerial employees are NOT eligible to join, assist or form any labor organization (Article 245, Labor Code). Supervisory employees shall NOT be eligible for membership in the collective bargaining unit of the rank-and-file employees <u>BUT</u> may join, assist or form separate collective bargaining units and/or legitimate labor organization of their own (Article 245, Labor Code).
5. Number of unions	<ul style="list-style-type: none"> This refers to the total number of existing union(s) in the establishment, whether registered or in the process of registration.

2.2.2. Part I: General Information (Page 3) (cont'd)

<p>6. Union membership</p>	<ul style="list-style-type: none"> • Multiple entries are acceptable. • If Supervisors only is checked, entry should NOT exceed the number of supervisors/foremen reported in <i>Part II, Item 1.3.2</i>. • If Rank & File only is checked, entry should NOT exceed the number of regular workers reported in <i>Part II, Item 1.3.3.1</i>. • Accept any entry reported in Rank & File including Supervisors. Under the Labor Code, supervisory employees shall NOT be eligible for membership in the collective bargaining unit of the rank-and-file employees <u>BUT</u> may join, assist or form separate collective bargaining units and/or legitimate labor organization of their own.
<p>6.1 Female members</p>	<ul style="list-style-type: none"> • Entry should not exceed union membership reported in <i>Part I, Item 6</i>. • Entry should be equal to or less than the number of female workers reported in <i>Part II, Item 2.2</i>.
<p>6.2 Union officers including members of the Board</p>	<ul style="list-style-type: none"> • May or may not have an entry. • There should be NO entry if officers are in the main office or in other branches. • If there is NO entry, there should be NO entry in <i>Part I, Item 6.2.1</i> and <i>6.2.1.1</i>. • Entry should be less than the number of union members reported in <i>Part I, Item 6</i>.
<p>6.2.1 Female officers</p>	<ul style="list-style-type: none"> • May or may not have an entry. • Entry should be less than the number of female members reported in <i>Part I, Item 6.1</i>.
<p>6.2.1.1 Female presidents</p>	<ul style="list-style-type: none"> • May or may not have an entry. • Entry should be equal to or less than the number of female officers reported in <i>Part I, Item 6.2.1</i>.
<p>7. With collective bargaining agreements</p>	<ul style="list-style-type: none"> • There should only be ONE (1) box checked for each column.

2.2.2. Part I: General Information (Page 3) (cont'd)

<p>8. Workers covered by CBAs including those paying agency fee</p>	<ul style="list-style-type: none"> • The CBA covers ALL REGULAR employees of the appropriate bargaining unit. • Entry may exceed the number of union members reported in <i>Part I, Item 6</i>. • If Supervisors only is checked in <i>Part I, 4.1</i>, the number of workers covered should not exceed the number of supervisors/foremen reported in <i>Part II, Item 1.3.2</i>. • If Rank & File only is checked in <i>Part I, 4.1</i>, the number of workers covered should not exceed the number of regular workers reported in <i>Part II, Item 1.3.3.1</i>. • If Rank & File including Supervisors is checked in <i>Part I, 4.1</i>, the number of workers covered should not exceed the sum of the entries reported in <i>Part II, Item 1.3.2 and 1.3.3.1</i>.
<p>8.1 Female workers covered</p>	<ul style="list-style-type: none"> • Entry should not exceed the number of workers covered by CBA reported in <i>Part I, Item 8</i>. • Entry may exceed the number of female members reported in <i>Part I, Item 6.1</i>.
<p>9. Is your establishment part of a global production network (GPN)?</p>	<ul style="list-style-type: none"> • There should only be ONE (1) box checked if the main economic activity indicated in <i>Part I, Item 1</i> is manufacturing. • If Yes is checked, specific product must be indicated in the space provided in number 1. • If Yes is checked, indicate the parent country in the space provided in number 2. Write N/A if there is no parent country. • If Yes is checked, indicate the partner country/ies in the space provided in number 3.

2.2.3. Part II: Employment (Pages 4-5)

ITEM OF INQUIRY	GUIDELINES
1. Total Employment	<ul style="list-style-type: none"> Entry should be the sum of entries in items 1.1, 1.2 and 1.3. If the reported employment is at least 16, accept for processing.
1.1. Working owners	<ul style="list-style-type: none"> Entry refers to working owners not receiving regular pay. Entry should be less than entry in item 1.3.
1.2. Unpaid workers	<ul style="list-style-type: none"> Accept with or without entry. Entry should be less than entry in item 1.3.
1.3. Employees	<ul style="list-style-type: none"> Entry should be the sum of entries in items 1.3.1, 1.3.2 and 1.3.3. Entry should be equal to the sum of entries in items 2.3, 2.4.2, and 2.5.
1.3.1. Managers/Executives	<ul style="list-style-type: none"> Entry includes working owners receiving regular pay. Entry should be less than entry in item 1.3. The proportion of managers/executives should not be more than 20% of total employment. If entry is not within range, verify.
1.3.1.1. Female managers/executives	<ul style="list-style-type: none"> Entry should be less than entry in item 1.3.1.
1.3.2. Supervisors/Foremen	<ul style="list-style-type: none"> Entry should be less than entry in item 1.3. The proportion of supervisors/foremen should not be more than 30% of total employment. If entry is not within range, verify.
1.3.2.1. Female Supervisors	<ul style="list-style-type: none"> Entry should be less than entry in item 1.3.2.
1.3.3. Rank and file workers	<ul style="list-style-type: none"> Entry should be less than entry in item 1.3. Entry should be the sum of entries in items 1.3.3.1 and 1.3.3.2.
1.3.3.1. Regular workers	<ul style="list-style-type: none"> Entry refers to workers on permanent status in the establishment (i.e., no fixed date of termination of contract). Entry should be less than entry in item 1.3.3.

