



**Labor Inspection Checklist**

Authority Number. \_\_\_\_\_

Date Issued. \_\_\_\_\_

Date of Inspection. \_\_\_\_\_

Valid Until. \_\_\_\_\_

Instructions: This checklist shall be accomplished by the Labor Inspector (LI) with the participation of the duly authorized representative of employer and worker. Please put a check (✓) mark in the appropriate column to indicate compliance with labor standards.

**Part I GENERAL INFORMATION**

Name of Establishment	<input type="checkbox"/> Head Office <input type="checkbox"/> Branch <input type="checkbox"/> Franchise	Address (Floor/Bldg. No./Street/Subdivision - Barangay - City/Municipality - Province - Region)	GEO Code
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Tax Identification No. (TIN): SEC / DTI Registration No.:	Economic Activity/Principal Product	PSIC Code
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Registration Date:	Specific Industry	Industry
Owner/President/Manager	<input type="checkbox"/> Contractor / Subcontractor <input type="checkbox"/> Sugar Mill <input type="checkbox"/> Manning Agency <input type="checkbox"/> Sugar Planter <input type="checkbox"/> Bus Company <input type="checkbox"/> Biofuel Plant <input type="checkbox"/> Private Employment Agency (PEA)	Section: Division: Group: Class:

Contact No/s.	Email Address:	Kind of Ownership <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Cooperative
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Age Group	Female	Male	Total	No. of Shifts: ____	Authorized Capitalization/Paid-up Capital (As of the latest date of audit)												
below 15				No. of Workers/Shift <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th>Shift</th> <th>Shift Start</th> <th>Shift End</th> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </table>	Shift	Shift Start	Shift End										Total Assets (as of the latest date of audit) <input type="checkbox"/> BMBE  Status: <input type="checkbox"/> Open <input type="checkbox"/> Already Inspected <input type="checkbox"/> Moved-Out <input type="checkbox"/> Family Business <input type="checkbox"/> WFH Arrangement <input type="checkbox"/> Denied <input type="checkbox"/> Cannot Be Located <input type="checkbox"/> Non-Operational <input type="checkbox"/> Gov't Entity <input type="checkbox"/> Virtual Office <input type="checkbox"/> Closed <input type="checkbox"/> Ceased Operation <input type="checkbox"/> Not Existing <input type="checkbox"/> JM Only <input type="checkbox"/> Transferred
Shift	Shift Start	Shift End															
15-17 yrs																	
18-30 yrs																	
31-59 yrs																	
60-65 yrs																	
<b>TOTAL</b>																	

<b>Worker Type</b>	<b>Worker Position</b>	<b>No. of PWD:</b>
No. of Regular:	No. of Managerial:	No. of Foreign National:
No. of Probationary:	No. of Supervisory:	No. of Apprentices:
No. of Fixed-Term:	No. of Rank and File:	No. of Learners:
No. of Casual:	<b>Total:</b>	No. of Trainees under DTS:
No. of Regular-Seasonal:		No. of Trainees under DTP:
No. of Contractor Workers:		No. of SPES Beneficiaries:
<b>Total:</b>		No. of Job Start Beneficiaries:
		<b>Total:</b>

No. of Contractors engaged: ____	<b>Registered?</b>	No. of employees deployed to Principal
Name of Contractors:	Yes	No
Office Address		

No. of Principal Employers: ____	No. of employees deployed to Principal
Name of Principal Employers:	
Office Address	

Type of Workplace:     Low Risk                     Medium Risk                     High Risk

With Stay Safe App: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Other: _____	Business Registration: <input type="checkbox"/> Yes - Type of Registration <input type="checkbox"/> No <input type="checkbox"/> Mayor's Permit <input type="checkbox"/> DTI <input type="checkbox"/> SEC <input type="checkbox"/> DOLE
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Safety Officer: <input type="checkbox"/> No <input type="checkbox"/> Yes - Name: _____	Mode of Issuance of Safety Seal: <input type="checkbox"/> Email <input type="checkbox"/> Hardcopy
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**Mode of Inspection**

Routine Inspection     Complaint Inspection     OSHS Investigation     Technical Safety Inspection

For Verification of: <input type="checkbox"/> Alien Employment Permit Verification <input type="checkbox"/> Verification Inspection of DO-174 Registration <input type="checkbox"/> OSH Covid Monitoring	Emanating from: <input type="checkbox"/> Single Entry Approach <input type="checkbox"/> Anonymous Complaint <input type="checkbox"/> Request for NCMB Conciliation-Mediation Proceedings
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Date of Last Inspection	Date of NR	Name of Employer's Representative:	Name of Employees' Representative:
		Position:	Position:

