



**SUBIC BAY METROPOLITAN AUTHORITY
PUBLIC HEALTH AND SAFETY DEPARTMENT
Occupational Health and Safety Division**
Bldg. 280, Dewey Ave., Subic Bay Freeport Zone, Philippines 2222
Tel. (63-47) 252 4502 Fax (63-47) 252 4502

Departmental Quality Form
PSD-QF 405 Page 1 of 2
Rev. 01
Effectivity Date: 06-07-2012

**EMPLOYER'S ANNUAL REPORT ON
SAFETY AND OCCUPATIONAL HEALTH PERSONNEL AND SERVICES**
(This report shall be submitted by the employer to the SBMA Occupational Health and Safety Division
within 20 calendar days following the end of each calendar year.)

Period Covered: _____

Name of Establishment: _____

Address: _____

Nature of Business: _____

Persons Employed, including management:

1ST SHIFT	Time: _____	Male: _____	Female: _____
2ND SHIFT	Time: _____	Male: _____	Female: _____
3RD SHIFT	Time: _____	Male: _____	Female: _____

SAFETY AND HEALTH COMMITTEE

Type of Safety and Health Committee: _____

Composition of Safety and Health Committee:

Chairman: _____	Position in Establishment: _____
Members: _____	Position in Establishment: _____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
Secretary: _____	Position in Establishment: _____

Schedule of Regular Meeting: _____

Objectives for the Current Year: _____

Regular Activities: _____

SAFETY OFFICER

Name: _____ FT PT

If part-time, position in company: _____ No. of hrs. devoted to safety/wk: _____

Training in Safety: _____ Date obtained: _____

SAFETY CONSULTANT

Name: _____
Accreditation/qualification: _____

COMPANY PHYSICIAN

Name: _____ FT PT Clinic Hours in Company: _____
PRC License #: _____ PMA #: _____ PCOM #: _____
Training in Occupational Health: _____ Date obtained: _____

COMPANY DENTIST

Name: _____ FT PT Clinic Hours in Company: _____
PRC License #: _____
Training in Occupational Health: _____ Date obtained: _____

COMPANY NURSE

Name: _____ FT PT Working Hours (as co. nurse): _____
PRC License #: _____ OHNAP #: _____
Training in Occupational Health: _____ Date obtained: _____

FIRST AIDER

Name: _____ Training: _____ Date obtained: _____

Documents Attached/Enclosed (✓):

- _____ Company administrative policies on safety and health
- _____ Accident prevention/safety program
- _____ Occupational health program
- _____ Disaster contingency plan including emergency service units established
- _____ Safety and health training conducted for the past year and number of attendees
- _____ Sample minutes of safety and health committee meeting
- _____ Sample workplace safety and health inspection report
- _____ Sample accident investigation report

I hereby certify on my honor to the accuracy and completeness of the foregoing information.

General Manager/Employer

Date: _____