



Republic of the Philippines
DEPARTMENT OF LABOR AND EMPLOYMENT
Bureau of Working Conditions
Intramuros, Manila



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LABOR ADVISORY NO. 01
Series of 2022

EMPLOYER'S WORK ACCIDENT ILLNESS REPORT (WAIR)

Pursuant to Section 6.II.A. of the Guidelines on the Nationwide Implementation of Alert Level System for COVID-19 Response issued by the IATF 27 February 2022¹, the submission of WAIR COVID FORM online shall no longer be mandatory. Establishments however, shall still submit the Employer's Work Accident/Illness Report (WAIR) to the DOLE every 30th of the month, with or without any accidents or reportable work-related illnesses, including COVID cases, through the DOLE Establishment Report System (<https://reports.dole.gov.ph>) in compliance to the provisions of Rule 1050 of the Occupational Safety and Health Standards of the Philippines. The WAIR Form may also be used as a supporting document for filing of claims.

For compliance.


SILVESTRE H. BELLO III
Secretary

Dept. of Labor & Employment
Office of the Secretary



16 March 2022

¹ <https://www.officialgazette.gov.ph/downloads/2022/02feb/20220227-IATF-GUIDELINES-RRD.pdf>



Republic of the Philippines
Department of Labor and Employment
BUREAU OF WORKING CONDITIONS
Manila



WAIR-A

EMPLOYER'S WORK ACCIDENT/ILLNESS REPORT

(This report shall be submitted by the employer to the DOLE every 30th of the month, with or without any accidents or reportable work-related illness, including COVID cases, through the DOLE Establishment Report System (ERS).
This WAIR Form may also be used as a supporting document for filing of claims.)

EMPLOYER

1. Establishment: _____
2. Address: _____
Nature of Business: _____
3. Name of Employer: _____
Nationality: _____
4. Number of Employees: Male _____ Female _____ Total _____

INJURED/ILL PERSON

(Use WAIR-B for multiple injured Workers)

5. Name: _____
Age: _____ Sex: _____ Civil Status: _____
6. Address: _____
7. Average Weekly Wage: ₱ _____ No. of Dependents: _____
8. Length of service prior to accident or illness: _____
9. Employment Status
 Regular Probationary Fixed Term/Project Based
 Regular-Seasonal Contractor's Employee Casual
10. Occupation: _____ Years of Experience at Occupation: _____
11. Work Shift Start: _____ Work Shift End: _____ Hours of work/day: _____ Day/Week: _____

ILLNESS

12. Reportable Illness: _____
If reported illness is COVID-19, was it fatal? Yes No
13. Affected Worker's Work Location:
 Physically Reporting to Work In Alternative Work Arrangement Hybrid/Combination
14. Date Illness Began: _____ Date Returned to Work: _____
15. Days Lost: _____ and/or Days Charged: _____

ACCIDENT

16. Date of accident: _____ Time: _____
17. The accident involved: Personal Injury Property Damage
18. Description of accident (Give full details on how accident occurred):

19. Was injured doing regular part of job at the time of accident: _____
If not, why? _____

NATURE & EXTENT OF INJURY/IES

20. Extent of Disability:
 Medical Treatment Fatal Permanent Partial Temporary Total Permanent Total
21. Nature of injury: (see ILO Reference tab)
Part/s of Body Affected
 Head Chest Left Arm Right Arm Groin Left Leg
 Front Neck Abdomen Left Forearm Right Forearm Buttocks Left Foot
 Back Neck Upper Back Left Hand Right Hand Left Thigh Right Leg
 Lower Back Right Thigh Right Foot
22. Date Disability Began: _____ Date Returned to Work: _____
23. Days Lost: _____ and/or Days Charged: _____

CAUSE OF ACCIDENT

24. The Agency Involved: (i.e. Machine, equipment, chemical)
25. The Agency part Involved: (Specific part of equipment/machine)
26. Accident Type: (see ILO Reference tab)
27. Unsafe Mechanical or Physical Condition: _____
28. The Unsafe Act: _____
29. Contributing Factor: _____

