



<div><div></div><div><h2>Monthly Integrated Survey of Selected Industries</h2><h3>Year <u>2021</u></h3></div><div></div></div>																							
<div>Enter the TIN of this establishment</div> <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																							

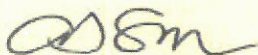
Dear Sir/Madam:

The Philippine Statistics Authority (PSA) is conducting the **2021 Monthly Integrated Survey of Selected Industries (MISSI)**. The 2021 MISSI will provide timely flash indicators that will monitor the performance of growth-oriented industries in the manufacturing sector.

This Office is authorized to collect information from businesses and industries under **Republic Act No. 10625 (RA 10625)**. Section 25 of RA 10625 (Obligation to Provide Information) stipulates that all respondents whether natural or legal persons are required to provide truthful and complete information to all statistical inquiries or surveys conducted by the PSA. Furthermore, Section 26 of RA 10625 mandates the PSA to collect information from businesses and industries. Section 27 of the same law obliges establishments to provide the required data. The information collected shall be kept strictly confidential and shall not be used for purposes of taxation, investigation or regulation as provided under Article 55 of the Implementing Rules and Regulations of RA 10625.

The accomplished form will be collected by our Data Collector not later than (10) days after each reference month.

Thank you very much.



DENNIS S. MAPA, Ph.D.
Undersecretary
National Statistician and Civil Registrar General

QUESTIONNAIRE STATUS CODE (FOR PSA USE ONLY)											
JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
IND			PROV-MUN		BGY		ECN				

FOR INQUIRIES Contact PSA Provincial Office at: Name: _____ Tel. No. _____ Email-address: _____ or PSA Main Office: Email address: mfg.staff@psa.gov.ph or isd.staff@psa.gov.ph Tel. Nos. 8376-2060	CONTACT PERSON OF THIS ESTABLISHMENT WHO PROVIDED THE INFORMATION: Name: _____ Designation: _____ Telephone Number/s: _____ Email-address: _____
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LN	MONTH	JANUARY	FEBRUARY
	I. TOTAL EMPLOYMENT		
01	Report the total number of persons who worked in or for this establishment during the period nearest the 15 th of the reference month (<i>sum of A & B</i>)		
02	A. WORKING OWNERS AND UNPAID WORKERS		
03	B. PAID EMPLOYEES (sum of 1 to 3)		
04	1. MANAGERS AND EXECUTIVES		
05	2. PRODUCTION WORKERS		
06	3. OTHER EMPLOYEES		
07	II. TOTAL COMPENSATION (PhP) (<i>sum of A and B</i>)		
08	A. TOTAL SALARIES AND WAGES (<i>sum of 1 to 3</i>) Refer to payments in cash or in kind prior to any deductions for employee's contribution to SSS/GSIS, withholding tax, etc.		
09	1. SALARIES OF MANAGERS AND EXECUTIVES		
10	2. SALARIES AND WAGES OF PRODUCTION WORKERS		
11	3. SALARIES AND WAGES OF OTHER EMPLOYEES		
12	B. TOTAL EMPLOYER'S CONTRIBUTION TO SSS/GSIS, ECC, etc.		
13	III. TOTAL VALUE OF PRODUCTION (PhP) Report the value of production for the reference month.		
14	A. Compared to previous month, is there an increase/decrease in production of this establishment? 1 – Yes 2 – No		
15	B. If answer in line 14 is yes, what is the major reason for the increase/decrease in production? 1 – high/low market demand 3 – peak/lean season 2 – high/low cost of raw materials 4 – no available of raw materials 5 – others, please specify _____		
16	IV. TOTAL REVENUE/SALES (PhP) Report the sales for the reference month. (<i>sum of A and B</i>)		
17	A. SALES FROM MANUFACTURING ACTIVITY Report shipments net of discounts, allowances and returned goods.		
18	1. Compared to previous month, is there an increase/decrease in the sales of this establishment? 1 – Yes 2 – No		
19	2. If answer in line 18 is yes, what is the major reason for the increase/decrease in sales? 1 – high/low market demand 3 – peak/lean season 2 – high/low cost of raw materials 4 – no available of raw materials 5 – others, please specify _____		
20	B. OTHER INCOME Report income from activities other than manufacturing.		
	V. INVENTORY Report the total value of inventory of finished products, work-in-progress and raw materials for the reference month.		
21	A. FINISHED PRODUCTS		
22	B. WORK-IN-PROGRESS		
23	C. RAW MATERIALS		
24	VI. CAPACITY UTILIZATION RATE Enter check mark (✓) corresponding to the Capacity Utilization for the reference month.		
	Below 50%		
	50%-59%		
	60%-69%		
	70-79%		
	80-89%		
	90-100%		
25	REMARKS (if space is insufficient, use the remarks portion at the back of this questionnaire)		

[illegible]

AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER	LN
					01
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MONTHLY INTEGRATED SURVEY OF SELECTED INDUSTRIES (MISSI)

GENERAL INSTRUCTIONS

Read the following instructions before filling up this form. Preliminary estimates are acceptable if final figures are not available for the reference month. However, provide the final figures as soon as they are available.

