



**PUBLIC HEALTH AND SAFETY DEPARTMENT
Occupational Health and Safety Division**

Bldg. 280-Dewey Avenue, SBFZ
Tel. No. (047) 252-4502

GENERAL OCCUPATIONAL SAFETY AND HEALTH CHECKLIST

GENERAL INFORMATION	
Name of Establishment:	
Address:	
Owner/President/Manager:	
Contact No./s:	
Email Address:	
Total Number of Personnel:	No. of Shifts:
Hours of Work:	
Nature of Business:	
SBMA Business and Investment Group Account Officer:	
If required to secure Sanitary Clearance: YES [] NO []	
With Updated Sanitary Clearance : YES [] NO []	
Expiry Date: _____	
Remarks: _____	

OSH Indicators	Complied			Remarks
	YES	NO	N/A	
Part I				
1. SBFZ Certificate of Registration/Permit To Operate				
2. Occupational Safety and Health Program				
3. Medical Surveillance:				
A. Annual/Pre-employment medical examination				
B. Random Drug-testing for establishments with >10 workers				
4. Organized Safety and Health Committee				
5. Policy and Program on Promotion on Drug Free Workplace Policies and Programs				
6. Policy and Program on Prevention and Control of HIV/AIDS, Tuberculosis and Hepatitis B				
7. OSH Personnel and Facilities:				
- Safety Officer/s				
- Occupational Health Personnel				
a. First aider				
b. Nurse				
c. Physician				
d. Dentist				
- Health Facilities				
a. First Aid Kit				
b. Treatment Room				
c. Clinic				
d. Hospital (or with MOA)				
e. Dental Clinic (or with MOA)				
8. Safety and Health Promotion:				
- Orientation of all workers on OSH (8hours)				



- Continuous Training of OSH Personnel				
9. Conducted Safety Orientation/Toolbox meeting				
10. OSH Reports:				
- Work Accident/Occupational Injury or Illness Report for Fatal, Permanent Total, Permanent Partial, Temporary Total Disabilities				
- Work Accident/Occupational Injury or Illness Report for Medical Treatment Injuries				
- Employer's Annual Report on Safety and Occupational Health Personnel and Services				
- Employer's Annual Report of Work Accident/Illness Exposure				
- Annual Medical Report (AMR)				
11. Provision of Appropriate PPE				
- No cost to employee				
- Tested and approved				
12. Provision of Safety signages				
- Visible safety signage				
- Understandable safety signage				
13. Workers Welfare Facilities:				
- Adequate supply of safe drinking water				
- Adequate sanitary and washing facilities				
- Separate sanitary/toilet, washing, sleeping facility for all gender, if applicable as may be.				
- Lactation Station				
- Ramps, railing and the like				
14. Emergency Drills				
- Fire Drill				
- Earthquake Drill				
Part 2				
1. No Imminent Danger Situation (condition that could cause death or serious physical harm) – Rule 1012. 02, OSHS				
2. Adequate aisles/Passageways (sufficient width and height and with signs and markings) Rule 1060, OSHS				
3. Proper Office spacing (between workers and machines) Rule 1060, OSHS				
4. Work Environment Measurement Conducted – Rule 1070, OSHS				
5. Adequate Lighting (in work Areas, in aisles and passageways – Rule 1070, OSHS				
6. Noise exposure control – Rule 1070, OSHS				
7. Radiation exposure control – Rule 1070, OSHS				
8. Proper ventilation – Rule 1070, OSHS				
9. Airborne contaminants control – Rule 1070, OSHS				
10. Defined Procedures in Performing Hazardous Work – Rule 1120, OSHS				
11. Provision safety measures when Hazardous Materials are used – Rule 1090, OSHS				
12. For Contractors/Subcontractors in the Construction Industry:				
- Construction Safety and Health Program				
- Registration with Philippine Contractors Accreditation Board (PCAB)				
- Construction safety signage				
- Construction Heavy Equipment Testing				



OSH Indicators	Complied			Remarks
	YES	NO	N/A	
- Construction Heavy Equipment Operator TESDA Certified				
- Construction Workers Skills Certificate for Critical Operations				
- Defined Safety Program When in Use of Scaffoldings				
FOR THOSE INDUSTRIES SUBJECTED TO TECHNICAL SAFETY COMPLIANCE				
1. Boiler – Permit To Operate				
2. Pressure Vessel – Permit To Operate				
3. Elevators and Other Related Equipment – Permit To Operate				
4. Crane and Hoist Equipment – Permit To Operate				
5. Other similar/applicable Facility and Equipment				
Comments/Recommendation/s: <hr/> <hr/>				
Reminder: <u>The following facilities are required to secure PHSD Sanitary Clearance:</u> - Restaurant, Canteen, Catering Service, Food Stall/Kiosk, Spa and Massage Parlor, Bathing facilities (Beach, swimming pool), Water refilling station, Ice Plant, Laundry, Bakeshop/Coffee Shop				
Note: Properly filled up General OSH checklist and proof of compliance to all applicable OSH (documentary) requirements may be forwarded thru E-mail or Drop Box located at Bldg. 280 Dewey Avenue, SBFZ. E-mail Address: _____				

Validated by: (OSH Division Specialist)

Name/Signature

Designation

Date Validated: _____

Conforme: (Company Representative)

Name/Signature

Designation

Date Accomplished: _____

