

PROCEDURAL GUIDELINES FOR

Accreditation of Practitioners, Consultants and
Organizations on
Occupational Safety And Health

*(Pursuant to Department Order No 16, series of 2001
which amended Rule 1030 of the Occupational Health
and Safety Standards)*



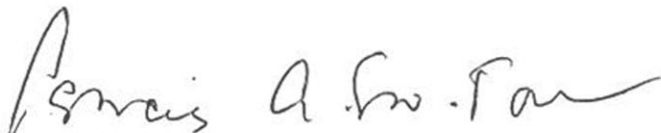
DEPARTMENT OF LABOR AND
EMPLOYMENT
Bureau of Working Conditions
Intramuros Manila
2003



FOREWORD

The Department of Labor and Employment (DOLE), through the Bureau of Working Conditions (BWC), continuously strives to strengthen the administration and enforcement of the Occupational Safety and Health Standards (OSHS) through other modes and complementary mechanisms. The accreditation of safety and health professionals and organizations by the BWC pursuant to Rule 1030 of the OSHS is a venue to enhance the culture of safety and voluntary compliance to labor standards, particularly on occupational safety and health. Accreditation is aimed at increasing the number of competent individuals qualified to carry out the provisions of the OSHS.

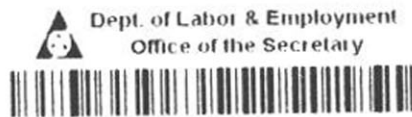
This Procedural Guidelines provides an overview of the legal bases for accreditation and guides our clientele and stakeholders on the requirements and procedures in securing accreditation of OSH Practitioner, OSH Consultant, OSH Consultancy Organization and OSH Training Organization. As accreditation should be systematic and orderly procedure for filing and evaluation of application has to be established, and this Guidelines seek to achieve such.



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Secretary

Department of Labor and Employment



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**PROCEDURAL GUIDELINES
FOR
ACCREDITATION OF PRACTITIONERS, CONSULTANTS AND
ORGANIZATIONS ON OCCUPATIONAL SAFETY AND HEALTH
(Pursuant to D.O. 16 series of 2001 which amended Rule 1030 of the Occupational
Safety and Health Standards)**

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PROCEDURAL GUIDELINES
FOR
ACCREDITATION OF PRACTITIONERS, CONSULTANTS AND
ORGANIZATIONS ON OCCUPATIONAL SAFETY AND HEALTH
PURSUANT TO DEPARTMENT ORDER NO. 16 SERIES OF 2001 WHICH
AMENDED RULE 1030 OF THE OCCUPATIONAL SAFETY
AND HEALTH STANDARDS (OSHS)

PART I. GENERAL FEATURES AND OBJECTIVES OF DEPARTMENT ORDER NO. 16, S. OF 2001

A. OBJECTIVES

This Procedural Guidelines aims to standardize and streamline the operating procedures in the processing of applications for accreditation of Occupational Safety and Health Personnel and Training Organizations, with the end view of carrying out the policies and objectives of Department Order No. 16, s. of 2001, otherwise known as the “Training and Accreditation of Personnel on Occupational Safety and Health”.

B. LEGAL BASES

The Secretary of Labor shall by appropriate orders set and enforce mandatory occupational safety and health standards to eliminate or reduce occupational safety and health hazards in all workplaces and institute new and update existing programs to ensure safe and healthful working conditions in all places of employment (Article 162 Book IV, Title I, of the Labor Code of the Philippines, as amended)

The Bureau of Working Conditions (BWC), either directly or through accredited training organizations shall conduct continuing programs to increase the supply and competence of personnel qualified to carry out the provisions of this Standards pursuant to Rule 1030 (as amended by D.O. 16 s. of 2001) of the Occupational Safety and Health Standards otherwise known as the Implementing Guidelines of Article 162 Book IV, Title I, of the Labor Code of the Philippines, as amended)

C. SALIENT FEATURES OF D.O. 16, S. 2001 (AMENDMENTS OF RULE 1030 OF THE OSHS) ON TRAINING AND ACCREDITATION

1. Training Requirements

Any person desiring to be employed as or practice Occupational Safety and Health (OSH) in the country is required to complete the prescribed training as follows:

- a. **OH Personnel** - (nurse, physician, dentist) - prescribed training specified under Rule 1960 of the OSHS
- b. **Safety Officer** – Basic Training on OSH, 40 hours
- c. **OSH Practitioner**- Basic Training on OSH, 40 hours
- d. **OSH Consultant** – Advanced Training on OSH, 80 hours
- e. **Trainers on OSH** – Basic Training on OSH, 40 hours and Trainers Training Course, 24 hours

2. Types of Accreditation

Accreditation may be issued to the following:

- a. Individuals such as practitioners and consultants who are qualified to practice OSH in the Philippines as determined by the Bureau.
- b. Institutions or Organizations such as occupational safety and health training organizations and consultancy organizations qualified to render occupational safety and health services such as training, consultancy, inspection and audit among others as determined by the Bureau.

3. Minimum Requirements for Accreditation

The following are the minimum requirements for accreditation as:

- a. Practitioner in Occupational Safety and Health (OSH Practitioner)
 - a.1. Must have completed the Bureau prescribed 40-hour Basic Occupational Safety and Health Training Course from DOLE accredited or recognized organizations.
 - a.2. Must have relevant experience in occupational safety and health. Three (3) years experience is required if applicant is duly licensed, Four (4) years experience, if graduate of any 4 or 5 year college course without license and Ten (10) years experience if college undergraduate.

Relevant experience shall mean actual work experience on OSH or a combination of actual work experience and attendance or participation in various trainings, seminars and other related learning processes.

(Please see Annex - A , Table 1 - Required Relevant Experience for Undergraduate by Number of Academic Units Earned; and Table 2 – Conversion of Training Hours Earned By Type of Training and Learning experiences earned)

b. Consultant in Occupational Safety and Health (OSH Consultant)

- b.1. Must be an accredited OSH practitioner for five (5) years with experience in two (2) fields of specialization on OSH.
- b.2. Must have experience in policy formulation and development, implementation, monitoring and evaluation of occupational safety and health management systems.
- b.3. Must have completed the 80-hour Advanced Occupational Safety and Health Training Course as prescribed by the Bureau.
- b.4. Must have earned 480 hours of training/seminar or related learning processes in various fields of occupational safety and health from accredited organization or institutions authorized by law.

c. Occupational Safety and Health Consultancy Organization

- c.1. Must be composed of two or more accredited occupational safety and health consultants with valid accreditations.
- c.2. Must have a valid business registration, license, and permit to operate or any other proofs to show existence as a juridical entity recognized under appropriate issuances/laws.

d. Occupational Safety and Health Training Organization

- d.1. Must be composed of two trainers on OSH.
- d.2. Must have basic training equipments, facilities and materials as determined by the Bureau.
- d.3. Must have a valid business registration, license and permit to operate or any other proofs to show existence as a juridical entity recognized under appropriate issuances/laws.
- d.4. A Bureau-prescribed and/or approved course of study shall be used or followed by accredited organizations. Any deviation from the prescribed training must be with the previous approval of the Bureau.

4. Validity and Renewal of Accreditation

Accreditation shall be valid for three (3) years and shall be renewed upon compliance of the minimum requirements, unless suspended, cancelled or revoke on grounds pursuant to D.O. 16.

5. Effects of Accreditation

- a. Accreditation shall be synonymous with license to practice occupational safety and health. Thus, no person or organization shall be allowed, hired or otherwise employed as a practitioner/consultant in the practice of occupational safety and health while organization shall not be authorized to conduct OSH trainings and services, unless the requirements of this rule are complied with.
- b. No employer or organization shall hire or employ a practitioner or consultant on occupational safety and health unless accredited by the Bureau.

6. Requirements on the Renewal of Accreditation

a. OSH Practitioner and Consultant

- Updated Resume with recent picture
- Summary of Accomplishments on OSH duly certified by the supervisor and employer
- Payment of Fees

(Please see Annex C - Documentary Requirements on Renewal of Accreditation)

b. Training and Consultancy Organizations

- Updated organization profile
- Updated resume of trainers and consultants
- Annual Accomplishment Report
- Reports on monitoring and evaluation of training/services rendered
- Calendar of Trainings or services
- Payment of Fees

7. Grounds for Suspension / Cancellation of Accreditation

a. Suspension:

- a.1. Inactive as occupational safety and health practitioner/consultant/training/consulting organization for three (3) consecutive years.
- a.2. Failure to renew accreditation with the Bureau on or before the anniversary date of the original accreditation.

- a.3. Non-compliance with the provisions or other requirements of this Rules, promulgated orders, decisions and circulars issued by the Bureau/Department on accreditation.

b. Cancellation

- b.1. Convicted for criminal offense involving moral turpitude.
- b.2. Violation of professional ethics.
- b.3. Two (2) consecutive suspensions.

8. Remedies to Reactivate Suspended Accreditation

An appeal for reactivation of suspended accreditation shall be filed with Bureau for consideration.

9. Audit System:

A regular audit shall be done by the Bureau to determine compliance with the Provisions of Accreditation (Rule 1034).

10. Confidential Character of Certain Data

Information and documents received by or filed with the Bureau in compliance with the requirements for accreditation and its renewal shall be treated as confidential and shall not be divulged to any party without the consent of the concerned individual or organization.

11. Fees - Applicant shall pay the following fees as stated by Rule 1970 of Occupational Safety and Health Standards which was amended by Department Order 9, series 2001:

	OSH Practitioner	OSH Consultant	Organization
Certificate	₱ 150.00	₱ 300.00	₱ 300.00
Annual/Renewal	₱ 100.00	₱ 150.00	₱ 200.00

PART II. DEFINITION OF TERMS AND SPECIFIC PROVISIONS

1. DEFINITION OF TERMS

- a. **Department** – refers to the Department of Labor and Employment.
- b. **Secretary** - refers to the Secretary of Labor and Employment.
- c. **Bureau** - refers to the Bureau of Working Conditions.
- d. **Regional Office** – refers to the Regional Offices of the Department of Labor and Employment.
- e. **Director** - refers to the Director of the Bureau of Working Conditions
- f. **Standards** - refers to the Occupational Safety and Health Standards, as amended.
- g. **Accreditation** - is synonymous to license granted by the Secretary to any qualified individual and private organization to practice occupational safety and health and to assist in the promotion and implementation of the provisions of the Standards.
- h. **Practitioner** – refers to any qualified person as assessed and duly accredited by the Bureau to practice and render occupational safety and health services in a defined and specific scope or core competency.
- i. **Consultant** – refers to any practitioner in occupational safety and health duly accredited by the Bureau to practice, perform and/or render consultative and/or advisory services on occupational safety and health in at least two (2) fields of specialization as enumerated in Annex “A” of D.O. 16 series of 2001.
- j. **Consulting Organization** – refers to group of persons or an organization duly-accredited by the Bureau to practice, perform and/or render consultative and/or advisory services on occupational safety and health in at least two (2) fields of specialization as enumerated in Annex “A” of D.O. 16 series of 2001.
- k. **Consultancy Organization** – as used in this manual is synonymous to Consulting Organization provided for in D.O. 16.
- l. **Training Organization** – refers to an institution/organization accredited or authorized by law to conduct training in a particular field or a combination of fields on occupational safety and health duly accredited by DOLE.
- m. **Audit** – Shall mean an evaluation process to determine compliance of accredited safety training organizations and consulting organizations with the criteria/requirements set by the Bureau.
- n. **Foreign Nationals** – refers to persons who are not citizens of the Philippines whether residents or non-residents.
- o. **Documentary Requirements** – refers to all the forms and related documents enumerated in the checklist attached to the application forms annexed to this Manual.
- p. **Fees** – refers to the amount paid to the Department of Labor and Employment (DOLE) by the applicant in securing an accreditation which include certificates and annual fees.
- q. **Training** – refers to training prescribed by the BWC and other OSH related trainings conducted by DOLE accredited or recognized organization or institutions.

PART III. PROCEDURES IN FILING OF APPLICATION, EVALUATION OF DOCUMENTS, APPROVAL/DENIAL, RENEWAL, SUSPENSION/CANCELLATION OF ACCREDITATION

A. FILING OF APPLICATION (New and Renewal)

- 1. Who Shall File and How to File** – any person, partnership, corporation or qualified entity desiring to secure accreditation on occupational safety and health from the Department shall accomplish in duplicate and file the application prescribed for such purpose.
- 2. Where To File** – Application for new application and/or renewal of accreditation shall be filed with the Bureau or through the Regional Office.
 - a. **Application Received by the Region-** The Regional Office shall officially endorse the application to the Bureau within 7 working days from receipt thereof.

(Please see Annex B - List of Documentary Requirements on Accreditation of OSH Practitioner/Consultant/Organization (New application); Annex C - List of Documentary Requirement for Renewal of Accreditation; and Annex G - List of DOLE Regional Offices)
 - b. **Application Received by the Bureau-** Applications received by the Bureau shall be reviewed and evaluated by technical staff of the Occupational Health and Safety Division who shall in turn submit their recommendations to the Bureau Director.
- 3. When Is An Application Deemed Filed** - All applications filed with the Bureau or through the Regional Offices shall be deemed as filed upon receipt of duly accomplished application form with complete documentary requirements. Application for both new and renewal with incomplete documentary requirements shall be returned to the applicant accompanied with a checklist of requirements.
- 4. Prescriptive Period for the Filing of Renewal:** Accreditation for practitioner/consultant, OSH training organization, consultancy organization shall be renewed within the prescriptive period of 30 calendar days prior to expiration thereof.

B. PROCEDURES IN THE EVALUATION OF APPLICATION (NEW AND RENEWAL)

1. New application for accreditation

a. As OSH Practitioner/Consultant:

- a.1. Assigned Evaluator shall accomplish the appropriate Evaluation form for New Application to record findings and recommendations. The evaluator shall prepare an evaluation report within three (3) working days indicating initial findings for review by the authorized BWC senior staff.
- a.2. A final review of the findings and recommendations shall be submitted by the Chief of the OHSD within three (3) working days to BWC director for appropriate action.
- a.4. In case of any deficiencies, applicant shall be notified in writing of the same with a prescriptive period for submission of documents.
- a.5. Applicants who have complied with the documentary requirements shall be notified on the schedule of interview. During the interview, the applicant shall present the originals of training certificates, diploma, licenses, if any, and other documents required by the Bureau.
- a.6. After the interview, a final evaluation report shall be prepared by the evaluator within 2 days indicating the over-all evaluation rating based on the documentary requirements and interview of applicant.
- a.7. Within 15 working days after the interview, the applicant shall be notified in writing on the result of evaluation whether approved or denied or for completion of deficiencies.

b. As Training Organization

- b.1. **Creation of BWC Evaluation Team** – Within five (5) working days upon receipt of duly filed application, the BWC Director shall designate a team composed of two (2) to three (3) BWC technical staff who shall be authorized to conduct an evaluation and ocular inspection of office, facilities and equipment.
- b.2. **Ocular inspection** – Within (5) days after the creation of the team, the team shall conduct an ocular inspection of the office, training facilities and equipment and other training materials and paraphernalia for the purpose of determining whether it meets the standards set by the Bureau for the organization's accreditation. The Bureau team shall be accompanied by a representative of the organization during the inspection. During the ocular visit, the team shall use the prescribed Evaluation Checklist for Ocular inspection of facilities and equipment.

- b.3. **Report of the Team** - Within 15 days from the date of the ocular inspection, the team shall submit to the Director a report indicating findings and/or recommendations.
- b.4. **Notice to the Organization** – Organizations shall be notified on the results of evaluation within 15 days after the conduct of ocular inspection.
- b.5. **Provisional Accreditation** - If the applicant has satisfactorily complied with the prescribed minimum requirements, the applicant shall be given a provisional accreditation valid for six (6) months within which the organization shall conduct at least one training on the prescribed 40-hour Basic Training on OSH to be observed and evaluated by the Bureau.
- b.6. **Notice of Training** -At least fifteen (15) days prior to the conduct of actual training, STO shall notify the Bureau in writing on the date and venue of training. Training syllabus (specifying Date and Time, Topics/Sessions, Objectives per session, Methodology and Resource speakers), and other documents as may be required/determined by the Bureau shall be submitted.
- b.7. **Observation of Actual Conduct of Training by the BWC Team** -The BWC Director shall designate a team composed of two (2) to three (3) BWC technical staff who shall observe the actual conduct of the Basic Training on OSH by the applicant. Observation of subsequent training (if any) within the six (6) month period shall be at the option of the Bureau.
- b.8. **Result of Evaluation** - Within 15 working days after the evaluation, the team shall submit a report on the conduct of the Basic Training to the Director indicating findings and recommendations.
- b.9. **Notice to organization** - the applicant shall be notified in writing on the results of evaluation within 30 days after observation of the training.

c. As Consultancy Organization

- c.1. **Creation of BWC Evaluation Team** – Within five (5) working days upon receipt of the application with complete documentary requirements, the BWC Director shall designate a team composed of two (2) to three (3) BWC technical staff who shall be authorized to conduct an evaluation and ocular inspection of office, facilities and equipment.
- c.2. **Ocular inspection** - Within 3 days upon receipt of the order, the team shall conduct an ocular inspection of the office facilities, equipment and other materials necessary in the performance of OSH services to be rendered. The team shall be accompanied by a representative of the organization during the ocular inspection. During the ocular visit, the team shall use the prescribed Evaluation Checklist for Ocular inspection of facilities and equipment.

