

**REPUBLIC OF THE PHILIPPINES
DEPARTMENT OF LABOR AND EMPLOYMENT
BUREAU OF WORKING CONDITIONS
MANILA**

EMPLOYER'S WORK/ACCIDENT ILLNESS REPORT

(This report shall be submitted by the employer for every accident or illness to the Regional Office having jurisdiction on or before the 20th day of the month following the date of the accident) For the month of _____.

EMPLOYER	1. ESTABLISHMENT: _____ 2. ADDRESS: _____ 3. NAME OF EMPLOYER _____ NATURE OF BUSINESS: _____ 4. NO. OF EMPLOYEES: ____ MALE: ____ FEMALE: ____ TOTAL: _____ 5. NAME: _____ AGE: ____ SEX: ____ CIVIL STATUS: _____
INJURED OR ILL PERSON	6. ADDRESS: _____ 7. AVE. WEEKLY WAGE: _____ 8. LENGTH OF SERVICE PRIOR TO ACCIDENT OR ILLNESS: _____ 9. OCCUPATION: _____ EXPERIENCE AT OCCUPATION: _____ 10. WORK SHIFT: ____ 1 ST : ____ 2 ND : ____ 3 RD HOURS OF WORK/DAY: ____ WEEK: ____ 11. DATE OF ACCIDENT/ILLNESS: _____ TIME: _____ 12. THE ACCIDENT INVOLVED: _____ PERSONAL INJURY: _____ PROPERTY DAMAGE: _____
ACCIDENT OR ILLNESS	13. DESCRIPTION OF ACCIDENT/ILLNESS. GIVE FULL DETAILS ON HOW ACCIDENT/ILLNESS OCCURRED: _____ _____ _____ 14. WAS INJURED DOING REGULAR PART OF JOB AT THE TIME OF ACCIDENT/ILLNESS? IF NOT? WHY? _____
NATURE AND EXTENT OF INJURY OR ILLNESS	15. EXTENT OF DISABILITY: _____ FATAL: _____ PERMANENT TOTAL: _____ PERMANENT PARTIAL: _____ TEMPORARY TOTAL: _____ MEDICAL TREATMENT: _____ 16. NATURE OF INJURY/ILLNESS: _____ PART OF THE BODY AFFECTED: _____ 17. DATE OF DIABILITY BEGAN: _____ DATE RETURNED TO WORK: _____ 18. DAYS LOST: _____ OR DAYS CHARGED: _____ 19. THE AGENCY INVOLVED: _____
CAUSE OF ACCIDENT OR ILLNESS	20. THE AGENCY PART INVOLVED: _____ 21. ACCIDENT TYPE: _____ 22. UNSAFE MECHANICAL OR PHYSICAL CONDITION: _____ 23. UNSAFE ACT: _____ 24. CONTRIBUTION FACTOR: _____
PREVENTIVE MEASURE	25. PREVENTIVE MEASURE (TAKEN OR RECOMMENDED): _____ 26. MECHANICAL PERSONAL PROTECTIVEEQUIPMENT AND OTHER SAFEGUARD: _____ 27. WERE ALL SAFEGUARD IN USE? _____ IF NOT? WHY? _____
MANPOWERED	28. COMPENSATION: _____ P _____ 29. & 30. MEDICAL AND HOSPITALIZATION..... _____ BURIAL..... _____
MACHINERY AND TOOLS	31. TIME LOST ON DAY OF INJURY... HOURS: _____ MINUTES: _____ 32. TIME LOST ON SUBSEQUENT DAYS, HOURS: _____ MINUTES: _____ (LOST TREATMENT OR OTHER REASON) 33. TIME OR LIGHTWORK OR REDUCED OUTPUT DAY: _____ PERCENT OUTPUT: _____
MATERIALS	34. DAMAGE OF MACHINERY AND TOOLS (DESCRIBED): _____ 35. COST OF REPAIR OR REPLACEMENT P _____ 36. LOST OF PRODUCTION TIME: _____ COST: P _____ 37. DAMAGE TO MATERIALS (DESCRIBED): _____
EQUIPMENT	38. COST OF REPAIR OR REPLACEMENT P _____ 39. LOST OF PRODUCTION TIME: _____ COST: P _____ 40. DAMAGE TO EQUIPMENT (DESCRIBED): _____ 41. COST OF REPAIR OR REPLACEMENT P _____ 42. LOST PRODUCTION ON TIME: _____ COST: P _____

I HEREBY CERTIFY on my honor to the accuracy of the foregoing information.

Investigating Officer & Position	DATE
	VP-FINANCE



Republic of the Philippines
DEPARTMENT OF LABOR AND EMPLOYMENT
National Capital Region

Republic of the Philippines
Department of Labor & Employment
National Capital Region
Manila

_____ Date

ANNUAL WORK ACCIDENT/ILLNESS EXPOSURE DATA REPORT

Name of establishment: _____
Nature of Business: _____
Address: _____

Exposure of Data	January to December 200
Number of Employees	
Total Hours Worked by all Employees during the Year	
Injury Summary	
Total – all Disabling injuries/illness	
Total – Non-Disabling	
Frequency Rate	
Severity Rate	

_____ General Manager

1. This report shall be accomplished whether or not there were accident/illness occurrence during the period covered and submitted to the Regional Labor Office or Local Government having jurisdiction not later than the 30th day of the month following the end of each calendar year.

2. Frequency rate is the total number of disabling injuries per million employee hours of exposure.

$$\text{Frequency Rate} = \frac{\text{Number of disabling injuries} \times 1,000,000}{\text{Employee-hour of Exposure}}$$

3. Severity Rate is the total number of days lost or charged per million employee hours of exposure.

$$\text{Severity Rate} = \frac{\text{Number of days lost or charged} \times 1,000,000}{\text{Employee-hour of Exposure}}$$

4. Exposure is the total number of hours worked by all employees in each establishment including employees or operating production, maintenance, transportation, clerical, administrative, sales and other departments.

5. Disabling injuries – work injuries which result to death, permanent total disability, permanent partial disability or temporary total disability.

6. Non-Disabling injuries (Medical Treatment) – injuries which do not result into disabling injuries but require first aid or medical attention of any kind.