

Checklist Form 2

**Spot Check/Verification with Sample Establishments
(2010 Occupational Wages Survey and 2009/2010 BLES Integrated Survey)**

DOLE Regional Office No. ____

Name of Establishment:
Address of Establishment:
Name of Enumerator:
Date Questionnaire Delivered:
Date Questionnaire Retrieved:

Items	Yes	No	Remarks
1. Did you receive the 2009/2010 BLES Integrated Survey and 2010 Occupational Wages Survey questionnaires?			
2. Who accomplished the said survey questionnaires?			
▪ Owner/Manager			
▪ HR Manager			
▪ Accountant			
▪ Payroll Personnel/Officer			
▪ Others, please specify			
3. Did you receive the token from the enumerator? <i>Note: Ask this only if the answer is YES in Checklist Form 1 item 4.7</i>			
4. Did you affix your signature in the questionnaire?			
5. How long did it take you to accomplish the questionnaire?			
▪ Less than a day			
▪ One to two days			
▪ More than two days, please specify number of days __			
6. What are your comment/s on the questionnaires regarding the following:			
6.1 Definition of Terms			
▪ Easy to understand			
▪ Vague			
6.2 Layout			
▪ User-friendly			
▪ Not user-friendly			
6.3 Font/Color			
▪ Appealing			
▪ Not appealing			

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7. How would you rate the enumerator? <i>(Encircle the rating using the following scale: 1 – Unsatisfactory; 2 – Needs Improvement; 3 – Satisfactory; 4 – Very Satisfactory; 5 – Excellent)</i>					
Criterion	Rating				
▪ The enumerator stated the objectives of the surveys clearly.	1	2	3	4	5
▪ The enumerator explained the items of inquiry very well.	1	2	3	4	5
▪ The enumerator was courteous.	1	2	3	4	5
8. Suggestions for Improvement					

CERTIFICATION

Spot Checked by BLES		Interviewee:
Signature over Printed Name Position:	Signature over Printed Name Position:	Signature over Printed Name Position:
Date:	Date:	Date: