

STATUS MONITORING GUIDELINES

2007/2008 BLES Integrated Survey

2008 Occupational Wages Survey

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

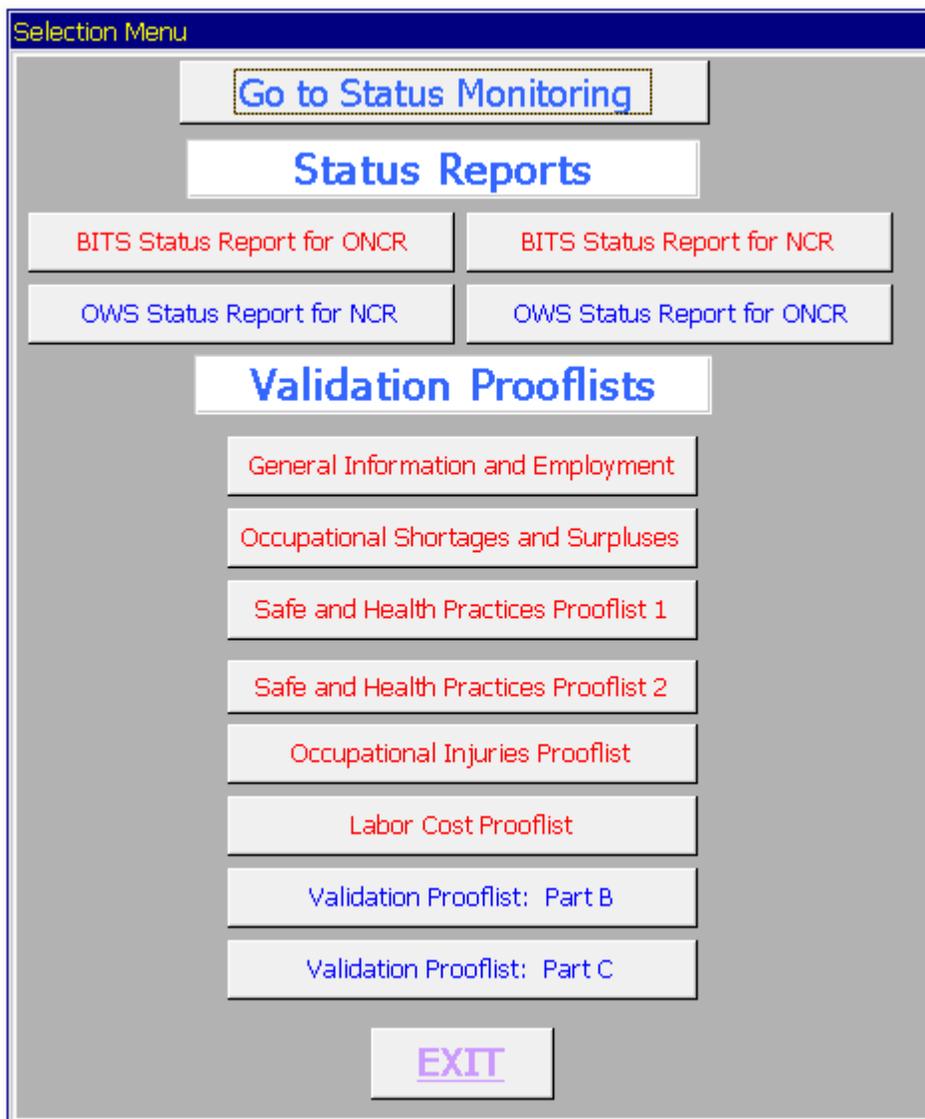


Figure 1. Selection Menu.

For example, if you click this button



The Status Monitoring Screen will appear.

