

Annex B. OSH Program Template
(Small, Medium, and Large Establishments)

Occupational Safety and Health (OSH) Program

Establishment's Profile

| | | | |
|--|--|-------------------------|---------|
| Business Name <i>(as it appears in your business permit)</i> | | | |
| Date Established | | | |
| Complete business address | Building, unit or house # / Street / Subdivision | | |
| | Barangay | City/Municipality | |
| | Province | Region | |
| Official contact details | Mobile number/s: | Landline or Fax Number: | |
| | | Area code: | Number: |
| | Web address/URL: | Company email address: | |
| Authorized Representative (Owner/ Manager/ President) | | | |
| Total Number of Employees | Total: | Male: | Female: |
| | | | |
| Business Classification <i>*For clarification, kindly refer to PSIC.</i> | Establishment's Philippine Standard Industrial Classification* | | |
| Risk Classification <i>*Based on HIRAC</i> | Low Medium High | | |
| Product Description <i>(ex. Garments, shoes, electronics, N/A)</i> | | | |
| Description of Services | | | |

Basic Components of Company OSH Program and Policy

(Republic Act No. 11058, Chapter IV, Section 12)

1. Company Commitment to Comply with OSH Requirements
2. General Safety and Health Programs:
 - a. Safety and Health Hazard Identification, Risk Assessment and Control (HIRAC)
 - b. Medical Surveillance for early detection and management of occupational and work-related diseases
 - c. First aid and emergency medical services
3. Promotion of Drug-Free Workplace, Mental health Services in the Workplace, Healthy lifestyle
4. Prevention and Control of HIV-AIDS, Tuberculosis, Hepatitis B
5. Composition and Duties of the Health and Safety Committee
6. OSH Personnel and Facilities
7. Safety and Health Promotion, Training, and Education
 - a. Orientation of all workers on OSH
 - b. Conduct Risk Assessment, Evaluation, and Control
 - c. *Continuing training on OSH for OSH Personnel
 - d. *Work permit System
8. Toolbox/Safety Meetings, job safety analysis
9. Accident/Incident/illness Investigation, Recording and Reporting
10. Personal Protective Equipment (PPE)
11. Safety signages
12. *Dust control and management and regulation on activities such as building of temporary structures and lifting and operation of electrical, mechanical, communications systems and other requirements
13. Welfare Facilities
14. Emergency and disaster preparedness and response plan to include the organization and creation of disaster control groups, business continuity plan, and updating the hazard, risk, and vulnerability assessment (as required)
15. Solid waste management system
16. Compliance with Reportorial Government Requirement (refer to Item 9.0)
17. Control and Management of Hazards (refer to Item 2-HIRAC)
18. *Prohibited Acts and Penalties for Violations
19. *Cost of Implementing Company OSH program

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

1. Company Commitment to Comply with OSH Policy

(Company/Business Name) do hereby commit to comply with the requirements of R.A. 11058 and its Implementing Rules and Regulations and the applicable provisions of the Occupational Safety and Health Standards (OSHS).

(We/I) acknowledge the company's obligation and responsibility to provide appropriate funds for implementing this OSH program, including orienting and training its employees on OSH, providing and disseminating IEC materials on safety and health, providing PPE when necessary, and other OSH-related requirements and activities. This program ensures the protection of our workers and employees against injuries, illnesses, and death through safe and healthy working conditions and environments.

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

| |
|---------------|
| [Signature] |
| [Name] |
| [Designation] |
| [Date] |

2. General Safety and Health Programs

a. Conduct of Risk Assessment

(Please use additional pages if needed. The Company's Risk Assessment Matrix may also be attached as a substitute.)

| Risk Assessment Matrix | | | | |
|------------------------|--------|------|---|---------|
| Task | Hazard | Risk | Priority: (Likelihood of injury and illness to occur) [Low, Medium, High] | Control |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Example of Simple Risk Assessment:

| Task | Hazard | Risk | Priority | Control |
|---------------------------------------|----------------------------|--|----------|------------------------|
| Drivers deliver products to customers | Occasional work long hours | Fatigue and short rest time between shifts | medium | Policy on a work break |
| | Traffic congestion | Increased chance of collision | low | Road safety program |
| | | Longer working hours | medium | Work breaks |

| | | | | |
|--|---------------------------|--|------|---------------------------------------|
| | Lifting of heavy products | Back injury from lifting, reaching, carrying, etc. | high | Conduct proper orientation on lifting |
|--|---------------------------|--|------|---------------------------------------|

b. Medical Surveillance

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

- i. Routine: CBC Urinalysis Stool Exam Chest X-Ray
- ii. Special: Blood Chemistry ECG Others (Please Specify)
- iii. Schedule of Annual Medical Examination: Q1 Q2 Q3 Q4
- iv. Is random drug testing conducted? Yes When: _____ No

c. First Aid, Health Care Medicines, and Equipment Facilities

What health care facilities are provided? (e.g. treatment room, clinic, bed)

3. and 4. Health Programs for the Promotion, Prevention, and Control

(Please indicate promotion health programs such as Drug-free Workplace in compliance with Republic Act No. 9165 and Mental Health in compliance with Republic Act No. 11036, and prevention and control health programs on HIV/AIDS in compliance with Republic Act No. 8504 and Republic Act No. 11166, Tuberculosis in compliance with Executive Order No. 187, Series of 2003, Hepatitis B in compliance with DOLE Advisory No. 05 Series of 2010)

5. Composition and Duties of Occupational Safety and Health Committee

The OSH Committee of the company is responsible for planning, developing, and implementing OSH policies and programs, monitoring and evaluating OSH programs, and investigating all aspects of the work pertaining to the safety and health of all workers. The employer shall establish an OSH committee composed of the following:

| | |
|--------------|--|
| Chairperson: | _____ |
| | Name of Employer or Representative |
| Secretary: | _____ |
| | Safety Officer of the workplace |
| Members: | _____ |
| | Name of OH personnel (if applicable), contractor's safety officers (if applicable), and at least two employees/workers' representatives. |

All members of the OSH Committee shall perform their duties and responsibilities according to the OSH law and its implementing guidelines including the submission of reports as required in the OSHS.