- c.3. **Evaluation Report** - Within 15 days from the date of the ocular inspection, the team shall submit to the Director through the OHSD Chief, a complete evaluation report indicating findings and recommendations.
- c.4. **Result of Evaluation** - Within 30 days after the conduct of the ocular inspection, the applicant shall be notified in writing on the results of evaluation.

2. Renewal of Accreditation

a. As OSH Practitioner and Consultant

- a.1. **Use of Evaluation Form for Renewal** - Assigned evaluator shall accomplish the Evaluation Form for Renewal of Accreditation within three (3) days upon receipt of the application and required documents to record findings and recommendations. The evaluator shall prepare a summary of evaluation indicating findings and recommendations for review and recommendation by authorized BWC senior staff.
- a.2. **Result of Evaluation** - Within 3 days upon receipt, a final review of the findings with recommendations shall be submitted by the Chief of the OHSD to BWC Director for approval or disapproval of renewal of accreditation.
- a.3. **Notice to individual** - Within 15 working days after receipt of application, the applicant shall be notified in writing on the result of evaluation whether approved or denied or for completion of deficiencies.

b. As Training / Consultancy Organization

- b.1. **Creation of BWC Evaluation Team** – Within five (5) working days upon receipt of duly filed application, the BWC Director shall designate a team composed of two (2) to three (3) BWC technical staff who shall be authorized to conduct an evaluation and ocular inspection of office, facilities and equipment (for both STO and SCO), and audit of conduct of training (in case of STO).
- b.2. **Ocular inspection** – Within five (5) days after the creation of the team, the team shall conduct an ocular inspection of the office (for both STO and SCO), training facilities and equipment and other training materials and paraphernalia (in case of STO) for the purpose of determining whether it meets the standards set by the Bureau for the organization's accreditation. The Bureau team shall be accompanied by a representative of the organization during the inspection.

- b.3. **Use of Evaluation Form for Renewal-** Assigned evaluator/s shall accomplish the Evaluation Form for Renewal of Accreditation to record findings and recommendations and submit their evaluation for review by the authorized senior staff.
- b.4. **Report of the Team** - Within 15 days from the date of the ocular inspection or audit of the conduct of training as the case may be, the team shall submit to the OHSD Chief, a summary of evaluation indicating findings and recommendations for approval of the Director.
- b.5. **Notice to the Organization** – Organizations shall be notified on the results of evaluation within 20 days after the conduct of ocular inspection and/or audit of the conduct of training.

C. APPROVAL and ISSUANCE of Certificate of Accreditation and an ID

If the applicant has complied with the prescribed minimum requirements, the Bureau (for individual accreditation) and the Secretary (for organization) shall issue a Certificate of Accreditation. A Certificate shall be issued after payment of accreditation fee. An ID card shall also be issued to OSH practitioner/consultant after payment of appropriate fees.

D. BASES FOR DENIAL OF ACCREDITATION

Any of the following are grounds for the denial of an accreditation:

- 1. Deficiency on the required minimum years of experience on OSH.
- 2. Deficiency on the required number of training hours on OSH.
- 3. Falsified documents, certificates and other information indicated thereon.
- 4. With pending criminal case/s.

E. EFFECTS OF FAILURE TO RENEW

- 1. An OSH practitioner/consultant/organization who/which fails to obtain a renewal of its accreditation within thirty (30) calendar days from expiration thereof, shall be de-listed from the roster of accredited OSH practitioner, consultant, safety training organization, consultancy organization, as the case maybe.
- 2. De-listed person or organization shall not be allowed, hired or otherwise employed as a practitioner/consultant in the practice of occupational safety and health while organization shall not be authorized to conduct OSH trainings and services, unless the requirements for renewal are complied with.

F. VALIDITY OF ACCREDITATION

- 1. **Period of Validity.** Three (3) year validity shall be given for both new and renewal of accreditation.

2. **Validity of a New Accreditation.** The validity of a new accreditation shall be from the date of its approval.
3. **Validity of Renewal of Accreditation.** Renewal of accreditation shall be valid a day after its expiration, regardless of whether the renewal is granted before or after the said date of expiration.
4. **Non-expiration of Accreditation.** Where the accredited individual/organization has made timely and sufficient submission of application deemed as filed for renewal, the existing accreditation shall not expire until a new validity shall have been determined by the Bureau.

G. PAYMENT OF FEES

1. All Applicants shall pay the following fees to the Department:
 - a. **Certificate and Renewal fee**

	Practitioners	Consultants	Organizations
Certificate	₱ 150.00	₱300.00	₱ 300.00
Annual/Renewal fee	₱ 100.00	₱ 150.00	₱ 200.00
 - b. **ID Card Fee.** An additional fee shall be charged for the issuance of an ID. Fees for ID shall be based on printing and processing cost.
 - c. **Replacement Fee.** Upon presentation of proof of loss, a replacement fee of **₱150.00** for safety practitioner, **₱ 300.00** for safety consultant and **₱ 300.00** for safety consultancy/training organization shall be paid to the Department for each replacement of lost certificate/ID.
2. **Treatment of Fees.** Pursuant to accounting and auditing rules and regulations the following shall apply:
 - a. Fees collected is non-refundable, whether the accreditation is approved, suspended or cancelled by the Bureau (for individual) or Secretary (for organization).
 - b. Fees collected shall be deposited with the National Treasury to the credit of the Department of Labor and Employment.
 - c. All fees collected shall be covered by Official Receipts.
3. **Mode of Payment and Collection of Fees.** The following shall apply:
 - a. Payment of fees may be paid in cash or check or postal money order. In case of check or postal money order, it shall be addressed to the credit of the Department of Labor and Employment.

- b. An order of payment shall be secured from the Occupational Health and Safety Division (OHSD) of the Bureau only after approval by the BWC Director before issuance of Certificate.
- c. Payment shall be made to the DOLE Cash Division.

H. SUSPENSION/CANCELLATION OF ACCREDITATION

1. Motu Proprio.

The Bureau Director shall issue a formal Order of Suspension or Cancellation of the accreditation to the practitioner, consultant, consultancy organization, training organization citing the ground/s for the suspension or cancellation.

2. Suspension or Cancellation of Accreditation Based on Valid Complaint/s by Concerned Parties.

- a. The Bureau shall accept formal written complaints against the accredited organization or practitioner/consultant from any concerned group or person by providing proofs or evidences to merit an action from the Bureau.
- b. For valid complaints, a formal investigation shall immediately be conducted by the authorized Bureau representative/s. Within fifteen (15) days a copy of investigation report shall be submitted to the Director.
- c. Concerned accredited organization or individual shall be given the opportunity to submit a written response to the complaints against them by explaining why his/her accreditation should not be suspended/cancelled.
- d. After due process, the Bureau may recommend to the Secretary the suspension/cancellation of accreditation by submitting the recommendations including a detailed report on the grounds for suspension or cancellation of accreditation.
- e. Organization or individual shall be notified in writing within 15 days after the issuance of order of suspension/cancellation of accreditation.

I. REMEDIES IN CASE OF DENIAL OF APPLICATION FOR ACCREDITATION OR SUSPENSION/CANCELLATION OF ACCREDITATION

1. REQUEST FOR RECONSIDERATION. The following shall apply:

- a. Any aggrieved party may file a "Request for Reconsideration" from the Decision for Denial of the application for accreditation or a Decision for Suspension/Cancellation of the accreditation.
- b. A Request for Reconsideration shall be filed with the Bureau within fifteen (15) calendar days after receipt of the Decision of Bureau Director.

- c. The Bureau shall resolve the Request for Reconsideration within fifteen (15) calendar days from receipt of the said Request for Reconsideration.
- d. In case of denial of the Request for Reconsideration, an Order shall be issued and the applicant shall be duly notified.
- e. If the Request for Reconsideration of the denial of the application for accreditation is granted, the Bureau shall issue the accreditation to the applicant after payment of applicable fees.
- f. If the Request for Reconsideration of the suspension/cancellation of the accreditation is granted, the Bureau Director shall issue an Order to restore the validity of the accreditation.

2. APPEAL. The following shall apply:

- a. Any aggrieved party may file an Appeal from the decision of the Bureau on denial of the application for accreditation or suspension/cancellation of the accreditation.
- b. An Appeal from the Decision of the Bureau shall be filed with the Office of the Secretary within fifteen (15) calendar days upon receipt of the said Decision of the Bureau Director. If after fifteen days the aggrieved party failed to file an appeal with the Secretary, the Decision of the Bureau Director becomes final and effective.
- c. In case of denial of the Appeal, a decision shall be issued and the applicant shall be duly notified. The decision of the Secretary is final and executory. No motion for reconsideration will be entertained on the decision for denial of appeal.
- d. If the Appeal of the suspension/cancellation of the accreditation is granted, the accreditation shall be restored with its validity. The decision of the Secretary is final and executory.

J. SUPERVISION AND MONITORING OF THE ACTIVITIES OF ACCREDITED OSH TRAINING ORGANIZATIONS AND CONSULTANCY ORGANIZATIONS

To monitor and evaluate the performance of accredited organizations the following activities shall be done by the Bureau:

- 1. Conduct Spot-check/Audit/Inspection of accredited organization's office and its premises, actual conduct of training/consultancy services as deemed necessary .
- 2. Take measures that will help ensure the maintenance of standards on the conduct of training by OSH training organization or consultancy services by consultancy organization.

3. Monitor, evaluate accuracy and timeliness of submission by accredited organization of the following reports to the Bureau:

- a. Regular submission of training calendar and an annual accomplishments report at the start of the year (every January) by Safety Training Organization
- b. The Bureau must be properly notified by the training organization should there be any changes in their previously submitted calendar of training activities.
- c. Regular submission of notice on conduct of every prescribed Training on OSH to be submitted 15 days prior to conduct of training.
- d. Regular submission of post training reports on OSH to be submitted five (5) working days after the training by Safety Training Organization:
 - c.1. Directory of participants.
 - c.2. Photocopy of daily attendance sheet duly signed by the participants.
 - c.3. Photocopy of participants' evaluation of resource speakers.
 - c.5. Photocopy of participants' evaluation of the training.
 - c.6. Results of examination indicating participants' rating (if any)
 - c.7. Course Syllabus/outline indicating specific topics, objectives, methodology no. of hours/topic and assigned resource speaker.

(Please see Report Forms on Page 32-36 - Annex E - Forms for OSH Training Organization)

- d. Annual accomplishment report and photocopy of clients evaluation of OSH services provided by Safety Consultancy Organization (SCO) to be submitted to the Bureau every January.

(Please see Report Form on Page 37 - Annex E - Annual Accomplishment for OSH Consultancy Organization)

K. Notice to BWC on Changes of Data/Information - The accredited practitioners/consultants and organizations shall immediately notify the Bureau in writing any of the following changes:

- 1. Change in the Composition of staff (i.e. termination or appointment of trainer (in case of OSH Training Organization) or consultants (in case of OSH Consultancy Organization).
- 2. New Office/Business Address.
- 3. Other relevant data/information about the accredited individual/organization as determined by the Bureau.

PART IV – Tables and Annexes

ANNEX A

**Table 1 - Required Relevant Experience on OSH for Undergraduate
By Number of Academic Units Earned**

No. of academic units	Actual Work Experience		Actual Work Experience Plus Training Hours on OSH
Below 36	10 years	Or	9 years plus 80 hours 8 years plus 160 hours 7 years plus 240 hours 6 years plus 320 5 years actual practice plus 400 hours
36 to 71 units	8 years	OR	7 years plus 80 hour 6 years plus 160 hours 5 years plus 240 hours
72 to 107 units	7 years	OR	6 years plus 80 hours 5 years plus 160 hours 4 years plus 240 3 years plus 400
108 units to 143	6 years	OR	5 years plus 80 hours 4 year plus 160 hours 3 years plus 240 hours
144 and above	5 years	OR	4 year plus 80 hours 3 years plus 160 hours

**Table 2 – Conversion of Training Hours Earned
by Type of Learning Activities**

Learning Activities/Programs	Training hour/s completed	Number of Hours to be credited by the Bureau.
Training, Seminar, Consultation, Workshop in OSH	One hour	One hour
Conferences, Conventions, Congress, Forum in OSH	Two hours	One hour
Resource Speaker/Presenter on OSH	One Training	Eight hours
Facilitator/Moderator on OSH	One hour	One hour

Note: Eighty (80) hours of credited trainings shall be converted as one (1) year experience. However, years of actual experience must not be less than 2 years.

ANNEX B

LIST OF REQUIREMENTS ON ACCREDITATION AS OSH PRACTITIONER/CONSULTANT (NEW APPLICATION)

Duly accomplished Application Form, DOLE-BWC-AF-PCN-A1 on Page 24-26 for OSH practitioner/consultant and DOLE –BWC-AF-ORG-A3 on Page 29-31 for OSH Organization with the following attachments:

OSH PRACTITIONER / CONSULTANT- (Use/Attach Form DOLE-BWC-AF-CHK-PC on Page 20)

1. Two (1"x 1") recent picture in red background for practitioner and blue background for consultant, duly signed at the back.
2. Original Certificate of Employment indicating date of appointment at present position using the official company letter head and photocopy of previous employment certificate, if any.
3. Original of actual Duties and Responsibilities at present position, using company letterhead, signed by immediate supervisor and Personnel Manager or authorized official of the company.
4. Photocopies of certificates of completion of BWC prescribed training on OSH (40 hours) for practitioners and advanced training on OSH (80 hours) for consultants.
5. Photocopies of certificates of completion/attendance in other OSH related trainings/seminars.
6. Photocopy of college diploma or Transcript of Records or Board Exam Certificate/PRC license if applicable.
7. Proof/s of accomplishment or participation in OSH (accident reports, safety inspection reports, safety audit reports, safety and health committee reports reports/programs prepared/implemented).
8. Other documents as may be required.

OSH TRAINING ORGANIZATION – (Use/Attach Form DOLE-BWC-AF-CHK-TO on Page 21-22)

1. Certified true copy of business registration with Securities and Exchange Commission or Bureau of Domestic Trade (BDT) or Cooperative Development Authority (CDA) whichever is applicable.
2. Certified true copy of Articles of Incorporation, its by-laws or Articles of Partnership and amendments thereof in case of corporation or partnership.
3. Certified true copy of registration with DOLE (Rule 1020 of OSHS).
4. Certified true copy of Business Permit to Operated issued by appropriate Local Government Unit.
5. Updated Resume of Trainers/Resource Speakers.
6. Duly notarized Contract of Service /Agreement with Resource Speakers.

7. Photocopy of Certificate of Completion of the Trainer's Training and the Basic Occupational Safety and Health by the Resource Speakers.
8. Duly notarized Contract of Service with regular staff/s.
9. Location Map of the Organization's Office.
10. Proof of Ownership of its Office or Contract of Lease if rented.
11. Duly notarized Contract with Suppliers (if equipments are rented)
12. Duly certified list of training facilities, equipments, references and other training resources and paraphernalia.
13. Photocopy of Contract with Venue/s (if rented) or proof of ownership (if owned).
14. Training Manual on Occupational Safety and Health.
15. Course Syllabus / Outline specifying Date/Time, Topic, Objectives, Methodology and Resource Speakers.
16. Monitoring and Evaluation Form for Training and Speakers.
17. Format Copy of Certificate of Completion to be issued to participants (indicating information on organization's name, logo, DOLE accreditation number, BWC compliance statement, inclusive date/s of training, venue/address and signature of two authorized Officials of the organization).

