

Republika ng Pilipinas
PAMBANSANG PANGASIWAAN NG PATUBIG
(National Irrigation Administration)
Gusaling APC, Quezon Memorial Circle
Diliman, Lungsod ng Quezon

MC # 46, s. 1971

MEMORANDUM CIRCULAR

TO : ALL CHIEFS OF DEPARTMENTS AND STAFFS; SPECIAL
PROJECT MANAGERS; REGIONAL, PROVINCIAL AND
PROJECT IRRIGATION ENGINEERS; IRRIGATION SUPERINTENDENTS; AND/OR OFFICERS-IN-CHARGE OF
SYSTEMS; THE CORPORATE AUDITOR, REGIONAL
AUDITORS AND FIELD EXAMINERS
This Agency

SUBJECT : Reporting of Occupational Accidents Including
Diseases Using Bureau of Labor Standards Form
BLS Form No. 3 - RP-3 Attached

The Bureau of Labor Standards included the National Irrigation Administration as one of the Establishments to be a part of the record system for the purpose of developing policies and program on safety and accident prevention both of the government and private sector and to further provide workers with a more healthful and safe working environment.

In this connection, therefore you are directed to report any accident, sickness or disease resulting to temporary or permanent disability or death by using BLS Form No. 3 - RP-3 (attached) as guide in the reporting and forward the same to Central Office, ATTN.: The Chief, Administrative Department. All these reports shall be forwarded by the latter Department to the Bureau of Labor Standards, Manila.

Compliance is hereby requested.

September 15, 1971

Encl.: a/s


ALFEREDO L. JUINIO
Administrator

REPUBLIKA NG PILIPINAS
Republic of the Philippines
KAGAWARAN NG PAGGAWA
Department of Labor
KAWANTAHAN NG PAMANTAYAN SA PAGGAWA
Bureau of Labor Standards
MAYNILA
Manila

20 August 1971

The Administrator
National Irrigation Administration
APC Bldg. Eleptical Road
Diliman, Quezon City

Sir :

This Bureau, in the Department of Labor, is undertaking an essential activity of collecting and analyzing accident and accident counter-measure data necessary for the development of policies and programs on safety and accident prevention both of the government and the private sector.

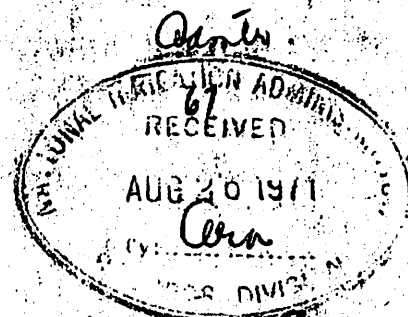
For this activity to produce meaningful results, its coverage must be complete. We are, therefore, requesting your establishment to be part of this record system by way of reporting all your occupational accidents, including diseases, to this Bureau in the prescribed form, BLS Form, 3-RP-3, copy attached.

In support of our governments' manpower conservation program by way of providing our workers with a more healthful and safe working environment, your cooperation is earnestly requested. Thank you.

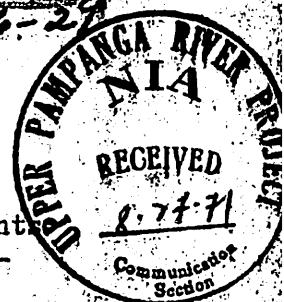
Very truly yours, W


VICENTE R. GUZMAN
Officer-in-Charge

Enclosure: a/s



100-26-29



Republic of the Philippines
Department of Labor
BUREAU OF LABOR STANDARDS
Manila.

BUREAU OF LABOR STANDARDS SAFETY ORDER NO. 6

SUBJECT: REPORTING OF INDUSTRIAL INJURIES AND SICKNESSES

100-26 Bk. 72

Pursuant to the authority granted to the Director, Bureau of Labor Standards, under the provisions of Section 19 of the Reorganization Plan No. 20-A on Labor and Section 18 of Executive Order No. 218 dated December 10, 1956, issued in accordance with Republic Act No. 997, as amended by Republic Act No. 1241, and the provisions of Commonwealth Act No. 104, as amended, the following rules and regulations pertaining to Reporting of Industrial Injuries and Sicknesses are hereby promulgated:

1. All kinds of industrial accidents resulting in death or permanent total disability and sicknesses arising out of the nature of the work being performed in any industrial establishment or other places of employment, shall be reported immediately upon occurrence either by telegram, telephone, messenger or other means of communication, to the Regional Labor Office having jurisdiction over the area, or to the City Engineer's Office of the chartered city depending on where the place of employment concerned is located, for proper information and investigation.

