

OIS FORM 1 (VERIFICATION FORM): This form is to be accomplished in duplicate by the Supervisor for each questionnaire that needs verification. Attach original copy to the questionnaire and retain the duplicate for reference once the enumerator re-submits the questionnaire.

EIN: _____

NAME OF ESTABLISHMENT: _____

GEO: _____

FLOOR/BLDG./ # STREET NAME: _____

PSIC: _____

BARANGAY/CITY/MUNICIPALITY: _____

ATE: _____

ZIP CODE/PROVINCE: _____

Part A. General Information

1. MAIN ECONOMIC ACTIVITY/MAJOR PRODUCTS
GOODS OR SERVICES

☐ No/inadequate description of main economic activity
☐ No entry for major products, goods or services

2. AVERAGE EMPLOYMENT

☐ No entries
☐ No breakdown by sex of worker
☐ Breakdown by sex of worker does not add up to Total

3. TOTAL HOURS WORKED

a. Normal Working Hours Per Day

☐ No entry

b. Total Number of Working Days for the Year

☐ No entry

c. Total Hours Actually Worked
by All Employed Persons for the Year

☐ No entry

Part B. Occupational Accidents

1. OCCURRENCE OF OCCUPATIONAL ACCIDENTS

☐ No check mark if either "Yes" or "No"
☐ Only one of the boxes should be checked

2. NUMBER OF OCCUPATIONAL ACCIDENTS
(answered YES in Item1)

☐ No entry

Part C. Occupational Injuries

1. CASES OF OCCUPATIONAL INJURIES BY MAJOR OCCUPATION GROUP
(answered YES in Item 1 of Part B)

Items of Verification (Check where applicable)	Fatal	Permanent Incapacity		Temporary Incapacity		Cases Without Lost Workdays
		Cases	Lost Workdays	Cases	Lost Workdays	
a. No entry in any of the cases						
b. With incapacity cases but no corresponding entry on workdays						
c. With lost workdays but no corresponding entry on cases						
d. Consolidated data/no breakdown by major occupation group						
e. Details do not add up to respective column totals						
f. Column totals do not tally with corresponding column totals of Items 2, 3 or 4						

2. CASES OF OCCUPATIONAL INJURIES BY TYPE OF INJURY
(answered YES in Item 1 of Part B)

Items of Verification (Check where applicable)	Fatal	Permanent Incapacity		Temporary Incapacity		Cases Without Lost Workdays
		Cases	Lost Workdays	Cases	Lost Workdays	
a. No entry in any of the cases						
b. With incapacity cases but no corresponding entry on workdays						
c. With lost workdays but no corresponding entry on cases						
d. Consolidated data/no breakdown by type of injury						
e. Details do not add up to respective column totals						
f. Column totals do not tally with corresponding column totals of Items 1, 3 or 4						

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Part C. Occupational Injuries (cont'd.)						
3. CASES OF OCCUPATIONAL INJURIES BY PART OF BODY INJURED (answered YES in Item 1 of Part B)						
Items of Verification (Check where applicable)	Fatal	Permanent Incapacity		Temporary Incapacity		Cases Without Lost Workdays
		Cases	Lost Workdays	Cases	Lost Workdays	
a. No entry in any of the cases						
b. With incapacity cases but no corresponding entry on workdays						
c. With lost workdays but no corresponding entry on cases						
d. Consolidated data/no breakdown by part of body injured						
e. Details do not add up to respective column totals						
f. Column totals do not tally with corresponding column totals of Items 1, 2 or 4						
4. CASES OF OCCUPATIONAL INJURIES BY CAUSE OF INJURY (answered YES in Item 1 of Part B)						
Items of Verification (Check where applicable)	Fatal	Permanent Incapacity		Temporary Incapacity		Cases Without Lost Workdays
		Cases	Lost Workdays	Cases	Lost Workdays	
a. No entry in any of the cases						
b. With incapacity cases but no corresponding entry on workdays						
c. With lost workdays but no corresponding entry on cases						
d. Consolidated data/no breakdown by cause of injury						
e. Details do not add up to respective column totals						
f. Column totals do not tally with corresponding column totals of Items 1, 2 or 3						
Part D. Cases of Injury Due to Commuting Accidents						
1. OCCURRENCE OF COMMUTING ACCIDENTS		<input type="checkbox"/> No check mark if either "Yes" or "No" <input type="checkbox"/> Only one of the boxes should be checked				
2. NUMBER OF COMMUTING ACCIDENTS (answered YES in Item1)		<input type="checkbox"/> No entry				