2.2.3. Part II: Employment (Pages 4-5) (cont'd)

ITEM OF INQUIRY	GUIDELINES
1.3.3.2. Non-regular workers	<ul style="list-style-type: none"> Entry should be less than entry in item 1.3.3. Entry should be the same entry as that in item 2.6.
2. Employment of Specific Groups of Workers	<ul style="list-style-type: none"> As applicable, workers may be reported in several categories.
2.1. Young workers	<ul style="list-style-type: none"> Entry may be equal to or less than entry in item 1.3.
2.2. Female workers	<ul style="list-style-type: none"> Entry may be equal to or less than entry in item 1.3.
2.3. Time-rated workers	<ul style="list-style-type: none"> Entry should be the sum of entries in items 2.3.1 and 2.3.2.
2.3.1. Full-time workers	<ul style="list-style-type: none"> Entry should be the sum of entries in items 2.3.1.1, 2.3.1.2 and 2.3.1.3.
2.3.1.1. Hourly	<ul style="list-style-type: none"> Entry should be less than entry in item 2.3.1. However, it is equal to entry in item 2.3.1 if there are no daily or monthly workers. Establishments engaged in <u>education</u> would normally have entries here.
2.3.1.2. Daily	<ul style="list-style-type: none"> Entry should be less than entry in item 2.3.1. However, it is equal to entry in item 2.3.1 if there are no hourly or monthly workers.
2.3.1.3. Monthly	<ul style="list-style-type: none"> Entry should be less than entry in item 2.3.1. However, it is equal to entry in item 2.3.1 if there are no hourly or daily workers.
2.3.2. Part-time workers	<ul style="list-style-type: none"> Entry should be less than entry in item 2.3. Entry excludes consultants and those on retainer basis. Establishments engaged in <u>education</u> would normally have entries here.
2.4. Commission workers	<ul style="list-style-type: none"> Entry may be equal to or less than entry in item 1.3.3. Entry should be the sum of entries in items 2.4.1 to 2.4.3. Accept with or without entry. Establishments engaged in insurance, real estate selling, transport, and trade/sales would normally have entries here.
2.4.1. With basic pay and commission	<ul style="list-style-type: none"> Entry should be less than entry in item 2.4.
2.4.2. Purely on commission with employer control and supervision	<ul style="list-style-type: none"> Entry should be less than entry in item 2.4.

2.2.3. Part II: Employment (Pages 4-5) (cont'd)

ITEM OF INQUIRY	GUIDELINES
2.4.3. Purely on commission without employer control	<ul style="list-style-type: none"> Entry should be less than entry in item 2.4.
2.5. Output-rated workers	<ul style="list-style-type: none"> Entry should be the sum of entries in items 2.5.1 to 2.5.4.
2.5.1. Piece-rated workers	<ul style="list-style-type: none"> Entry should be less than entry in item 2.5.
2.5.2. Production standard (quota) workers	<ul style="list-style-type: none"> Entry should be less than entry in item 2.5.
2.5.3. "Pakyao" or "Takay" workers	<ul style="list-style-type: none"> Entry should be less than entry in item 2.5.
2.5.4. Task workers	<ul style="list-style-type: none"> Entry should be less than entry in item 2.5.
2.6. Non-regular workers	<ul style="list-style-type: none"> Entries should be the sum of entries in items 2.6.1, 2.6.2, 2.6.3, 2.6.4 and 2.6.5. In case entry here is different from that in item 1.3.3.2, sum of details should prevail. Adjust affected entries accordingly, e.g., items 1.3.3, 1.3 and item 1.
2.6.1. Probationary workers	<ul style="list-style-type: none"> Entry should be less than entry in item 2.6. Accept with or without entry.
2.6.2. Casual workers	<ul style="list-style-type: none"> Entry should be less than entry in item 2.6. Accept with or without entry.
2.6.3. Contractual/project-based workers	<ul style="list-style-type: none"> Entry should be less than entry in item 2.6. Accept with or without entry. Entry excludes workers hired through employment agency/cooperative.
2.6.4. Seasonal workers	<ul style="list-style-type: none"> Entry should be less than entry in item 2.6. Accept with or without entry.
2.6.5. Apprentices/learners	<ul style="list-style-type: none"> Entry should be less than entry in item 2.6. Accept with or without entry.
2.6.6. Persons enrolled in Special Program for Employment of Students (SPES)/Youth Education – Youth Employability (YEYE)	<ul style="list-style-type: none"> Entry should be less than entry in item 2.6. Accept with or without entry.
3. Engaged in outsourcing or sub-contracting	<ul style="list-style-type: none"> There should be only one box checked in this item. If "Yes" is checked, percentage (%) of production process should be specified and there should be at least one (1) entry in item 3.1 or one box checked in item 3.2. If "No" is checked, go to Part III.

