



Republic of the Philippines
DEPARTMENT OF LABOR AND EMPLOYMENT
REGION VI

Document Number:
FM 5.2.6-01

Revision No.
0

Effectivity Date:
July 29, 2013

CERTIFICATE OF ACCREDITATION

No. _____
Valid until: _____

is issued to:

in

as an accredited **Occupational Safety and Health Practitioner** of this Department pursuant to the Occupational Safety and Health Standards and is authorized to practice as such in the field of **occupational safety and health** in the Philippines within the validity period.

Given this _____ day of _____ at _____, Philippines.

Regional Director

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I hereby agree to assume the following duties and responsibilities in connection with my accreditation as **OSH Practitioner**:

1. To assist, advice or guide the employer in complying with the provisions of the OSHS including the development of safety and health programs and submission of DOLE reporting requirements.
2. To make at least a quarterly appraisal of safety programs and safety performance of my company and submit the same to BWC on a quarterly basis.
3. To be present during scheduled safety inspection by authorized government agents and during health and safety committee meetings.
4. To renew my accreditation within the prescriptive period of 30 calendar days prior to expiration by complying with the following requirements for renewal.
 - a.) Updated resume using form DOLE-BWC-AF-PCR-A2, 2 copies with 1x1 ID picture (red background).
 - b.) Summary of individual OSH accomplishments duly noted by the employer
 - c.) Original certification of community service/s rendered on safety and health.
 - d.) Photocopy of additional OSH trainings attended.

I affix my signature to perform the above stated duties and responsibilities with integrity and honesty by avoiding illegal, unethical, scandalous or even shady deals and unlawful acts.

(Name)
 OR No: _____
 Date: _____

Witness:

 Chief, TSSD