

# Occupational Safety and Health (OSH) Program of (Company Name)

## I. Complete Company Profile/ Project details

- Company Name: \_\_\_\_\_
- Date Established: \_\_\_\_\_
- Complete Address: \_\_\_\_\_  
\_\_\_\_\_
- Phone and fax numbers  
\_\_\_\_\_
- Website URL/Email address  
\_\_\_\_\_
- Name of Company  
Owner/Manager/President \_\_\_\_\_
- Total Number of Employees; \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_
- Description of the business Pls specify
  - Kindly check:
    - Manufacturing: \_\_\_\_\_
    - Service: \_\_\_\_\_
    - Agri/fishing: \_\_\_\_\_
    - Wholesale/retail \_\_\_\_\_
    - Utilities \_\_\_\_\_
    - Banks and financial institution \_\_\_\_\_
    - Security Agency \_\_\_\_\_
    - Maintenance \_\_\_\_\_
    - Construction \_\_\_\_\_
    - Others (*Please specify*) \_\_\_\_\_
- Product descriptions: (ex. Garments, shoes, electronics ) \_\_\_\_\_
- Description of services:  
\_\_\_\_\_

## **Basic Components of Company OSH Program and Policy** (DO 198-18, Chapter IV, Section 12)

- 1.0 Company Commitment to Comply with OSH Requirements
- 2.0 General Safety and Health Programs
  - Safety and health Hazard Identification, Risk Assessment and Control (HIRAC)
  - Medical Surveillance for early detection and management of occupational and work related diseases
  - First-aid and emergency medical services
- 3.0 Promotion of Drug Free workplace, Mental health Services in the Workplace, Healthy lifestyle
- 4.0 Prevention and Control of HIV-AIDS, Tuberculosis, Hepatitis B
- 5.0 Composition and Duties of health and safety Committee
- 6.0 OSH Personnel and Facilities
- 7.0 Safety and Health Promotion, Training and Education
  - Orientation of all workers on OSH
  - Conduct of Risk Assessment, evaluation and Control
  - \*Continuing training on OSH for OSH Personnel
  - \*Work permit System
- 8.0 Toolbox/Safety Meetings, job safety analysis
- 9.0 Accident/Incident/illness Investigation, Recording and Reporting
- 10.0 Personal Protective Equipment (PPE)
- 11.0 Safety signages
- 12.0 \*Dust control and management and regulation on activities such as building of temporary structures and lifting and operation of electrical, mechanical, communications system and other requirements
- 13.0 Welfare Facilities
- 14.0 Emergency and disaster preparedness and response plan to include the organization and creation of disaster control groups, business continuity plan, and updating the hazard, risk and vulnerability assessment (as required)
- 15.0 Solid waste management system
- 16.0 Compliance with Reportorial Government Requirement (refer to Item 9.0)
- 17.0 Control and Management of Hazards (refer to Item 2-HIRAC)
- 18.0 \*Prohibited Acts and Penalties for Violations
- 19.0 \*Cost of Implementing Company OSH program

*\*(Applicable for medium to high risk establishments with 10 to 50 workers and low to high risk establishments with 51 workers and above)*

## 1.0 Company Commitment to Comply with OSH Policy

\_\_\_\_\_ do hereby commit  
*Name of the Company)*

to comply with the requirements of RA 11058 and DOLE Department Order 198-18 (its Implementing Rules and Regulations) and the applicable provisions of the Occupational Safety and Health Standards (OSHS).

We acknowledge the company's obligation and responsibilities to provide appropriate funds for implementing this OSH program including orientation and training of its employees on OSH, provision and dissemination of IEC materials on safety and health, provision of Personal Protective Equipment (PPE) when necessary and other OSH related requirements and activities, to ensure the protection for our workers and employees against injuries, illnesses and death through safe and healthy working conditions and environment.

We commit to conduct risk assessment as required to prevent workplace accidents as well as comply with other provisions of this OSH program. That we are also fully aware of the penalties and sanctions for OSH violations as provided for in RA 11058 and its Implementing Rules and Regulations.