CONTROL/ PREVENTIVE MEASURES	30. Preventive Measures (taken or recommended): _____		
	31. Mechanical guards, personal protective equipment and other safeguards _____		
	32. Were all safeguards in use? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, why? _____		
	33. Control Instituted:		
	Engineering: (i.e. installed machine guarding)		Cost ₱ _____
	Administrative: (i.e. conducted training/orientation)		Cost ₱ _____
	PPE: (i.e. provided (specific) PPE)		Cost ₱ _____
MANPOWER	34. Compensation: ₱ _____		
	35. Medical and Hospitalization: _____		
	36. Burial: _____		
	37. Time Lost on Day of Injury:	Hrs. _____	Mins. _____
	38. Time Lost on Subsequent Days: (treatment or other reasons)	Hrs. _____	Mins. _____
39. Time on light work or reduced output:	_____	Day/s: _____	
	Percent Output: _____		
MACHINERY AND TOOLS	40. Damage to Machinery and Tools (Describe): _____		
	41. Cost of repair or replacement:	₱ _____	
MATERIALS	42. Lost Production Time:	_____	Cost: ₱ _____
	43. Damage to Materials (Describe): _____		
	44. Cost of repair or replacement:	₱ _____	
	45. Lost Production Time:	_____	Cost: ₱ _____
EQUIPMENT	46. Damage to Equipment (Describe): _____		
	47. Cost of repair or replacement:	₱ _____	
	48. Lost Production Time:	_____	Cost: ₱ _____

I/We hereby certify that the information above is accurate to the best of our knowledge. I/We understand that the data contained herein is protected by R.A. 10173 or the Data Privacy of 2012.

Date

OH Personnel / Safety Officer

Employer/Representative



Work Accident / Illness Report
Workers' Data Page
To be attached to WAIR-A.

WAIR-B

Date of Accident:
 Time of Accident:

Personal Information						Employment Details						Illness						Nature/Extent of Injury								
Name of Injured Worker	Age	Civil Status	Address	No. of Dependents	Sex	Occupation	Employment Status	Average Weekly wage	Length of Service in Establishment Prior to Accident or Illness	Years of Experience at Occupation	Hours of Work per Day	Hours of Work per Week	Reportable Illness	Date Illness Begun	Date Returned to Work	Days Lost	Day/s Charged	Extent of Disability	Nature of Injury	Part/s of the Body Affected	Date Disability Begun	Date Returned to Work	Days Lost	Day/s Charged		
								Philippine																	In years	
1																										
2																										
3																										
4																										
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-- Nothing Follows --

