



**SUBIC BAY METROPOLITAN AUTHORITY
PUBLIC HEALTH AND SAFETY DEPARTMENT
Occupational Health and Safety Division**

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Departmental Quality Form
PSD-QF 404-A
Rev. 01
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REPORTING REQUIREMENTS

REPORT REQUIRED	FORM TO USE	DEADLINE FOR SUBMISSION
Work Accident/Occupational Injury or Illness Report for Fatal, Permanent Total, Permanent Partial, Temporary Total Disabilities	404	24 hours upon occurrence of accident
Work Accident/Occupational Injury or Illness Report for Medical Treatment Injuries	408	10 th day of the month with or without accident/illness
Employer's Annual Report on Safety and Occupational Health Personnel and Services	405	January 20 th
Employer's Annual Report of Work Accident/Illness Exposure	406	January 20 th
Annual Medical Report	407	January 20 th

GENERAL INSTRUCTIONS

1. Forms 404 and 408 shall be used only for WORK-RELATED accidents, injuries and illnesses. For the purpose of determining whether the accident/injury/illness is work-related or not, the company physician and the safety officer shall be consulted. In the absence of both, the highest occupational health and safety personnel shall be consulted.
2. Work accident/injuries/illnesses shall be classified as follows:
 - a. Medical Treatment Injury – an injury which does not result in a disabling injury but which requires first aid medical treatment of any kind
 - b. Fatal Accident/Injury/Illness – any death resulting from a work injury regardless of the time intervening between injury and death
 - c. Permanent Total Disability – any injury or sickness other than death which permanently and totally incapacitates an employee from engaging in any gainful occupation or which results in the loss or the complete loss of use of any of the following in one accident:
 - Both eyes
 - One eye and one hand, or arm, or leg or foot
 - Any two of the following not in the same limb: hand, arm, foot, leg
 - Permanent complete paralysis of the two limbs
 - Brain injury resulting in incurable imbecility or insanity
 - d. Permanent Partial Disability – any injury other than death or permanent total disability which results in the loss or loss of use of any member or part of a member of the body regardless of any pre-existing disability of the injured member or impaired body function.
 - e. Temporary Total Disability – any injury or illness which does not result in death or permanent total or permanent partial disability but which results in disability from work for a day or more.