In turn, the heads of Regional Labor Offices and chartered cities charged with safety inspection work, shall furnish the Bureau of Labor Standards with a copy of each report of all such industrial accidents.

2. Reports of fatal injuries shall be formally filed with the proper office concerned within 24 hours after occurrence, in accordance with a standard form prepared by the Bureau of Labor Standards for the purpose.
3. Reports of permanent total disabilities shall be formally filed with the same office concerned in the same standard form within one week after occurrence or after the disability is confirmed.
4. First-aid cases and other disabling injuries shall be reported to the same office concerned in the same standard form, within one week after the injured person has returned to work in his regularly established job.

This order shall take effect fifteen (15) days from the date of its last publication in a newspaper of general circulation,

(SGD.) RUBEN F. SANTOS
Director

Recommending approval;

(SGD.) RUBEN F. SANTOS
Chairman

(SGD.) PRIMO G. MALIWANAG
Associate Commissioner

(SGD.) WENCESIAO GOZON
Associate Commissioner

APPROVED:

(SGD.) ANGEL M. CASTAÑO
Secretary of Labor

Date published:
November 4, 11, 18, 1959
Manila Daily Bulletin

Department of Labor
BUREAU OF LABOR STANDARDS
HEALTH AND SAFETY DIVISION
Manila

OSCAS No. 22-R-108

EMPLOYER'S INDUSTRIAL ACCIDENT REPORT FORM

(In case of temporary disability, this report shall be submitted to the above Office after the victim has reported back to work. In case of permanent disability or non-disability, one week after disability is established or after accident.)

EMPLOYER	1. Establishment _____	Nature of Business _____
	2. Address _____	
	3. Name of Employer _____	Nationality _____
	4. Number of Workers (Employees & laborers) M _____ F _____	Total _____
PERSONAL HISTORY OF INJURED OR SICK	5. Name _____	Age _____ Sex _____ Nat. _____ Civil Status _____
	6. Address _____	
	7. Average Weekly Wage _____	
	8. Length of Service prior to Injury or Sickness _____	
OCCUPATIONAL HISTORY	9. Work Shift _____	Hours per Day _____ Days per Week _____
	10. Occupation _____	Experience at this Occupation (including experience prior to present employment) _____
THE ACCIDENT	11. Date of Accident _____	Time _____ Date disability began _____
	12. Was he doing regular part of job when injured or taken ill _____	If not, why? _____
THE INJURY OR SICKNESS	13. Extent of Disability (Check the blank opposite the answer)	
	Fatal _____ Permanent total _____ Permanent Partial _____	
	Temporary Total _____ First Aid _____ Non-injury _____	
	14. Nature of Injury _____	
	15. Part of body affected _____	
	16. Days lost/charged _____	
THE CAUSE OF ACCIDENT	17. The Agency involved _____	
	18. Part of agency involved _____	
	19. Unsafe Mechanical or Physical Condition _____	
	20. Description of Accident (accident type) _____	
	21. The Unsafe Act _____	
	22. Contributing Factor _____	
CORRECTIVE MEASURES	23. Preventive measures (taken or recommended) _____	
	24. Mechanical guards, personal protective clothing and other safety guards provided _____	
	25. Were all safeguards in use? _____ Reason for exception _____	
DIRECT COST OF ACCIDENT	26. Compensation P _____	
	27. Medical and Hospitalization P _____	
	28. Burial P _____	
INDIRECT COST OF ACCIDENT	29. Wages paid for time lost by workers aside from victim _____	
	30. Cost of damage to materials, tools and/or equipment _____	
	31. Cost of wages paid to victim other than compensation _____	
	32. Extra wage cost due to overtime necessitated by accident _____	
	33. Cost of wages to supervisor's time absorbed by accident _____	
	34. Wage cost due to decreased output of victim after return _____	
	35. Cost of learning period of new worker (replacement) _____	
	36. Uninsured medical cost borne by company _____	
	37. Cost of time spent in accident investigation by others including preparation of compensation/claims, other forms _____	
	38. Miscellaneous unusual costs _____	