2.2.3. Part II: Employment (Pages 4-5) (cont'd)

ITEM OF INQUIRY	GUIDELINES
3.1. Job, work, or service done within the premises of the establishment	<ul style="list-style-type: none"> • Validate/verify entries which are not usually related to the activity of the establishment, e.g., production/assembly is not an activity of establishments engaged in financial intermediation and education. • Establishments engaged in the provision of security and janitorial services should not have entries in items 3.1.1.1 and 3.1.1.2 as it is unlikely that these establishments will hire workers for their security and janitorial needs from an agency engaged in the same line of business. If there are entries, line them out neatly. • Validate/verify the proper job category of a similar job which has an entry in item 3.1 and a check mark in item 3.2 to avoid duplication of entries. • If "Others" is checked, jobs/activities performed and corresponding number of workers must be specified. • Details should add up to total. • Total workers reported in this item are not part of entry in item 1 (Total Employment).
3.2. Job, work, or service done outside the premises of the establishment	<ul style="list-style-type: none"> • A process outsourced/job contracted out as checked in item 3.2 may not necessarily have an entry for the same job in item 3.1. • There may or may not be a check mark here. • If "Production/Assembly" is checked, specific activity/process should be specified. • If "Others" is checked, process outsourced/job contracted out should be specified. • Validate/verify entries which are not usually related to the activity of the establishment, e.g., production/assembly is not an activity of establishments engaged in hotels and restaurants, and health and social work. • In case similar jobs are present in items 3.1 and 3.2, validate with the respondent the proper job category to avoid duplication of entries.

Note: Reviewer must be extra careful in "others" response. This might fit in to the categories identified in the questionnaire. Edit as necessary.

2.2.4. Part III: Occupational Shortages and Surpluses (Page 6)

ITEM OF INQUIRY	GUIDELINES
1. Were there job vacancies in your establishment from January 2009 to June 2010?	<ul style="list-style-type: none"> • Appropriate box should be checked. • If “Yes” is checked, the total number of job vacancies should be specified. • If “No” is checked, proceed to Part IV-A.
Col. 1 - PSOC Code	<ul style="list-style-type: none"> • Indicate the appropriate PSOC code for each job title/occupation listed by the respondent. • The number of PSOC codes should be the same as the number of identified job titles/occupations.
Col. 2 - Job Title/Occupation	<ul style="list-style-type: none"> • Check for the completeness of the job titles/occupations provided by the respondent. • The PSOC code should match the specified job title/occupation.
Col. 3 - Status	<ul style="list-style-type: none"> • Entry should be either “1” – REGULAR POSITION or “2” – NON-REGULAR POSITION. • There should be a code for every identified job title/occupation in column 2.
Col. 4 – Category	<ul style="list-style-type: none"> • Entry should be either “1” – HARD-TO-FILL VACANCIES or “2” – EASY-TO-FILL VACANCIES. • There should be a code for each job title/occupation listed in column 2.
Col. 5 – No. of Vacancies	<ul style="list-style-type: none"> • In case a job title/occupation has been vacant for several times during the reference period, it should be counted only once. • Information for the most recent vacancy should be reflected. • The total number of job vacancies should tally with entry in item 1.
Col. 6 – No. of Applicants	<ul style="list-style-type: none"> • Entry should be the total number of applicants for each job title/occupation listed in column 2.

2.2.4. Part III: Occupational Shortages and Surpluses (Page 6) (cont'd)

ITEM OF INQUIRY	GUIDELINES
Col. 7 – Length of Recruitment Period (in months)	<ul style="list-style-type: none"> Specify the number of months spent in filling up a job title/occupation. Duration should be specified in months (e.g., if the specified duration is 2 weeks, it should be changed to 1 month). The figures should be specified in whole numbers (e.g., if the specified duration is 1.5 months, change it to 2 months).
Col. 8 – Specialization/ Specific Skills	<ul style="list-style-type: none"> The specialization/specific skills needed should be indicated. With few exceptions, there should be an entry in this column for hard-to-fill occupations, especially for the following: <ul style="list-style-type: none"> - Medical doctor/Physician - Nurse (if hard to fill) - Software engineer - System analyst/designer - Chef
Col. 9 – (ONLY for Hard to Fill) Reason	<ul style="list-style-type: none"> Entry should be any code from 1-8. There should only be one code (main reason why occupation is hard to fill) for each occupation coded as hard-to-fill vacancy.

Note: For “hard-to-fill occupations”, the degree of recruitment difficulties should be reflected in one or all of the following: col. 6, i.e., few applicants; col. 7, i.e., long duration of recruitment and col. 8, i.e., requires highly specialized skills. If not, clarify with the establishment why hard to fill.

