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 408
Rev. 01
Effectivity Date: 06-07-2012

WORK ACCIDENT/OCCUPATIONAL INJURY OR ILLNESS REPORT (MEDICAL TREATMENT INJURIES)

This report shall be submitted by the employer for medical treatment injuries to the SBMA Occupational Health and Safety Division within 10 calendar days following the end of each month

Period Covered: _____

Establishment: _____ Address: _____ Nature of Business: _____

Name of Employer: _____ Nationality: _____ Number of Employees Male: _____ Female: _____

Date of Occurrence	Time	Injured/Ill Person			Accident Type	Nature of Injury/Illness	Body Part Affected	Unsafe Condition	Unsafe Act	Preventive Measures Taken
		Age	Sex	Occupation						

Use additional sheets if necessary.

We hereby certify on our honor to the accuracy and completeness of the foregoing information.

Investigating Officer
Signature: _____
Name: _____
Position: _____

Employer
Signature: _____
Name: _____
Date: _____