OSH CONSULTANCY ORGANIZATION – (Use/Attach Form DOLE-BWC-CHK-C on Page 23)

1. Certified true copy of Business Registration with Securities and Exchange Commission (SEC), Bureau of Domestic Trade (BDT), Cooperative Development Authority (CDA) whichever is applicable.
2. Certified true copy of Articles of Incorporation, its by-laws or Articles of Partnership and amendments thereof in case of corporation or partnership.
3. Certified true copy of registration with DOLE Regional Office (Rule 1020 of the OSHS).
4. Certified true copy of Business Permit to Operate issued by appropriate Local Government Unit.
5. Updated Resume of Consultants.
6. Duly notarized Contract of Service /Agreement with Consultant/s.
7. Original Location Map of the Organization's Office.
8. Duly notarized Contract with Suppliers (if equipments are rented)
9. Proof of Ownership of its Office or Contract of Lease if rented.
10. Duly notarized Contract of Service with regular staff/s.
11. Duly certified list of facilities, equipments, references and other consultancy resources and paraphernalia.
12. Monitoring and Evaluation Form for consultancy services rendered.

ANNEX C

LIST OF REQUIREMENTS ON ACCREDITATION RENEWAL

Duly accomplished application form, DOLE-BWC-AF-PCR-A2 on Page 27-28 for OSH practitioner/consultant and DOLE –BWC-AF-ORG-A3 on Page 29-31 for OSH Organization with the following attachments:

OSH PRACTITIONER / CONSULTANT- (Use/Attach Form DOLE-BWC-AF-CHK-PC on Page 20)

1. Two 1”x1” recent pictures (signed at the back, blue background for Consultant and red background for Practitioner).
2. Summary of applicant’s accomplishments as OSH Practitioner/Consultant related to OSH signed by the employer and supervisor using official letterhead of the company.
3. Proof/s of accomplishments or participation in OSH (accident reports, safety inspection reports, safety audit reports, safety and health committee reports reports/programs prepared/implemented). Consultant with more than one client-establishments shall submit an accomplishment report certified by the client/s.
4. Photo copy of Certificate of accreditation.
5. Photocopy of certificate of attendance on additional OSH related trainings (at least 16 hours of OSH training per year or a total of 48 hours for 3 years, earned from DOLE recognized/ accredited STO/institutions or any institutions authorized by law).
6. Other documents as may be required.

When there is a change of employer/position, the following must also be submitted:

1. Original certificate of employment indicating name, position and date of appointment at present position, using official letterhead of the company.
2. Original of actual Duties and Responsibilities at present position, using official letterhead of the company, signed by immediate supervisor and Personnel Manager or authorized official of the company.

OSH ORGANIZATION

1. Yearly Calendar of trainings or services and other OSH related activities.
2. Photocopy of latest certificate of accreditation.
3. Summary of Annual Accomplishment Report on trainings conducted and consultancy services provided (for OSH Consultancy Organization).
4. Updated resume of trainers (for OSH Training Organization) and consultants (for OSH Consultancy Organization).
5. Contract of Service with Resource Speakers/Consultants, duly notarized.
6. Monitoring and evaluation report on the conduct of training/services.
7. Contract of lease if office is rented or certificate of ownership if office is owned.
8. Certified true copy of renewal of mayor’s permit.

ANNEX D

Forms for Application for OSH Practitioners/Consultants/Organizations

<p>DEPARTMENT OF LABOR AND EMPLOYMENT Bureau of Working Conditions Intramuros, Manila</p>	<p>CHECKLIST OF DOCUMENTARY REQUIREMENTS ON ACCREDITATION OF OSH PRACTITIONER/CONSULTANT</p>	<p>DOLE-BWC-AF-CHK-PC</p> <p>Revision Code: 0803-0 Page 1 of 1</p>	
Prepared by: OHSD-SPIS	Approved by: Director TERESITA R. MANZALA, CESO III	Effectivity Date: August 2003	
<p>INSTRUCTION: To the applicant - Please fasten all attachments/documents neatly in a long plain folder and arranged according to the following order enumerated below. Application may be submitted directly to BWC or to concerned R.O. Documents submitted must be signed in all pages.</p> <p>To DOLE receiving personnel - Please (✓) or (X) mark in the appropriate column below when receiving application. Application with incomplete documents shall be returned to the applicant together with this checklist indicating requirements for compliance.</p>			
<p>Name of Applicant: _____ as : <input type="checkbox"/> OSH Practitioner <input type="checkbox"/> OSH Consultant</p>			
DOCUMENTARY REQUIREMENTS CHECKLIST		Submitted	Remarks
New Applicants:		YES	NO
1. Two (2) copies of duly accomplished Application Form (DOLE-BWC-AF-PCN-A1) with 2 copies most recent 1 x 1 ID picture signed at the back. (red background for SP, blue background for SC).			
2. Original Certificate of Employment indicating name, position and date of appointment at present position using the official letterhead of the company.			
3. Original of actual Duties and Responsibilities at present position, signed by immediate supervisor and Personnel Manager or authorized official of the company, using letterhead of the company.			
4. Photocopy of certificate of employment from previous employer/s indicating position(s) and date(s) of appointment (if any and necessary in support of actual experience on OSH). May submit actual functions and proof of accomplishments, duly certified by the employer.			
5. Photocopy of certificate of completion of the Bureau Prescribed Course (40-hr or 80-hr) on Occupational Safety and Health issued by accredited STO.			
6. Photocopy of certificate of attendance/participation on other OSH related trainings / seminars/activities.			
7. Photocopy of College Diploma or Transcript of Records and Board Exam Certificate or PRC License (if any).			
8. Proof/s of accomplishment or participation in OSH ____ accident reports ____ safety inspection/audit reports ____ HSC committee report ____ OSH program prepared/ implemented ____ Other reports prepared by the applicant, please specify _____			
Renewal of Accreditation:			
1. Two (2) copies of duly accomplished Application Form (DOLE-BWC-AF-PCN-A2) with 2 copies most recent 1 x 1 ID picture signed at the back. (red background for SP, blue background for SC).			
2. Summary of Applicant's Accomplishments as OSH Practitioner / Consultant related to OSH signed by the employer and supervisor using official letterhead of the company. Consultant with more than one client- establishments shall submit an accomplishment report certified by the client's.			
4. Photocopy of Certificate of Accreditation (last issued).			
5. Photocopy of other OSH related trainings/seminars attended after last renewal of at least 16 hours per year or 48 hours of trainings for 3 years, earned from DOLE recognized/accredited STO/institutions authorized by law.			
6. Proof/s of accomplishment or participation in OSH ____ accident reports ____ safety inspection reports ____ safety audit reports ____ HSC committee report ____ OSH program prepared/ implemented ____ Other reports prepared by the applicant, please specify _____			
<u>When There is a Change of Employer/position</u>			
7. Original Certificate of Employment indicating name , position and date of appointment at present position, using official letterhead of the company.			
8. Original of actual Duties and Responsibilities at present position, using official letterhead of the company, signed by immediate supervisor and Personnel Manager or authorized official of the company.			
<p>INITIAL EVALUATION / REMARKS:</p> <p>____ Complete documents submitted, signed in all pages.</p> <p>____ With incomplete documents, for compliance of the above stated deficiencies with mark "x".</p> <p>____ For interview on _____ at _____, please call 5273483 or 5275496.</p> <p>____ Others, specify _____</p>		<p>Note: Originals will be required for presentation during interview if new applicant; during filing of application if renewal.</p>	
Checked / Received by: _____		Date/Time: _____	




CHECKLIST OF REQUIREMENTS


SAFETY TRAINING ORGANIZATION

DOLE-BWC
AF-CHK-TO

Page 1 of 2

NAME OF ORGANIZATION: _____		SUPPORTING DOCUMENTS	REMARKS
REQUIREMENTS			
<input type="checkbox"/>	Company has a valid Business Name or Registration and Permit. In case of Corporation/Partnership - Registration with SEC Single Proprietor - Business Name from Bureau of Domestic Trade Cooperative - Registration with Cooperative Dev't Authority Union - Registration with DOLE	<input type="checkbox"/> - Certified true copy of business registration with SEC or BDT or CDA or DOLE whichever is applicable. <input type="checkbox"/> - Article of Incorporation, its by-laws or Aticles of Partnership and amendments thereof in case of corporation or partnership. <input type="checkbox"/> - Certified true copy of Mayor's Permit <input type="checkbox"/> - Photocopy of Registration with DOLE	
<input type="checkbox"/>	- Valid Mayor's Permit or license to operate	<input type="checkbox"/>	
<input type="checkbox"/>	- Registration with DOLE (Rule 1020 of the OSHS)	<input type="checkbox"/>	
<input type="checkbox"/>	Company profile	<input type="checkbox"/>	
2. Technical Staff / Resource Speakers*			
<input type="checkbox"/>	Has under its employ one permanent full time Safety Consultant with valid accreditation from DOLE.	<input type="checkbox"/> - Duly accomplished Application Form (DOLE-BWC -AF-ORG-A3) <input type="checkbox"/> - Updated Resume of trainers/resource speakers	
<input type="checkbox"/>	Has under its employ one permanent full time Safety Practitioner with valid accreditation from DOLE.		
POOL OF TRAINERS			
<input type="checkbox"/>	Has at least three (3) technical personnel (excluding the above SC/SP) with DOLE accreditation and adequate knowledge in the following fields: 1 ____ Safety and Health Inspection 2 ____ Accident Investigation and Reporting 3 ____ Job Hazard Analysis/Evaluation/Control 4 ____ Safety and Health Programming 5 ____ Fire Protection and Control 6 ____ Industrial Hygiene 7 ____ Training & Safety Educ. Tech. 8 ____ OSH Laws & Legislations 9 ____ Personal Protective Equipmt. 10 ____ Other OSH related fields Specify: _____	<input type="checkbox"/> - Name of Trainer _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ <input type="checkbox"/> - Photocopy of Contract of Service/Employment with Trainers and Resource Speakers, duly notarized <input type="checkbox"/> - Photocopyof certificate of completion. Original to be presented to authorized Bureau or Regional Officer	
<input type="checkbox"/>	With valid contract of service with speakers.		
<input type="checkbox"/>	All resource speakers have completed the 40 hour BOSH and have at least 24 hours of Trainers' Training	<input type="checkbox"/>	
<input type="checkbox"/>	With technical staff responsible in the design implementation and evaluation of training. Name/s: _____		
3. Office Facilities and Personnel **			
<input type="checkbox"/>	Office is located in a business-like environment accessible to means of public transportation and with proper identification.	<input type="checkbox"/> - Location map <input type="checkbox"/> - Photocopy of proof of ownership if office is owned or contract of lease if rented	
<input type="checkbox"/>	Has at least 3 office tables and chairs. Office has sufficient space for personnel to move around comfortably.		
<input type="checkbox"/>	Lighting and ventilations are adequate.	<input type="checkbox"/>	
<input type="checkbox"/>	Has at least one set of each of the following items: telephone, fax machine and other suitable communication equipment.	<input type="checkbox"/> - Updated list of office equipment	
<input type="checkbox"/>	Has at least one set of working computer and printer.	<input type="checkbox"/>	
<input type="checkbox"/>	Has one regular staff available to answer telephone calls and queries during office hours.	<input type="checkbox"/> - Photocopy of Contract of service with regular staff/s , duly notarized	

 DEPARTMENT OF LABOR AND EMPLOYMENT Bureau of Working Conditions Occupational Health and Safety Division		CHECKLIST OF REQUIREMENTS SAFETY TRAINING ORGANIZATION		DOLE-BWC AF-CHK-TO Page 2 of 2	
			SUPPORTING DOCUMENTS		REMARKS
<input type="checkbox"/>	Has a person authorized to issue company decisions. Name of Person: _____	<input type="checkbox"/>	- Office floor plan / layout		
<input type="checkbox"/>	Receiving area has at least one table and chairs for staff and clients.				
<input type="checkbox"/>	Meeting or briefing room can accommodate at least 6 persons comfortably.				
<input type="checkbox"/>	Has clean and sanitized comfort room				
<input type="checkbox"/>	Files and equipment are properly stored, labelled and well secured.				
4. Training Materials/Equipment (PJ)					
A. Training Equipment **					
<input type="checkbox"/>	Has at least one set each of overhead projector or LCD, tape recorder white board or flip chart, effective sound system.	<input type="checkbox"/>	- List of training facilities, equipments and other training resources and paraphernalia		
<input type="checkbox"/>	Has at least one sets each of the following PPEs: gloves, safety shoes, hard hats, goggles, respirator ear muffs/earplugs, safety belts/body harness; and WEM basic instruments such as luxmeter, noise level meter gas detector, or contract with suppliers of said equipment as to its availability during BOSH training .	<input type="checkbox"/>	- Photocopy of contract with supplier, duly notarized (if any)		
B. Training Venue					
<input type="checkbox"/>	Has a training venue of contract with venue: _____ can accommodate at least 15 participants comfortably	<input type="checkbox"/>	- Photocopy of contract with venue if rented or photocopy of proof of ownership if venue is owned.		
_____	Lighting is adequate				
_____	Ventilation is comfortable				
_____	Location is unaffected by adverse condition of environment				
C. Reference materials					
<input type="checkbox"/>	Has at least one regular subscription to safety and health related materials *	<input type="checkbox"/>	- List of manual/ references and other OSH information		
	Maintains an updated library of safety & health ** materials, books, standards and related materials				
D Training Module/materials on OSH *					
<input type="checkbox"/>	Training manual for the 40-hour training on OSH *	<input type="checkbox"/>	- Copy of course syllabus/ outline (specifying the Date/ Time, Topic, Objectives, Methodology and Resource Speakers). If with deviation, i must be approved by the BWC.		
<input type="checkbox"/>	40-hour training on OSH is clearly printed and updated				
<input type="checkbox"/>	Scope covers all occupational health and safety field as specified in the bureau prescribed course	<input type="checkbox"/>	- Copy of training manual on OSH		
<input type="checkbox"/>	Content is comprehensive can fulfill both general and specific objectives of the training course				
E With evaluation scheme/form that can serve as basis for further improvement of the training					
<input type="checkbox"/>		<input type="checkbox"/>	- Copy of monitoring and evaluation form		
F. Training Certificate of Completion *					
<input type="checkbox"/>	Indicates information on Organization's name accre. number, compliance statement mentioning the BWC requirement, inclusive date/s of training and signature of two authorized Officials in the org.	<input type="checkbox"/>	- Format copy of certificate issued to participants		

 DEPARTMENT OF LABOR AND EMPLOYMENT Bureau of Working Conditions Occupational Health and Safety Division		CHECKLIST OF REQUIREMENTS SAFETY CONSULTANCY ORGANIZATION	DOLE-BWC- AF-CHK-CO Page 1 of 1
NAME OF ORGANIZATION: _____			
REQUIREMENTS		SUPPORTING DOCUMENTS	REMARKS
1. Compliance with Legal Requirements <input type="checkbox"/> Company has a valid Business Name or Registration and Permit. In case of Corporation/Partnership - Registration with SEC Single Proprietor - Business Name from Bureau of Domestic Trade Cooperative - Registration with Cooperative Dev't Authority Union - Registration with DOLE		<input type="checkbox"/> - Certified true copy of business registration with SEC or BDT or CDA or DOLE whichever is applicable. <input type="checkbox"/> - Article of Incorporation, its by-laws or Aticles of Partnership and amendments thereof in case of corporation or partnership.	
<input type="checkbox"/> Mayor's Permit or license to operate		<input type="checkbox"/> - Certified true copy of Mayor's Permit	
<input type="checkbox"/> Registration with DOLE (Rule 1020 of the OSHS)		<input type="checkbox"/> - Photocopy of Registration with DOLE	
<input type="checkbox"/> Company profile		<input type="checkbox"/> - Use the prescribed Application Form	
2. Technical Staff / Resource Speakers* <input type="checkbox"/> Composed of two accredited consultants with valid accreditation. <input type="checkbox"/> Consultant is part owner and has control over the operation of the organization. <input type="checkbox"/> Consultant are expert in the field of OSH the organization is applying for <input type="checkbox"/> With valid contract of service with hired, consultants (if any) or with any hired personnel/staff.		<input type="checkbox"/> - Resume of consultants <input type="checkbox"/> - Contract of Service duly notarized to be binding	
3. Office Facilities and Personnel ** <input type="checkbox"/> Office is located in a business-like environment accessible to means of public transportation and with proper identification. <input type="checkbox"/> Has at least 3 office tables and chairs. Office has sufficient space for personnel to move around comfortably. <input type="checkbox"/> Lighting and ventilations are adequate. <input type="checkbox"/> Has at least one set of each of the following items: telephone, fax machine and other suitable communication equipment. <input type="checkbox"/> Has at least one set of working computer and printer. <input type="checkbox"/> Has one regular staff available to answer telephone calls and queries during office hours. <input type="checkbox"/> With technical equipment necessary for the type of service being applied for <input type="checkbox"/> Has a person authorized to issue company decisions. Name of Person: _____ <input type="checkbox"/> Receiving area has at least one table and chairs for staff and clients. <input type="checkbox"/> Meeting or briefing room can accommodate at least 6 persons comfortably. <input type="checkbox"/> Has clean and sanitized comfort room <input type="checkbox"/> Files and equipment are properly stored, labelled and well secured.		<input type="checkbox"/> - Location map <input type="checkbox"/> - Photocopy of proof of ownership if office is ownec or contract of lease if rented <input type="checkbox"/> - Photocopy of Contract of service with regular staff/s, duly notarized <input type="checkbox"/> - List of equipment <input type="checkbox"/> - Photocopy of contract with supplier if any	
4. With evaluation scheme/form that can serve as basis for further improvement of the training <input type="checkbox"/>		<input type="checkbox"/> - Copy of monitoring and evaluation form	

**OSH PRACTITIONER/
CONSULTANT
APPLICATION FORM
(New Applicant)**

**DOLE-BWC
AF-PCN-A1**
Revision Code: 0803-0
Page 1 of 3

Please attach your
1" x 1" picture
SC: blue background
SP: red background
**2 COPIES
signed at the back**

Instructions:

Fill in all the data needed. Use block/printed letters or use a typewriter. Write N.A. if the blanks are not Applicable. Please sign in all pages of the form.