2.2.5. Part IV-A: Industrial Relations Practices (Balancing Work and Family Responsibilities and Working Time Arrangements) (Pages 7 - 9)

ITEM OF INQUIRY	GUIDELINES
1. <i>Which of the following facilities are available in your establishment?</i>	<ul style="list-style-type: none"> Multiple entries may be accepted. If Others is checked, facilities which are not included in the list but are available in the establishment must be specified.
2. <i>Which of the following programs are being implemented in your establishment?</i>	<ul style="list-style-type: none"> Multiple entries may be accepted. If Others is checked, programs which are not included in the list but are being implemented in the establishment must be specified. If Educational assistance is checked, ONE sub-item must be checked. If Health Maintenance Organization (HMO) Card is checked, ONE sub-item must be checked.
3. <i>Which of the following non-statutory leave arrangements are provided to each occupational category in your establishment?</i>	<ul style="list-style-type: none"> Multiple entries may be accepted. If Others is checked, leave arrangements which are not included in the list but are provided to the employees of the establishment must be specified.
4. <i>Which of the following flexible work arrangements are being adopted for each occupational category in your establishment?</i>	<ul style="list-style-type: none"> Multiple entries may be accepted. If Others is checked, flexible work arrangements which are not included in the list but are adopted in the establishment must be specified.
5. <i>Which of the following workdays and work schedules for majority of your workers are being adopted in your establishment?</i>	<ul style="list-style-type: none"> There should only be ONE (1) box checked for workday and work schedule, respectively. There should be only ONE (1) reason for adoption of each workday and work schedule that must be indicated using the appropriate codes provided in the questionnaire. If Others is checked under workdays, workdays not included in the list must be specified.
6. <i>What is the usual operating hours of your establishment?</i>	<ul style="list-style-type: none"> There should only be ONE (1) box checked. If Others is checked, usual operating hours which are not included in the list must be specified.

2.2.5. Part IV-A: Industrial Relations Practices (Balancing Work and Family Responsibilities and Working Time Arrangements) (Pages 7 - 9)
(cont'd)

<p>7. How many employees are on evening and graveyard shifts, if there are any?</p>	<ul style="list-style-type: none"> • Entry under the Total number of employees on the evening and graveyard shifts should not exceed the total sum of employees reported in <i>Part II, Items 1.3.2 and 1.3.3.</i> • Entry under the Female employees on the evening and graveyard shifts should not exceed the number of female workers reported in <i>Part II, Item 2.2.</i>
<p>8. Do employees work extra hours in excess of their regular work hours?</p>	<ul style="list-style-type: none"> • There should only be ONE (1) box checked. • If No is checked, there should be NO entry in <i>Part IV-A, Item 9.</i>
<p>9. What is the arrangement for extra hours of work of employees?</p>	<ul style="list-style-type: none"> • Multiple entries may be accepted. • If No arrangement is checked, there should be NO check in other boxes. • If Others is checked, arrangements for extra hours worked which are not included in the list but are being implemented in the establishment must be specified.

2.2.6. Part IV-B: Industrial Relations Practices (Occupational Safety and Health)

(Pages 10 - 12)

ITEM OF INQUIRY	GUIDELINES
1. <i>What activities are conducted or practiced in the company as part of your prevention and control measures against work safety and health hazards?</i>	<ul style="list-style-type: none"> There should be ONE (1) box checked for each preventive and control measure/activity. If Others is checked, preventive and control measures/activities which are not included in the list but are being conducted or practiced in the establishment must be specified.
2. <i>Which of the following Occupational Safety and Health policies and programs are currently implemented in your establishment?</i>	<ul style="list-style-type: none"> There should be ONE (1) box checked for each occupational safety and health policy and program. If Others is checked, occupational safety and health policies/programs which are not included in the list but are being implemented in the establishment must be specified.
3. <i>Which of the following provisions are available in your establishment?</i>	<ul style="list-style-type: none"> There should be ONE (1) box checked for each provision/facility/amenity. If there is a check mark in the None column, there must be an entry under the Reason for Non-Provision column. Appropriate code must be indicated for each reason provided. If Others is checked, provisions/facilities/amenities which are not included in the list but are available in the establishment must be specified.
4. <i>Which of the following OSH-related trainings/seminars were provided to your employees for the last two (2) years?</i>	<ul style="list-style-type: none"> There should be ONE (1) box checked for each OSH training/seminar. If Others is checked, OSH trainings/seminars which are not included in the list but are provided to employees of the establishment must be specified.
5. <i>Which agency(ies) conducted any of the above trainings?</i>	<ul style="list-style-type: none"> There should be ONE (1) box checked for each agency. If Others is checked, agencies which are not included in the list but had conducted training in the establishment must be specified.
6. <i>Who is/are the designated health and safety personnel in your establishment?</i>	<ul style="list-style-type: none"> Multiple entries may be accepted. If Others is checked, designated health and safety personnel which are not included in the list must be specified. Only health and safety personnel who are EMPLOYEES of the establishment must be reported under this item. If doctors, nurses, dentists, etc. are engaged as consultants or on a retainer basis, Nearest clinic/hospital must be checked.