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

Date _____
Person investigating accident & occupation _____

@
Signature of employer _____
Signature of person making report _____

Republic of the Philippines
Department of Labor
BUREAU OF LABOR STANDARDS
HEALTH AND SAFETY DIVISION
Manila

GUIDE IN THE INVESTIGATION AND REPORTING OF OCCUPATIONAL
ACCIDENTS USING BUREAU OF LABOR STANDARDS FORM NO. 3-RP-3

Investigation of the accident shall be immediately after occurrence to prevent important information from being intentionally or unintentionally destroyed. Reporting shall not be later than the 20th of the following month. The statistical value of an accident is lost if it is reported later than this period.

EMPLOYER	1. <u>Establishment</u> : The business name of the reporting unit.
	<u>Nature of Business</u> : The name of the principal activity or business of the reporting unit.
	2. <u>Address</u> : The house number, street, and place of business of the reporting unit.
	3. <u>Name of Employer</u> : The full name of the highest official of the reporting unit.
	<u>Nationality</u> : The nationality of the employer.
	4. <u>Number of Workers</u> : The total number of persons, male and/or female including minors but excluding domestic help, under contract or hire with the reporting unit.
PERSONAL HISTORY OF INJURED OR SICK	5. <u>Name</u> : The full name of the victim. If there are more than one victim in one accident, a separate report for each victim shall be submitted.
	6. <u>Address</u> : The permanent address of the victim
	7. <u>Average Weekly Wage</u> : The fixed weekly wage of a regular worker. If a worker receives additional overtime pay, bonus, commission, etc., his total earnings (fixed wages plus commission, overtime, bonus, etc.) for the twelve-week period immediately preceding the accident shall be divided by the actual number of days worked for the twelve-week period multiplied by the regular number of working days a week to get the average weekly wage.
	8. <u>Length of service prior to Injury or Sickness</u> : The number of months and years from his initial employment to the time of the accident inclusive, excluding absences without pay.
OCCUPATIONAL HISTORY	9. <u>Work Shift</u> : The number of shifts and in what shift the accident happened.
	<u>Hours per Day</u> : The total number of hours worked per day by the victim.
	<u>Days per week</u> : The total number of days worked per week by the victim.
	10. <u>Occupation</u> : The work classification of the victim.
	<u>Experience at this Occupation</u> : The total number of months and years that the victim has been employed under this work classification including experience prior to his present employment.
	11. <u>Date of Accident</u> : The calendar date the accident happened.
	<u>Time</u> : The time the accident happened.
	<u>Date Disability Began</u> : The day following that of the accident except where the injury or sickness was a result of more than one accident. For such case the date the disability began is the date when the disability was established.
	<u>Date Returned to Work</u> : The date the injured workers returned to work to perform a regularly established job, or the day he was pronounced well and able to perform a regularly established job by the physician authorized to treat the injured, whether or not the injured worker reported for work.

THE INJURY
OR SICKNESS

12. Was He Doing Regular Part of Job When Injured or Taken Ill?
A regular part of the job is one among those established for the occupation for which the victim was hired.
If Not Why? Any assignment other than what is described above is not a regular job and the reason why the victim was assigned to that job must be stated.
13. Extent of Disability: Check in the blank provided the information that satisfies any of the following definitions:
- a. Fatal - death regardless of the time between injury and death.
 - b. Permanent Total - any injury other than death which permanently and totally incapacitated the victim from following any gainful occupation or which resulted in the loss of or the complete loss of use of any of the following in one accident:
 1. both eyes
 2. one eye and one hand, or arm, or leg, or foot
 3. any two of the following not on the same limb:
hand, arm, foot, or leg.
 - c. Permanent Partial - any injury other than death or permanent total which resulted in the complete loss or loss of any member of the body, or any permanent impairment of functions of the body or part thereof, regardless of any pre-existing disability of the injured member or impaired body functions but excluding the following:
 1. repaired inguinal hernia - for repaired hernia, refer to table of scheduled charges.
 2. loss of finger nails or toe nails
 3. loss of tip of finger without bone involvement
 4. loss of teeth
 5. disfigurement
 6. strains or sprains which do not cause permanent limitation of motion
 7. simple fractures to the fingers and toes; also such other fractures which do not result in permanent impairment or the restriction of manual function of the injured member.
 - d. Temporary Total - any injury which did not result in death or permanent impairment but which rendered the injured worker unable to perform a regularly established job which is open and available to him during the entire time interval corresponding to the hours of his regular shift on any one or more days including Sundays, days off, or plant shutdowns) subsequent to the date of the injury.
 - e. First Aid - any injury which did not result in death, permanent impairment or total disability but which may require medical treatment.

