DOLE/BWC/OHSD/IP-6

Republic of the Philippines

# DEPARTMENT OF LABOR AND EMPLOYMENT

Region VII, Cebu

# EMPLOYER’S WORK ACCIDENT/ILLNESS REPORT

(This report shall be submitted by the employer for every accident or illness to the Regional Office having jurisdiction on or before the 20th day of the month following the date of occurrence.)

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| EMPLOYER | 1. Establishment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_2. Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 3. Nature of Business:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 4. Name of Employer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Nationality: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 5. No. of Employees: Male: \_\_\_\_\_\_\_\_\_\_\_ Female: \_\_\_\_\_\_\_\_\_\_\_Total: \_\_\_\_\_\_\_\_\_\_\_  |
| **INJURED OR ILL PERSON****Occupational****History** | 6. Name : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_Sex: \_\_\_\_ Civil Status:\_\_\_\_\_\_\_\_\_ 7. Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 8. Average Weekly Wage: P\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ No. of Dependents: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 9. Length of service prior to accident or illness: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 10. Occupation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Experience at Occupation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 11. Work Shift: \_\_\_\_1st \_\_\_\_2nd \_\_\_\_3rd Hours of work/day: \_\_\_\_\_ Day/Week:\_\_\_\_\_\_\_  |
| ACCIDENT**OR****ILLNESS** | 12. Date of accident/illness: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 13. The accident involved: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Personal Injury: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Property Damage: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 14. Description of accident/illness (Give full details on how accident or illness occurred): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 15. Was injured doing regular part of job at the time of accident or illness: If not, why? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |
| NATURE &**EXTENT OF****INJURY OR****ILLNESS** | 16. Extent of Disability: \_\_\_\_ Fatal \_\_\_\_\_\_\_\_\_\_\_\_ Permanent Total \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Permanent Partial: \_\_\_\_\_\_\_Temporary Total \_\_\_\_\_\_\_ Medical Treatment \_\_\_\_\_\_ 17. Nature of Injury or Illness: \_\_\_\_\_\_\_\_\_\_\_\_\_ Parts of body affected: \_\_\_\_\_\_\_\_\_\_\_\_\_ 18. Date Disability Begun: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Returned to Work: \_\_\_\_\_\_\_\_\_\_\_\_\_ 19. Days Lost: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ or Days Charged: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |
| CAUSE OF**ACCIDENT****OR ILLNESS** | 20. The Agency Involved: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 21. The Agency Part Involved: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 22. Accident Type: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 23. Unsafe Mechanical or Physical Condition: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 24. The Unsafe Act: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 25. Contributing Factor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |
| **PREVENTIVE****MEASURES** | 26. Preventive Measures (taken or recommended): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 27. Mechanical guards, personal protective equipment and other safeguards  provided: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 28. Were all safeguards in used? \_\_\_\_\_\_\_\_ If not, why? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| MANPOWER | 29. Compensation: \_\_\_\_\_\_\_\_\_\_ P \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 30. Medical & Hospitalization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 31. Burial: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 32. Time lost on day of injury: \_\_\_\_\_\_\_\_\_\_ Hrs. \_\_\_\_\_\_\_\_\_\_\_ Mins. \_\_\_\_\_\_\_\_\_\_\_\_\_\_33. Time lost on subsequent days: \_\_\_\_\_\_ Hrs. \_\_\_\_\_\_\_\_\_\_\_ Mins. \_\_\_\_\_\_\_\_\_\_\_\_\_\_  (Treatment or other reasons)34. Time on light work or reduced output: \_\_\_\_\_\_\_\_\_\_\_ Day: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Percent Output: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |
| MACHINERY**AND TOOLS** | 35. Damage to Machinery and Tools (Describe): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 36. Cost of repair or replacement: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 37. Lost Production Time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cost: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |
| MATERIALS | 38. Damage to Materials (Describe): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_39. Cost of repair or replacement: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 40. Lost Production Time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cost: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |
| EQUIPMENT | 41. Damage to Equipment (Describe): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_42. Cost of repair or replacement: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 43. Lost production time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |

**I HEREBY CERTIFY on my honor to the accuracy of the foregoing information:**

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 Date

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 Investigating Officer & Position Employer