2.2.7. Part V: Occupational Injuries and Diseases (Pages 13-16)

ITEM OF INQUIRY	GUIDELINES
<p>1. Did your establishment experience any occupational accidents during the year?</p>	<ul style="list-style-type: none"> • There should only be one box checked, either “Yes” or “No”. • If there is entry in Item 2 other than “0” and in any of the cells in Items 3, 4, 5, 6, or 7, “Yes” should be checked. • If neither boxes are checked but there are no entries in Items 2, 3, 4, 5, 6, or 7, “No” should be checked. <p>Note: <i>An accident at work which did not result to an injury, disease or death of a worker is <u>not</u> an occupational accident within the context of this survey.</i></p>
<p>2. How many occupational accidents were there?</p>	<ul style="list-style-type: none"> • If “Yes” is checked in Item 1, entry in this item should be other than “0” • Entry should be equal to or less than the sum of cases of occupational injuries of cols. 2, 3, 5 and 7 of Item 3 since a single occupational accident may result to one or more than one case of occupational injury.
<p>3. Occupational injuries by type of injury (Items 3-3.9)</p>	<ul style="list-style-type: none"> • This portion should be accomplished if there is an occupational accident reported in Item 2. • The sum of cases of occupational injuries of cols. 2, 3, 5 and 7 of Item 3 should be equal to or greater than the entry in Item 2 since more than one case of occupational injury may result from a single occupational accident. • Totals of cols. 2-7 should be the sum of their respective column details. • If there are permanent or temporary incapacity cases, there should be corresponding workdays lost and vice versa. • In permanent or temporary incapacity entries, the number of workdays lost should be equal to or greater than the number of their corresponding cases of occupational injuries. • If reported workdays lost include a half day ($\frac{1}{2}$) or decimal (0.5), round off to nearest whole number, e.g., 274.5 to 275 or 275.5 to 276. Even number rule of rounding does not apply in this case. <p>Note: <i>A half day absence from work (count starting after the day of accident and excludes temporary absences from work of less than one day for medical treatment) automatically translates to one workday lost.</i></p>

2.2.7. Part V: Occupational Injuries and Diseases (Pages 13-16) (cont'd)

ITEM OF INQUIRY	GUIDELINES
3. Occupational injuries by type of injury (Items 3-3.9) (cont'd)	<ul style="list-style-type: none"> • To check workdays lost per case for each type of injury: <ol style="list-style-type: none"> a. Divide the number of lost workdays by the number of corresponding cases. b. Computed maximum workdays lost per case of <i>permanent incapacity</i> <u>may exceed 365 days</u>. c. Computed maximum workdays lost per case of <i>temporary incapacity</i> <u>should not exceed 365 days</u>.
4. Occupational injuries by part of the body injured (Items 4-4.8)	<ul style="list-style-type: none"> • This portion should be accomplished if there is an occupational accident reported in Item 2. • The sum of cases of occupational injuries of cols. 2, 3, 4 and 5 of Item 4 should be equal to or greater than the entry in Item 2 since more than one case of occupational injury may result from a single occupational accident. • Totals of cols. 2-5 should be the sum of their respective column details. • Totals of cols. 2-5 should be the same as their corresponding totals in cols. 2, 3, 5 and 7 of Item 3.
5. Occupational injuries by cause of injury (Items 5-5.9)	<ul style="list-style-type: none"> • This portion should be accomplished if there is an occupational accident reported in Item 2. • The sum of cases of occupational injuries of cols. 2, 3, 4 and 5 of Item 5 should be equal to or greater than the entry in Item 2 since more than one case of occupational injury may result from a single occupational accident. • Totals of cols. 2-5 should be the sum of their respective column details. • Totals of cols. 2-5 should be the same as their corresponding totals in cols. 2, 3, 5 and 7 of Item 4.

2.2.7. Part V: Occupational Injuries and Diseases (Pages 13-16) (cont'd)

ITEM OF INQUIRY	GUIDELINES
6. Occupational injuries by agent of injury (Items 6-6.10)	<ul style="list-style-type: none"> • This portion should be accomplished if there is an occupational accident reported in Item 2. • The sum of cases of occupational injuries of cols. 2, 3, 4 and 5 of Item 6 should be equal to or greater than the entry in Item 2 since more than one case of occupational injury may result from a single occupational accident. • Totals of cols. 2-5 should be the sum of their respective column details. • Totals of cols. 2-5 should be the same as their corresponding totals in cols. 2, 3, 5 and 7 of Item 5.
7. Occupational injuries by major occupation group (Items 7-7.8)	<ul style="list-style-type: none"> • This portion should be accomplished if there is an occupational accident reported in Item 2. • The sum of cases of occupational injuries of cols. 2, 3, 4 and 5 of Item 7 should be equal to or greater than the entry in Item 2 since more than one case of occupational injury may result from a single occupational accident. • Totals of cols. 2-5 should be the sum of their respective column details. • Totals of cols. 2-5 should be the same as their corresponding totals in cols. 2, 3, 5 and 7 of Item 6.
8. Occupational diseases (Items 8-8.14)	<ul style="list-style-type: none"> • Accept with or without entries. • If there is an entry for "Others", the disease/s and their corresponding number should be specified.
9. Did any of your workers experience commuting accidents in 2009?	<ul style="list-style-type: none"> • There should only be one box checked, either "Yes" or "No". • If there are entries in Items 9.1 and 9.2, "Yes" should be checked. • If neither boxes are checked but there are no entries in Items 9.1 and 9.2, "No" should be checked. <p><i>Note: A commuting accident which did not result to death or personal injury to the worker while on his way from place of work (or work-related training) to his residence or vice versa is <u>not</u> a commuting accident within the context of this survey.</i></p>

