



MINISTRY OF LABOUR

BUREAU OF RESEARCH AND STATISTICS
MINISTERIAL COMPLEX, CONGO TOWN
MONROVIA, LIBERIA



2023 QUARTERLY ESTABLISHMENT SURVEY

Dear Sir/Madam,

This questionnaire seeks to gather information on the nature of your business, organization or institution. The information gathered from this questionnaire will be kept strictly confidential. Please fill the questionnaire by writing or typing legibly. Use block letters to fill the questionnaire. You are entitled to produce a copy of this questionnaire for yourself and return the original and duplicate copies to the Bureau of Research and Statistics, Ministry of Labour for stamping. After stamping, all duplicate copies will be returned to the entity for its keeping.

Thanks for the understanding.

COUNTY:

GRAND GEDDAH

QUARTER:

1st

YEAR:

2023

SECTION A. ESTABLISHMENT

NO.	QUESTION	RESPONSE
A1	Name of Establishment	EURO LIBERIA LOGGING COMPANY
A2	Physical Location/Address of Establishment	KULA BYPASS, CENTRAL GRAND GEDDAH
A3	Establishment email (if any)	cleondadah@yahoo.com
A4	Name of Person Providing Information	DADAH CLEON
A5	Telephone Number	0886521204

NO.	QUESTION	CODE	CATEGORY	
A6	Is the establishment?	1	currently operating	Please insert code in the box provided <input type="text" value="1"/>
		2	temporarily closed	
		3	under construction	
A7	Form of Establishment	1	sole/Individual Proprietorship	Please insert code in the box provided <input type="text" value="3"/>
		2	Partnership	
		3	Private Corporation	
		4	Public Corporation	
		5	NGO	
		6	Government Ministry/Agency	
A8	Ownership - Establishment is owned by Skip to A11 if response is either (2) foreign or (3)both	1	Liberian	Please insert code in the box provided <input type="text" value="2"/>
		2	Foreign	
		3	Both	
A9	If Liberian owned, state whether	1	Male	Please insert code in the box provided <input type="text"/>
		2	Female	
		3	Both	
A10	Do workers in your enterprise/business belong to a trade union? ⇒ If response is (2) No Go to A13	1	Yes	Please insert code in the box provided <input type="text"/>
		2	No	
A11	If yes, does your enterprise practice collective bargaining?	1	Yes	Please insert code in the box provided <input type="text" value="2"/>
		2	No	

A12. Main Economic Activity of Establishment:

ISIC CODE (Do not write code)

A.13 What are the goods and services produced or activities performed in your establishment? If more than one activity please start with the main activity in row one	Activity 1		For official use only
	Activity 2		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	Activity 3		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

A14. Year Establishment started operation:

SECTION B. EMPLOYMENT

NO.	QUESTION	OPTIONS	Male	Female	Total
B1	How many persons (including proprietor, partners & family workers) are employed/working in this Establishment?		55	—	55
B2	Of the total employment, how many are ...?	Liberian (s)	50	+	50
		Other African (s)	03	+	03
		Non-African(s)	02	—	02
B3	Employment Status	Paid worker/employee	55	+	55
		Working proprietor/partner/ contributing family worker			
B4	Of the total employment, how many are in the following age group?	Less than 15 years			
		15 - 24 years			
		25 - 34 years	05	+	05
		35 - 44 years	31	+	31
		45 - 54 years	12	+	12
		55 - 64 years	06	+	06
		65 and above	01	—	01

B5

QUESTION

Of the total present work force, what is the qualification of workers

OPTIONS

	Male	Female	Total
Doctor's Degree	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Master's Degree	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Bachelor's Degree	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 04	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> -	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Vocational Education	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 49	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> +	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 04
Associate Degree	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 49
Undergraduate	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Senior High	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 01	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> +	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 01
Junior High	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Elementary	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 01	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> +	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 01
Never Attended	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

SECTION C. HOURS/DAYS OF WORK

Hours worked refer to the "total number of hours actually worked by all workers (including proprietor, partners and contributing family workers)".