[Signature] \_\_\_\_\_

[Name] \_\_\_\_\_

[President] / [Chief Executive Officer] / [Owner]

[Date] ; \_\_\_\_\_

## 2.0 General Safety and Health Programs

### 21. Conduct of Risk Assessment

Kindly accomplish. Pls use additional pages if needed. You may also wish to attach your Company's Risk Assessment Matrix as substitute

Risk Assessment Matrix				
Task	Hazard Identified	Risk Description	Priority: likelihood of injury and illness to occur (low, medium, high)	Control Measures

#### Example of Simple Risk Assessment

Task	Hazard	Risk	Priority	Control
Delivering product to customers	Drivers work alone	May be unable to call for help if needed	high	Need for helper
	Drivers have to occasionally work long hours	Fatigue, short rest time between shifts	medium	Policy on work break
	Drivers are often in very congested traffic	Increased chance of collision	low	Road safety program
		Longer working hours	medium	Work breaks
	Drivers have to lift boxes when delivering product	Injury to back from lifting, reaching, carrying, etc.	high	Given proper orientation on lifting

#### 2.2 Medical Surveillance

The company will require all employees to undergo a baseline or initial medical health examination prior to assigning to a potentially hazardous activity. The examination will include but not limited to the following:

- Routine : ( ) CBC ( ) Chest X-ray ( ) Urinalysis ( ) stool exam
- Special: ( ) Blood Chemistry ( ) ECG ( ) others, please specify
- Schedule of Annual medical examination: ( ) Q1 ( ) Q2 ( ) Q3 ( ) Q4
- Is random drug testing conducted? Yes \_\_\_\_\_ when \_\_\_\_\_) No \_\_\_\_\_

#### 2.3 First-Aid, Health Care Medicines and Equipment Facilities

- How may treatment rooms/first aid rooms are existing in your company? \_\_\_\_\_

- How many Clinics in the workplace? \_\_\_\_\_
- What hospital (s) are you affiliated with? \_\_\_\_\_

**3.0 And 4.0 - Health Programs for the promotion, prevention and control**

*This refers to : Drug-free Workplace in compliance to RA 9165, Human Immunodeficiency Syndrome (HIV/AIDS) in compliance to (RA 8504) RA 11166, Tuberculosis in compliance to EO 187-03, Hepatitis B in compliance to DOLE Advisory No. 05 Series of 2010, Mental Health in compliance to RA 11036.*

**Kindly accomplish the policy template in Annex A.**

(\*you may attach individual policy statements)

**5.0 Composition and Duties of Safety and Health Committee**

The SHC of the company is responsible to plan, develop and implement OSH policies and programs , monitor and evaluate OSH programs and investigate all aspect of the work pertaining to the safety and health of all the workers. SHC shall be composed of the following in compliance with the law:

(a) For establishments with less than ten workers and low risk establishments with ten (10) to fifty (50) workers. – A SO1 shall establish an OSH committee composed of the following:

- Chairperson : \_\_\_\_\_  
Name of Company owner or manager
- Secretary : \_\_\_\_\_  
Safety officer of the workplace
- Member : \_\_\_\_\_  
Name of at least one (1) worker, preferably a union member, if organized

(b) For medium to high risk establishments with ten (10) to fifty (50) workers and low to high risk establishments with fifty-one (51) workers and above. – The OSH committee of the covered workplace shall be composed of the following:

- Ex-officio chairperson : \_\_\_\_\_  
Name of Employer or his/her representative
- Secretary : \_\_\_\_\_  
Name of Safety officer of the workplace
- Ex-officio members : \_\_\_\_\_  
Name of Certified first-aider/s
- \_\_\_\_\_ Name of OH nurse
- \_\_\_\_\_ Name of OH dentist, and OH physician, as applicable
- Members : Name of Safety officers representing the contractor or subcontractor, as the case may be,  
\_\_\_\_\_ Name of workers' representatives who shall come from the union, if the workers are organized, or elected workers through

a simple vote of majority, if they are unorganized.