Part II-A.1 GENERAL LABOR STANDARDS COMPLIANCE INDICATORS							
COMPLIANCE INDICATORS	Complying			Required Correction			
	YES	NO	N/A	Amount	Workers Involved		Schedule of Correction
					Total	F	
Access Pursuant to Art.128 of LCP							
Premises							
Records							
Workers Interview							
Records Keeping ( <i>Employment records e.g. payrolls, DTR kept at workplace for at least 3 yrs.</i> )							
Minimum Wage							
Basic Wage Pay							
Cost of Living Allowance (COLA), if applicable							
Facility Evaluation Order, if applicable							
Piece Rate/Production Standard Order, if applicable							
Time of Payment of Wages ( <i>wages shall be paid not less than once every 2 weeks or twice a month at intervals not exceeding 16 days</i> )							
Meal Period ( <i>not less than one hour time-off for regular meals, which is not compensable. Shorter meal period of not less than 20 minutes may be given provided that it is credited as compensable hours of work and subject to certain conditions</i> )							
Night Shift Differential pay ( <i>not less than 10% of regular wage for each hour of work performed between 10pm - 6am</i> )							
Overtime Pay ( <i>additional 25% of hourly rate for work performed on ordinary day; additional 30% for rest day, special or regular holiday</i> )							
Weekly Rest Periods ( <i>not less than 24 consecutive hours after every six (6) consecutive normal workdays</i> )							
Holiday Pay ( <i>with pay even if unworked; work on regular holiday shall be paid additional 100% of daily rate; work on regular holiday falling on employee rest day shall be paid 200% plus 30% thereof</i> )							
Premium Pay for Special Day ( <i>no work no pay; work on special days shall be paid regular wage plus at least 30%; special day work falling on employee's scheduled rest day shall be paid additional 50% of daily rate</i> )							
Premium Pay for Rest Day ( <i>additional 30% of daily rate for work performed on rest days; additional 50% for work performed on a rest day which is also a special day; additional 30% of the regular holiday rate of 200%</i> )							
Service Charge ( <i>collected by most hotels, restaurants and similar establishments. 85% shall be distributed equally among the rank-and-file employees and 15% for management to answer for losses and breakages and for distribution to managerial employees at the discretion of management.</i> )							
Service Incentive Leave pay ( <i>five days with pay per year for those with at least one year of service; commutable to its money equivalent if not used within one year</i> )							
Non-Interference in the Disposal of Wages and Allowable Deductions (Art. 113-115 of the LCP and Labor Advisory No. 11, S.2014)							
De Minimis Benefits (R.A. No. 9504) ( <i>exemption of minimum wage earners from tax</i> )							
13th Month Pay (P.D. 851) ( <i>not less than 1/12 of total basic salary earned within calendar year. Does not include COLA and other benefits not integrated as part of basic salary. To be paid not later than 24 December of each year.</i> )							
Maternity Leave (R.A. 11210) ( <i>60 days for normal delivery/ 78 days for cesarian section; benefit for first 4 deliveries, abortion/miscarriage</i> )							
Paternity Leave (R.A. 8187) ( <i>seven days with pay including allowance for the first 4 deliveries; not convertible to cash</i> )							
Parental Leave for Solo Parent (R.A. 8972) ( <i>not more than 7 working days every year</i> )							
Leave for Victims of Violence Against Women and their Children (R.A. 9262) ( <i>10 days with full pay</i> )							
Special Leave for Women (R.A. 9710) ( <i>2 months of leave with full pay based on her gross monthly compensation due to gynecological disorder surgery</i> )							
Social Security Act of 1997 (R.A.8282 as amended) <i>Registration and Remittance</i>							
SSS Coverage							
SSS Remittance							
Home Development Mutual Fund Law of 2009 (R.A. 9679 as amended) <i>Registration and Remittance</i>							
HDMF Coverage							
HDMF Remittance							
National Health Insurance Act of 1995 (R.A. 7875 as amended) <i>Registration and Remittance</i>							
Phil Health Coverage							
Phil Health Remittance							