2.2.7. Part V: Occupational Injuries and Diseases (Pages 13-16) (cont'd)

ITEM OF INQUIRY	GUIDELINES
<p>9.1 How many commuting accidents were there?</p>	<ul style="list-style-type: none"> • If “Yes” is checked in Item 9, entry in this item should be other than “0”. • Entry should be equal to or less than the number of workers injured in Item 9.2 since a single commuting accident may result to one or more than one worker injured.
<p>9.2 How many workers were injured?</p>	<ul style="list-style-type: none"> • There should be entry in this item if there is a commuting accident reported in Item 9.1. • Entry should be equal to or greater than the entry in Item 9.1 since more than one worker may be injured from a single commuting accident.
<p>10. How many hours were actually worked by all employed persons in your establishment in 2009?</p>	<ul style="list-style-type: none"> • There should be an entry on hours actually worked by all employed persons regardless of <u>occurrence or non-occurrence</u> of an occupational accident in the establishment. • Entry should be correctly estimated as per detailed entries reported. Otherwise, recompute entry accordingly. • To check for acceptability of entry: <ol style="list-style-type: none"> a. Divide entry by average employment reported. b. Accept entry if it falls within the range of 1,200-3,600 hours per employed person. <p>Example: 122,720 hours actually worked of 51 employed persons in 2009 (reference year) is approximately 2,406 hours per employed person.</p> <p>Note: Average hours may be lower than the specified minimum only if the establishment is in operation for less than a year or working time is on rotation basis.</p>

2.3. Verification of Inconsistent/Questionable Entries

- a. Accomplish applicable BITS Form 1 (Verification Form) in duplicate, specify the EIN, name of establishment, and details of entry/ies for verification.

For NCR, the original copy of the BITS Form 1 should be stapled to the questionnaire and returned to the Area Supervisor for verification of the concerned Enumerator. For ONCR, the Senior LEO should transmit/fax to the concerned Regional Supervisor a photocopy of the questionnaire with entry/ies for verification and BITS Form 1.

- b. The duplicate copy of the BITS Form 1 shall be retained by the Reviewer to keep track of the questionnaire for verification. Follow up the questionnaire with the Area Supervisor (NCR) or Senior LEO (ONCR) from time to time.
- c. In case the ONCR questionnaire is not retrieved, inform encoder about such establishments for status encoding (RFV). If there are changes in name, address, PSIC/GEO codes or employment size, accomplish FM-BLES 03-3.9 "Sample Respondents with New Names and Addresses" and forward to Encoder for updating of Status Monitoring Database.

2.4. Batch Labeling of Retrieved Questionnaires

- a. Batch RET1/ RET2 questionnaires in ascending EIN separately for NCR and ONCR.
- b. Fasten and label each batch of 25 questionnaires in the following format:

2009/2010 BITS		
Batch No.:		
No. of Questionnaires:		
Reviewed by:	Date:	
Coded by:	Date:	
Status Encoded by:	Date:	
Data Encoded by:	Date:	
Validated by:	Date:	
Re-encoded by:	Date:	
Re-validated by:	Date:	
Covered EIN:		

The Batch Number follows the format:

AREA	FORMAT
NCR	NCRX – Rn
ONCR	ONCRX - Rn (This includes ONCR samples with Head Offices in NCR where: X – Reviewer code R – Retrieved n – sequence number from 1 to n

- c. Personnel involved affixes name on batch label for activities done.
- d. Store in designated area.

Chapter 3

DATA VALIDATOR'S GUIDELINES

After batch encoding, a validation prooflist shall be generated to check accuracy of review/editing and data encoding.

- a. Use **red** ballpoint in validation.
- b. Check accuracy of data encoding by comparing the data values in the **validation prooflist** with those in the corresponding **questionnaire**.
- c. If a seemingly erroneous data value in the questionnaire was initialed by the Reviewer or Senior LEO, accept data as is.
- d. Should there be a correction (error in review or encoding), write correction legibly and neatly beside the crossed out data value in the validation prooflist. Affix name beside the new data value in the validation prooflist.
- e. Use FM-BLES 04-4.7 "Monitoring of Data Processing Activities" to record data validation activities and affix name on batch label.
- f. Monitor accuracy of review and encoding using FM-BLES 04-4.8 "Monitoring of Accuracy in Data Processing."
- g. If problems (not explicitly explained in the Office Editing and Data Validation Guidelines) arise, the Reviewer should **consult** his/her Senior LEO while the latter his/her Supervising LEO.

After incorrect data noted during data validation have been re-encoded, a re-validation prooflist should be printed containing the pertinent records to ensure that correct data were re-encoded.

- a. Use **green** ballpoint in re-validation.
- b. Check accuracy of data re-encoding by comparing the data values in the re-validation prooflist with the original validation prooflist.
- c. Should there be a correction, (error in re-encoding), write correction legibly and neatly beside the data value in the re-validation prooflist. There should be another print-out containing the pertinent records to ensure the correctness of the 2nd re-encoding.
- d. Use FM-BLES 04-4.7 to record data re-validation activities and affix name on batch label.
- e. Monitor accuracy of re-encoding using FM-BLES 04-4.8.
- f. All validation/revalidation prooflists should be inserted in the corresponding batch of questionnaires.
- g. If problems (not explicitly explained in the Office Editing and Data Validation Guidelines) arise, the Reviewer should consult his/her Senior LEO while the latter his/her Supervising LEO.