(c) Joint Coordinating Committee: For two (2) or more establishments housed under one building or complex including malls.

Chairperson : \_\_\_\_\_  
Name of Building owner or his/her representative such as the building administrator

Secretary : \_\_\_\_\_  
Name of Safety officer appointed by the Chairperson

Members : \_\_\_\_\_  
\_\_\_\_\_

Name of 2 safety officers from the building selected to the Joint OSH Committee

\_\_\_\_\_

Name of two (2) workers' representatives one from which must be from a union if organized from any establishments under the building

(All members of the HSC shall perform their duties and responsibilities by the OSH law and its implementing guidelines.)

Safety and Health Committee Minutes/Reports submitted to DOLE (pls attach latest OSH committee minutes/report)

Yes \_\_\_\_ No \_\_\_\_\_

**6.0 OSH Personnel and Facilities**

**6.1 Safety Officer**

Safety Officer(s): *(attach certificate of training/s prescribed by DOLE)(please use additional sheets as necessary)*

Name of Safety Officer(s):	Training(s) (kindly include number of hours)

**6.2 Emergency Occupational Health Personnel and Facilities**

List of competent emergency health personnel within the worksite duly complemented by adequate medical supplies, equipment and facilities based on the total number of workers. (Use additional sheet if necessary and attach all required training certificates in this section.)

Emergency Health Personnel and Facilities

Shift/Area/unit/ Department	Total number of workers/area	Health Personnel & Facilities	
		Health Personnel (First- aider, Nurse, Physician, Dentist)	Facilities (Treatment Room/ Clinic/ Hospital)

**7.0 Safety and Health Promotion, training and education provided to workers**

- Orientation of all workers on OSH
- Conduct of Risk Assessment, evaluation and Control
- \*Continuing training on OSH for OSH Personnel
- \*Work permit System
  - \*(Applicable for medium to high risk establishments with 10 to 50 workers and low to high risk establishments with 51 workers and above)*

*(please attach additional sheets as necessary)*

Name of OSH Training/Orientation	Number of Employees in attendance	Date

Conduct of Risk Assessment (may include WEM)	Date

**8.0 Conduct of Tool Box Meetings/ Safety Meetings if applicable**

Conduct of Safety Meetings/Tool Box Meetings	Date

**9.0 Accident/Incident/Injury investigation recording and reporting**

Any dangerous occurrence, major accident resulting to death or permanent total disability, shall be reported by the company to the DOLE Regional Office within twenty four (24) hours from occurrence using the prescribed form (Work Accident / Incident Notification).

After the conduct of investigation, the company shall prepare and submit work accident report using the prescribed form (WAIR). Moreover, other work accidents resulting to

disabling injuries such as Permanent Partial Disability and Temporary Total Disability shall be reported to the DOLE Regional Office within 30 days after the date of occurrence of accident using the DOLE prescribed form (WAIR).

All near misses shall be recorded and reported. A system for notification and reporting of work accidents including near misses within the company shall be developed and reviewed by the OSH Committee as necessary.

(Kindly submit reports on the following: Work Accident /Injury Report (WAIR), Annual Exposure Data Report (AEDR), Annual Medical Report (AMR)

Report Submitted	Date

### 10.0 Provision and use of PPE

Issuance of PPE shall be supplemented by training on the application, use, handling, cleaning and maintenance.

PPE provided	Number of Workers given

### 11.0 Safety Signage

The safety signages include warning to workers and employees and the public about the hazards within the workplace.

Type of Safety Signage : Kindly attach picture.

