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

**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 occurrence.)

### Employer
1. Establishment: ____________________________________________
2. Address: ________________________________________________
3. Name of Employer: __________________________ Nationality: ___________
4. No. of Employees: __________ Male: __________ Female: ___________

### Injuries of Ill Person
5. Name: ____________________ Age: _____ Sex: ____ Civil Status: __________
6. Address: ________________________________________________
7. Average Weekly Wage: P________ No. of Dependents: ___________
8. Length of service prior to accident or illness: ___________
9. Occupation: __________ Experience at Occupation: ___________
10. Work Shift: ___ 1st ___ 2nd ___ 3rd ___ Hours of work/day: ___ Day/Week: _____

### Accident or Illness
11. Date of accident/illness: _____________________ Time: __________________
12. The accident involved: __________________ Personal Injury: ___________
   Property Damage: __________________
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 or illness: If not, why? __________________________________________

### Nature of Extent of Injury or Illness
15. Extent of Disability: ________ Fatal_____ Permanent Total ________
   Permanent Partial ________ Temporary Total ________ Medical Treatment ________
16. Nature of Injury or Illness: ________ Parts of Body Affected: ___________
17. Date Disability Begun: ___________ Date Returned to Work _________
18. Days Lost: ____________________ or Days Charged: ____________________

### Cause of Accident or Illness
19. The Agency Involved: __________________
20. The Agency Part Involved: __________________
21. Accident Type: __________________
22. Unsafe Mechanical or Physical Condition: __________________
23. The Unsafe Act: __________________
24. Contributing Factor: __________________

### Preventive Measures
25. Preventive Measures (taken or recommended): __________________
26. Mechanical guards, personal protective equipment and other safeguards provided: __________________
27. Were all safeguards in use? _____ If not, why? __________________

### Manpower
28. Compensation: __________ P __________
29. Medical and Hospitalization: __________________
30. Burial: __________________
31. Time Lost on Day of Injury: ____________ Hrs.: ___________ Mins.: ___________
32. Time Lost on Subsequent Days: __________ Hrs.: __________ Mins.: __________ (treatment or other reasons)
33. Time on light work or reduced output __________ Day __________
   Percent Output: __________
<table>
<thead>
<tr>
<th>MACHINERY AND TOOLS</th>
<th>34. Damage to Machinery and Tools (Describe): ____________________________</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>35. Cost of repair or replacement: ________________________________</td>
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<td></td>
<td>P____________________</td>
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<td>36. Lost production Time: ________________ Cost ________________</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>MATERIALS</th>
<th>37. Damage to Materials (Describe): _________________________________</th>
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<tbody>
<tr>
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<td>38. Cost of repair or replacement: ________________________________</td>
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<td>P____________________</td>
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<td>39. Lost production Time: ________________ Cost ________________</td>
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</tbody>
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<tr>
<th>EQUIPMENT</th>
<th>40. Damage to Equipment (Describe): _________________________________</th>
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<tbody>
<tr>
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<td>41. Cost of repair or replacement: ________________________________</td>
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<td>P____________________</td>
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<td>42. Lost production Time: ________________ Cost ________________</td>
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</tbody>
</table>

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

______________________________
Date

______________________________
Investigating Officer & Position

______________________________
Employer