

# SAFETY HOUSE, INC.

4166 Diego St., Purok #4 Mapulang Lupa, Valenzuela City, 1440 <a href="https://www.safetyhouseinc.com.ph">www.safetyhouseinc.com.ph</a> Email: <a href="mac@safetyhouseinc.com.ph">mcc@safetyhouseinc.com.ph</a>

Contact Nos: +632 89848674

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

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



# SAFETY HOUSE, INC.

4166 Diego St., Purok #4 Mapulang Lupa, Valenzuela City, 1440 <a href="https://www.safetyhouseinc.com.ph">www.safetyhouseinc.com.ph</a> Email: <a href="mac@safetyhouseinc.com.ph">mcc@safetyhouseinc.com.ph</a>

Contact Nos: +632 89848674

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

	<ul> <li>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.</li> <li>This seminar is a basic requirement for Accreditation as Safety Practitioner with the DOLE</li> <li>For reservation please cut the reservation form and send it to Safety House, Inc. via email.</li> <li>50% down payment prior to the scheduled training, balance should</li> </ul>	
	be settled at least on the last day of the training.	
	5. Please provide 2x2 picture for the certificate.	
Training Requirements & 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>	



## SAFETY HOUSE, INC.

4166 Diego St., Purok #4 Mapulang Lupa, Valenzuela City, 1440 <a href="https://www.safetyhouseinc.com.ph">www.safetyhouseinc.com.ph</a> Email: <a href="mac@safetyhouseinc.com.ph">mac@safetyhouseinc.com.ph</a>

Contact Nos: +632 89848674

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

### SAFETY HOUSE, INC.

#### **Reservation Form**

Seminar Title & Date	: CONSTRUCTION OCCUPATIONAL SAFETY & HEALTH— October 7	7-11,	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 ABOV	YE ARE NEEDED FOR COMPLETION OF REPORT AT OSH CENTER)				
Please check your preference:					
Mode of Payment GCASHBank TransferBank 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