Part II-A.2 GENERAL LABOR STANDARDS COMPLIANCE INDICATORS							
COMPLIANCE INDICATORS	Complying			Required Correction			
	YES	NO	N/A	Amount	Workers	Involvement	Schedule of Correction
					Total	F	
<b>Flexible Work Arrangements (Dept. Advisory No. 2, Series of 2009)</b>							
Agreement							
Notification to DOLE							
<b>Apprenticeship Program (Art.71 of the LCP and TESDA Circular No. 16, s. 2004)</b>							
Certificate of Registration from TESDA							
Not more than 20% of the total regular employees							
Allowance - 75% of the prevailing minimum wage							
Learnership Program (duly approved by TESDA)							
Not more than 20% of the total regular employees							
Wage/Salary Rate - not less 75% of the applicable minimum wage							
Mandatory absorption of trainees under Learnership Program							
<b>Dual-Training System (TESDA Circular No. 31, s. 2012)</b>							
Training duration is based on the approved Training Plan							
Allowance - it shall, in no way, start below 75% of the applicable minimum daily wage for the number of days actually spent by the student/trainee in the establishment for in-plan training. (Note: Under DTS 30% goes to the trainee while 70% goes to the Training Institution).							
Insurance coverage is provided for each trainee							
Alien Employment Permit (D.O. No. 97, s. 2009 as amended by D.O. No. 120, s. 2012)							
Persons with Disability (PWD) Accessibility in support of BP 344							
Provisions for Night Workers (R.A. 10151 and D.O. 119-12) (Health-Assessment, Mandatory Facilities, etc.)							
<b>Family Welfare Program (FWP) (Mandatory for large establishments/establishments employing 200 or more workers)</b>							
With free planning services to workers (Art. 134, Labor Code )							
With at least any two (2) dimensions of the nine other dimensions of the FWP (D.O. 56-03)							
With Family Welfare Committee (FWC) or similar body organized to implement FWP activities (D.O. 56-03; DOLE Advisory No. 3-09)							
<b>Protection against workplace gender-based violence</b>							
With CODI or Committee on Decorum and Investigation (RA 7877 and RA 11313)							
<b>Program and Policy in place on:</b>							
Republic Act 7877: Anti-Sexual Harassment Act of 1995							
Republic Act 11313: Safe Spaces Act							
Copy of RA 7877 posted/available for information in the workplace							
Disseminated or posted in a conspicuous place in the workplace a copy of RA 11313 and its IRR. (Section 19(a), IRR of RA 11313) Dissemination may be done through: 1. Sending copies of the law and its rules through official notices or means of communication to heads of different departments, bureaus, offices, units or such subdivisions in a workplace for proper information of their members; 2. Posting a copy of the law and its rules online or in the official website of the workplace; 3. Conduct of orientations on the law and its rules and providing its employees with copies in print or electronic form as well as preparing information materials such as primers, frequently asked questions and the like							
Provided anti-sexual harassment seminars, trainings on gender sensitivity and orientation on gender-based violence to all employees, regardless of rank and status (Section 19(b), IRR of RA 11313)							
Developed and disseminated, in consultation with all persons in the workplace, including employees or their representatives and union, if any, a code of conduct or workplace policy which shall: 1. expressly reiterate the prohibition on gender-based sexual harassment 2. describe the procedures of the internal mechanism created under Section 17(c) of the law; and 3. set administrative penalties (Section 19(d), IRR of RA 11313)							
Awareness-raising activities on the problem of violence and the elimination of all forms of violence against women and children (R.A. 10398)							