I would like to apply for Accreditation as:

☐ **OSH Consultant**

☐ **OSH Practitioner**

1. PROFILE

Last Name	First Name	Middle Name	Sex: <input type="checkbox"/> M <input type="checkbox"/> F	Civil Status: <input type="checkbox"/> Single <input type="checkbox"/> Widower/Widow <input type="checkbox"/> Married <input type="checkbox"/> Separated	
City Address (Number & Street, Town/City, Province, Zip Code)			Date of Birth:	Citizenship:	
Home/Provincial Address			Height:	Religion:	
Business Address			Weight:	TIN No. :	PRC No.(if any):
			Blood Type:		
			SSS/GSIS No.	Cellular Phone No (if any):	
			Home No.:	Co. Tel No.:	
Nature of Business / Specific Product/ Type of Service :			E-mail:	Fax No.:	
Workplace: <input type="checkbox"/> Hazardous <input type="checkbox"/> Non-hazardous			Employment Size: MALE: _____ FEMALE: _____ TOTAL : _____		
PSIC Code:	Region:	GEO Code:	Zip Code:		

2. EDUCATIONAL ATTAINMENT - indicate only tertiary education: Masteral, doctoral. Please attach photocopy of diploma /transcript of records .

Degree/units Earned	School / Address (Last attended)	Inclusive dates	Awards/ Honors

Type of Professional License received: _____

PRC License NO.: _____ Date Issued: _____ Validity: _____

3. WORK EXPERIENCE (Use additional sheet if necessary). Please attach original certificate of employment and job description duly certified by the Personnel Manager/ employer/or authorized company official using official company letter head; and proof of practice (safety report/programs prepared/implemented).

Position (From recent to present)	Inclusive Dates		Length of service	Status of Appointment	Company
	From	To			

**OSH PRACTITIONER/CONSULTANT
APPLICATION FORM
(New Applicant)**

**DOLE-BWC
AF-PCN-A1**
Revision Code: 0803-0
Page 2 of 3

4. OSH RELATED TRAININGS / SEMINARS ATTENDED (As Participant) - (Use additional sheet if necessary)
Please attach photocopy of certificate. Original copies of certificates to be presented to authorized DOLE staff for certification.

Title (Start from recent to previous)	Time / Duration		No. of Hours	Conducted by	Venue
	From	To			

5. OSH RELATED LECTURES / SEMINARS /TRAININGS CONDUCTED (As Resource Speaker) (Use additional sheet if necessary) Please attach photocopy of certificate/recognition received.

Title/Topic (Start from recent to previous)	Time / Duration		No. of Hours	Conducted by	Venue
	From	To			

6. OSH SKILLS / EXPERTISE / SPECIALIZATION ACQUIRED (Use additional sheet if necessary)

Trade / Occupation	Field of Expertise	Brief Description	Years of Experience

7. OSH AWARDS / ACHIEVEMENTS /RECOGNITION RECEIVED (Use additional sheet if necessary). Attach photocopy of certificate of award/recognition

Title	Issued by	Date Issued

OSH PRACTITIONER/CONSULTANT
APPLICATION FORM
(New Applicant)

DOLE-BWC
AF-PCN-A1
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 Page 3 of 3

8. OSH EXAMINATIONS / ELIGIBILITIES PASSED (if any) *(Use additional sheet if necessary). Please attach photocopy of ID, license or certification*

Title	Year Taken	Given by	Rating

9. MEMBERSHIPS / AFFILIATIONS RELATED TO OSH

Organization / Institution / Agency	Designation / Position	Validity

10. CHARACTER REFERENCES (give at least 3)

Name	Position / Occupation	Company / Address	Contact Number/s

Do you have any pending a) administrative case ☐ Yes ☐ No b) criminal case? ☐ Yes ☐ No

If you have any, give details of the offense _____

Have you been convicted of any crime or violation of any law, decree, ordinance or regulations by any court or tribunal?

☐ Yes ☐ No If yes, give details _____

Have you ever been convicted of any administrative offense? ☐ Yes ☐ No

If your answer is "YES", give details of the offense _____

Have you ever been retired, forced to resign or dropped from employment in the public and private sector?

☐ Yes ☐ No If yes, give reasons _____

I certify that the information stated above are true and correct.

SIGNATURE

Date: _____

RIGTH THUMB
 MARK

Instructions :

Fill in all the data needed. Use block/printed letters or use a typewriter. Write N.A. if the blanks are not Applicable. Application may be submitted directly to BWC or to concerned R.O. Documents submitted must be signed in all pages.

I would like to apply for renewal of my accreditation as:

☐ **OSH CONSULTANT** ☐ **OSH PRACTITIONER**

Accreditation No: _____
Date accredited: _____
Date of last renewal: _____
Validity: _____

1. PROFILE

Last Name	First Name	Middle Name	Sex: <input type="checkbox"/> M <input type="checkbox"/> F	Civil Status: <input type="checkbox"/> Single <input type="checkbox"/> Widower/Widow <input type="checkbox"/> Married <input type="checkbox"/> Separated
City/Mailing Address (No. & Street, Town/City, Province, Zip Code)				
Home/Provincial Address			Home No.:	Cellular Phone No (if any):
Business Address			Co. Tel No.:	Fax No.:
			E-mail:	
Nature of Business / Specific Product/Service :			PSIC Code:	
Type of Workplace: <input type="checkbox"/> Hazardous <input type="checkbox"/> Non-hazardous			Employment Size: MALE: _____ FEMALE: _____ TOTAL : _____	
Region:			GEO Code:	

2. WORK EXPERIENCE *since last issuance of accreditation*

**YEARS OF OSH
EXPERIENCE**

Position (From recent to previous)	Inclusive Dates		Length of service	Status of Appointment	Name of Company
	From	To			

3. SUMMARY OF ACCOMPLISHMENTS ON OSH (Please attach original summary of accomplishments duly certified by your immediate supervisor and employer using company letterhead. Photocopy of supporting documents should be attached (i.e. report on inspection , accident investigation, OSH programs/activities)

4. OSH RELATED TRAININGS / SEMINARS ATTENDED (As Participant) - *Since last issuance of accreditation Please attach photocopy of certificate. Original copies of certificates to be presented to authorized DOLE staff for authentication.*

Title (Start from latest)	Time / Duration		No. of Hours	Conducted by	Venue
	From	To			

Total _____

5. OSH RELATED LECTURES / SEMINARS / TRAININGS CONDUCTED (As Resource Speaker)

(Since last issuance of accreditation. Please attach photocopy of certificate/recognition received.)

Title / Topic	Time / Duration		No. of Hours	Conducted By	Venue
	From	To			

Total _____

6. OSH SKILLS / EXPERTISE / SPECIALIZATION ACQUIRED *(Use additional sheet if necessary)*

Trade / Occupation	Field of Expertise	Brief Description	Years of Experience

7. OSH AWARDS / ACHIEVEMENTS / RECOGNITION RECEIVED *(Use additional sheet if necessary).*

Attach photocopy of certificate of award/recognition

Title	Brief Description	Issued By	Date issued

I certify that the information stated above are true and correct.

SIGNATURE

Date: _____

RIGHT THUMB
MARK

APPLICATION FORM
ON ACCREDITATION OF OSH
TRAINING/CONSULTING ORGANIZATION

DOLE-BWC
AF-ORG-A3
 Rev. Code: 0703-0
 Page 1 of 3

Instructions: Please accomplish completely and attach the required documents. Refer to checklist of requirements listed below for attachments (new/renewal) and mark (✓) in the left hand portion all documents submitted

Pursuant to requirement of D. O. 16, series 2001, We would like to apply for an accreditation as

☐ **Safety Training Organization**
☐ **Safety Consulting Organization.**

☐ **New** ☐ **Renewal**

If renewal:

Accreditation No.: _____

Date Accredited: _____

Validity: _____

PROFILE – Please attach certified true copies of Business Registration with SEC, BIR and DOLE, and Mayor's Permit to operate

Name of Organization	Type of Organization <input type="checkbox"/> Government <input type="checkbox"/> Private <input type="checkbox"/> Semi-government Other, please specify _____	
Company Address	Sec. Reg. No:	Date Registered:
Name of Top Company Head	Mayor's Permit No.:	Date of Issuance:
Official Title/Designation	BIR Registration	Date of Issuance
Tel No.	TIN No.	
Fax No.:	Registered with DOLE?: Yes ____ No ____ Date Registered: _____	
E-mail Address	Employment Size: MALE: _____ FEMALE: _____ TOTAL : _____	

2. HISTORY AND BACKGROUND – Please provide one or two paragraphs describing the history and background of your organization

3. Staff - Please attach your organizational chart

Name of Administrative/Support Staff	Position	Educational Background	Type of Employment (Regular, Project Based, Contractual)	If contractual (specify period of contract)

4. Technical - Use additional sheet if necessary. Please attach resume of technical staff/resource speakers and contract of agreements with them.

Name of Technical Staff	Highest Educational Attainment	Field of expertise/specialization/competence	If accredited as OSH Professional, specify Accreditation No. and Validity

5. LIST OF FACILITIES/EQUIPMENT – Use additional sheet if necessary

For Safety Training Organization- Please attach contract of agreement with venue if no available training room

Office Facilities/Equipment	Number	Capacity (How many can be accommodated at one time?)	Office Facilities/Equipment	Number/Unit
Meeting Room			Set of Computer & Printer	
Library			Telephone	
Receiving Area			Fax Machine	
Training Room			Table & Chairs	
Others, Please specify			Others, please specify	

6. OSH Information - What OSH information are available in you organization? (Books, Journals, Database, etc. Please specify/ describe, add additional sheet if necessary

Type	Title

To be filled-up by Safety Training Organization Applicant

7. Training Equipment/Materials

Type of Training Equipment/Materials	Please check (if available)	Number
LCD; for power point presentation		
Overhead projector/s (OHP)		
Opaque projector/s		
Digital camera/s		
VHS player/s		
VCD/DVD player/s		
TV monitor/s		
Other, please describe		

8. List of Training Courses Offered *Please enclose syllabus or outline of BWC prescribed Training on OSH (specifying Date/Time, Topic, Objective, Methodology and Resource Speakers), Copy of Training Manual, evaluation forms for trainers and course program, and certificate of completion.*

Title	Target group	Duration in days	Pre-requisite if any	International/ National	Certification

To be filled up by Safety Consulting Organization

9. TYPE OF OSH Consultancy - *Please attach list of available equipment necessary in the conduct of type of OSH consultancy services provided. Attach also list of clients (if any)*

<input type="checkbox"/> OSH Safety Program Development and Implementation <input type="checkbox"/> OSH Safety Audit/Evaluation <input type="checkbox"/> Occupational Safety Management System <input type="checkbox"/> In-Plant Safety Inspection <input type="checkbox"/> Fire Prevention, Protection and Control <input type="checkbox"/> Risk Assessment <input type="checkbox"/> General Safety and Health Audit in Construction	<input type="checkbox"/> Occupational Health <input type="checkbox"/> Industrial Hygiene <input type="checkbox"/> Work Environment Measurement <input type="checkbox"/> Work Accident Investigation <input type="checkbox"/> Other, Please specify _____
---	--

I certify that the information stated above are true and correct.

SIGNATURE

Date: _____

RIGHT THUMB
MARK

ANNEX E

Report Forms for OSH Organizations

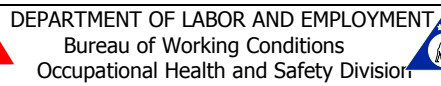
 DEPARTMENT OF LABOR AND EMPLOYMENT Bureau of Working Conditions Occupational Safety and Health Division		OSH TRAINING ORGANIZATION OSH COURSE SYLLABUS	DOLE-BWC - AF-STO-SYL Rev. Code: 0803-0 Page 1 of 1
STO Name:		Accreditation No.: _____	
		Validity: _____	
Course Title:		Accreditation No.: _____	
		Date of approval : _____	
Inclusive Dates		Venue	
General Course Objectives:			

(Use additional sheet if necessary)

Date/Time	Sessions/Objectives	Methodology	Resource Speaker/s

Submitted by:

 (Signature over printed name)
 Position: _____
 Date: _____



DOLE-BWC-AF-STO-COT
Rev. Code: 0803-0
Page 1 of 1

STO Name:

Submission Date:

Submitted by; _____
(Signature over printed name)

[illegible]

DEPARTMENT OF LABOR AND EMPLOYMENT Bureau of Working Conditions Occupational Health and Safety Division	OSH TRAINING ORGANIZATION ANNUAL ACCOMPLISHMENTS REPORT FORM	DOLE-BWC- AF-STO-AAR Revision Code : 0 Page 1 of 1 Effectivity: Aug. '03
Instruction: This Form is to be submitted every January of the year for our evaluation. Please attach directory of participants (if not yet submitted to the BWC).		
STO Name: _____ Accreditation No. : _____ Validity: _____		Covered Period: _____
Pursuant to report requirements of D.O. 16 s. 2001 which amended Rule 1030 of the Occupational Safety and Health Standards (OSHS), we are submitting our Annual Accomplishments Report for your evaluation.		

SUMMARY OF TRAININGS CONDUCTED

Title of Training	Total No. of Trainings Conducted	Total participants			Total No. of Companies
		M	F	T	
BOSH TRAINING					
OTHER OSH RELATED TRAININGS					


Do you have programs on updating trainers' knowledge and skills? ☐ YES ☐ NO.
 If yes, please describe:

LIST OF TRAININGS CONDUCTED

Title of Training	Venue	Inclusive Dates	No. of Participants			No. of Companies
			M	F	T	

Certified true and correct:

 (Signature over printed name)
 Position: _____
 Date: _____

 DEPARTMENT OF LABOR AND EMPLOYMENT Bureau of Working Conditions Occupational Safety and Health Division		POST TRAINING REPORT OF OSH Training Organization		DOLE-BWC-AF-STO-PTR Rev. Code: 0808- 0 Page 1 of 2
Instruction: This Form is to be submitted five (5) days after the conduct of every training on OSH. Please attach photocopy of the following: a) attendance sheet duly signed by the participants, b) participants' evaluation of the training, c) participants' evaluation of resource speakers and c) results of examination (if any).				
STO Name:		Accreditation No:		Validity:
Pursuant to requirements of D.O. 16, s. 2001 amending Rule 1030 of Occupational Safety and Health Standards (OSHS), we would like to submit to you the post training report requirements on the Bureau prescribed Training on OSH for your information and evaluation.				
Title of Training:		Participants: Total____ Male ____ Female		
Date:		No. of companies		
Venue				

COURSE SYLLABUS

(Use additional sheet if necessary)

Date/Time	Sessions/Sub-sessions/ Session Objectives	Methodology	Resource Speaker/s




DIRECTORY OF PARTICIPANTS

Name	Company	Position	Telephone

Certified true and correct:

(Signature over printed name)
Position: _____
Date: _____

 DEPARTMENT OF LABOR AND EMPLOYMENT Bureau of Working Conditions Occupational Health and Safety Division	OSH CONSULTING ORGANIZATION ANNUAL ACCOMPLISHMENTS REPORT FORM	DOLE-BWC-AF-SCO-ACM Revision Code : 0803- 0 Page 1 of 1
Instruction: This Form is to be submitted every January following the covered period to BWC for evaluation.		
SCO Name:	Covered Period:	
Pursuant to report requirements of D.O. 16 s. 2001 which amended Rule 1030 of the Occupational Safety and Health Standards (OSHS), we are submitting our Annual Accomplishment Report for your evaluation.		