The Workmen's Compensation Law talks of "temporary partial disability". Under the standards in C.A. 104, as amended, a temporary partial disability is treated as follows:

1. it is a first aid case if there was no actual days lost and upon return to work the victim was able to perform a job regularly established for the occupation he was hired for.
2. it is temporary total disability if upon return to work the victim cannot perform the job which was regularly established for the occupations he was hired for, in which case, it shall be considered as such for as long as the victim remains in this condition.

THE CAUSE
OF ACCIDENT

14. Nature of Injury: The damage to the victim's person as a result of the accident.
15. Part of Body Affected: The part of the body injured.
16. Days Lost and/or Charged: Days lost is the total intervening period from the time of the accident to the time of return to work excluding the day of the accident and the day of return. Days charged are pre-determined periods for deaths and permanent impairments reflecting average productive losses. There are no fractions of days lost or charged.
17. The Agency: The object, substance or exposures which is most closely associated with the injury and which in general could have been properly guarded, corrected or removed. Select the agency involved using the following rules:
 - a. Select the unsafe agency which resulted in the injury and which in general could have been properly guarded, corrected or removed.
 - b. In the absence of an agency as described above, select as the agency that object, substance, or exposure which is most closely associated with the injury (the term "closely associated" requires consideration of both location and time as well as cause). If more than one agency is related to the injury, select the one on, in, or about which the person was injured. If two or more are remotely located from the place of injury, select the one nearest to the place of injury in point of time.
 - c. Select a person as the agency only when he is most closely associated with the injury and if no other agency can be selected as defined above.
 - d. No object or substance shall be named as the agency when it was structurally and physically a part of some other object or substance at the time of the injury or when it flies or breaks off the parent object or substance immediately prior to the injury.
18. Part of Agency: This defines more in detail the part of the selected agency involved in the accident. The rules for selecting this factor are the same as those defined in the selection of the agency, only that the part selected must be a part of no other object except that of the selected agency.
19. Unsafe Mechanical or Physical Condition: The unsafe mechanical or physical condition of the agency part (or the agency, if no agency part is identified) which was chiefly responsible for the injury and which could have been guarded or corrected. The elimination of the unsafe mechanical or physical condition is generally the most effective and lasting measure in preventing a repetition of the accident and it should, therefore, be stated in correct language. Select this factor using the following rules:
 - a. Select the unsafe mechanical or physical condition of the agency part (or agency, if no agency part is identified) which was chiefly responsible for the injury and which could have been guarded or corrected.
 - b. Name the unsafe mechanical or physical condition, if one existed, whether or not an unsafe act was committed.
20. Description of Accident (accident type): The manner of contact of the injured person with the agency, or the movement of the injured person which resulted in the injury. An accident is always a series of events leading to an injury, the last event immediately preceding the injury is the ac-