OSH INDICATORS	COMPLYING		REQUIRED CORRECTION		
	YES	NO	Remarks	Workers Involved	Schedule of Correction
<b>Part II-B.1 (Pursuant to D.O. 198 s.18)</b>					
Registration of Establishments (Rule 1020, OSHS)					
OSH Program pursuant to Section 12					
1. Company Commitment to comply with OSH requirements					
2. General Safety and Health Programs					
- Hazard Identification Risk Assessment and Control (HIRAC)					
- Medical Surveillance					
a. Annual Physical Examination					
b. Special Examination					
c. Random drug-testing for establishments w/ > 10 workers					
- First Aid and Emergency Medical Services					
3. Policy and Program on Promotion on Drug Free, Mental Health, Healthy Lifestyle					
4. Policy and Program on Prevention and Control of HIV/AIDS, Tuberculosis and Hepatitis B					
5. Composition of OSH Committee in accordance with Section 13					
6. OSH Personnel and Facilities					
- Safety Officer/s					
- OH Personnel					
a. First Aider					
b. Nurse					
d. Physician					
c. Dentist					
- Health Facilities					
a. Emergency medicines					
b. Treatment room					
c. Clinic w/ sufficient number of clinic beds (Section 15)					
d. Hospital (or w/ MOA)					
e. Dental Clinic (or w/ MOA)					
7. Safety and Health Promotion, Training and Education					
- Orientation of all workers on OSH (8hrs)					
- Conduct of HIRAC					
- Continuous Training of OSH Personnel					
- Work Permit System Education					
8. Conducted Safety Orientation/toolbox meeting					
9. OSH Reports					
- Report on Safety and Health Organization/s (RSHO)					
- Annual Medical Report (AMR)					
- Employer's Work Accident/Injury Exposure Data (for every disabling injury) (WAIR)					
- Annual Work Accident/Injury Exposure Data (whether or not there is an accident/illness)					
10. Provision of appropriate PPE					
- Provision of PPEs					
- No Cost to Employee					
- Tested and Approved					
11. Provision for Safety Signages					
- Visible safety signages					
- Understandable signages to all workers					
12. Workers Welfare Facilities (Section 19)					
- Adequate supply of safe drinking water					
- Adequate sanitary and washing facilities					
- Suitable living accomodation if applicable					
- Separate sanitary, washing and sleeping facilities for all gender, if applicable as may be					
- Lactation Station					
a. With designated area for lactation station in the workplace					
b. With facilities such as refrigerator/cooler, table and chair, sink with running water or access					
c. Observes Lactation Equivalency Guide if a designated area for workplace lactation station					
d. With workplace breastfeeding policy					
e. Observes lactation period					
f. With Certificate of Exemption issued by DOLE for qualified establishments (D.O. 143, s.					
- Ramp, railings and the like					
13. Emergency Drills					
- Fire drill					
- Earthquake drill					
14. Solid Waste Management System					
15. Control and Management of Hazards (refer to HIRAC)					
16. Dust Control and Management System					
17. Provision of penalties for OSH Company Policy violation/s					
18. Cost of Implementing company OSH Programs is provided					
<b>Part II-B.2</b>					
Imminent Danger Situation (condition that could cause death or serious physical harm) (Rule 1012.02, OSHS)					
Fire Safety Inspection Certificate (FSIC) issued by BFP					
Fire Protection Equipment/Facilities (Rule 1940, OSHS)					
- Fire extinguishers (inspected monthly)					
- Fire hoses (properly mounted, accessible and maintained)					
- Fire detection devices (installed and functional)					
Emergency Exits (2 per floor with no obstructions) (Rule 1943.03, OSHS)					
Adequate Aisles/Passageways (sufficient width and height and with signs and markings) (Rule 1060, OSHS)					
Proper Office Spacing (between workers and machines)(Rule 1060, OSHS)					
Permit/s to Operate for industrial machines covered by DOLE TSI (Rule 1160, 1170, 110, 1210, 1220, 1230/1240, OSHS)					
- Boiler - permit to operate					
- Pressure Vessel - permit to operate					
- Internal Combustion Engine - permit to operate					

OSH INDICATORS	COMPLYING		REQUIRED CORRECTION		
	YES	NO	Remarks	Workers Involved	Schedule of Correction
<b>Part II-B.2</b>					
- Elevators and other Related Equipment - with permit to operate					
- Power Piping Lines Inspection - permit to operate					
- Crane and Hoist Equipment - permit to operate					
- Turbine - permit to operate					
- Electrical Wiring Installation Inspection (Rule 1210) (Cert. of electrical inspection)					
Good Housekeeping ( <i>conditions of floors, walls and storage rooms</i> ) (Rule 1060, OSHS)					
Proper Handling and Storage of Materials ( <i>e.g. appropriate labels, dotting and storage</i> )(Rule 1150 & 1090, OSHS)					
Work Environment Measurement Conducted ( <i>maintenance of WEM monitoring report</i> )(Rule 1070, OSHS)					
Adequate Lighting ( <i>in Work Areas, in aisles and passageways</i> ) (Rule 1070, OSHS on Illumination)					
Noise Exposure Control ( <i>provide appropriate PPE or isolation of work area</i> )(Rule 1070, OSHS)					
Radiation Exposure Control ( <i>provide PPE, examination of work area</i> )					
Waste Disposal System ( <i>waste receptacle and its removal; drainage system</i> )					
Proper Ventilation ( <i>provision of natural or artificial air supply</i> )(Rule 1070, OSHS)					
Airborne Contaminants Control (Rule 1070, OSHS)					
Defined Procedure in Performing Hazardous Work (Rule 1120, OSHS)					
Approved Work Permit Sytem					
Provision of safety measures when operating machines ( <i>railing or casing of moving parts</i> ) (Rule 1200, OSHS)					
Provision of control/safety measures when Hazardous Materials are used (Rule 1090, OSHS)					
Stated Safety Measures when Working on Electrical Installations					
Safety Guidelines When Performing Gas and Electric Welding and Cutting Operations (Rule 1100)					
With DOLE-approved Constrution Safety and Health Program (CSHP)					
For contractors/subcontractors in the construction industry					
- Registration with Philippine Contractors Accreditation Board (PCAB)					
- Construction Safety Signages					
- Construction Heavy Equipment (CHE) Testing					
- Construction Heavy Equipment Operator TESDA Certified					
- Construction Worker's Skills Certificate for Critical Occupations					
Defined Safety Program When in use of Scaffoldings					
Available ECC Logbook					
Department Order No. 184-17 "Safety and Health Measures for Workers Who By The Nature of Their Work, Have to Spend Long Hours Sitting					
Department Order No. 178-17 "Safety and Health Measures for Workers Who By The Nature of Their Work have to Stand at Work"					