**12.0\* Dust control and management and regulation on activities such as building of temporary structures and lifting and operation of electrical, mechanical, communications system and other requirements** *\*(Applicable for medium to high risk establishments with 10 to 50 workers and low to high risk establishments with 51 workers and above)*

*Kindly attach dust control procedures, plans on temporary structures, permits applicable for the operation of electrical, mechanical, communications systems and other requirements*

### 13.0 Workers Facilities Provided:

FACILITIES	PROVIDED?		REMARKS
	YES	NO	
a. Adequate supply of drinking water			



b. Adequate sanitary and washing facilities			
c. Suitable living accommodation (if applicable)			
d. Separate sanitary, washing and sleeping facilities (if applicable)			
e. Lactation station (in consonance with DOLE D.O. 143-15)			
f. Ramps, railings, and the like			
g. Other workers' welfare facilities as prescribed by OSHS and other related issuances			

**14.0 Emergency and Disaster Preparedness:**

14.1 Written Emergency and Disaster Program Yes \_\_\_\_\_ No \_\_\_\_\_

14.2 Types and number of Drills conducted

Type of Drills (fire, earthquake)	Date	Responsible person/position

**15.0 Solid Waste Management System**

Written Pollution Control Program: Yes: \_\_\_\_\_ No: \_\_\_\_\_

Name of Pollution Control Officer: \_\_\_\_\_

**16.0 Compliance with Reportorial Government Requirements (refer to item 9.0)**

**17.0 Control and management of hazards.**

Refer to accomplished HIRAC

**18.0 \*Prohibited Acts and Penalties/sanctions for violations on OSH**

*\*(Applicable for medium to high risk establishments with 10 to 50 workers and low to high risk establishments with 51 workers and above)*

(Pls attach existing company sanctions for violations on OSH)

**(Example of Company violation policies)**

Safety Violation	1 <sup>st</sup> offense	2 <sup>nd</sup> offense	3 <sup>rd</sup> offense
1. Not using issued PPE	warning	3 day suspension	5 day suspension
2. littering and loitering	warning	3 day suspension	5 day suspension
3. smoking at prohibited area	warning	3 day suspension	5 day suspension
4. illegal dismantling of safety	warning	3 day suspension	5 day

signages and paraphernalia			suspension
5. Not following safety rules	3 day suspension	5 day suspension	Dismissal

### 19.0 \* Cost of implementing company OSH program

*\*(Applicable for medium to high risk establishments with 10 to 50 workers and low to high risk establishments with 51 workers and above)*

Php \_\_\_\_\_ ; Annual estimated amount for OSH program implementation to include but not limited to the following: orientation/training of workers, safety officer, OH personnel, purchase and maintenance of PPE, first aid medicine and other medical supplies, safety signages and devices, fire safety equipment/tools, safety of equipment ( i.e machine guards,) etc.

OSH Item	Estimated Cost/year
PPEs	
OSH trainings	
Safety Signages	
Machine Guards and related equipment	
Medical examinations	
Medical supplies/medicines	
Others: Specify	

**ANNEX A:**

**WORKPLACE POLICY AND PROGRAM ON PROMOTING WORKERS HEALTH AND ENSURING PREVENTION AND CONTROL OF HEALTH-RELATED ISSUES AND ILLNESS**

\_\_\_\_\_ company is committed to promote and ensure a healthy and safe working environment through its various health programs for its employees. We shall conform to the all issuances and laws that guarantee workers health and safety at all times.

The company shall ensure that worker's health is maintained through the following company programs and activities:

- a) Orientation and education of employees
- b) Access to reliable information on illness and hazards at work
- c) Referral to medical experts for diagnosis and management of illness or health-related concerns
- d) Provide health-related programs such proper nutrition and exercise activities are made available to the workers

The above-mentioned programs shall comply with the Government's issuances on promoting healthy lifestyle, addressing mental health in the workplace and preventing and controlling substance abuse.

In addition, company policies to protect workers' rights arising from illness shall be guaranteed. The company shall promote the following workers' rights:

- a) Confidentiality of information
- b) Non-discrimination including non-termination
- c) Work accommodation following a course of illness
- d) Assistance to compensation

This policy is formulated for everybody's information. The company is committed to ensuring workers' health and providing a healthy and safe workplace.

\_\_\_\_\_  
**Owner /Manager**

\_\_\_\_\_  
**Employees' Representative**

DATE: \_\_\_\_\_