

## SAFETY HOUSE, INC.

4166 Diego St., Purok #4 Mapulang Lupa, Valenzuela City, 1440 www.safetyhouseinc.com.ph Contact Nos: +632 89848674 OSH Training Organization DOLE Accreditation No: 1030-072222-0024

| Seminar Title  | BASIC OCCUPATIONAL SAFETY & HEALTH ONLINE TRAINING                                                                                                                                                 |  |
|----------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| Duration       | 5 days (8 hours per day) 40 hours training                                                                                                                                                         |  |
| Date           |                                                                                                                                                                                                    |  |
|                | September 9-13, 2024                                                                                                                                                                               |  |
| Venue          | Online Training via ZOOM                                                                                                                                                                           |  |
| Seminar Fee    | P4000 (Four Thousand) VAT INCLUSIVE per participant                                                                                                                                                |  |
|                | Note: Please disregard the 12% VAT if your BIR registration is Zero-<br>Rated VAT. Also, please furnish us a copy of your BIR Form No. 2303 or<br>any document that will prove exemption from VAT. |  |
| Course Content | Module 1: Why the need for OSH                                                                                                                                                                     |  |
|                | Module 2 : Workplace Risk Assessment                                                                                                                                                               |  |
|                | Hazard Identification                                                                                                                                                                              |  |
|                | a. Safety Hazards                                                                                                                                                                                  |  |
|                | b. Chemical Hazards<br>Evaluation of Risk and Hazard                                                                                                                                               |  |
|                | a. Work Environment Measurement                                                                                                                                                                    |  |
|                | b. Medical Surveillance                                                                                                                                                                            |  |
|                | c. Workplace Risk Assessment                                                                                                                                                                       |  |
|                | Development of Control Measures                                                                                                                                                                    |  |
|                | a. Control Measures of Health Hazards                                                                                                                                                              |  |
|                | b. Control Measures of Physical Hazards                                                                                                                                                            |  |
|                | Module 3 : Accident Causation                                                                                                                                                                      |  |
|                | a. Accident Investigation                                                                                                                                                                          |  |
|                | Module 4 : Integrating Activity                                                                                                                                                                    |  |
|                | a. Safety Inspection                                                                                                                                                                               |  |
|                | Module 5 : Communication OSH                                                                                                                                                                       |  |
|                | a. Training the Trainer                                                                                                                                                                            |  |
|                | Module 6 : Responses to OSH Issues and Concerns                                                                                                                                                    |  |
|                | a. Emergency Preparedness                                                                                                                                                                          |  |
|                | b. Accident Injury Indices                                                                                                                                                                         |  |
|                | c. OSH Legislation                                                                                                                                                                                 |  |



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|                                          | d. OSH Program Development                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |
|------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
|                                          | e. Covid-19                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |
| Notes                                    | <ol> <li>Our objective is to help Safety Officers qualify and comply with the<br/>basic requirement of the Department of Labor and Employment<br/>(DOLE) in regard to training and to equip them the necessary<br/>knowledge and information that will enable them to prepare a Safety<br/>Program suitable to their operations.</li> </ol>                                                                                                                                                                                                                                                  |  |
|                                          | <ol><li>This seminar is a basic requirement for Accreditation as Safety<br/>Practitioner with the DOLE</li></ol>                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |
|                                          | 3. 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<br>Requirements<br>& Guidelines | <ol> <li>We will be using ZOOM CLOUD MEETINGS for our online training</li> <li>A stable internet connection with a minimum internet speed of 5MBPS.</li> <li>Either a laptop or desktop with webcam.</li> <li>SHI Personnel will test your internet connection stability after registration</li> <li>We will give the zoom ID and Password upon approval of your registration</li> <li>The whole training session will be recorded.</li> <li>Participants are not allowed to turn off their camera during training sessions.</li> <li>Please wear a proper attire during training</li> </ol> |  |



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#### **Reservation Form**

#### Seminar Title & Date : BASIC OCCUPATIONAL SAFETY & HEALTH– September 9-13, 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 Lacsa, 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