Note: \* OSH Programs considered pre approved once stamp received by DOLE RO/FO having jurisdiction over the company

**CHECKLIST ON COMPLIANCE WITH SAFETY AND HEALTH MEASURES TO  
PREVENT AND CONTROL COVID-19 TRANSMISSION**

COMPLIANCE INDICATOR	COMPLYING			REQUIRED CORRECTION		
	YES	NO	N/A	Remarks	Workers Involved	Schedule of Correction
<b>PREVENTIVE/CONTROL MEASURES BEFORE ENTRY TO BUILDINGS OR WORKPLACES</b>						
Signages on COVID Safety Measures posted in the premises						
Appropriate masks and face shields worn together properly at all times						
Daily accomplished Health Declaration Form by workers and visitors and Contact Tracing Form by clients/visitors are submitted to HR/Clinic personnel						
Temperatures checked for both workers and visitors						
Spraying of alcohol/sanitizers on both hands done						
Disinfectant foot baths at the entrance provided, if practicable						
Social or physical distancing of at least 1 meter observed						
<b>PREVENTIVE/CONTROL MEASURES INSIDE THE WORKPLACE</b>						
Company OSH Program						
Signages/visual cues/reminders on proper handwashing and other hygiene behavior						
Common areas and frequently handled objects disinfected at an interval of not less than 2 hours						
Frequent handwashing with soap and water						
Disinfecting/washing resources and supplies						
Disinfection done before start of the shift						
Signage on surface disinfection of work stations, before during and after work to remind workers						
Proper waste disposal						
Adequate ventilation is enforced inside the workplace						
<b>MINIMIZING / REDUCING CONTACT RATE</b>						
For medium and large-sized establishment, shuttle service is provided/arranged for (vehicle types approved by the DOTr and LGU)						
Physical distancing of at least 1 meter radius of space between each worker is observed through the following:						
a. Adoption of flexible work arrangements / alternative work arrangements, if applicable						
b. Work from Home Arrangement for MARP implemented (With co-morbidities, younger than 20 years; 60 years and older, pregnant, and Immunocompromised)						
c. Number of people in enclosed spaces (rooms, stores, halls, elevators) limited to observe at least one (1) meter physical distancing						
d. Signages for "one-way direction" in walkways established						
e. Directional signages posted for one-way out in walkways, elevators and on stairs (for establishments with two (2) accessible stairways, one stairway is used exclusively for going up and the other for going down with directional signs posted)						
f. Transparent barriers between office tables and open workspaces provided, if applicable						
g. Use of shared tools and equipment done one at a time						
h. Video-conferencing for meetings needing large attendance of employees and/or for meetings lasting longer than 15 minutes						
Staggered or alternate meal breaks/schedules are implemented and protocols during meals are observed						
Meetings needing physical presence kept to a minimum number of participants and of short duration and policy on mass gathering is compliant with IATF issuances						
Appropriate PPEs for workers and cleaners alike are provided by the employer at no cost to them and are properly worn while at work						
Proper handling disposal of PPEs done after use						
Online system for clients needing assistance practiced / encouraged						
Designated smoking area/s is an open space, individual, open-topped partitioned "booth" or cubicles and is in accordance with RA 9211 and EO 26 s.2017						
<b>MANAGEMENT OF SYMPTOMATIC INDIVIDUALS AT THE WORKPLACE</b>						
<b>Isolation and Referral</b>						
A designated isolation area is made available for every 200 workers in the establishment						
Isolation area is provided/designated which must be situated near entrance or in a nearby facility						
Arrangements and referral to a nearby temporary private or LGU isolation facility is in place if provision of isolation area within workplace is not feasible						
Isolation area is adequately ventilated						
Isolation area is frequently disinfected (every two hours or immediately after occupancy)						
Isolation area personnel are provided by employer with single use PPEs such as disposable gowns, faceshields, medical grade masks, and gloves and are properly disposed every use.						
Isolation area has provision for chairs and dedicated restroom/s. IEC materials and signages of health protocols are also posted.						
Contact numbers of the local health office or BHERT having jurisdiction of the workplace, CESU/MESU/PESU/RESU, DOH Hotline 1555 available and visibly posted at conspicuous places						
Company protocols are in place for transporting the affected employee to the nearest health facility for proper management						
Face masks and face shields are worn inside by suspect COVID-19 patient inside isolation facility						