DEFINITIONS AND SPECIFIC INSTRUCTIONS

- I. **TOTAL EMPLOYMENT** - Report the total number of persons by type of worker who worked in or for this establishment during the period nearest the 15th of each reference month.
- TYPE OF WORKER:**
- A. **WORKING OWNERS** - Owners who are actively engaged in the management of the establishment but do not receive regular pay, i.e., not included in the payroll. Working owners who are managers and directors of establishments working for pay should be reported as Managers in Item IB1.
- UNPAID WORKERS** - Persons working without regular pay for at least 1/3 of the working time normal to the establishment. It includes all apprentices and learners without regular pay.
- B. **PAID EMPLOYEES** - This includes full-time or part-time workers, on sick or maternity leave and on paid vacation or holiday, and employees working away from this establishment paid by and under the control of this establishment. Exclude workers not in the payroll of this establishment.
1. **MANAGERS AND EXECUTIVES** - All salaried directors, managers, executives, administrative and other officials of the same category. Working owners who are receiving regular pay should be included in this category.
2. **PRODUCTION WORKERS** - All employees directly engaged in the production activities of the establishment, including manual workers, clerical personnel, working foreman and seasonal workers who fabricate, process, assemble, construct, install, etc. Excluded are supervisory employees above working foreman level.
3. **OTHER EMPLOYEES** - All other employees not included above.
- II. **TOTAL COMPENSATION** - Report in Philippine Peso (PHP) salaries and wages before deductions of employees' SSS contribution, withholding taxes, etc. and employer's contribution to SSS/GSIS, PhilHealth, PAG-IBIG and other similar schemes.
- A. **SALARIES AND WAGES** - Includes basic pay, overtime pay, cost-of-living allowances, vacation and sick leave pay, commissions, bonuses, dismissal or retirement pay, back pays and other benefits prior to deduction of employees' SSS/GSIS contribution, PAG-IBIG, PhilHealth, withholding taxes and the like.
- B. **TOTAL EMPLOYER'S CONTRIBUTION TO SSS/GSIS, ECC, ETC.** - Includes all payments made by the employer on behalf of his employees to SSS/GSIS, ECC, PAG-IBIG, PhilHealth, pension and similar schemes.
- III. **TOTAL VALUE OF PRODUCTION** - Report in Philippine Peso (PHP) the total value of production by the establishment during the reference month. Value of production is the value of all goods produced and work-in-progress during the reference month. Valuation should be at producer prices, that is, the unit price (ex-plant) of a product or commodity as it leaves the establishment of the producer. It includes any indirect tax paid by the producer less any subsidies on products received by the producer.
- IV. **TOTAL REVENUE/SALES** - Report in Philippine Peso (PHP) the total cash received and receivables for goods sold and services rendered.
- A. **SALES FROM MANUFACTURING ACTIVITY** - Includes the value of shipments of products manufactured by the establishment whether or not they were produced during the reference month. Inter-plant transfer and goods transferred from one establishment to another of the same enterprise should be valued as though sold. Valuation of goods shipped is at ex-plant price (producer price) and net of discounts, allowances and returned goods.
- B. **OTHER INCOME** - Includes income from activities other than manufacturing, such as investment interest, foreign exchange gains, rent income, and profit from the sale of non-inventory assets.
- V. **INVENTORY** - Report the value of stocks of goods owned by or under the control of the establishment as of a fixed date of the reference month, regardless of where the stocks are located. Valuation of goods is at ex-plant price (producer price).
- A. **FINISHED PRODUCTS** - Includes the total value of products produced/manufactured by the establishment that are ready for shipment.
- B. **WORK-IN-PROGRESS** - Includes the total value of all materials which have been partially processed by the establishment but which are not usually sold or turned over to other establishment without further processing.
- C. **RAW MATERIALS** - Includes the total value of materials and fuels that enter into the product.
- VI. **CAPACITY UTILIZATION RATE** - Enter check mark corresponding to the estimated capacity utilization rate of the establishment.
- CAPACITY UTILIZATION RATIO** - is the ratio of output to the maximum rated capacity.
- RATED CAPACITY** refers to the largest volume of output possible at which the factory can operate with an acceptable degree of efficiency taking into consideration unavoidable losses of productive time (i.e., vacations, holidays and repairs to equipment) and availability of raw materials.

Please provide any remark/s that will help us understand the monthly report.

LN	MONTH	
22	January	
23	February	
24	March	
25	April	
26	May	
27	June	
28	July	
29	August	
30	September	
31	October	
32	November	
33	December	

**TOP FIVE (5) PRODUCTS / COMMODITIES MANUFACTURED
BY THIS ESTABLISHMENT**

1. _____
2. _____
3. _____
4. _____
5. _____

CERTIFICATION

I hereby certify that the data gathered in this questionnaire were
obtained/reviewed by me personally and in accordance with instructions

Name and signature of the collector/supervisor

Date