



**REPUBLIC OF THE PHILIPPINES
DEPARTMENT OF LABOR AND EMPLOYMENT
REGIONAL OFFICE No. 8**

EMPLOYER'S WORK/ACCIDENT ILLNESS REPORT

(This report shall be submitted by the employer for every accident or illness to the Regional Office having jurisdiction on or before the 20th day of the month following the date of the accident) For the month of _____.

EMPLOYER	1. ESTABLISHMENT: _____ 2. ADDRESS: _____ 3. NAME OF EMPLOYER _____ NATURE OF BUSINESS: _____ 4. NO. OF EMPLOYEES: ___ MALE: ___ FEMALE: ___ TOTAL: _____ 5. NAME: _____ AGE: ___ SEX: ___ CIVIL STATUS: _____
INJURED OR ILL PERSON	6. ADDRESS: _____ 7. AVE. WEEKLY WAGE: _____ 8. LENGTH OF SERVICE PRIOR TO ACCIDENT OR ILLNESS: _____ 9. OCCUPATION: _____ EXPERIENCE AT OCCUPATION: _____ 10. WORK SHIFT: ___ 1 ST : ___ 2 ND : ___ 3 RD HOURS OF WORK/DAY: ___ WEEK: _____ 11. DATE OF ACCIDENT/ILLNESS: _____ TIME: _____ 12. THE ACCIDENT INVOLVED: _____ PERSONAL INJURY: _____ PROPERTY DAMAGE: _____
ACCIDENT OR ILLNESS	13. DESCRIPTION OF ACCIDENT/ILLNESS. GIVE FULL DETAILS ON HOW ACCIDENT/ILLNESS OCCURRED: _____ _____ _____ 14. WAS INJURED DOING REGULAR PART OF JOB AT THE TIME OF ACCIDENT/ILLNESS? IF NOT? WHY? _____
NATURE AND EXTENT OF INJURY OR ILLNESS	15. EXTENT OF DISABILITY: _____ FATAL: _____ PERMANENT TOTAL: _____ PERMANENT PARTIAL: _____ TEMPORARY TOTAL: _____ MEDICAL TREATMENT: _____ 16. NATURE OF INJURY/ILLNESS: _____ PART OF THE BODY AFFECTED: _____ 17. DATE OF DIABILITY BEGAN: _____ DATE RETURNED TO WORK: _____ 18. DAYS LOST: _____ OR DAYS CHARGED: _____ 19. THE AGENCY INVOLVED: _____
CAUSE OF ACCIDENT OR ILLNESS	20. THE AGENCY PART INVOLVED: _____ 21. ACCIDENT TYPE: _____ 22. UNSAFE MECHANICAL OR PHYSICAL CONDITION: _____ 23. UNSAFE ACT: _____ 24. CONTRIBUTION FACTOR: _____
PREVENTIVE MEASURE	25. PREVENTIVE MEASURE (TAKEN OR RECOMMENDED): _____ 26. MECHANICAL PERSONAL PROTECTIVEEQUIPMENT AND OTHER SAFEGUARD: _____ 27. WERE ALL SAFEGUARD IN USE? _____ IF NOT? WHY? _____
MANPOWERED	28. COMPENSATION: _____ P _____ 29. & 30. MEDICAL AND HOSPITALIZATION..... _____ BURIAL..... _____
MACHINERY AND TOOLS	31. TIME LOST ON DAY OF INJURY... HOURS: _____ MINUTES: _____ 32. TIME LOST ON SUBSEQUENT DAYS, HOURS: _____ MINUTES: _____ (LOST TREATMENT OR OTHER REASON) 33. TIME OR LIGHTWORK OR REDUCED OUTPUT DAY: _____ PERCENT OUTPUT: _____
MATERIALS	34. DAMAGE OF MACHINERY AND TOOLS (DESCRIBED): _____ 35. COST OF REPAIR OR REPLACEMENT P _____ 36. LOST OF PRODUCTION TIME: _____ COST: P _____
EQUIPMENT	37. DAMAGE TO MATERIALS (DESCRIBED): _____ 38. COST OF REPAIR OR REPLACEMENT P _____ 39. LOST OF PRODUCTION TIME: _____ COST: P _____ 40. DAMAGE TO EQUIPMENT (DESCRIBED): _____ 41. COST OF REPAIR OR REPLACEMENT P _____ 42. LOST PRODUCTION ON TIME: _____ COST: P _____

I HEREBY CERTIFY on my honor to the accuracy of the foregoing information.

DATE

Investigating Officer & Position

VP-FINANCE