A. 2007/2008 BLES INTEGRATED SURVEY

Microsoft Access - [ESTABLISHMENT DATA]

File Edit View Insert Format Records Tools Window Help Adobe PDF Type a question for help

for BITS Only

OPEN BITS Form
Part 1 and 2

Bureau of Labor and Employment Statistics

2007/2008 BITS and OWS Survey

Status Monitoring

[Main Menu](#)

for OWS Only

[Go to Basic Pay](#)

Business Name: ILOCOS NORTE ELECTRIC COOP INC
 New Name of Establishment: _____
 Address 1: NATL RD
 New Address 1: _____
 EIN: _____
 Geographic Code: 012809 030 _____

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

Business Name: _____
 Contact Person: _____ Tel. No.: _____
 Position of Contact Person: _____
 Head Office Address 1: _____
 Geocode of Head office: _____ HO_indicator: _____

Batch No. for BITS _____ Batch No. for OWS _____

GENERAL INFORMATION

BITS

June 2008 CY 2007

Status Code: _____
 DUP of EIN: _____
 CET with EIN: _____
 CON with EIN: _____
 OSP w/ PSIC: _____
 OTH (specify) _____
 Remarks: _____

Industry Code: E40100 _____
 Total Employment: 366 _____

Main Economic Activity: ELECTRIC COOPERATIVE
 Major Products/Goods or Services: ELECTRICITY

OWS

Status Code: _____
 DUP of EIN: _____
 CET with EIN: _____
 CON with EIN: _____
 OSP w/ PSIC: _____
 OTH (specify) _____
 Remarks: _____

Industry Code: E40100 _____
 Total Employment: 366 _____

Time-rate on Full-time Basis: _____
 Time-Rate on Part-time Basis: _____
 Output Rate Workers: _____
 Working Owners and Unpaid Workers: _____
 TOTAL: _____

Main Economic Activity: ELECTRIC COOPERATIVE
 Major Products/Goods or Services: ELECTRICITY

PART D. CERTIFICATION PORTION

BITS

Contact Person: _____
 Position Title: _____
 Telephone Number: _____
 Fax Number: _____
 E-mail Address: _____

Comments - BITS

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

Comment on data provided: _____
 Employment: _____
 Wage and Compensation: _____
 Occupational Injuries: _____
 Labor Cost of Employees: _____

Presentation /Packaging **Suggestions for improvement**

Definition of terms: _____
 Layout: _____
 Font color: _____

OWS

Contact Person: _____
 Position Title: _____
 Telephone Number: _____
 Fax Number: _____
 E-mail Address: _____

Comments - OWS

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

Comment on data provided: _____
 Comment on results: _____

Presentation /Packaging **Suggestions for improvement**

Definition of terms: _____
 Layout: _____
 Font color: _____

Participation in Other Government Surveys

In 2006, have you been a recipient of a questionnaire in any of these surveys? (check as applicable)

Annual Survey of Philippine Business and Industry
 Quarterly Survey of Philippine Business and Industry
 Labor Turnover Survey
 Others _____

PART E. SURVEY PERSONNEL

	Enumerator	Area Supervisor	Reviewer-BITS	Reviewer-OWS
Name		REGION 1		
Date				

Figure 2. Status Monitoring Screen.

The status monitoring for the 2007/2008 BLES Surveys already includes both BITS and OWS Buttons for the two surveys which are located on top of the screen (BITS – left corner; OWS-right corner).

STATUS MONITORING GUIDELINES (see Figure 2)

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

STATUS MONITORING GUIDELINES (cont'd)

Comments on BITS	
On the data provided for the 2007/2008 BITS	Type the corresponding entry for each item as reflected in the questionnaire.
On statistics from previous BITS	
• Employment	Type the corresponding entry for each item as reflected in the questionnaire.
• Wage and Compensation Practices	
• Occupational Injuries	
• Labor Cost of Employees	
Comments on OWS	
On the data provided for the 2008 OWS	Type the corresponding entry for each item as reflected in the questionnaire.
On results of the 2006 OWS	
Presentation/Packaging for BITS and OWS	
Definition of terms	Select from the list
Layout	
Font, color	
Suggestions for improvement	Type the corresponding entry for each item as reflected in the questionnaire.
Participation in Other Government Survey (OWS only)	Check as applicable
If Others is checked	Type the corresponding entry for each item as reflected in the questionnaire.
9. Survey Personnel for BITS and OWS	Type the corresponding entry for each item as reflected in the questionnaire.
Enumerator	
Date	
Area Supervisor	
Date	
Reviewer	
Date	