Type of OSH Consultancy Services Provided (Please Describe)	Name/Address of Company Served	Inclusive Date/s	No. of Employees Covered		
			M	F	T


Certified true and correct:

 (Signature over printed name)
 Position: _____
 Date: _____

ANNEX F

Forms for Evaluation

DEPARTMENT OF LABOR AND EMPLOYMENT BUREAU OF WORKING CONDITIONS Occupational Health and Safety Division	EVALUATION FORM ON ACCREDITATION OF OSH PRACTITIONER/CONSULTANT	DOLE-BWC-AF-PCN-EV Rev. Code: 0703-3 Page 1 of 2
<div style="display: flex; justify-content: space-around; align-items: center;"> <div> <input type="checkbox"/> OSH PRACTITIONERS in _____ as _____ </div> <div> <input type="checkbox"/> OSH CONSULTANTS </div> </div>		
<div style="border: 2px solid black; padding: 2px; margin-bottom: 5px;"> NAME OF APPLICANT : </div>		
<div style="display: flex;"> <div style="flex: 1;"> <div style="display: flex; justify-content: space-between;"> <div style="width: 15px; text-align: center;"> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> </div> <div> 1. Duly accomplished DOLE Application form or resume (2 copies), signed by the applicant 2. Two most recent pictures, (1" x 1") signed at the back) 3. Original of Certificate of Employment indicating date of appointment at present position using the official company letterhead and photocopy of previous employment certificate, if any. 4. Original of actual Duties and Responsibilities at present position, using official company Letterhead, signed by Personnel Manager or authorized company official. 5. Photocopy of certificate of attendance/participation on other OSH related Trainings / Seminars/activities. Originals presented: Yes ____ No ____ 6. Photocopy of College Diploma or Transcript of Records or Board Exam Certificate/ PRC License, if applicable. Originals presented: Yes ____ No ____ 7. Proof/s of accomplishment or participation in OSH . 8. Photocopy of certificate of completion of prescribed 40-hour Basic Training on OSH : Issued by: _____ Inclusive Dates: _____ Prescribed 80-hour Advance Training on OSH: Title: _____ Issued by _____ Inclusive Dates _____ _____ </div> </div> </div> </div> <div style="flex: 1; border: 1px solid black; margin-left: 5px; padding: 5px;"> REMARKS </div>		

<div>DEPARTMENT OF LABOR AND EMPLOYMENT BUREAU OF WORKING CONDITIONS Occupational Health and Safety Division</div>		<div>EVALUATION FORM ON ACCREDITATION OF OSH PRACTITIONER/CONSULTANT</div>		<div>DOLE-BWC-AF-PCN-EV Rev. Code: 0703-3 Page 2 of 2</div>			
<div>Safety Consultant a) ACCREDITED AS SAFETY PRACTITIONER No. <div></div> RATE: 5 years. = 3.5 pts.; 6-8 years. = 4 pts.; 9-10 = 4.5 More than 10 years. = 5 pts. <div></div>3<div></div> b) WITH EXPERIENCE IN POLICY FORMULATION, PROGRAM DEV'T., MONITORING AND EVALUATION <div></div>2<div></div> (at least one year experience) Rate: 0 or 5 c) WITH ONE YEAR SUCCESSFUL EXPERIENCE IN AT LEAST TWO FIELDS OF SPECIALIZATION <div></div>3<div></div> Rate: 0 or 5 <div>Maximum Equivalent Points = 40 Minimum points for SC = 36; Minimum points for SP = 28</div>Sub-total for item II <div></div></div>				<div>REMARKS</div>			
<div>Inclusive Date</div>		<div>Position</div>		<div>Company</div>		<div>No. of yrs.</div>	
<div>III ACCOMPLISHMENT/ACHIEVEMENT RELATED TO OSH (The evaluator must use his/her judgement based on the submitted reports, verification made and interview conducted). 1. KNOWLEDGE/ACCOMPLISHMENTS / ACHIEVEMENT <div></div>2<div></div> RATE : is the average of interview items 1 to 6 2. VALUES (work ethics, integrity, sense of responsibility, positive attitude and principles) RATE: 3.5 = MODERATE; 4 = HIGH; 5 = VERY HIGH <div></div>2<div></div> 3. COMPANY'S COMPLIANCE ON OSHS RATE: is the average of interview items 7 to 10 <div></div>2<div></div> <div>Maximum points for SC/SP = 30 Minimum points for SC = 21; Minimum points for SP = 21</div>Sub-total for Item III <div></div></div>				<div>RATE EW ER</div>			
<div>OSH Practitioner: Minimum Passing Rate = 70 points OSH Consultant: Minimum Passing Rate = 82 points</div>							
<div>SUMMARY EVALUATION</div>		<div>SUMMARY OF FINDINGS/REMARKS</div>		<div>Minimum Pts SP SC</div>		<div>Actual Pts.</div>	
<div>I. Education & Training</div>				<div>21 25</div>			
<div>II. OSH Experience</div>				<div>28 36</div>			
<div>III. Accomplishments/Achievements/ Knowledge/Values/Co. compliance</div>				<div>21 21</div>			
				<div>70 82</div>		<div></div>	
<div>Recommendations:</div>							
<div>Evaluated by:</div>				<div>Reviewed by:</div>			
<div>Name / Position: Date:</div>				<div>Name/Position Date:</div>			

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DEPARTMENT OF LABOR AND EMPLOYMENT Bureau of Working Conditions Occupational Safety and Health Division	OSH TRAINING ORGANIZATION EVALUATION FORM PART 1- (NEW APPLICATION)	DOLE-BWC-AF-TON-EV Rev. Code: 0703-3 Page 1 of 3
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This EVALUATION CHECKLIST shall be used in evaluating application for renewal of accreditation of STO as required by D.O. 16, s 2001 amending Rule 1030 of the OSHS. The requirements provided in this Checklist shall not be the sole basis for the approval of application. A separate Evaluation Checklist Form Part II shall also be accomplished by the evaluator/s.

Date of Evaluation:

I. General Company Details:

Company Name:	Accreditation No.
Top company head:	Position:
Office Address:	Date Accredited
Tel Nos:	Fax No.
Email:	
Validity:	

Instructions

The following items are to be rated based on the assessment of authorized DOLE representative/s:

1. The "Rate" column must be accomplished based on the following point system:

"0" absence of or non-compliance with the particular item	"3" Adequate
"1" Poor	"4" More than adequate
"2" Fair/Average	"5" - Excellent
2. Equivalent Rating = is the product of "Rate" and Equivalent Weight per column
3. Actual Score = is the product of "Rate" and "Value Factor" per item. Average Rate = Quotient of Sub-total and totals of
4. Overall Evaluation Rating = is the sum of Actual Score in all items. equivalent weight.
5. PJ = Based on evaluator's personal judgement. Rate is based on point system established above.
6. * - Need submission of required documents as proof
7. ** - Need ocular observation

PART I B	REMARKS																																																																	
1. Compliance with Legal Requirements (0/5) <table style="width: 100%; margin-top: 5px;"> <tr> <td style="width: 50%;"></td> <td style="width: 10%; text-align: center;">Rate</td> <td style="width: 10%; text-align: center;">Equiv. Weight</td> <td style="width: 10%; text-align: center;">Equiv. Rating</td> <td style="width: 20%;"></td> </tr> <tr> <td>A. Company has a valid Business Registration and Permit</td> <td></td> <td></td> <td style="text-align: center;">5</td> <td></td> </tr> <tr> <td colspan="5">- Registration with DTI/SEC/CDA/DOLE which ever is applicable</td> </tr> <tr> <td colspan="5">In case of: Single Proprietor - Business Name from DTI</td> </tr> <tr> <td colspan="5">Partnership/Corp. - Registration with SEC</td> </tr> <tr> <td colspan="5">Cooperative - Registration with CDA</td> </tr> <tr> <td colspan="5">Union - Registration with DOLE</td> </tr> <tr> <td>- Business Permit (LGU)</td> <td></td> <td></td> <td style="text-align: center;">5</td> <td></td> </tr> <tr> <td>B. Registration with DOLE (Rule 1020 Requirements)</td> <td></td> <td></td> <td style="text-align: center;">5</td> <td></td> </tr> <tr> <td>C. BIR Requirements</td> <td></td> <td></td> <td style="text-align: center;">5</td> <td></td> </tr> <tr> <td colspan="5">Value Factor for Item I = 10%</td> </tr> <tr> <td colspan="5">Maximum possible score =</td> </tr> <tr> <td colspan="4" style="text-align: right;">Actual Score</td> <td><input style="width: 50px;" type="text"/></td> </tr> </table>		Rate	Equiv. Weight	Equiv. Rating		A. Company has a valid Business Registration and Permit			5		- Registration with DTI/SEC/CDA/DOLE which ever is applicable					In case of: Single Proprietor - Business Name from DTI					Partnership/Corp. - Registration with SEC					Cooperative - Registration with CDA					Union - Registration with DOLE					- Business Permit (LGU)			5		B. Registration with DOLE (Rule 1020 Requirements)			5		C. BIR Requirements			5		Value Factor for Item I = 10%					Maximum possible score =					Actual Score				<input style="width: 50px;" type="text"/>	
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Maximum possible score =																																																																		
Actual Score				<input style="width: 50px;" type="text"/>																																																														
2. Technical Staff / Resource Speakers* <table style="width: 100%; margin-top: 5px;"> <tr> <td style="width: 50%;"></td> <td style="width: 10%; text-align: center;">Rate</td> <td style="width: 10%; text-align: center;">Equiv. weight</td> <td style="width: 10%; text-align: center;">Equiv. Rating</td> <td style="width: 20%;"></td> </tr> <tr> <td>A. Has under its employ one permanent Safety Consultants with valid accreditation. (0/5)</td> <td></td> <td></td> <td style="text-align: center;">4</td> <td></td> </tr> <tr> <td>B. Has under its employ three regular trainers with valid accreditation. (0/5)</td> <td></td> <td></td> <td style="text-align: center;">5</td> <td></td> </tr> <tr> <td>C. Has at least one technical personnel with adequate related knowledge in the following fields:</td> <td></td> <td></td> <td style="text-align: center;">4</td> <td></td> </tr> <tr> <td colspan="5"> <div style="display: flex;"> <div style="flex: 1;"> b1. <input type="checkbox"/> Safety and Health Inspection b2. <input type="checkbox"/> Accident Investigation and Reporting b3. <input type="checkbox"/> Job Hazard Analysis/Evaluation/Control b4. <input type="checkbox"/> Safety and Health Programming b5. <input type="checkbox"/> Fire Protection and Control b6. <input type="checkbox"/> Industrial Hygiene b7. <input type="checkbox"/> Training & Safety Educ. Tech. b8. <input type="checkbox"/> OSH Laws & Legislations b9. <input type="checkbox"/> Personal Protective Equip. b10. <input type="checkbox"/> Other OSH related fields Loss Control </div> <div style="flex: 2;"> Name Trainer/Resource Speaker _____ _____ _____ _____ _____ _____ _____ _____ _____ </div> </div> </td> </tr> </table>		Rate	Equiv. weight	Equiv. Rating		A. Has under its employ one permanent Safety Consultants with valid accreditation. (0/5)			4		B. Has under its employ three regular trainers with valid accreditation. (0/5)			5		C. Has at least one technical personnel with adequate related knowledge in the following fields:			4		<div style="display: flex;"> <div style="flex: 1;"> b1. <input type="checkbox"/> Safety and Health Inspection b2. <input type="checkbox"/> Accident Investigation and Reporting b3. <input type="checkbox"/> Job Hazard Analysis/Evaluation/Control b4. <input type="checkbox"/> Safety and Health Programming b5. <input type="checkbox"/> Fire Protection and Control b6. <input type="checkbox"/> Industrial Hygiene b7. <input type="checkbox"/> Training & Safety Educ. Tech. b8. <input type="checkbox"/> OSH Laws & Legislations b9. <input type="checkbox"/> Personal Protective Equip. b10. <input type="checkbox"/> Other OSH related fields Loss Control </div> <div style="flex: 2;"> Name Trainer/Resource Speaker _____ _____ _____ _____ _____ _____ _____ _____ _____ </div> </div>																																													
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<div style="display: flex;"> <div style="flex: 1;"> b1. <input type="checkbox"/> Safety and Health Inspection b2. <input type="checkbox"/> Accident Investigation and Reporting b3. <input type="checkbox"/> Job Hazard Analysis/Evaluation/Control b4. <input type="checkbox"/> Safety and Health Programming b5. <input type="checkbox"/> Fire Protection and Control b6. <input type="checkbox"/> Industrial Hygiene b7. <input type="checkbox"/> Training & Safety Educ. Tech. b8. <input type="checkbox"/> OSH Laws & Legislations b9. <input type="checkbox"/> Personal Protective Equip. b10. <input type="checkbox"/> Other OSH related fields Loss Control </div> <div style="flex: 2;"> Name Trainer/Resource Speaker _____ _____ _____ _____ _____ _____ _____ _____ _____ </div> </div>																																																																		