No.		Male	Female	Total
C1	Total hours worked by all persons during the last three months:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 31,680	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> +	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 31,680

C2	Number of days actually worked by the establishment during the quarter	74 DAYS
C3	Number of days the establishment was closed due to strikes, economic reason or any other reasons	N/A
C4	Number of public holidays during the reporting period (during the quarter)	4 DAYS

SECTION D. WAGES / EARNINGS

No.		
D1.	What is the method used in the establishment for fixing/revising wages and salaries for majority of employees? 1. Collective bargaining agreement 2. Individual agreement between employer and employee 3. Employer's decision 4. Agreement between employer and employee's union 5. Government order, such as minimum wage	Please insert code in the cycle provided 5
D2.	What were the average monthly earnings (in US\$) of workers in your establishment/institution?	289.65
D3.	What were the average monthly earnings (in US\$) of Liberians workers in your establishment?	253.50
D4.	What were the average monthly earnings (in US\$) of non-Liberian workers in your establishment?	650.00
D5.	What was the hourly minimum wage (in US\$) of workers in your establishment/institution?	0.78

SECTION E. HIRE/SEPARATION

No.		Male	Female	Total
E1.	Total number of persons hired/recruited during the last three months, if any:	<input type="text"/>	<input type="text"/>	<input type="text"/>
E2.	Total number of persons separated (dismissed, resigned, retired, died, etc.) from the establishment during the last three months, if any:	<input type="text"/>	<input type="text"/>	<input type="text"/>

SECTION F: ASSESSING LABOUR DEMAND

No.	QUESTION	Code	Category	
F1	The volume of business in the next 12 months is expected to..?	1	Increase a great deal	Please insert code in the cycle provided 1
		2	Increase a little	
		3	Stay the same	
		4	Decrease a little	
		5	Decrease a great deal	

F2	Overall employment in the enterprise for the next 12 months is expected to..?	1	Increase a great deal	Please insert code in the cycle provided 2
		2	Increase a little	
		3	Stay the same	
		4	Decrease a little	
		5	Decrease a great deal	

F3. To the best of your understanding, what are the most likely vacancies that are likely to be posted in the enterprise over the next 2-3 years? (BY OCCUPATION)
IF NONE, LEAVE BLANK

NO.	OCCUPATION	NUMBER OF VACANCIES	OFFICIAL USE: DATA CODERS ENTER ISCO CODE
1		<input type="text"/>	<input type="text"/>
2		<input type="text"/>	<input type="text"/>
3		<input type="text"/>	<input type="text"/>
4		<input type="text"/>	<input type="text"/>
5		<input type="text"/>	<input type="text"/>

F4. How many vacancies, if any do you presently have? 0

SECTION G. OCCUPATIONAL INJURY

Cases of injury are those cases where, as a result of their injuries, the injured workers did not work for at least one day, excluding the date of the accident.

G1. Was there any injury at the Establishment during the last three months? 1. Yes 2. No → If No, Go to Section H

G2. Total number of injury cases:

G3. Type of injury: Choose all options that apply

- Code Category**
- 1 Fracture
 - 2 Dislocation, sprain, strain
 - 3 Amputation resulting from injury
 - 4 Concussion, internal injury
 - 5 Burn, corrosion, scald
 - 6 Acute poisoning or infection
 - 7 Exposure to chemical

8 Other injury (specify)

PENALTY

"Any person, corporation, partnership or other legal entity who fails to respond to a request for information by the Bureau of Research and Statistics within a reasonable time shall be subject to a fine not less than one thousand United states dollars."

LIBERIA LABOUR LAW CODE: REGULATION NO. 17. 2009

DECLARATION

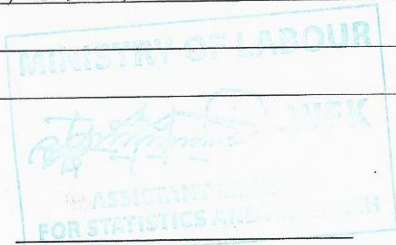
THE UNDERSIGNED DO HEREBY DECLARE THAT THE INFORMATION HEREIN STATED ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. IF IT IS DISCOVERED THAT THE INFORMATION IS FALSE AND MISLEADING, I ACKNOWLEDGE THAT THE INFORMATION CONTAINED IN THE QUARTERLY SURVEY ESTABLISHMENT FORM IS NULLIFIED.

SIGNED: Dadah Cleon

DATE: 04/17/2023

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REVIEWED BY (PLEASE PRINT)	<u>Edwin McGee Taylor</u>
POSITION	<u>Assistant Statistician</u>
SIGNATURE	<u>[Signature]</u>
DATE REVIEWED	<u>04-10-2023</u>



04/17/2023

AUTHORIZED SIGNATURE, MINISTRY OF LABOUR