DOLE/BWC/OHSD/IP-6b

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

Date

***ANNUAL WORK ACCIDENT/ILLNESS EXPOSURE DATA REPORT***

**Name of Establishment :**

**Nature of Business : Address :**

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**EXPOSURE DATA January to December 20**

======================================================================================== **Number of Employees**: **Total Hours Worked by All Employees During the Year:**

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**INJURY SUMMARY**

======================================================================================== **Total-All Disabling Injuries/Illnesses: Total-Non-Disabling Injuries: Frequency Rate: Severity Rate:**

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***General Manager***

1. This report shall be accomplished whether or not there were accident/illness occurrences during the period covered

and submitted to the Regional Labor Office or local government having jurisdiction not later than 30th day of the month following the end of each calendar year.

2. **Frequency Rate** is the total number of disabling injuries per million-employee hours of

exposure.

Frequency Rate = Total number of disabling injuries x 1,000,000

Employee-hours of Exposure

3. **Severity Rate** is the total number of days lost or charged per million-employee hours of

exposure.

Severity Rate = Total number of days lost or charged X 1,000,000

Employee-hours of Exposure

4. **Exposure** is the total number of hours worked by all employees in each establishment including employees of operating production, maintenance, transportation, electrical, administrative, sales and other departments.

5. **Disabling injuries** - work injuries, which result in death, permanent total disability, permanent partial disability or temporary total disability.

6. **Non-disabling injuries** (Medical Treatment) - injuries which do not result into disabling injuries but required first aid or medical attention of any kind.