

Republic of the Philippines
Department of Labor and Employment
BUREAU OF WORKING CONDITIONS
Manila

REPORT ON HEALTH AND SAFETY ORGANIZATION

Date _____
Regional Labor Office No. ____
File Number _____

Name of Establishment: _____
Address: _____
Nature of Business: _____
Number of Persons Employed (Including Management) _____

1st Shift: Male: _____ Female: _____
2st Shift: Male: _____ Female: _____
3st Shift: Male: _____ Female: _____
TOTAL: Male: _____ Female: _____

A. POLICY AND PROGRAM ON SAFETY AND HEALTH:

B. COMPOSITION OF SAFETY AND HEALTH COMMITTEE: TYPE: _____
CENTRAL SAFETY COMMITTEE

<u>NAME</u>	<u>POSITION IN ESTABLISHMENT</u>
Chairman: _____	_____
Members: _____	_____
_____	_____
_____	_____
Secretary: _____	_____

B. TECHNICAL INFORMATION:

A. Brief description of process operation and number and kind of equipment.

Submitted by:

General Manager