DEPARTMENT OF LABOR AND EMPLOYMENT Bureau of Working Conditions Occupational Safety and Health Division	OSH TRAINING ORGANIZATION EVALUATION FORM PART 1- (NEW APPLICATION)	DOLE-BWC-AF-TON-EV Rev. Code: 0703-3 Page 2 of 3																													
<p>D. With valid contract of service with all speakers/trainers. (0/5)</p> <p>E. All resource speakers have completed the 40 hour "Basic Training on OSH" and have at least 16 hours of Trainer's Training. (0/5)</p> <p>F. With technical staff responsible in the design implementation and evaluation of training. (0/5)</p> <p style="text-align: right;">Sub-total </p> <p>Value Factor for Item II = 35% Maximum possible scores = 35</p>	<table border="1" style="margin-bottom: 10px;"> <tr><td style="width: 30px;"></td><td style="width: 30px; text-align: center;">3</td><td style="width: 30px;"></td></tr> <tr><td></td><td style="text-align: center;">2</td><td></td></tr> </table> <table border="1" style="margin-bottom: 10px;"> <tr><td></td><td style="text-align: center;">2</td><td></td></tr> </table> <p>Actual Score </p>		3			2			2		REMARKS																				
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<p>3. Office Facilities and Personnel **</p> <p>A. Office is located in a business-like environment accessible to means of public transportation and with proper identification. Rate: All items are complied = 5; one item not complied = 4 two items not complied = 3</p> <p>B. Has at least 3 office tables and chairs. (0/5)</p> <p>C. Office has sufficient space for personnel to move around comfortably. (0/5)</p> <p>D. Lighting and ventilations are adequate. (0/5)</p> <p>E. Has at least one set of each of the following items: telephone, fax machine and other suitable communication equipment. (0/5)</p> <p>F. Has at least one set of working computer and printer. 0/5</p> <p>G. Has one regular staff available to answer telephone calls and queries during office hours. (0/5) Name of person: </p> <p>H. Has a person authorized to issue company decisions. (0/5) Name of person: </p> <p>I. Receiving area has at least one table and chairs for staff and clients. (0/5)</p> <p>J. Meeting or briefing room can accommodate at least 6 persons comfortably.</p> <p>K. Has clean and sanitized comfort room (PJ)</p> <p>L. Files and equipment are properly stored, labelled and well secured. (PJ)</p> <p style="text-align: right;">Sub Total </p> <p>Value Factor for Item III = 20% Maximum possible score = 20</p>	<table border="1" style="margin-bottom: 10px;"> <tr><td style="width: 30px;"></td><td style="width: 30px; text-align: center;">2</td><td style="width: 30px;"></td></tr> </table> <table border="1" style="margin-bottom: 10px;"> <tr><td></td><td style="text-align: center;">1</td><td></td></tr> <tr><td></td><td style="text-align: center;">2</td><td></td></tr> </table> <table border="1" style="margin-bottom: 10px;"> <tr><td></td><td style="text-align: center;">2</td><td></td></tr> <tr><td></td><td style="text-align: center;">2</td><td></td></tr> </table> <table border="1" style="margin-bottom: 10px;"> <tr><td></td><td style="text-align: center;">2</td><td></td></tr> </table> <table border="1" style="margin-bottom: 10px;"> <tr><td></td><td style="text-align: center;">2</td><td></td></tr> </table> <table border="1" style="margin-bottom: 10px;"> <tr><td></td><td style="text-align: center;">2</td><td></td></tr> </table> <table border="1" style="margin-bottom: 10px;"> <tr><td></td><td style="text-align: center;">1</td><td></td></tr> <tr><td></td><td style="text-align: center;">1</td><td></td></tr> </table> <p>Actual Score </p>		2			1			2			2			2			2			2			2			1			1	
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<p>4. Training Materials/Equipment (PJ)</p> <p>A. Training Equipment **</p> <p>a1 Has at least one set each of overhead projector or LCD, tape recorder white board or flip chart, effective sound system Rate: If all of the above are available = 4 More than the stated minimum = 5</p> <p>a2 Has at least one sets each of the following PPEs: gloves, safety shoes, hard hats, goggles, respirator ear muffs/earplugs, safety belts/body harness; and WEM basic instruments such as luxmeter, noise level meter gas detector, or contract with suppliers of said equipment as to its availability during BOSH training. Rate (0/5) Name of supplier _____ Validity of contract: _____</p>	<table border="1" style="margin-bottom: 10px;"> <tr><td style="width: 30px;"></td><td style="width: 30px; text-align: center;">4</td><td style="width: 30px;"></td></tr> </table> <table border="1" style="margin-bottom: 10px;"> <tr><td></td><td style="text-align: center;">2</td><td></td></tr> </table>		4			2																									
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<p>B. Training Venue</p> <p>b1 Has a training venue of contract with venue: 3</p> <p>_____ can accommodate at least 15 participants comfortably</p> <p>_____ Lighting is adequate</p> <p>_____ Ventilation is comfortable</p> <p>_____ Location is unaffected by adverse condition of environment</p> <p>Rate: All items are met = 5; one criteria is not met = 3; two criterias are not met = 2; three criterias are not met = 1</p> <p>C. Reference materials</p> <p>b1 Has at least one regular subscription to 1 safety and health related materials * (0/5)</p> <p>b2. Maintains an updated library of safety & health ** 2 materials, books, standards and related materials</p> <p>Rate: If with OSHS and reference materials for each of the OSH field listed under Item 2C = 3 If library contain all other relevant OSH codes/practices = 5</p> <p>D Training Module/materials on OSH *</p> <p>c1. Training manual for the 40-hour training on OSH * 2 40-hour training on OSH is clearly printed and updated (PJ)</p> <p>c2. Scope covers all occupational health and safety 2 field as specified in the bureau prescribed course (PJ)</p> <p>c3. Content is comprehensive can fulfill both general 1 and specific objectives of the training course (PJ)</p> <p>E With effective evaluation scheme/procedures 2 that can serve as basis for further improvement of the training</p> <p>F. Training Certificate of Completion * 1 indicates information on Organization's name accre. number, compliance statement mentioning the BWC requirement, inclusive date/s of training and signature of two authorized Officials in the org.</p> <p style="text-align: right;">Sub total </p> <p>Value Factor for Item IV 35% Maximum possible score = 35</p> <p style="text-align: right;">Actual Score </p> <p style="text-align: right;">OVERALL SCORE </p>		<p>Equivalent Rating</p> <p>Below 70 = Poor 70 - 79 = Fair/needs improvement 80 - 89 = Adequate compliance 90 - 95 = More than adequate 90 - 95 = More than adequate 96 above = Excellent</p>																								
<table style="margin: auto;"> <thead> <tr> <th></th> <th>Value Factor</th> <th>Sub- Total</th> <th>Actual Score (VF*Sub-total)</th> </tr> </thead> <tbody> <tr> <td>1 Legal Requirements</td> <td>10%</td> <td></td> <td></td> </tr> <tr> <td>2 Technical Staff/Resource Person</td> <td>35%</td> <td></td> <td></td> </tr> <tr> <td>3 Office facilities and support staff</td> <td>20%</td> <td></td> <td></td> </tr> <tr> <td>4 Training Materials/Equipment</td> <td>35%</td> <td></td> <td></td> </tr> <tr> <td></td> <td>100%</td> <td></td> <td></td> </tr> </tbody> </table>			Value Factor	Sub- Total	Actual Score (VF*Sub-total)	1 Legal Requirements	10%			2 Technical Staff/Resource Person	35%			3 Office facilities and support staff	20%			4 Training Materials/Equipment	35%				100%			
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Note: Part II - Evaluation Checklist Form on the Actual Conduct of Training should also be accomplished to complete evaluation of application.																										
Recommendations/Comments:																										
Evaluated by: Name: Position: Date	Reviewed by: Name: Position: Date:	Noted by: Name: Position: Date:																								

DEPARTMENT OF LABOR AND EMPLOYMENT Bureau of Working Conditions Occupational Safety and Health Division	OSH TRAINING ORGANIZATION EVALUATION FORM (RENEWAL - PART I)	DOLE-BWC-AF-TOR-EV Rev. Code: 0803-0 Page 1 of 4
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This EVALUATION CHECKLIST shall be used in evaluating application for renewal of accreditation of STO as required by D.O. 16, s 2001 amending Rule 1030 of the OSHS. The requirements provided in this Checklist shall not be the sole basis for the approval of application. A separate Evaluation Checklist Form Part II shall also be accomplished by the evaluator/s.

Date of Evaluation:

I. General Company Details:

Company Name:		Accreditation No.
Top company head:	Position:	Date Accredited
Office Address:		Date of last renewal:
Tel Nos:	Fax No.	Email:
		Validity:

Instructions



The following items are to be rated based on the assessment of authorized DOLE representative/s:

1. The "Rate" column must be accomplished based on the following point system:



"0" absence of or non-compliance with the particular item	"3" Adequate
"1" Poor	"4" More than adequate
"2" Fair/Average	"5" - Excellent
2. Equivalent Rating = is the product of "Rate" and Equivalent Weight per column
3. Actual Score = is the product of "Rate" and "Value Factor" per item. Average Rate = Quotient of Sub-total and totals of
4. Overall Evaluation Rating = is the sum of Actual Score in all items. equivalent weight.
5. PJ = Based on evaluator's personal judgement. Rate is based on point system established above.
6. * - Need submission of required documents as proof
7. ** - Need ocular observation

PART I A	REMARKS																																																
<p>I. Compliance with Report Requirements</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 50%;"></th> <th style="width: 10%; text-align: center;">Rate</th> <th style="width: 10%; text-align: center;">Equiv. Weight</th> <th style="width: 10%; text-align: center;">Equiv. Rating</th> </tr> <tr> <td>A. Completeness of documents submitted</td> <td></td> <td style="text-align: center;">5</td> <td></td> </tr> <tr> <td> <input type="checkbox"/> Updated organization profile <input type="checkbox"/> Updated resume of trainers <input type="checkbox"/> Notice of Training Post Training Reports Requirements <input type="checkbox"/> Course Syllabus <input type="checkbox"/> Photocopy of Attendance Sheet and/or Directory of Participants <input type="checkbox"/> Post Evaluation of Speaker & Training <input type="checkbox"/> Results of participants examination Annual Report (Every January) Requirements <input type="checkbox"/> Summary of Training conducted <input type="checkbox"/> Calendar of Training for the year <input type="checkbox"/> Summary of Monitoring and Evaluation Reports No. of BOSH Training Conducted <u>21 trainings with 716 participants: M=569, F= 147</u> for the covered period/year No. of other OSH Training conducted _____ </td> <td></td> <td style="text-align: center;">5</td> <td></td> </tr> <tr> <td>B. Timeliness of submission of documents</td> <td></td> <td style="text-align: center;">5</td> <td></td> </tr> <tr> <td> (submitted within the prescribed period - Post Training Reports - 5 days after the training) Annual Report - every January following the covered period RATE: Within the prescribed period and reports are complete = 5 points; within the prescribed period but incomplete = 4 pts. within the prescribed period but with more than one incomplete reports = 3 two wks. late submission = 2; more than 2 wks. Late; 1 </td> <td></td> <td></td> <td></td> </tr> <tr> <td>C. Quality of Reports submitted</td> <td></td> <td style="text-align: center;">5</td> <td></td> </tr> <tr> <td> (properly accomplished using prescribed forms with complete data) RATE: properly accomplished and complete = 5 points few minor items are not provided = 4 pts.; minor items are not provided = 3; Major items not provided = 2 </td> <td></td> <td></td> <td></td> </tr> <tr> <td>Value Factor For Item I = 100%</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Maximum possible score for Item I = 100</td> <td></td> <td></td> <td></td> </tr> <tr> <td style="text-align: right;">Sub-total</td> <td></td> <td></td> <td></td> </tr> <tr> <td style="text-align: right;">Average Rate</td> <td></td> <td></td> <td></td> </tr> <tr> <td style="text-align: right;">Actual Score</td> <td></td> <td></td> <td></td> </tr> </table>		Rate	Equiv. Weight	Equiv. Rating	A. Completeness of documents submitted		5		<input type="checkbox"/> Updated organization profile <input type="checkbox"/> Updated resume of trainers <input type="checkbox"/> Notice of Training Post Training Reports Requirements <input type="checkbox"/> Course Syllabus <input type="checkbox"/> Photocopy of Attendance Sheet and/or Directory of Participants <input type="checkbox"/> Post Evaluation of Speaker & Training <input type="checkbox"/> Results of participants examination Annual Report (Every January) Requirements <input type="checkbox"/> Summary of Training conducted <input type="checkbox"/> Calendar of Training for the year <input type="checkbox"/> Summary of Monitoring and Evaluation Reports No. of BOSH Training Conducted <u>21 trainings with 716 participants: M=569, F= 147</u> for the covered period/year No. of other OSH Training conducted _____		5		B. Timeliness of submission of documents		5		(submitted within the prescribed period - Post Training Reports - 5 days after the training) Annual Report - every January following the covered period RATE: Within the prescribed period and reports are complete = 5 points; within the prescribed period but incomplete = 4 pts. within the prescribed period but with more than one incomplete reports = 3 two wks. late submission = 2; more than 2 wks. Late; 1				C. Quality of Reports submitted		5		(properly accomplished using prescribed forms with complete data) RATE: properly accomplished and complete = 5 points few minor items are not provided = 4 pts.; minor items are not provided = 3; Major items not provided = 2				Value Factor For Item I = 100%				Maximum possible score for Item I = 100				Sub-total				Average Rate				Actual Score				
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PART I B		REMARKS						
1. Compliance with Legal Requirements (0/5) A. Company has a valid Business Registration and Permit - Registration with DTI/CDA/SEC/DOLE which ever is applicable - Valid Business Permit (LGU) No.								
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 33%;">Rate</th> <th style="width: 33%;">Equiv. Weight</th> <th style="width: 33%;">Equiv. Rating</th> </tr> <tr> <td></td> <td style="text-align: center;">20</td> <td></td> </tr> </table>			Rate	Equiv. Weight	Equiv. Rating		20	
Rate	Equiv. Weight	Equiv. Rating						
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Value Factor for Item I = 10% Maximum possible score =								
Actual Score								
2. Technical Staff / Resource Speakers*		REMARKS						
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Rate	Equiv. weight	Equiv. Rating						
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A. Has under its employ one permanent Safety Consultants with valid accreditation. (0/5)								
B. Has under its employ three regular trainers with valid accreditation. (0/5)								
C. Has at least one technical personnel with adequate related knowledge in the following fields:								
b1. _____ Safety and Health Inspection								
b2. _____ Accident Investigation and Reporting								
b3. _____ Job Hazard Analysis/Evaluation/Control								
b4. _____ Safety and Health Programming								
b5. _____ Fire Protection and Control								
b6. _____ Industrial Hygiene								
b7. _____ Training & Safety Educ. Tech.								
b8. _____ OSH Laws & Legislations								
b9. _____ Personal Protective Equipmt.								
b.10 _____ Other OSH related fields								
Loss Control								
D. With existing and valid contract of service with all speakers.								
E. All resource speakers have completed the 40 hour "Basic Training on OSH" and have at least 16 hours of Trainer's Training. (0/5)								
F. With technical staff responsible in the design implementation and evaluation of training. (0/5)								
Sub-total								
Value Factor for Item II = 35% Maximum possible scores = 35								
Actual Score								
3. Office Facilities and Personnel **		REMARKS						
A. Office is located in a business-like environment accessible to means of public transportation and with proper identification. Rate: All items are complied = 5; one item not complied = 4 two items not complied = 3								
B. Has at least 3 office tables and chairs. (0/5)								
C. Office has sufficient space for personnel to move around comfortably. (0/5)								
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E. Has at least one set of each of the following items: telephone, fax machine and other suitable communication equipment. (0/5)								
F. Has at least one set of working computer and printer. 0/5								
G. Has one regular staff available to answer telephone calls and queries during office hours. (0/5)								
Name of person:								
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	1																					
Sub Total																						
<p>4. Training Materials/Equipment (PJ)</p> <p>A. Training Equipment **</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>a1 Has at least one set each of overhead projector or LCD, tape recorder white board or flip chart, effective sound system Rate: If all of the above are available = 4 More than the stated minimum = 5</p> <p>a2 Has at least one sets each of the following PPEs: gloves, safety shoes, hard hats, goggles, respirator ear muffs/earplugs, safety belts/body harness; and WEM basic instruments such as luxmeter, noise level meter gas detector, or contract with suppliers of said equipment as to its availability during BOSH training. Rate (0/5) Name of supplier _____ Validity of contract: _____</p> <p>B. Training Venue</p> <p>b1 Has a training venue of contract with venue: _____ _____ can accommodate at least 15 participants comfortably _____ Lighting is adequate _____ Ventilation is comfortable _____ Location is unaffected by adverse condition of environment Rate: All items are met = 5; one criteria is not met = 3; two criterias are not met = 2; three criterias are not met = 1</p> <p>C. Reference materials</p> <p>b1 Has at least one regular subscription to safety and health related materials * (0/5)</p> <p>b2. Maintains an updated library of safety & health ** materials, books, standards and related materials Rate: If with OSHS and reference materials for each of the OSH field listed under Item 2C = 3 If library contain all other relevant OSH codes/practices = 5</p> <p>D Training Module/materials on OSH *</p> <p>c1. Training manual for the 40-hour training on OSH * 40-hour training on OSH is clearly printed and updated (PJ)</p> <p>c2. Scope covers all occupational health and safety field as specified in the bureau prescribed course (PJ)</p> <p>c3. Content is comprehensive can fulfill both general and specific objectives of the training course (PJ)</p> <p>E With effective evaluation scheme/procedures that can serve as basis for further improvement of the Training on OSH</p> <p>Value Factor for Item IV 35% Maximum possible score = 35</p> </div> <div style="width: 35%; text-align: right;"> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 10%;"></td><td style="width: 10%; text-align: center;">4</td><td style="width: 10%;"></td></tr> <tr><td></td><td style="text-align: center;">2</td><td></td></tr> <tr><td></td><td style="text-align: center;">3</td><td></td></tr> <tr><td></td><td style="text-align: center;">1</td><td></td></tr> <tr><td></td><td style="text-align: center;">2</td><td></td></tr> <tr><td></td><td style="text-align: center;">1</td><td></td></tr> <tr><td colspan="2">Sub total</td><td></td></tr> </table> <p>Actual Score </p> <p>OVERALL SCORE </p> </div> </div>			4			2			3			1			2			1		Sub total		
	4																					
	2																					
	3																					
	1																					
	2																					
	1																					
Sub total																						