ILO Occupational Accidents / Injuries, 1996		
C1	Fractures	Includes simple fractures; fractures with injuries to soft parts of the body (compound fractures); fractures with injuries to articulations (dislocations, etc.); fractures with internal or nerve injuries.
C2	Dislocations	Includes subluxations and displacements. Excludes fracture dislocations.
C3	Sprains and strains	Includes, unless associated with an open wound, the ruptures, tears and lacerations of muscles, tendons, ligaments and joints, as well as hernias due to overexertion.
C4	Concussions and other internal injuries	Includes, unless fractures are involved, all internal contusions, hemorrhages, lacerations, ruptures. Excludes those injuries with fracture.
C5	Amputations and Eucleations	Includes traumatic avulsion of the eye.
C6	Other wounds	Includes lacerations, open wounds, cuts, contusions with wounds, scalp wounds, as well as loss of nails or ears; includes wounds involving injury to nerves. Excludes traumatic amputations, enucleations; avulsion of the eye; compound fractures; burns with open wounds; superficial injuries.
C7	Superficial injuries	Includes abrasions, scratches, blisters, bites of non-venomous insects, superficial wounds; also includes superficial injuries to foreign bodies entering the eye.
C8	Contusions and crushing	Includes hemarthrosis, hematoma and bruises; contusions and crushing associated with superficial injuries. Excludes concussions; contusions and crushing with fracture; and contusions and crushing with an open wound.
C9	Burns	Includes burns from hot objects; from fire; scalds; friction burns; radiation burns (infrared); chemical burns (external burns only); burns with open wound. Excludes burns due to swallowing a corrosive or caustic substance; sunburns; effects of lightning; burns due to electric current; and radiation effects other than burns.
C10	Acute poisonings	Includes the acute effects of the injection, ingestion, absorption or inhalation of toxic, corrosive or caustic substances; bites of venomous animals; asphyxiation by carbon monoxide or other toxic gases. Excludes external chemical burns.
C11	Effects of weather exposure, and related conditions	Includes effects of reduced temperature (frostbite); the effects of heat and insulation (heatstroke, sunstroke); barotrauma (effects of high altitude, decompression); the effects of lightning; sound trauma (total or partial loss of hearing as a separate injury, not a sequela of another injury).
C12	Asphyxia	Includes drowning, asphyxiation or suffocation by compression, constriction or strangulation; also includes asphyxiation by suppression or reduction of oxygen in the surrounding atmosphere and asphyxiation by foreign bodies in the respiratory tract. Excludes asphyxiation by carbon monoxide or other toxic gases.
C13	Effects of electric currents	Includes electrocution, electrical shock and burns due to electric currents. Excludes burns caused by hot parts of electrical appliances (70) and the effects of lightning.
C14	Effects of radiations	Includes effects caused by X-rays, radioactive substances, ultraviolet rays, ionizing radiations. Excludes burns due to radiations and sunstroke.
C15	Multiple injuries of different nature	This group should be used only for cases where the injured person sustained several injuries of a different nature and no injury is obviously more severe than the others. In a case of multiple injuries suffered in one accident where one of the injuries is obviously more severe than the others, then this accident should be classified in the group corresponding to the nature of the more obviously severe injury.
C16	Other and unspecified injuries	This group should only be used to classify injuries which cannot be classified elsewhere, such as infections. Includes various early complications of trauma and pathological reactions which should be classified in this group only when the nature of the antecedent injury is unknown.

ILO, Accident Type, 1996	
1	Falls of persons
1.1	Falls of persons from heights
1.2	Falls of persons on the same level
2	Struck by falling objects
2.1	Slides and cave-ins
2.2	Collapse (buildings, walls, scaffolds, ladders, piles of goods)
2.3	Struck by falling objects during handling
2.4	Struck by falling objects, not elsewhere classified
3	Stepping on, striking against or struck by objects excluding falling objects
3.1	Stepping on objects
3.2	Striking against stationary objects (except impacts due to a previous fall)
3.3	Striking against moving objects
3.4	Struck by moving objects (including flying fragments and excluding falling objects particles)
4	Caught in or between objects
4.1	Caught in an object
4.2	Caught between a stationary object and a moving object
4.3	Caught between moving objects (except flying or falling objects)
5	Overexertion or strenuous movements
5.1	Overexertion in lifting objects
5.2	Overexertion in pushing or pulling objects
5.3	Overexertion in handling or throwing objects
5.4	Strenuous movements
6	Exposure to or contact with extreme temperatures
6.1	Exposure to heat (atmosphere or environment)
6.2	Exposure to cold (atmosphere or environment)
6.3	Contact with hot substances or objects
6.4	Contact with very cold substances or objects
7	Exposure to or contact with electric current
8	Exposure to or contact with harmful substances or radiations
8.1	Contact by inhalation, ingestion or absorption of harmful substances
8.2	Exposure to ionizing radiations
8.3	Exposure to radiations other than ionizing radiations
9	Other types of accident, not elsewhere classified, including accidents not classified for lack of sufficient data
9.1	Other types of accident, not elsewhere classified
9.2	Accidents not classified for lack of sufficient data