**CHECKLIST ON COMPLIANCE WITH SAFETY AND HEALTH MEASURES TO  
PREVENT AND CONTROL COVID-19 TRANSMISSION**

COMPLIANCE INDICATOR	COMPLYING			REQUIRED CORRECTION		
	YES	NO	N/A	Remarks	Workers Involved	Schedule of Correction
Trained OSH personnel to handle COVID-19 symptomatic workers is assigned						
<b>Contact Tracing</b>						
Protocols in handling Health Declaration Forms for workers and visitors and Contact Tracing Forms for visitors pursuant to DOH Memorandum No. 2020-0189 are established and in accordance with the Data Privacy Act of 2012						
All close contacts of PR-PCR test confirmed COVID-19 cases are required to undergo 14-day quarantine and regularly report to employer any development, including new symptoms while symptomatic employees are required to notify employer on the result of their COVID-19 test administered by a nationally accredited testing facility						
Work from home arrangements for the close contacts of RT-PCT test confirmed is observed when feasible.						
Company mechanism of referral of exposed workers to the health care facility in accordance with the existing DOH guidelines.						
<b>COVID-19 Testing</b>						
Frequency of COVID-19 testing for priority workers is implemented pursuant to DOH Dept. Memos 2020-0258 and 0258-A						
COVID-19 testing is at no cost to the employee/s.						
All close contact employees experiencing symptoms of COVID-19 are tested using RT-PCR in coordination with the LGUs having jurisdiction over the workplace and respective residence/s of the symptomatic employees and close contacts						
Certificate of 14-day Quarantine Completion is required from symptomatic employee/s with travel/exposure to COVID-19 and clearance by the local health officer or OH physician is required from asymptomatic employee/s prior to resumption of work						
<b>IEC (Information, Education and Communication) STRATEGIES</b>						
Mandatory orientation for workers and management on the latest updates on COVID-19, OSH Program, including the prevention and control of COVID-19 thru webinars, posting of IEC materials etc. are conducted and current emergency contact details are available						
Physical and Mental resiliency activities to promote work-life balance undertaken						
Psychosocial support for workers available (ex.presence of support group,counseling) and/or referral mechanism to mental health (MH) specialists/facilities available (ex.Teleconsult services or National MH Crisis Hotline (0917 899 8727/ Tel.7989 8727)						
Employees, regardless of work arrangements, have access to telemedicine services						
DOH Hotline 1555 and DOLE Hotline 1349 posted						
<b>OCCUPATIONAL SAFETY AND HEALTH (OSH) COMMITTEE</b>						
OSH Committee organized (as per Section 13 of DOLE D.O. 198-18)						
OSH Program is enforced and monitored by the OSH Committee/Safety Officer in accordance with DOLE DO 198-18 and the DOLE-DTI Interim and Supplemental Guidelines						
Safety officer/s ensure/s observance and strict implementation of minimum health protocols						
Cost for implementation of COVID prevention and control program is allotted from the establishment's budget for operational expenses						
<b>NOTIFICATION AND REPORTING</b>						
Monthly report using the DOLE Workplace COVID-19 Prevention and Control Compliance Report Form submitted to online to the DOLE Regional Office						
Probable/suspect/confirmed COVID-19 case reported within 24-hours						
<b>DISINFECTION AND CLOSURE OF BUILDINGS/WORKPLACES</b>						
Policy on disinfection, closure of work area/building, and contact tracing if at least one confirmed case of COVID-19 is detected in the workplace is developed and implemented in accordance with the NTF Against COVID-19 Memorandum Circular No. 2 dated 15 June 2020						
Closure of identified sections in the workplace in the event such is necessary to ensure safe and thorough disinfection is conducted in accordance with Memorandum Circular No. 2 s. 2020 and locally prevailing community quarantine status						
<b>LEAVE OF ABSENCES AND ENTITLEMENTS</b>						
Company policy on leave of absences of an employee who is a COVID-19 suspect, probable or confirmed case is in accordance with pertinent rules and regulations promulgated by the DOLE.						
Assistance is provided to a COVID-19 suspect, probable or confirmed case in processing claims for Hospitalization benefits under PhilHealth;						
Assistance is provided to a COVID-19 suspect, probable or confirmed case in processing claims for Social Security Benefits under the Social Security System; and						
Assistance is provided to a COVID-19 suspect, probable or confirmed case in processing claims for Employee's Compensation Benefits under Employees' Compensation Commission.						