 DEPARTMENT OF LABOR AND EMPLOYMENT Bureau of Working Conditions Occupational Safety and Health Division	 EVALUATION FORM ON ACCREDITATION OF OSH TRAINING ORGANIZATION (RENEWAL - PART I)	DOLE-BWC-AF-TOR-EV Rev. Code: 0103-0 Page 3 of 4		
	Value Factor	Sub- Total	Actual Score (VF*Sub-total)	Equivalent Rating
Part IA				
I. Compliance with Reports Reqts.	100%		<input style="width: 40px; height: 20px;" type="text"/>	Below 70 = Poor 70 - 79 = Fair/needs improvement
Part IB				80 - 89 = Adequate compliance
1 Legal Requirements	10%		<input style="width: 40px; height: 20px;" type="text"/>	90 - 95 = More than adequate
2 Technical Staff/Resource Person	35%		<input style="width: 40px; height: 20px;" type="text"/>	96 above = Excellent
3 Office facilities and support staff	20%		<input style="width: 40px; height: 20px;" type="text"/>	
4 Training Materials/Equipment	35%		<input style="width: 40px; height: 20px;" type="text"/>	
	100%		<input style="width: 40px; height: 20px;" type="text"/>	
Note: Part II - Evaluation Checklist Form on the Actual Conduct of Training should also be accomplished to complete evaluation of application.				
Recommendations/Comments:				
Evaluated by: Name: Position: Date	Reviewed by: Name: Position: Date:	Noted by: Name: Position: Date:		

 DEPARTMENT OF LABOR AND EMPLOYMENT Bureau of Working Conditions Occupational Health and Safety Division	EVALUATION FORM ON ACCREDITATION OF OSH TRAINING ORGANIZATION PART IIIA- ACTUAL CONDUCT OF TRAINING	DOLE-BWC-AF -STO-EA Rev. Code: 0803-02 Page 1 of 1
Name of Training Organization: _____ Date of actual training: _____ TITLE OF TRAINING : _____ Venue: _____ This EVALUATION CHECKLIST is Part II (of the two part evaluation form) on Evaluating Safety Training Organization. It shall be used to evaluate actual conduct of OSH training. The following items are to be rated based on the assessment of authorized DOLE representative/s: The rate items shall be based on the following point system:		
"1" - Poor/Failed	"2" Fair/Average "3" Satisfactory/Good	"4" Very Satisfactory "5" Excellent
EW - Equivalent Weight Average Rate = Quotient of Sub-totals and number of items Overall - Evaluation Rating = Sum of Sub-totals		
	Rate	REMARKS/COMMENTS
A. COURSE		
1. Content understandable/clear		
2. Design / Methodology		
3. Organization and Focus		
4. Applicability / Usefulness		
5. Adequacy of learning points /comprehensive		
6. Achieved Course Objectives		
Sub-totals of Item A		
Average		
B. SPEAKERS		
	RATE	(Overall rating of speakers from Part IIA form)
1. Mastery of Subject matter		
2. Organization and Focus		
3. Clarity of Presentation		
4. Pace /Time Management		
5. Ability to encourage participation/attitude		
6. Methodology/Materials		
Sub-totals of Item B		
Average		
C. FACILITIES/ SERVICES		
1. Size of training room Temperature & Lighting System		
2. Audiovisual/logistics		
3. Meals		
4. Secretariat /Training facilitator/s		
Sub-totals of Item C		
Average		
5. PARTICIPANTS OVER ALL RATING		
OF THE TRAINING (EW=20%)		
(Participants' Rating * 20*EW) = Sub-total		
Average		
OVERALL EVALUATION RATING		
Evaluated by: _____ Reviewed by: _____ Names/Designation: _____ Name: _____ Date: _____ Date: _____		

Below 70 = Poor/failed; 70- 79 = fair/Average : 80 - 89 = Satisfactory/Good;
 90 - 95 = Very Satisfactory/Very Good ; 96 - 100 = Excellent

Name of Training Organization: _____ Dates of Training _____
 Venue/Address: _____ Tel. No. _____

The following items are to be rated based on the assessment of authorized DOLE representative/s:

The rate item shall be based on the following point system:

"1" - Poor	"3" Satisfactory	"5" Excellent
"2" Fair/Average	"4" Very Satisfactory	

Average Rate (AR) = is the quotient of Subtotals and No. of items rated (Subtotals/No. of items rated)

Overall Evaluation Rating (ER) = is the sum of Average Rate / No. of Speakers

SPEAKER'S NAME/PROFILE	CRITERIA	RATE	REMARKS/COMMENTS
Name: Course: Accre. No.	1. Mastery of Subject matter		
	2. Organization and Focus		
	3. Clarity of Presentation		
	4. Pace /Time Management		
	5. Ability to encourage participation and attitude		
	6. Methodology/Materials used		
	SUB-TOTALS		
	AVERAGE RATE		
Name: Course: Accre. No.	1. Mastery of subject matter		
	2. Organization and focus		
	3. Clarity of presentation		
	4. Pace /Time Management		
	5. Ability to encourage participation and attitude		
	7. Methodology/Materials used		
	SUB-TOTALS		
	AVERAGE RATE		
Name: Course: Accre. No.	1. Mastery of subject matter		
	2. Organization and focus		
	3. Clarity of pPresentation		
	4. Pace /Time Management		
	5. Ability to encourage participation and attitude		
	7. Methodology/materials used		
	SUB-TOTALS		
	AVERAGE RATE		
Name: Course: Accre. No.	1. Mastery of subject matter		
	2. Organization and focus		
	3. Clarity of presentation		
	4. Pace /Time Management		
	5. Ability to encourage participation and attitude		
	7. Methodology/materials used		
	SUB-TOTALS		
	AVERAGE RATE		
	OVERALL RATING		

GENERAL COMMENTS/RECOMMENDATIONS

Evaluated by: Name: Designation: Date	Reviewed by: Name: Designation: Date:	Approved by: Name: Designation: Date:
--	--	--

Name of Organization: _____
Date: _____

CRITERIA	Max. Possible Points	Actual Points	Remarks
PART I - from Form DOLE-BWC-AF-TOR-EV			
1. Compliance with Report Requirements	100		
PART II - from Form DOLE-BWC-AF-TOR-EV			
1. Legal Requirements	10		
2. Technical Staff	35		
3. Office Facilities and Personnel	20		
4. Training Materials/ Equipment	35		
Sub-total – Part II	100		
PART III – refer to Form DOLE-BWC-AF-STO-EA & EB			
Evaluation of Actual Conduct of OSH Training			
1. Course	30		
2. Speakers (Over-all Rating)	30		
3. Facilities/Services	20		
4. Participants' overall rating of the training	20		
Sub-total PART III	100		
Average Points (Parts IA+IB+ IIA)/3	100		
Evaluated by: Position: Date:	Reviewed by: Position: Date:	Noted by: Position: Date:	

Equivalent Points

Below 70 = Poor/Inadequate compliance ; 70 – 79 = Fair;

80- 89 = Adequate compliance; 90 – 95 = More than adequate compliance; 96 – 100 = Excellent



This CHECKLIST shall be used in evaluating application for accreditation of OSH Consulting Organization as required under Rule 1030 of the OSHS.

Date of evaluation:

I. General Company Details:

Company Name:

Top Company Head:

Position:

Office Address:

Telephone Number/s:

Fax No.

Email

The following items are to be rated based on assessment of authorized DOLE representative/s:

1. The "Rate" column must be accomplished based on the following point system:

"0" absence of or non-compliance with the particular item

"3" Fair./ Needs improvements to comply with reqts.

"1" Very poor/very inadequate compliance

"4" Adequate compliance

"2" Poor/ Inadequate compliance (needs improvements)

"5" More than adequate compliance

2. Equivalent Rating = is the product of "Rate" and Equivalent Weight per column

3. Actual Score = is the product of "Actual Rate" and "Value Factor" per item.

4. Overall Evaluation Rating = is the sum of Actual Score in all items.

5. PJ = Based on evaluator's personal judgement.

6. * - Needs submission of required documents as proof

7. ** - Need ocular observation

I. Compliance with Legal Requirements:

- A. Company has valid registration with * (0/5)
SEC, BDT, CDA, DOLE whichever is applicable
- B. Company has Permit or license to operate * (0/5)
- C. Company is registered with DOLE. * (0/5)
(Rule 1020)
- D. BIR Registration

Value Factor for Item I = 30%

Maximum possible score = 30

Rate Equiv. Equiv.
Weight Rating

5

5

5

5

Sub Total for Item I

Actual Score

Remarks

II Technical Staff

- A. Has under its employ two permanent Safety Consultant with valid accreditation. (0/5)
- B. One of the consultants is part owner and has control over the operation of the organization.
- C. Consultants are expert in the field of OSH consultancy the organization is applying for. (PJ)
- D. **Has an evaluation scheme/means to evaluate * the services provided for further improvement**
Evaluates OSH services provided
include comments/recommendations for further improvement of the services

Value Factor for Item II = 40%

Maximum possible scores = 40

Rate Equiv. Equiv.
weight Rating

7

3

3

7

Sub-total for item II

ACTUAL SCORE

 DEPARTMENT OF LABOR AND EMPLOYMENT Bureau of Working Conditions Occupational Health and Safety Division	OSH CONSULTING ORGANIZATION (SCO) EVALUATION FORM (New Application - Part I)	DOLE-BWC-AF-CON-EV Revision Code: 0803-00 Page 2 of 2
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III. Office Facilities, Equipment and Material and Office Personnel	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;">Rate</td> <td style="width: 33%;">Equiv. weight</td> <td style="width: 33%;">Equiv. Rating</td> </tr> </table>	Rate	Equiv. weight	Equiv. Rating	
Rate	Equiv. weight	Equiv. Rating			
A. Office is located in suitable location having a (PJ) business-like environment, accessible to means of public transportation & with proper identification.	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; height: 20px;"></td> <td style="width: 33%; text-align: center;">1</td> <td style="width: 33%;"></td> </tr> </table>		1		
	1				
B. Has at least 3 office table and chairs.	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; height: 20px;"></td> <td style="width: 33%; text-align: center;">1</td> <td style="width: 33%;"></td> </tr> </table>		1		
	1				
C. Office has sufficient space to move around comfortably. With at least 25 sq. meter	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; height: 20px;"></td> <td style="width: 33%; text-align: center;">1</td> <td style="width: 33%;"></td> </tr> </table>		1		
	1				
D. Lighting and ventilations are adequate. (0/5)	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; height: 20px;"></td> <td style="width: 33%; text-align: center;">1</td> <td style="width: 33%;"></td> </tr> </table>		1		
	1				
E. Has a at least on of the following: telephone, fax machine, and other suitable communication facilities.	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; height: 20px;"></td> <td style="width: 33%; text-align: center;">2</td> <td style="width: 33%;"></td> </tr> </table>		2		
	2				
F. Has at least one set of working computer and printer.	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; height: 20px;"></td> <td style="width: 33%; text-align: center;">1</td> <td style="width: 33%;"></td> </tr> </table>		1		
	1				
G. Has one regular staff available to answer telephone calls and queries during office hours. (0/5)	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; height: 20px;"></td> <td style="width: 33%; text-align: center;">2</td> <td style="width: 33%;"></td> </tr> </table>		2		
	2				
H. Has a person authorized to issue company decisions. (0/5)	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; height: 20px;"></td> <td style="width: 33%; text-align: center;">2</td> <td style="width: 33%;"></td> </tr> </table>		2		
	2				
I. Receiving area has at table and chairs	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; height: 20px;"></td> <td style="width: 33%; text-align: center;">1</td> <td style="width: 33%;"></td> </tr> </table>		1		
	1				
J. Meeting and briefing room can accommodate at least 6 persons. (0/5)	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; height: 20px;"></td> <td style="width: 33%; text-align: center;">1</td> <td style="width: 33%;"></td> </tr> </table>		1		
	1				
K. Files and equipment are properly stored, labelled and well secured. (PJ)	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; height: 20px;"></td> <td style="width: 33%; text-align: center;">1</td> <td style="width: 33%;"></td> </tr> </table>		1		
	1				
L. There is suitable storage area/place for equipment and records. (PJ)	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; height: 20px;"></td> <td style="width: 33%; text-align: center;">1</td> <td style="width: 33%;"></td> </tr> </table>		1		
	1				
M. Has at least one regular subscription to safety and health related materials *	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; height: 20px;"></td> <td style="width: 33%; text-align: center;">1</td> <td style="width: 33%;"></td> </tr> </table>		1		
	1				
N. Maintains an updated library of safety & health ** materials, books, standards and related materials.	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; height: 20px;"></td> <td style="width: 33%; text-align: center;">1</td> <td style="width: 33%;"></td> </tr> </table>		1		
	1				
O. Has equipment/materials necessary for the type of OSH consultancy services.	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; height: 20px;"></td> <td style="width: 33%; text-align: center;">1</td> <td style="width: 33%;"></td> </tr> </table>		1		
	1				
P. Has clean and sanitized comfort room (PJ)	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; height: 20px;"></td> <td style="width: 33%; text-align: center;">1</td> <td style="width: 33%;"></td> </tr> </table>		1		
	1				
Value Factor for Item IV 30%	Sub-total for Item IV				
Maximum possible score = 30	Actual Score				

	Value Factor	Actual Rate	Actual Score (VF*Actual Rate)	Equivalent Rating
I. Legal Existence	30%	_____	_____	Below 60 - Poor/Failed 60 - 70 = Fair/needs improvements 71- 85 = Adequate compliance 86 - 95 = More than adequate 96 above = Excellent
II. Technical Staff	40%	_____	_____	
III. Office facilities and personnel	30%	_____	_____	
Evaluation Rating	100%			

Adequate compliance means that SCO is qualified to be accredited as OSH Consulting Organization.

Recommendations/Comments:

I/We certify that this evaluation was done in my presence and I attest to the truthfulness and fairness of the ratings reflected herein:

Name/Position

Date: _____

Name/ Position

Date: _____

	Reviewed by: Name: _____ Position: _____ Date: _____	Approved by: Name: _____ Position: _____ Date: _____
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ANNEX G

LIST OF DOLE REGIONAL OFFICES

ANNEX G

DIRECTORY OF DOLE REGIONAL OFFICES

<p>Ciriaco A. Lagunzad, Acting Regional Director National Capital Region (NCR) 2nd – 4th Floor Dy International Bldg., 1650 San Marcelino Cor. Gen. Malvar St., Manila Trunkline 525-9487 to 95; Fax No. 400-6241</p>	<p>Carlos L. Boteros Regional Director Regional Office No. 6 2nd & 3rd Floor, St., Clemens Bldg, Luna St., La Paz, Iloilo City – 5000 Telefax 033-3208026 LSED – 3206905</p>
<p>Aida M. Estabillo Regional Director Cordillera Administrative Region (CAR) Cabinet Hills, Baguio City dolecart@skynet.net Fax No. (074) 443-5339 442-2447; 4435337; 4435338</p>	<p>Rodolfo M. Sabulao OIC-Regional Director Regional Office No. 7 2nd Floor GMC Plaza Building cor. M.J. Cuenco Ave., and Lgaspi Sts., Cebu City dolero7@evis.net.ph; fax 2539521; 2549415</p>
<p>Guerrero N. Cirilo Regional Director Regional Office No. 1 2nd & 3rd Floor, Anez Building, Carlatan San Fernando City, La-Union Dolero1@net.com.ph; dolero1@lu.csi.com.ph (072) 700-2521; 888-3724; 700-4371/2421753</p>	<p>Forter G. Puguon Regional Director Regional Office No. VIII Dolero8@mail.evis.net.ph; telefax 053- 3255236</p>
<p>Nathaniel B. Lacambra OIC-Regional Director Regional Office No. 2 Turingan Bldg., Caritan Centro, Tuguegarao, Cagayan Dolero2@digitelone.com Trunklines: (078) 844-1364; 8441383; 8445516 Fax No. (178) 8442728 LSED – 844-1364 loc. 204</p>	<p>Chita G. Cilindro Regional Director Regional Director IX Wee Agro Bldg, Veterans Ave., Zamboanga City Dole9zam@jetlink.com.ph Telefax 062-9912673; 9931877; 9931754</p>
<p>Josefino I. Torres Director Regional Office No. 3 4th Floor Tita's Commercial Bldg., Olongapo, Gapan Road, Dolores San Fernando, Pampanga Dole03@fineSFP.iernet.net.ph LSED – 961-1306</p>	<p>Gloria A. Tangco Acting Regional Director Regional Office No. X 2nd Floor, Gonzalo Go Building Corrales Ave., Cagayan de Oro City Dole10@norminet.org.ph; dole10@websprinter.net Fax 08822-727682; 088-8571931; 08822-721316</p>
<p>Maximo B. Lim Director Regional Office IV-A 3rd & 4th Flr. Anderson Bldg., II, Brgy. Parian Calamba, Laguna Fax No. (049) 545-7360 LSED – 545-7361</p>	<p>Lourdes M. Trasmonte Regional Director Regional Office XI R.T. Yap Bldg, cor. Bangoy & Monteverde Sts., Davao City Dole11@moxcom.com; 2274683</p>

