

Part IV: Safety and Health Practices

1. Which of the following facilities are available or provided in your establishment?

Guidelines: 1. There should only have one entry/checkmark for each facility. Either YES or NO.
2. If there are facilities other than those enumerated, these should be specified under "others".

Code (1)	FACILITIES (2)	YES (3)	NO (4)
01	Facilities for persons with disabilities		✓
02	Medical/dental clinic or treatment room	✓	
03	Sports/recreational facilities		✓
04	Clean canteen for employees		✓
05	Separate toilets for men and women		✓
06	Pantry (small room used as eating area of employees)		✓
07	Designated smoking area/s	✓	
08	Parking space for employee's vehicle		✓
09	Elevator for buildings with at least four floors		✓
10	Unobstructed fire exits at the workplace	✓	
11	Pipe-in music at the workplace		✓
12	Well-maintained office building (regular upkeep and repairs are done)		✓
13	Ergonomically designed seats/tools/machines (to prevent musculoskeletal disorders and related injuries)		✓
14	Proper ventilation in work areas	✓	
15	Adequate lighting (in work areas, aisles, passageways) including emergency lights		✓
16	Adequate space that allow sufficient freedom of movement to perform duties	✓	
17	Adequate aisles/passageways	✓	
18	Washing facilities and facilities for changing/storing working clothes		✓
19	Comfortable rest area for workers	✓	
20	Separate locker rooms for men and women		✓
21	Proper waste (includes chemicals, pesticides & hazardous materials) disposal system	✓	
22	Adequate supply of safe drinking water	✓	
23	Access to clean and hygienic comfort rooms	✓	
24	Availability of water tank and functioning fire extinguishers within reach		✓
25	Adequate exhaust system		✓
26	Others, please specify: <u>Provision of better seating, décor, lighting, ventilation in public waiting rooms</u>	✓	

1.1 What are the reasons for the non-provision of some of the facilities mentioned above?

- Guidelines:** 1. More than one entry or checkmark is acceptable.
2. If there are reasons other than those enumerated, these should be specified under "others".

<input checked="" type="checkbox"/>	Too costly
<input type="checkbox"/>	Very few workers
<input type="checkbox"/>	Not required by law
<input type="checkbox"/>	No available space
<input checked="" type="checkbox"/>	No need/Not necessary
<input type="checkbox"/>	Not applicable/suitable
<input type="checkbox"/>	Others, please specify: <u>e.g. nature of work not fit for the disabled</u>

2. Below are the different occupational health programs/services relative to the maintenance of safety and health conditions at the workplace. Which programs/services are being implemented in your establishment?

- Guidelines:** 1. There should only be one checkmark for each program or service. Either YES or NO.
2. If there are occupational health programs/services other than those enumerated, these should be specified under "others".

Code (1)	OCCUPATIONAL HEALTH PROGRAMS/SERVICES (2)	YES (3)	NO (4)
01	Physical fitness program	✓	
02	Availability of first-aid kits		✓
03	Family planning programs		✓
04	Free health plan coverage by a health maintenance organization (HMO)	✓	
05	Free health and/or accident insurance by a private insurance company		✓
06	Free/subsidized medical care other than those provided thru the HMO or private insurance (includes medicines, special laboratory exams for ancillary procedures on top of annual physical examination, hospitalization)		✓
07	Regular conduct of inspection and maintenance of equipment		✓
08	Regular monitoring of hazards such as fumes, dust, noise level and heat in work areas		✓
09	Accident prevention program	✓	
10	Emergency response preparedness program		✓
11	Substance abuse and employee assistance program	✓	
12	HIV/AIDS policy program	✓	
13	Drug-Free workplace policy/program		✓
14	Random drug testing		✓
15	Tuberculosis prevention and control policy/program		✓
16	Anti-sexual harassment program		✓
17	Others, please specify: <u>Construction and Health Program</u>		✓

3. What preventive and control measures on safety and health are being implemented in your establishment?

- Guidelines:**
1. There should only be one entry/checkmark for each preventive and control measure. Either YES or NO.
 2. If there are preventive and control measures other than those enumerated, these should be specified under "others".