**Checklist on Compliance with on Workplace Ventilation  
in the context of COVID-19 (For Business Owners)**

pursuant to DOLE Department Order No. 224-21

<b>For Non-Air Conditioned Spaces/Workplaces</b>						
Compliance Indicator	COMPLYING			REQUIRED CORRECTION		
	YES	NO	N/A	Remarks	Workers Involved	Schedule of Correction
1. Windows are kept open, are clean - free from all types of dusts / debris						
2. There are no lingering smell, stuffiness of room, feeling of humidity, and/or smokiness of room.						
3. The nearby space of the openable windows are free from toxic gases and other pollutants						
4. There are ventilating fans circulating air in the working spaces						
5. Supply-only ventilation fans are installed where fresh air cannot be obtained by natural ventilation						
6. Exhaust fans are continuously running during occupancy						
7. Air flow from intake to exhaust provides fresh ventilated air to all occupied work spaces						
8. Number of exhaust fans are enough with respect to the volume of the room to have air change						
<b>For Air Conditioned Spaces/Workplaces</b>						
1. HVAC system or air conditioning (AC) unit provides outdoor air and maintained free from dusts, molds, etc.						
2. Air Handling Unit (AHU) or AC unit uses and can handle MERV 13 or higher filter rating and regular change / cleaning of filters are done and louvers are in upward position.						
3. Exhaust fans (wall mounted, kitchen hoods, etc.) are installed (if applicable in the HVAC design)						
4. There are no lingering smell, stuffiness of room, feeling of humidity, smokiness of room.						
5. Windows, doors or other openings can be or is regularly opened to increase ventilation						
6. Ventilating fans, or portable air purifier, if used, has HEPA filters and does not blow air from person to person						
7. Air flow from intake to exhaust provides fresh ventilated air to all workspaces without objectionable drafts						
8. Air change per hour (6-12 ACH) within occupied workspaces maintains CO2 levels below 1,000 ppm at all times.						
9. Indoor room temperature has no sudden variations or is not excessively hot or cold						



**Part III LABOR RELATIONS CONCERNS**

No. of Unions: ___	Name of Union	SEBA			No. of Members
1	_____	<input type="checkbox"/> Local	<input type="checkbox"/> Yes	<input type="checkbox"/> Supervisory	_____
2	_____	<input type="checkbox"/> Independent	<input type="checkbox"/> No	<input type="checkbox"/> Rand-and-File	_____
3	_____	<input type="checkbox"/> Local	<input type="checkbox"/> Yes	<input type="checkbox"/> Supervisory	_____
		<input type="checkbox"/> Independent	<input type="checkbox"/> No	<input type="checkbox"/> Rand-and-File	_____
		<input type="checkbox"/> Local	<input type="checkbox"/> Yes	<input type="checkbox"/> Supervisory	_____
		<input type="checkbox"/> Independent	<input type="checkbox"/> No	<input type="checkbox"/> Rand-and-File	_____

With Collective Bargaining Agreement (CBA)  
 Yes  
 No

Productivity/Performance-Based Scheme  
 Monetary  
 Facilities Provided  
 Meals  
 Lodging

Non-monetary       Others, pls. specify \_\_\_\_\_

With Workplace Cooperation and Partnership  
 with Labor Management Cooperation with Other Similar Mechanisms  
 \_\_\_\_\_      Date Created \_\_\_\_\_      No. of Membership Management: \_\_\_\_\_      No. of Union Union: \_\_\_\_\_