ANNEX E

DIRECTOCRY OF DOLE REGIONAL OFFICE

<p>Crispin D. Dannug OIC-Regional Director Regional Office IV-B 3rd & 4th Flr. Anderson Bldg., II, Brgy. Parian Calamba, Laguna</p>	<p>Cyril M. Ticao OIC-Regional Director Regional Office XII AYS Bldg, (Formerly Metro Drug Warehouse) 171 Sinsuat Ave., Cotabato City dole12@microweb.com.ph trunklines (064)421-3348; 4213040</p>
<p>Ma. Glenda A. Manalo Director Regional Office No. 5 ANST Bldg., Capt. F. Aquenda Drive Legaspi City – 4500 Dolero5@edsamail.com.ph Maglenz@edsamail.com.ph LSED – 2455278</p>	<p>Rogelio P. Catotal Regional Director Caraga Regional Office 3/F I.C.T. Bldg, P. Burgo St., Butuan City doleXIII@mozcom.com fax 085-2253229;3429606</p>
<p>Carlos L. Boteros Director Regional Office No. 6 2nd & 3rd Floor, St., Clemens Bldg. Luna St., La Paz, Iloilo City - 5000 Telfax (033)3208026; 3206905</p>	

ANNEX H

DEPARTMENT ORDER N0. 16
Series 2001

Republic of the Philippines
DEPARTMENT OF LABOR AND EMPLOYMENT
Intramuros, Manila

DEPARTMENT ORDER NO. 16
(Series of 2001)

In the interest of the service and pursuant to the provisions of Article 162, Book IV of the Labor Code of the Philippines, the following amendments to Rule 1030 of the Occupational Safety and Health Standards are hereby promulgated:

**Rule 1030 TRAINING AND ACCREDITATION OF PERSONNEL
ON OCCUPATIONAL SAFETY AND HEALTH**

Rule 1031: General Provisions:

- 1) The Bureau, either directly or through accredited organizations or the OSHC or other institutions authorized by law shall conduct continuing programs to increase the supply and competence of personnel qualified to carry out the provisions of these Standards.
- 2) The Bureau shall prescribe the required training programs which shall, in consultation with the OSHC or other institutions authorized by law and other technical societies, contain provisions requiring the incorporation into the training programs of the latest trends, practices and technology in occupational safety and health.

Rule 1032: Definitions:

- 1) Safety Officer - refers to any employee/worker trained and tasked to implement occupational safety and health programs in the workplace in accordance with the provisions of the Standards and shall be synonymous to the term "Safety Man" as used in these Standards.
- 2) Occupational Safety and Health Personnel - refers to Physician, Nurse, Dentist, Chemist, Engineers, Safety Officer, First-Aider and other persons engaged by the employer to provide occupational safety and health services as required by the Standards.
- 3) Practitioner in Occupational Safety and Health - refers to any qualified person as assessed and duly-accredited by the Bureau to practice and render occupational safety and health services in a defined and specific scope or core competency.
- 4) Occupational Safety and Health Consultant - refers to any practitioner in occupational safety and health or group of persons or organizations duly-accredited by the Bureau to practice, perform and/or render consultative and/or advisory services on occupational safety and health in at least two (2) fields of specialization as enumerated in Annex "A".

- 5) Trainer - refers to a person who facilitates learning situation in one or more topics in an occupational safety and health training.
- 6) Training Organization - refers to an institution accredited or authorized by law to conduct training in a particular field or a combination of fields on occupational safety and health.
- 7) Hazardous Establishment - refers to a establishment where work operations or practices performed by a worker in the establishment or workplace in conjunction with or as an incident to such operations or practices and which expose the employee or worker to hazards likely to cause disabling injury, illness, death or physical or psychological harm.
- 8) Highly Hazardous Establishment - is one where potential hazard within the company may effect the safety and/or health of workers not only within but also persons outside the premises of the workplace. The following are workplaces commonly associated with potentially high hazardous activities:
- a) Petrochemical works and refineries;
 - b) Chemical works and chemical production plants;
 - c) LPG storage and materials;
 - d) Stores and distribution center for toxic/hazardous chemicals;
 - e) Large fertilizer stores;
 - f) Explosives factories;
 - g) Works in which chlorine is used in bulk;
 - h) Activities closely similar to the activities enumerated above; and
 - i) Activities as determined by the Bureau in accordance with existing issuances related to classification of establishments

Rule 1033: Training and Personnel Complement:

The minimum qualifications, duties and number of required safety and health officers shall be as follows:

- 1) All safety officers must complete the Bureau-prescribed training course prior to their appointment as in their respective places of employment.
- 2) All full-time safety officers must meet the requirement of duly-accredited Safety Practitioners or Safety Consultants by the Bureau.
- 3) Not less than the following number of supervisors or technical personnel shall take the required trainings and shall be appointed as a safety officer on a full-time or part-time basis, depending on the number of workers employed and the hazardous or non-hazardous nature of the workplace pursuant to Rule 1013 of these Standards.

a) For hazardous workplaces:

Number of Workers	Minimum Number of Safety Officers	
	Hazardous	Highly Hazardous
1-50	One (1) part-time	One (1) full-time
51-200	One (1) full-time One	(1) full-time and One part-time
201-250	One (1) full-time and one (1) part- time	Two (2) full-time
251-500	Two (2) full-time	Two (2) full-time and One part-time
Every additional 500 or fraction thereof	One (1) additional full-time	
Every additional 250 or fraction thereof		One (1) additional full- time

b) For non-hazardous workplaces:

Number of Workers	Minimum Number of Safety Officers
1-250	One (1) part-time
251-500	Two (2) part-time
501-750	One (1) full-time
751-1000	Two (2) full-time
Every additional 500 or fraction thereof	One (1) additional full-time

4) Duties of the Safety Officer: The duties of the safety officer are specified under Rule 1040 of these Standards. A part-time safety officer shall be required to perform the duties of safety officer at least six (6) hours per week.

5) The employment of a full-time safety officer may not be required if the employer enters into a written contract with a qualified consultant or consulting organization whose duties and responsibilities shall be the duties of a safety practitioner as stated in these Rule. The employment of a consultant, however, will not excuse the employer from the required training of his supervisors or technical personnel.

Rule 1034: Accreditation:

The Secretary, upon the recommendation of the Bureau Director, may accredit any qualified safety and health consulting and training organization and, through the Bureau, may issue accreditation to any qualified safety and health personnel, individual to carry out the provisions of these Standards.

1034.01: Requirements for Accreditation of a Practitioner in Occupational Safety and Health

Any application for accreditation shall satisfy the enumerated requirements:

A. Practitioner in Occupational Safety and Health

1. The individual must have completed the 40-hour Basic Occupational Safety and Health Training Course as prescribed by the Bureau;
2. Must have at least three (3) years of relevant experience in occupational safety and health;
3. Must possess the minimum qualifications stated under Rule 1964.01 nos. 1 to 5, whichever may be applicable; and
4. Must be duly-licensed to practice his/her profession in the Philippines;
5. If the applicant is a graduate of any 4 or 5-year college course without a license, he/she must have at least four (4) years relevant experience in any of the sub-components in a field of specialization as enumerated in Annex "A"; and
6. If the applicant is a college undergraduate he/she must have at least ten (10) years relevant experience in occupational safety and health.

B. Consultant in Occupational Safety and Health

1. The applicant must be an accredited practitioner for at least five (5) years with experience in at least two (2) fields of specialization enumerated in Annex "A".
2. Must have experience in policy formulation and development, monitoring and evaluation, and implementation of occupational safety and health management systems.
3. Must have completed the 80-hour Advanced Occupational Safety and Training Course as prescribed by the Bureau; and
4. Must have earned an additional 480 hours of training/seminar or related learning processes in various fields of occupational safety and health from accredited organizations or institutions authorized by law.

C. Occupational Safety and Health Consulting Organization

1. The applicant must be composed of two or more accredited occupational safety and health consultants.
2. Must submit a certified true copy of business registration, licenses, and permits to operate.
3. Must submit the organization's profile.

D. Occupational Safety and Health Training Organization

1. A Bureau-prescribed and/or approved course of study shall be used or followed by accredited organizations. Any deviation from the prescribed training must be with the previous approval of the Bureau.
2. The organization must provide adequate training facilities that include safety and health-related equipment, manuals and modules, library, training rooms, audio-visual and other training resources and paraphernalia.
3. Trainers must be composed of persons with the following qualifications:
 - a) Must have completed the 40-hour basic occupational safety and health training course;
 - b) Must have completed at least 24 hours of a Training of Trainers course; and
 - c) Must have at least three (3) years of experience in the design, conduct and evaluation of any OSH training program
4. The applicant must submit certified true copies of business registrations, licenses, and permits to operate.
5. Submission of the organization's profile.

1034.02: Issuance and validity of certificate of accreditation and identification card

After evaluation and verification by the Bureau, a certificate of accreditation valid for three (3) years and an identification card shall be issued to any applicant who has satisfactorily met all the requirements specified in this rule, and upon payment of the prescribed fee as provided for under Rule 1974 of the Standards.

1034.03: Duties and responsibilities of Practitioners in Occupational Safety and Health

A. Practitioners in Occupational Safety and Health

1. To develop, implement and promote occupational safety and health programs in the workplace.
2. To advise and assist the employer in complying with the provisions of the Standards, especially in the submission of the reporting requirements.
3. To perform at least a quarterly appraisal/assessment of the implementation of occupational safety and health programs in the workplace
4. To prepare an annual report of safety and health programs of establishments.
5. To be present during the scheduled safety inspections by authorized government agents and as requested during regular health and safety committee meetings.
6. For Occupational Health Personnel, the duties shall be in accordance with Rule 1960.

B. Occupational Safety and Health Consultants/Consulting Organizations

1. To assist, advise or guide the employer in complying with the provisions of these Standards, or including the development of health and safety programs.
2. To make at least a quarterly appraisal of programs and safety performance of the establishment, including the activities of the health and safety committee.
3. In the absence of a Safety Officer, to be present during scheduled safety inspections by authorized government agents and as requested during regular health and safety committee meetings and to render at least six (6) hours of service a week in the establishment in the performance of these activities.
4. To advise and assist the employer in complying with the reporting requirements of the Standards.

C. Duties and Responsibilities of OSH Training Organizations

1. To develop, monitor and evaluate their training programs on occupational safety and health.
2. To conduct continuing OSH programs to increase the number of competent and qualified personnel/individuals to implement the provisions of the Standards.
3. To submit to the Bureau the following requirements:
 - a) Yearly calendar of training activities;
 - b) List of trained individuals, training content and names and topics of speakers/lecturers, five (5) days after the conduct of every training
 - c) Program on updating trainer's knowledge and skills.

1034.04: Renewal of Accreditation

Accreditation for practitioners and consultants shall be renewed every three (3) years upon compliance of the following:

1. Submission of updated bio-data with recent passport size and 1x1 pictures.
2. Presentation of original and submission of certified true copies of additional and relevant occupational safety and health training certificates.
3. Submission of annual performance report as certified by the employer/s/client/s.
4. Payment of renewal/annual fee.

Accreditation for both training and consulting organizations shall be renewed every three (3) years upon compliance of the following:

1. Submission of an updated organization profile.
2. Submission of calendar of trainings or services and other related OSH activities.
3. Submission of an annual accomplishment report on trainings conducted (Safety Training Organization) and consultancy services provided (Consulting Organization).
4. Submission of an updated resume of trainers (for Safety Training Organization) and consultants (for Consulting Organizations).
5. Submission of photocopy of certificate of accreditation.
6. Submission of monitoring and evaluation reports, and
7. Payment of renewal/annual fee.

1034.05: Suspension/Cancellation of Accreditation

Accreditation of OSH practitioner/consultant/consulting/training organization may be suspended or cancelled by the Secretary after due process and upon the recommendation of the Director for any of the following reasons:

Suspension:

1. Inactive as Occupational Safety and Health practitioner/consultant/training/consulting organization for three (3) consecutive years.
2. Failure to renew accreditation with the Bureau on or before the anniversary date of the original accreditation.
3. Non-compliance with the provisions or other requirements of this rule.

Cancellation:

1. Convicted for criminal offense involving moral turpitude.
2. Violation of professional ethics.
3. Two consecutive suspensions.

Reactivation:

An appeal for reactivation of suspended accreditation shall be filed with the Bureau for consideration.

1035: Audit System:

A regular audit shall be done by the Bureau to determine compliance with the Provisions of Rule 1034.

1036: Prohibition in the Practice of Occupational Safety and Health

1. No person or organization shall be allowed, hired or otherwise employed as a practitioner/consultant in the practice of occupational safety and health unless the requirements of this rule are complied with.
2. Foreign nationals may be issued accreditation upon compliance with the provisions of this rule and subject to the requirements of existing Philippine Laws and Regulations.

All policy issuances, rules and regulations or part/s thereof inconsistent with any provision of this Order is hereby repealed, modified, superseded or amended accordingly.

The abovementioned amendments shall take effect fifteen (15) days after announcement of their adoption in a newspaper of general circulation.

Manila, Philippines, on the 18th day of December 2001.


PATRICIA A. STO. TOMAS
Secretary

RULE 1030: ANNEX "A"

MAJOR FIELDS OF SPECIALIZATION OF PRACTITIONERS AND CONSULTANTS ON OCCUPATIONAL SAFETY AND HEALTH:

A. Occupational Safety And Health Practitioners

1. Occupational Health Practitioner, such as:

- Occupational Health Physician
- Occupational Health Nurse
- Dentist

2. Occupational Hygiene Practitioner

3. Occupational Safety Practitioner in the following industry group:

- Agriculture
- Fishing
- Mining and Quarrying
- Manufacturing (under the following divisions):
 - a. Food Products and Beverages
 - b. Tobacco Products
 - c. Textiles
 - d. Wearing Apparel
 - e. Tanning and Dressing of Leather; Manufacture of Luggage, Handbags and Footwear
 - f. Wood, Wood Products and Cork, Except Furniture; Manufacture of Articles of Bamboo Cane, Rattan and the like; Manufacture of Plaiting Materials
 - g. Paper and Paper Products
 - h. Publishing, Printing and Reproduction of Recorded Media
 - i. Coke, Refined Petroleum and Other Fuel Products
 - j. Chemicals and Chemical Products
 - k. Rubber and Plastic Products
 - l. Other Non-Metallic Mineral Products
 - m. Basic Metals
 - n. Fabricated Metal Products, except Machinery and Equipment
 - o. Machinery and Equipment
 - p. Office, Accounting and Computing Machinery
 - q. Electrical Machinery and Apparatus
 - r. Radio, Television and Communication Equipment and Apparatus
 - s. Medical, Precision and Optical Instruments, Watches and Clocks
 - t. Motor Vehicles, Trailers and Semi-Trailers
 - u. Other Transport Equipment
 - v. Repair of Furniture
 - w. Recycling
 - x. Manufacturing
- Electricity, Gas and Water Supply
- Construction

- Wholesale and retail trade; repair of motor vehicles, motorcycles and personal and household goods
- Hotels and restaurants
- Transport, storage and communication in the following division:
 - a. Land transport; Transport Via Pipelines
 - b. Water Transport
 - c. Air Transport
 - d. Supporting and Auxiliary Transport Activities; Activities of Travel Agencies
 - e. Post and Communications
- Financial Intermediation
- Real Estate, Renting and Business Activities
- Public Administration and Defense; Compulsory Social Security
- Education

B. Occupational Safety And Health Consultants:

1. Occupational Health Consultant -

Specific area of specialization/s:

- Occupational epidemiology and bio-statistics
- Occupational medicine
- Worker's rehabilitation
- Toxicology and risk assessment
- Ergonomics
- Women's health and reproductive hazards
- Maritime health
- Health of working children and other vulnerable sectors

2. Occupational Hygiene Consultant –

Specific area of specialization/s:

- Analytical chemistry
- Industrial ventilation
- Work exposure assessment
- Work environment control/workplace improvement

3. Occupational Safety Consultant

Specific area of specialization/s:

- Fire prevention and control
- Machine safety
- Electrical safety
- Materials handling and storage
- Construction safety
- Accident/damage analysis
- Safety programming
- Safety inspection
- Accident investigation
- Safety audit
- Safety program evaluation