Take note of the following during data re-validation:

- a. If there are no editing/encoding errors, write in the upper right hand portion of the validation prooflist, "No error". However, if there are errors in editing/encoding, indicate the number of errors (i.e., 5 editing errors; 2 encoding errors).
- b. A re-validation prooflist with minimal error (below 5 errors) will undergo 2nd re-validation by the Senior LEO on screen in coordination with the encoder. For record purposes, correction on screen will be logged by the encoder.
- c. For those with errors of 5 or more, print validation prooflist for 2nd re-validation.

Specific Guidelines on PSIC

1. If there are more than one (1) major products/services reported but one of these products/services is included in the original industry classification, retain the PSIC code.

Example:

If the main economic activity is:

- Selling of construction materials, oil and automotive fuel

Applicable PSIC:

- Selling of construction materials - G52344
- Selling of automotive fuel - G50500

Original PSIC - G50500, retain this PSIC code

- Private elementary education/private secondary education

Applicable PSIC

- private elementary education - M81120
- private secondary education - M 81210

Original PSIC - M81120, retain this PSIC code

2. If the reported product is generic, but have the same first two (2) digits as the original PSIC, retain the PSIC code.

Example:

Main Economic Activity - manufacture of undergarments

Original PSIC - D18110 (mfg of men's/boys garments), retain PSIC code

3. If the reported product is specific, apply the 5 digits specific code.

Example:

Main Economic Activity - mfg of infants' powdered milk (D15230)

Original PSIC - D15220 - mfg of powdered milk (except for infants) and condensed or evaporated milk, change the PSIC code to D15230

4. Change the PSIC Code if there is a reported change in main economic activity, the code should be based on the first product/service reported.

Example:

- a. From manufacturing to trade
- b. From construction to landscaping
- c. From wholesaling to business services
- d. From financing to trade
- e. From water transport to land transport ---- etc.

5. If in doubt, consult your division's PSIC code specialist.

QUALITY STANDARDS IN DATA COLLECTION AND PROCESSING

(The standards/specifications are in bold italics.)

Activity	Parameter	Reference Document/Record	Performance Rating for the Semester			
			Rating	Quantity	Quality	Time
Supervise delivery and retrieval of NCR questionnaires for follow-up including RFVs	Performance rate ¹	-FM-BLES 03-3.17 (based on electronic file) -Questionnaires with encoded status	5	95% or more	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	Fixed, not for rating
			4	86 - 94%	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	
			3	80 - 85%	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	
			2	75 - 79%	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	
			1	74% or lower	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	
Deliver and retrieve NCR questionnaires for follow-up including RFVs	Performance rate ¹	-FM-BLES 03-3.17 (based on electronic file) -Questionnaires with encoded status	5	95% or more	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	Fixed, not for rating
			4	86 - 94%	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	
			3	80 - 85%	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	
			2	75 - 79%	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	
			1	74% or lower	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	
Edit (NCR)/review (ONCR) questionnaires	Quantity	-FM-BLES 04-4.7 -Edited questionnaires	5	35 or more	No error	Fixed, not for rating
	Accuracy ²	-FM-BLES 04-4.8 -Validation proof list	4	30 – 34	1 - 10% error rate	
			3	25 - 29 qn/manday	11 - 25% of total edited questionnaires	
			2	14 – 24	26 - 50% error rate	
			1	13 or lower	More than 50% error rate	
Encode status of questionnaires	Quantity	-FM-BLES 03-3.19 -Encoded questionnaires	5	69 or more	No error	Fixed, not for rating
	Accuracy ³	-FM-BLES 04-4.8	4	58 – 68	1 - 10% error rate	
			3	50 - 57 qn/manday	11 - 25% of total encoded questionnaires	
			2	26 – 49	26 - 50% error rate	
			1	25 or lower	More than 50% error rate	

¹Performance rate = (RET + CET) / [Sample - (REF+ Spoilage)] x 100

²To be determined by Validator. While the data value may be outside the acceptable limits, e.g. rejected, Editor/Reviewer commits no error if his/her initial or that of Sr. LEO is found beside the data value in the *questionnaire*. This means that the data value has been evaluated and accepted as such. Validator should initial beside the data value in the *proof list*.

³To be determined by Sr. LEO *prior to table generation*, i.e. status reconciliation.

QUALITY STANDARDS IN DATA COLLECTION AND PROCESSING (*cont'd*)

(The standards/specifications are in bold italics.)

Activity	Parameter	Reference Document/ Record	Performance Rating for the Semester			
			Rating	Quantity	Quality	Time
Encode data	Quantity	-FM-BLES 04-4.7 -Encoded questionnaires	5	44 or more	No error	Fixed, not for rating
	Accuracy ⁴	-FM-BLES 04-4.8 -Validation prooflist	4	37 – 43	1 - 10% error rate	
			3	32 - 36 qn/manday	11 - 25% of total encoded questionnaires	
			2	17 – 31	26 - 50% error rate	
			1	16 or lower	More than 50% error rate	
Validate encoded data	Quantity	-FM-BLES 04-4.7 -Encoded questionnaires	5	51 or more	No error	Fixed, not for rating
	Accuracy ⁵	-FM-BLES 04-4.8 -Output tables -Validation prooflist -Rejection list -Edited questionnaires	4	43 – 50	1 - 10% error rate	
			3	37 - 42 qn/manday	11 - 25% of total validated questionnaires	
			2	20 – 36	26 - 50% error rate	
			1	19 or lower	More than 50% error rate	
Re-encode corrected data	Accuracy ⁶	-FM-BLES 04-4.8 -Re-validation prooflist (pertinent establishment records)	5	XXXXXXXXXXXXX	No error	Fixed, not for rating
			4	XXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	
			3	XXXXXXXXXXXXX	With errors	
			2	XXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	
			1	XXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	
Re-validate re-encoded data	None					

⁴To be determined by Validator. Encoder commits no error if *all* data in questionnaires are correctly encoded.