With Labor Dispute Management Mechanisms  
 **Organized**  
 with Grievance Machinery in a CBA  
 \_\_\_\_\_      Date Created \_\_\_\_\_      No. of Membership Management: \_\_\_\_\_      Union: \_\_\_\_\_  
 with GM as Sub-committee of LMC  
 \_\_\_\_\_      \_\_\_\_\_      Management: \_\_\_\_\_      Union: \_\_\_\_\_

**Unorganized**  
 with Grievance Machinery  
 \_\_\_\_\_      \_\_\_\_\_      Management: \_\_\_\_\_      Union: \_\_\_\_\_  
 Other Similar Mechanisms  
 \_\_\_\_\_      \_\_\_\_\_      Management: \_\_\_\_\_      Union: \_\_\_\_\_  
 with GM as Sub-committee of LMC  
 \_\_\_\_\_      \_\_\_\_\_      Management: \_\_\_\_\_      Union: \_\_\_\_\_

With Pending Preventive Mediation Case  
 Resolved      Date: \_\_\_\_\_

With Pending Notice of Strike  
 Resolved      Date: \_\_\_\_\_

With Pending Notice of Lock Out  
 Resolved      Date: \_\_\_\_\_

Unfair Labor Practice  
 Cite: \_\_\_\_\_

Freedom of Association

With Personnel/Employee Handbook on Company Policy

<b>Part II-C ANTI-CHILD LABOR LAW COMPLIANCE INDICATORS (REPUBLIC ACT 9231)</b>						
<b>COMPLIANCE INDICATORS</b>	<b>COMPLYING?</b>			<b>REQUIRED CORRECTION</b>		
	<b>YES</b>	<b>NO</b>		<b>Remarks</b>	<b>Workers Involved</b>	<b>Schedule of Correction</b>
<b>Employment of children below 15 years of age</b>						
With work permit from the DOLE						
Work is not more than 4 hours a day / 20 hours a week						
Work is not between 8:00 pm to 6:00 am of the following day						
<b>Employment of children 15-17 years of age</b>						
Work is not more than 8 hours a day / 40 hours a week						
Work is not between 10:00 p.m. to 6:00 a.m. of the following day						
<b>Children below 18 years of age are <u>NOT</u> engaged in any of the following:</b>						
Prostitution						
Obscene or lewd shows						
Production of pornography or for pornographic performances						
Slavery or any similar practices, such as sale or trafficking of children, debt bondage, serfdom, forced labor, recruitment of children for armed conflict						
Illegal or illicit activities such as production/trafficking of dangerous drugs or volatile substances						
Work which, by its nature or the circumstances in which it is carried out, is hazardous or likely to be harmful to the health, safety or morals of children ( <i>DO 149-A series of 2017</i> )						
As a model in any advertisement directly or indirectly promoting alcoholic beverages, intoxicating drinks, tobacco and its by-products, gambling or any form of violence or pornography						
<b>Violation, if any, did NOT result to:</b>						
Death of child						
Insanity of child						
Serious physical injuries of child						

## Foreign National Verification Inspection Checklist

### Part I

Nationality	Sex			Status of Employment	
	Male	Female	TOTAL	Regular	Non-regular
Chinese					
Japanese					
Korean					
Indian					
Taiwanese					
Indonesian					
Malaysian					
Vietnamese					
American					
British					
Thai					
Others					
<b>TOTAL</b>					

### Part II

WORK PERMITS	Number of FNs		Remarks
	Yes	No *	
<b>Alien Employment Permit (DOLE)</b>			
Valid AEP			
Exempted			
Excluded (with certification)			

#### OTHER DOCUMENTS PRESENTED

Special Temporary Permit (issued by PRC)			
Special Work Permit (BI)			
Provisional Work Permit (BI)			

*Note: \* If No, attach list of names*

Foreign worker's position is the same as indicated in the AEP

Yes                       No                      *if with deficiencies please list names*

Foreign workers actual job is the same position as indicated in the AEP/exclusion certificate

Yes                       No                      *if with deficiencies please list names*

Foreign workers salary is the same as indicated in the AEP

Yes                       No                      *if with deficiencies please list names*

National Internal Revenue Code as Amended (*Registration and Remittance*)

Proof of Remittance (BIR form \_\_\_\_\_)                      *Based on alphalist of BIR Form*

Name and Signature of Employer \_\_\_\_\_  
 Position/Designation \_\_\_\_\_

Name and Signature of Employee \_\_\_\_\_  
 Position/Designation \_\_\_\_\_