



# SAFETY HOUSE, INC.

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

[www.safetyhouseinc.com.ph](http://www.safetyhouseinc.com.ph) Email: [mcc@safetyhouseinc.com.ph](mailto:mcc@safetyhouseinc.com.ph)

Contact Nos: +632 89848674

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

|                       |   |
|-----------------------|---|
| <b>Seminar Title</b>  | <b>CONSTRUCTION OCCUPATIONAL SAFETY &amp; HEALTH ONLINE TRAINING</b>  |
| <b>Duration</b>       | 5 days (8 hours per day) 40 hours training  |
| <b>Date</b>           | December 9-13, 2024   |
| <b>Venue</b>          | Online Training via ZOOM  |
| <b>Seminar Fee</b>    | <b>P3571.43 (Three Thousand Five Hundred Seventy-One and 43/100) VAT EXCLUSIVE</b> per participant (inclusive of E-BOOK & Certificate of Completion.)<br><br><b>P4000 (Four Thousand) VAT INCLUSIVE</b> per participant<br><br><b>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.</b>   |
| <b>Course Content</b> | Chapter 1: Importance of Safety and Health<br>Chapter 2: Unsafe Act/Unsafe Condition<br>Chapter 3: Construction Site Premises<br>Chapter 4: Excavation Safety<br>Chapter 5: Hand and Portable Power Tools<br>Chapter 6: Construction Machinery<br>Chapter 7: Crane and Rigging Safety<br>Chapter 8: Fall Protection<br>Chapter 9: Temporary Structures<br>Chapter 10: Industrial Hygiene<br>*Work Environment Measurement<br>*Control Measures of Health Hazard<br>Chapter 11: Occupational Health Program<br>Chapter 12: Corona Virus Disease – COVID 19<br>Chapter 13: Personal Protective Equipment<br>Chapter 14: Routine Construction Site Inspection<br>Chapter 15: Task Exposure Analysis<br>Chapter 16: Accident Investigation, Reporting and Analysis<br>Chapter 17: Role of Safety Officer<br>Chapter 18: Tool Box Meeting<br>Chapter 19: Emergency Preparedness<br>Chapter 20: Accident Records and Injury Indices<br>Chapter 21: OSH Legislation<br>a. Chapter 22: Project safety Programming |
| <b>Notes</b>          | <b>1. Our objective is to help Safety Officers qualify and comply with the</b>  |



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|   | <p>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.</p> <ol style="list-style-type: none"><li>2. This seminar is a basic requirement for Accreditation as Safety Practitioner with the DOLE</li><li>3. For reservation please cut the reservation form and send it to Safety House, Inc. via email.</li><li>4. <b>50% down payment prior to the scheduled training, balance should be settled at least on the last day of the training.</b></li><li>5. Please provide 2x2 picture for the certificate.</li></ol> |
| <b>Training Requirements &amp; Guidelines</b> | <ol style="list-style-type: none"><li>1. We will be using ZOOM CLOUD MEETINGS for our online training</li><li>2. A stable internet connection with a minimum internet speed of 5MBPS.</li><li>3. Either a laptop or desktop with webcam.</li><li>4. SHI Personnel will test your internet connection stability after registration</li><li>5. We will give the zoom ID and Password upon approval of your registration</li><li>6. The whole training session will be recorded.</li><li>7. Participants are not allowed to turn off their camera during training sessions.</li><li>8. Please wear a proper attire during training</li></ol>  |



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## SAFETY HOUSE, INC.

### Reservation Form

*Seminar Title & Date* : CONSTRUCTION OCCUPATIONAL SAFETY & HEALTH– December 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 Lacs, 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