6. OSH Personnel and Facilities

(Please attach certificate of training/s prescribed by DOLE and use additional sheets as necessary)

a. Safety Officer/s

| Name of Safety Officer(s): | Training and Number of Training Hours |
|----------------------------|---------------------------------------|
| | |
| | |
| | |

b. Emergency Occupational Health Personnel and Facilities

List of competent emergency health personnel within the worksite duly complemented by adequate medical supplies, equipment, and facilities based on the total number of workers. Please attach certificate of training/s prescribed by DOLE and use additional sheets as necessary.

| Shift/Area/ Unit/ Department | Total Number of Workers per Area | Health Personnel & Facilities | |
|------------------------------------|---|---|---------------------------------------|
| | | Health Personnel (First Aider, Nurse, Physician, Dentist) | Facilities (Treatment Room/Clinic) |
| | | | |
| | | | |
| | | | |

7. Safety and Health Promotion, Education, and Training for Workers

(Please attach additional sheets as necessary)

a. Mandatory Safety Orientation of All Workers

| Topics/matters of orientation | Number of Employees/Workers in Attendance | Date |
|-------------------------------|---|------|
| | | |
| | | |
| | | |

b. Conduct of Risk Assessment, Evaluation, and Control

| Personnel responsible for the conduct of risk assessment (may include WEM) | Date |
|--|------|
| | |
| | |

c. Continuing training on OSH for OSH Personnel

| OSH Personnel for training | Date |
|----------------------------|------|
| | |
| | |

d. Work Permit System (if applicable)

Discussion on the process of the work permit system being implemented or to be implemented by the management of critical activities. The job hazard analysis where said permit system is required.

| | |
|--------------------------------------|--|
| Name of Person/s performing the job: | |
|--------------------------------------|--|

| | |
|--|----------------|
| Location of work: | |
| Work Start Date: | Work End Date: |
| Scope of Work: | |
| Type of permit (hot works, confined space, working at heights, etc.) | |
| Description of work to be undertaken (Workers' details, responsible OSH personnel, certifications needed, etc.) | |
| Hazard identification and control measures | |
| PPE required | |
| Emergency Preparedness | |

8. Conduct of Tool Box Meetings/ Safety Meetings

| Personnel Who Conducts of Safety/ Tool Box Meetings | Schedule |
|---|----------|
| | |
| | |
| | |

9. Accident/Incident/Injury investigation recording and reporting

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

After the investigation, the employer or the authorized representative shall prepare and submit its work accident report using the prescribed form (WAIR). Moreover, other work accidents resulting in disabling injuries, such as Permanent Partial Disability and Temporary Total Disability, shall be reported to the DOLE Regional Office within 30 days after the date of occurrence using the DOLE prescribed form (WAIR).

All near-misses shall be recorded and reported. The OSH Committee shall develop and review a system for notifying and reporting work accidents, including near misses within the company, as necessary.

Kindly refer to below list of reports to be submitted to DOLE related accident/Incident/Injury investigation recording and reporting:

| Kind of report | Date of submission |
|---|---|
| Accident Notification (Fatal/Serious Injury) | Within 24 hours from the time of occurrence |
| Work Accident/Injury Report (WAIR) | Every 30th day of the month, <i>regardless of whether there were any accidents or work-related illnesses in the workplace</i> |
| Annual Exposure Data Report (AEDR) | January 30 following the covered year |
| Annual Medical Report (AMR) | March 31 following the covered year |

15. Solid Waste Management System

Written Pollution Control Program: Yes No
Name of Pollution Control Officer: _____

16. Compliance with Reportorial Government Requirements

(Please refer to item 9.0)

17. Control and management of hazards

Based on accomplished HIRAC.

18. *Prohibited Acts and Penalties/Sanctions for violations of OSH

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

Please attach existing company sanctions for violations of OSH.

Example of Company violation policies:

| Safety Violation | 1 st offense | 2 nd offense | 3 rd offense |
|---|-------------------------|-------------------------|-------------------------|
| 1. Not using issued PPE | | | |
| 2. Littering and loitering | | | |
| 3. Smoking in prohibited area | | | |
| 4. Illegal dismantling of safety signages and paraphernalia | | | |
| 5. Not following safety rules | | | |

19. Cost of implementing company OSH program

The total amount of _____ (PhP_____) is the estimated annual amount for OSH program implementation for the orientation/training of workers, safety officer, and OH personnel, provision and maintenance of PPE, first aid medicine, other medical supplies, safety signages and devices, fire safety equipment/tools, and the safety of equipment (e.g., machine guards), etc.

| OSH Item | Estimated Cost/Year |
|--------------------------------------|---------------------|
| PPEs | |
| OSH Training | |
| Safety Signages | |
| Machine Guards and related equipment | |
| Medical Examinations | |
| Medical Supplies/Medicines | |
| Others: Specify | |

ANNEX B.1:

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

_____ company is committed to promoting and ensuring a healthy and safe working environment through its various health programs for its employees. We shall comply with all regulations

and laws that guarantee workers' health and safety at all times.

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

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

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

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

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

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

Signed:

Owner/Manager

Employees' Representative

DATE: _____