⁵To be determined by Senior LEO *during output table generation*, i.e. errors in 1st validation attributable to Validator; those in 2nd validation attributable to Encoder.

⁶To be determined by Validator. Encoder commits no error if *all* data in questionnaires are correctly re-encoded.

QUALITY STANDARDS IN DATA COLLECTION AND PROCESSING (*cont'd*)

(The standards/specifications are in bold italics.)

Activity	Parameter	Reference Document/ Record	Performance Rating for the Semester			
			Rating	Quantity	Quality	Time
Consolidate NCR enumerator's weekly performance report	Timeliness	SPR	5	XXXXXXXXXXXX	No error	50% or less of time allotted
	Accuracy ⁷	-FM-BLES 03-3.10	4	XXXXXXXXXXXX	1 summary report with errors	51 - 99% of time allotted
		-Edited and verified spoilage questionnaires	3	XXXXXXXXXXXX	2 summary reports with errors	100% of time allotted
		-Certificates of Appearance	2	XXXXXXXXXXXX	3 summary reports with errors	101 - 129% of time allotted
			1	XXXXXXXXXXXX	4 or more summary reports with errors	130% or more of time allotted
Review NCR enumerators summary report	Timeliness	SPR	5	XXXXXXXXXXXX	No error	50% or less of time allotted
	Accuracy ⁸	-FM-BLES 03-3.11	4	XXXXXXXXXXXX	1 summary report with errors	51 - 99% of time allotted
		-Edited and verified spoilage questionnaires	3	XXXXXXXXXXXX	2 summary reports with errors	100% of time allotted
		-Certificates of Appearance	2	XXXXXXXXXXXX	3 summary reports with errors	101 - 129% of time allotted
			1	XXXXXXXXXXXX	4 or more summary reports with errors	130% or more of time allotted
Prepare payroll	Timeliness	-SPR	5	XXXXXXXXXXXX	No error	50% or less of time allotted
	Accuracy ⁹	-FM-BLES 03-3.11	4	XXXXXXXXXXXX	1 payroll report with errors	51 - 99% of time allotted
		-FM-BLES 03-3.12	3	XXXXXXXXXXXX	2 payroll report with errors	100% of time allotted
			2	XXXXXXXXXXXX	3 payroll report with errors	101 - 129% of time allotted
			1	XXXXXXXXXXXX	4 or more payroll report with errors	130% or more of time allotted

⁷ A statistical table is considered without error if data is correctly encoded and formula used is correct. Evaluation on accuracy is to be determined by Supervising LEO. Concerned staff has to record evaluation in his/her Staff Performance Report (SPR).

⁸ To be determined by Supervising LEO. Evaluation on accuracy is to be recorded by Sr. LEO in her SPR.

⁹ To be determined by Supervising LEO. Evaluation on accuracy is to be recorded by Clerk III in her SPR.

Notes:

1. The DOLE Modified Performance Evaluation System is the reference in the development of performance ratings on quantity, time and acceptability.
2. Regardless of the number of errors committed in **one** questionnaire for a **specific** data processing activity, treatment is only **one** questionnaire with error.
3. Regardless of the number of errors committed in **one** statistical table, treatment is only **one** statistical table with error.

QUALITY STANDARDS IN DATA COLLECTION AND PROCESSING (*cont'd*)

(The standards/specifications are in bold italics.)

Performance Rating for Quantity		Example:	
5	more than 135% of planned target	55 questionnaires or more/manday	
4	115 - 135% of planned target	47 – 54 questionnaires/manday	
3	100 -114% of planned target	40 – 46 <i>questionnaires/manday</i>	
2	Derived from upper limit of Performance Rating 1 (i.e., upper limit of Performance Rating 1 plus 1) and lower limit of Performance Rating 3 (i.e., lower limit of Performance Rating 3 less 1)	21 – 39 questionnaires/manday	
1	50% or less of planned target	20 questionnaires or lower/manday	
Performance Rating for Time		Example 1:	Example 2:
5	50% or less of time allotted	<i>Target:</i> 4 weeks	<i>Target:</i> 3 days
4	51 - 99% of time allotted	<i>Accomplished:</i> 1 week	<i>Accomplished:</i> 5 days
3	100% of time allotted	<i>Computation:</i> $1/4 \times 100 = 25\%$	<i>Computation:</i> $5/3 \times 100 = 167\%$
2	101 - 129% of time allotted	<i>Rating:</i> 5 or Outstanding	<i>Rating:</i> 1 or Poor
1	130% or more of time allotted		