DEPARTMENT OF LABOR AND EMPLOYMENT

		EVALUATION FORM ON ACCREDITAT	Rev. Code: 070405-03							
Document No: Revision No: FM 5.2.6-05 0	Effectivity Date: July 29, 2013	OF OSH PRACTITIONER	Page 1 of 2							
☐ OSH PRACTITIONER	in		as							
NAME OF APPLICANT:		COMPANY:								
1. Duly accomplished DOLE Application form (DOLE-STO AF-PN-A1)(2 Copies), duly signed by the Applicant 2. Two (2) most recent pictures, (1"x1") in RED background, signed at the back 3. Original of Certificate of Employment indicating date of appointment at the present position 4. Original of ACTUAL Duties and Responsibilities at present position, using official company letterhead, signed by Personnel Manager or authorized company official 5. Photocopy of Certificate of Attendance/Participation on other OSH related Trainings/Seminars/Activities. Originals presented: Yes/_ No										
 Photocopy of College Diploma or if applicable. Originals presented Proof/s of individual accomplishme Photocopy of Certificate of Complete 	Transcript of Records or Communication (Communication) Yes / No communication in Oscietion of prescribed 40-ho	Board Exam Certificates/PRC License,								
I. EDUCATIONAL ATTAINMENT AND	TRAININGS ON OSH	RATE EW ER	REMARKS							
A. Highest Educational Attainment:		2								
 " 5 " Professionals with doctoral/m." " 4.5 " Professional with masteral uni " 4 " Professional with PRC license " 3.5 " Graduate of Engineering/medi " 3 " College undergraduate 	ts earned	ated degree/courses w/o license/underboard								
Ç		= "4"; 65-150 = "3.5"; 16-64 hrs. = "3.0"								
TOTAL TRAINING HRS.										
Title of Training		T_Hours	Conducted by							
Maximum equivalent rate = 30 Minimum points for SP = 22 II. EXPERIENCE IN OSH		Sub-total for it om I (Sub-total = A+B+C)								
II. EAT EINENCE IN UST		RATE EW ER	REMARKS							
TOTAL OSH EXPERIENCE Safety Practitioner RATE Board Passer "3.5" 3 years "4" 4 - 6 years "4.5" 7 - 9 years "5" 10 yrs & above NOTE: Additional trainings may be or Must have a minimum of 2 years	Underboard 4 years 5 – 7 years 8 -10 years 11 years 7 above converted to years of expe									

DEPARTMENT OF LABOR AND EMPLOYMENT BUREAU OF WORKING CONDITIONS Occupational Health and Safety Division

Evaluated by:

Date:

Name/Position:

Occupational Health and Safety Division

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EVALUATION FORM ON ACCREDITATION OF OSH PRACTITIONER

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FM 5.2		0	July 29, 20)13								
DETA	AILS OF	OSH EXPERI										
	Inclusive	Dates	P	osition				Compa	iny		T_Experie	nce
III. IN	ITERVIEV	/ RESULTS						RATE	EW ER	Rema	rks	
PA		aluator must use orts, verificatior				submitted	·					
	KNOWL RT II	EDGE/ACCC	MPLISHME	NTS ACHIE	VEM	ENTS						
	VALUE	S (work ethics sibility, positiv			`							
14.			e attitude ai)							
Min	imum poir imum poin	ts for $SP = 30$ ts for $SP = 21$				Sub	-to	tal for Iter	n III			
OSH	Practition	oner: Minim	um Passing	Rate = 71	point	S				_		_
									Minimum P OSH Practit		Actual Po	ints
1	Education	on & Training							OSH Flactii	ionei		
••	Ladouti	on a rrailing							22			
II.	OSH Ex	perience										
									28			
III.	Interviev	w Results							21			
									71			1
Actio	ns Take	n / Comment	s / Recomm	endations:					, , ,			
710110	nio rano			ionaationo.								

Reviewed by:

Name/Position:

Date: