



SAFETY HOUSE, INC.

4166 Diego St., Purok #4 Mapulang Lupa, Valenzuela City, 1440

www.safetyhouseinc.com.ph Email: mcc@safetyhouseinc.com.ph

Contact Nos: +632 89848674

OSH Training Organization DOLE Accreditation No: 1030-072222-0024

Seminar Title	BOSH SO1
Duration	1 DAY (10 hours)
Date	February 9, 2024
Venue	Online Training via ZOOM
Seminar Fee	P1456 (One Thousand Four Hundred Fifty-Six) VAT INCLUSIVE per participant Note: Please disregard the 12% VAT if your BIR registration is Zero-Rated VAT. Also, please furnish us a copy of your BIR Form No. 2303 or any document that will prove exemption from VAT.
Course Content	Module 1: Introduction to OSH Module 2: General Concept on OSH Module 3A: Industrial Hygiene and Chemical Safety Module 3B: Basic Safety Rules and Measures Module 4: Hazard Identification, Risk Assessment and Control (HIRAC) Module 5: Workplace Emergency Preparedness Module 6: Training of Trainers
Notes	<ol style="list-style-type: none">1. Our objective is to help Safety Officers qualify and comply with the basic requirement of the Department of Labor and Employment (DOLE) in regard to training and to equip them the necessary knowledge and information that will enable them to prepare a Safety Program suitable to their operations.2. This seminar is a basic requirement for Accreditation as Safety Practitioner with the DOLE3. For reservation please cut the reservation form and send it to Safety House, Inc. via email.4. 50% down payment prior to the scheduled training, balance should be settled at least on the last day of the training.5. Please provide 2x2 picture for the certificate.
Training Requirements & Guidelines	<ol style="list-style-type: none">1. We will be using ZOOM CLOUD MEETINGS for our online training2. A stable internet connection with a minimum internet speed of 5MBPS.3. Either a laptop or desktop with webcam.



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| | <ol style="list-style-type: none">4. SHI Personnel will test your internet connection stability after registration5. We will give the zoom ID and Password upon approval of your registration6. The whole training session will be recorded.7. Participants are not allowed to turn off their camera during training sessions.8. Please wear a proper attire during training |
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Reservation Form

Seminar Title & Date : LOSS CONTROL MANAGEMENT – February 9, 2024

Participants Information:	Company Information:
Surname:	Company:
First Name:	Company Address:
Middle Name:	Region:
Suffix:	Industry:
Age	Total Number of Workers:
Designation:	Company E-mail:
E-mail	Company Landline/Mobile:

(PLEASE BE ADVISED THAT THE DETAILS ABOVE ARE NEEDED FOR COMPLETION OF REPORT AT OSH CENTER)

Please check your preference:

Mode of Payment GCASH Bank Transfer Bank Deposit

For reservation, please contact Ms. Rona Lacsá, Jeff or Tina Catala at the above telephone numbers or simply cut the Reservation Form and send it back to us via email. **PLEASE MAKE CHECK PAYABLE TO SAFETY HOUSE, INC.**

You can deposit your payment to our:

Metrobank Account:

Account Name: Safety House, Inc.

Account Number: 387-7-38700613-0

GCASH

Number: 0917-803-2619

Name: JEFFERSON M. CATALA