Code (1)	PREVENTIVE AND CONTROL MEASURES (2)	YES (3)	NO (4)
01	Appropriate number of trained health and safety officer	✓	
02	Institutionalization of health and safety committee		✓
03	Proper storage and labelling for chemicals, pesticides and hazardous materials		✓
04	Emergency/evacuation plan	✓	
05	Provision of protective clothing/equipment to employees (e.g., gloves, head gear, footwear, etc.)		✓
06	Proper posting of safety signages		✓
07	Availability of safety manuals, labels or maintenance procedures		✓
08	Regular maintenance of mechanical and electrical facilities	✓	
09	Information or advisory services on occupational safety/health		✓
10	Instruction/training on health and safety		✓
11	Observance of proper operational procedures in doing the job		✓
12	Security measures to reduce exposure to physical danger or violence	✓	
13	Use of video camera or alarm system		✓
14	Provision of adequate machine guarding/railing or casing on moving parts		✓
15	Conduct of emergency drills (fire, earthquake, chemical spills, etc)		✓
16	Availability of safety measures to reduce exposure to radiation and airborne contaminants (e.g. solvent, heavy metals, mineral dust, virus, bacteria)		✓
17	Conduct of process analysis for potential problems		✓
18	Availability of Material Data Safety Sheets (MSDS) for chemicals		✓
19	Correction action programs and performance audits	✓	
20	Regular pest control treatment		✓
21	Sewage treatment plan	✓	
22	Portable/built-in fire extinguishers	✓	
23	Others, please specify: Use of proper operational procedures for the job; Use of ATMs for salaries of workers	✓	

4. Which of the following OSH trainings/seminars on safety and health were provided to your employees for the last two (2) years?

- Guidelines:** 1. There should only be one entry/checkmark for each OSH training/seminar provided. Either YES or NO.
2. If there are OSH trainings/seminars other than those enumerated, these should be specified under “others”.

Cod e (1)	OSH TRAININGS/SEMINARS (2)	YES (3)	NO (4)
01	Family Planning and Reproductive Health	✓	
02	Safety Drills (e.g., fire, earthquake, etc.)		✓
03	Safe Work Procedures		✓
04	Safeguarding the Environment		✓
05	First Aid	✓	
06	Prohibited Drugs		✓
07	Good Housekeeping (e.g., 5S + 1)		✓
08	General Safety and Health Provisions	✓	
09	Safety Management		✓
10	Handling of Hazardous Materials		✓
11	Principles of Ergonomics (to address musculoskeletal disorders/injuries in the workplace)		✓
12	Emergency Preparation to Work Hazards (provides overview of health and safety guides to various emergencies)	✓	
13	Stress Management		✓
14	Conflict Management	✓	
15	Total Quality Management		✓
16	Prescribed Basic Occupational Safety and Health (BOSH) Training		✓
17	Safety Audit		✓
18	Health Hazard Evaluation		✓
19	Accident Investigation		✓
20	Others, please specify: <u>OSH Management System</u>	✓	

4.1 Have you availed of the services/assistance of the following agencies in the conduct of any of the above trainings/seminars?

- Guidelines:**
1. There should only be one entry/checkmark for each agency. Either YES or NO.
 2. If there are agencies other than those enumerated, these should be specified under "others".

Code (1)	AGENCIES (2)	YES (3)	NO (4)
01	Regional Offices of Department of Labor and Employment (DOLE-ROs)		✓
02	Bureau of Working Conditions (BWC)	✓	
03	Occupational Safety and Health Center (OSHC)		✓
04	Employers Associations (e.g., ECOP, PMAP, PCCI, etc.)		✓
05	Trade Unions/Federations		✓
06	Industry Associations	✓	
07	DOLE Accredited Safety Training and Consultancy Organizations (i.e. Safety Organization of the Phils, etc.)	✓	
08	Association of Safety Practitioners of the Phils., Inc., (ASPPI)		✓
09	NGOs/Universities/Academic Institutions		✓
10	Others, please specify: <u>Fire Department/PHILVOCS</u>	✓	

5. Who are responsible for the overall implementation/monitoring of safety and health practices in your establishment

- Guidelines:**
1. Multiple responses are acceptable.
 2. If there are responsible personnel other than those enumerated, these should be specified under "others".