	<p>cident type. Select the accident type most closely associated with the selected agency. Discuss this information in narrative form. If the blanks provided are not enough use the back page or a separate sheet of paper.</p> <p><u>The Unsafe Act:</u> That violation of a commonly accepted safe procedure which resulted in the selected accident type. Select the unsafe act using the following rules;</p> <p>a. Select that violation of a commonly accepted safe procedure which resulted in the selected accident type. The unsafe act may have been committed by the person injured, a fellow worker, or some other person.</p> <p>b. If more than one unsafe act was committed, select the one most closely associated with the selected accident type.</p> <p>c. Name the unsafe act, if one existed, whether or not an unsafe mechanical or physical condition existed.</p> <p>22. <u>Contributing Factor:</u> The mental or physical condition of the fellow who committed the unsafe act, or the physical condition of the workarea which contributed to the act of omission or commission. Select the one which resulted in the selected unsafe act.</p>
CORRECTIVE MEASURES	<p>23. <u>Preventive Measures:</u> This refers to what has been recommended to correct the cause of the accident.</p> <p>24. <u>Mechanical Guards, Personal Protective Clothing and Other Safeguards Provided:</u> These are measure provided for or previously taken intended to correct work hazards.</p> <p>25. <u>Were All Safeguards in Use?</u> This information tells whether the safeguards provided were used at the time of the accident.</p>
DIRECT COST OF ACCIDENT	<p>26. <u>Compensation:</u> The actual amount paid by the employer to cover compensation of the injured as provided under the Workmen's Compensation Law.</p> <p>a. Privately Insured - The amount of yearly compensation insurance premium that the employer paid the insurance company to cover the victim against accidents.</p> <p>b. Self-insured - the actual amount paid to the victim computed according to Workmen's Compensation Bureau regulations.</p> <p>27. <u>Medical and Hospitalization Costs:</u></p> <p>a. Privately Insured- This is included in the yearly compensation insurance premiums.</p> <p>b. Self-insured- the actual amount paid by the employer to cover medical and hospitalization costs of the victim.</p> <p>28. <u>Burial Expenses:</u></p> <p>a. Privately Insured - This is included in the yearly compensation insurance premiums.</p> <p>b. Self-insured - the actual amount paid by the employer for burial expenses as required by Workmen's Compensation Bureau regulations.</p>
INCIDENT COST OF ACCIDENT	<p>29. <u>Wages paid for time lost by workers from victim:</u> The amount of money paid to the rest of the workers who were not injured but who stopped working to watch or assist after the accident or to talk about it, or who lost time because of the equipment damage or because they needed the output or a resistance of the victim. To compute this, determine the average wage per minute of all the workers involved and multiply by the total number of minutes that they stopped working.</p> <p>30. <u>Cost of damage to materials, tools and/or equipment:</u> The net cost of repairs and putting in order materials tools and/or equipment that has been damaged or displaced minus the salvage value of the damaged materials, tools and/or equipment.</p>

31. Cost of wages paid to victim other than compensation:
The amount paid the victim for the remainder of the shift for which he was unable to continue working and or succeeding period when he left his work to obtain medical treatment. This also includes wages which may be paid to the victim for disabilities resulting in not more than three days except when same is charged to his earned vacation and/or sick leave.
32. Extra wage cost due to overtime necessitated by accident:
The difference between the normal wages and the overtime wages for the time needed to make up lost production due to an accident, including cost of extra supervision, heat, light power, cleaning and other services necessitated by the overtime.
33. Cost of wages to supervisor's time absorbed by accident:
Wages paid for supervisor's time making adjustments after an accident, investigation of an accident and other activities like bringing the injured to the hospital. This time is properly charged to the accident because had it not been for the accident this time could have been spent in other productive activities which comprise his major work.
34. Wages cost due to decreased output of victim after return:
After return to work, the victim sometimes, although paid his normal wages, is unable to produce at a normal rate. This amount corresponds to wages paid for reduced output.
35. Cost of learning period of new worker (replacement): Wages paid to a new worker (replacement) until he becomes able to contribute to production plus cost of wages of supervisors and others in training the new worker. It also includes wages paid corresponding to reduced output during the period he is paid the normal wages due the worker he replaced.
36. Uninsured medical and hospitalization costs borne by the employer: For the self-insured all medical and hospitalization costs are included in item No. 27. For the privately insured this is the medical and hospitalization costs including equipment used, first aid and succeeding treatments after the injured has returned to work. Estimate an average cost per visit of these treatments and use this in computing the amount borne by the privately insured employer.
37. Cost of time spent in an accident investigation by others including preparation of compensation claims other forms:
Wages spent by other supervisors in investigating accident including wages for time spent in preparing forms and settling claims.
38. Miscellaneous and other unusual costs: All other costs not included above, like lawyers fees in handling damage suits etc.

**CLOSING
DATES**

1. All work-connected injuries occurring within the month and included in the records system shall be investigated upon occurrence and reported within one week after the disability has been established but not later than the 20th of the following month.
2. All work-connected injuries occurring within the year and included in the records system shall be investigated immediately upon occurrence and reported within one week after the disability has been established but not later than the last working day of the first month of the year.
3. When the actual number of days lost is not available on the closing dates, estimates of the probable days lost shall be made which shall be later adjusted when the correct figure is available if the injury is made a part of the statistics of a longer period in which the date of injury is a part.