<input type="checkbox"/>	Managing Proprietor/Owner
<input type="checkbox"/>	General Manager
<input type="checkbox"/>	Production/Operations Manager
<input checked="" type="checkbox"/>	Human Resource Manager
<input type="checkbox"/>	Industrial Relations Manager
<input type="checkbox"/>	Health Professionals (doctor, dentist, nurse, etc.)
<input checked="" type="checkbox"/>	Health Associate Professionals (medical assistant/dental assistant)
<input type="checkbox"/>	Health and Safety Committee/Officer
<input type="checkbox"/>	Labor-Management Committee
<input type="checkbox"/>	Industrial Hygienist
<input type="checkbox"/>	Pollution Control Officer
<input type="checkbox"/>	Others, please specify: _____

6. Who are the health personnel in your establishment?

Guidelines: 1. Multiple responses are acceptable.
2. If there are health personnel other than those enumerated, these should be specified under "others".

<input checked="" type="checkbox"/>	Trained First-Aider
<input type="checkbox"/>	Registered Nurse
<input type="checkbox"/>	Physician
<input type="checkbox"/>	Dentist
<input checked="" type="checkbox"/>	Nearest clinic/hospital
<input type="checkbox"/>	Others, please specify:

7. Do you keep **OSH records** (work-related injuries, illnesses, health diseases and incidence) of your employees?

Guidelines: 1. Only one entry/checkmark is acceptable. Either YES or NO.

2. If Yes is checked, there should be entries on the type of records kept. More than one entry/checkmark is acceptable.

<input type="checkbox"/>	Yes
<input checked="" type="checkbox"/>	

If YES, please check type of records kept:

<input checked="" type="checkbox"/>	Minutes of meeting of Health and Safety Committee
<input checked="" type="checkbox"/>	Employees work accident/illness report
<input checked="" type="checkbox"/>	Annual work accident/illness exposure data
<input checked="" type="checkbox"/>	Annual medical report

<input type="checkbox"/>	No
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8. How do you **communicate** to employees safety and health practices in your establishment?

Guidelines: 1. More than one entry/checkmark is acceptable.
2. If there are means of communications other than those enumerated, these should be specified under "others".

<input checked="" type="checkbox"/>	General assembly/meetings
<input type="checkbox"/>	Posters in conspicuous places
<input type="checkbox"/>	Conduct of drills
<input type="checkbox"/>	Daily "walk-through" the establishment by senior management officials
<input type="checkbox"/>	Labor-management cooperation/council meetings
<input type="checkbox"/>	Quality circles/productivity improvement group meetings
<input checked="" type="checkbox"/>	Newsletter/Staff bulletin
<input type="checkbox"/>	Others, please specify:

9. Does management consult with employee representatives or union officers on matters concerning occupational health and safety?

Guideline: 1. Only one entry/checkmark is acceptable.

<input type="checkbox"/>	Always
<input checked="" type="checkbox"/>	Sometimes
<input type="checkbox"/>	Never
<input type="checkbox"/>	Not Applicable

10. Is your establishment ISO (International Organization for Standardization) Certified?

Guideline: 1. Only one entry/checkmark is acceptable. Either YES or NO.

<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
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- 10.1 If Yes, please check the appropriate box/es on type of ISO certification/s

Guidelines: 1. More than one entry/checkmark is acceptable.
2. If there are type of ISO certifications other than those enumerated, these should be specified under "others".

<input type="checkbox"/>	OHSAS 18001 - Occupational Health and Safety Management Standard
<input checked="" type="checkbox"/>	ISO 14001 - Environmental Management Standard
<input checked="" type="checkbox"/>	ISO 9001:2000 - Quality Management System
<input type="checkbox"/>	ISO 12006 - Building Construction
<input type="checkbox"/>	ISO 22000 - Food Safety Management System
<input type="checkbox"/>	ISO 27001/27002 - Information Security Management
<input type="checkbox"/>	SA 8000 – Social Accountability Standard
<input type="checkbox"/>	Others, please specify: _____