



**Republic of the Philippines**  
**DEPARTMENT OF LABOR AND EMPLOYMENT**  
**REGION VI**

Document Number:  
**FM 5.2.6-06**

Revision No.  
**0**

Effectivity Date:  
**July 29, 2013**

Annex F

**PART I – Actual Interview (To be filled up by the Interviewer)**  
**INTERVIEW NOTES**

**RATING:**  
 Below 3.49 = Fail to answer correctly  
 3.50 – 3.99 = Good/Acceptable answer  
 4.00 – 4.59 = Very Good / Very Acceptable answer  
 4.60 – 5.00 = Excellent answer

**Name of Interviewee:** \_\_\_\_\_ **TOTAL RATINGS:**

**Interviewer/Designation** (signature over printed name): \_\_\_\_\_

**Date:** \_\_\_\_\_ **Time Start:** \_\_\_\_\_ **Time End:** \_\_\_\_\_ **Total Ratings / 10**

|   |  |
|---|--|
| 1. DISCUSS FIELD OF EXPERTISE AND YEARS OF EXPERIENCE IN OSH<br><br><div style="text-align: right;">Points <input style="width: 40px;" type="text"/></div>  | 6. DISCUSS MEANS OF MEASURING SAFETY PERFORMANCE. DISCUSS THE SAFETY PERFORMANCE OF YOUR OWN COMPANY. HOW DID YOU ACHIEVE THIS SAFETY PERFORMANCE?<br><br><div style="text-align: right;">Points <input style="width: 40px;" type="text"/></div>   |
| 2. DISCUSS ACTUAL FUNCTIONS RELATED TO OSH, PARTICIPATION TO HSC ACTIVITIES AND COMPANY'S SAFETY AND HEALTH PROGRAMS.<br><br><div style="text-align: right;">Points <input style="width: 40px;" type="text"/></div>                             | 7. DISCUSS STRATEGIES/METHODS IN IMPLEMENTING AN EFFECTIVE OSH PROGRAM. WHO ARE THE RESPONSIBLE PERSONS IN THE IMPLEMENTATION OF THE PROGRAM? IDENTIFY PROBLEMS IN THE IMPLEMENTATION AND PROVIDE APPROPRIATE RECOMMENDATIONS.<br><br><div style="text-align: right;">Points <input style="width: 40px;" type="text"/></div> |
| 3. DISCUSS SPECIFIC WORK RELATED ACCIDENT INVESTIGATION CONDUCTED AND RECOMMENDATIONS PROVIDED. CITE COMMON CAUSES OF ACCIDENT IN THE COMPANY.<br><br><div style="text-align: right;">Points <input style="width: 40px;" type="text"/></div>    | 8. IDENTIFY SPECIFIC REPORTING REQUIREMENTS OF THE OSH AND ITS USE/IMPORTANCE.<br><br><div style="text-align: right;">Points <input style="width: 40px;" type="text"/></div>   |
| 4. CITE FINDINGS AND CORRECTIVE ACTIONS ON ACTUAL SAFETY AND HEALTH INSPECTION CONDUCTED. GIVE COMMON WORKPLACE HAZARDS AND RECOMMENDED CONTROLS.<br><br><div style="text-align: right;">Points <input style="width: 40px;" type="text"/></div> | 9. DISCUSS BRIEFLY OSH STANDARDS ADMINISTRATION AND ENFORCEMENT.<br><br><div style="text-align: right;">Points <input style="width: 40px;" type="text"/></div>   |
| 5. WHEN AND WHERE DID YOU ATTEND THE TRAINING IN BOSH? WHAT HAVE YOU LEARNED ABOUT THE TRAINING?<br><br><div style="text-align: right;">Points <input style="width: 40px;" type="text"/></div>  | 10. IF GIVEN A CHANCE TO BE ACCREDITED BY THE DOLE, WHAT CAN YOU OFFER/DO IN THE IMPROVEMENT OF SAFETY AND HEALTH IN YOUR COMPANY INDUSTRY?<br><br><div style="text-align: right;">Points <input style="width: 40px;" type="text"/></div>  |



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**Part II –** Timeliness \_\_\_\_ ; Attire \_\_\_\_ ; Behavior \_\_\_\_ ; Authenticity \_\_\_\_ ; Interest in OSH \_\_\_\_

**Part II – Total Ratings / 5 =**

**Comments / Recommendations:**

Annex H

**INTERVIEW RESULTS**

Panel Interview conducted on \_\_\_\_\_ at \_\_\_\_\_

Name of Applicant: \_\_\_\_\_

Company: \_\_\_\_\_

Position: \_\_\_\_\_ No. of years in the Position \_\_\_\_\_

Educational Attainment/Course: \_\_\_\_\_

| Panel of Interviewers<br>(Signature Over Printed Name) | Summary of Interview/Remarks/Observations |                      |   |
|--|---|----------------------|---|
| Members  | Total Rating                              | Remarks/Observations | Recommendations   |
|  |   |                      | <input type="checkbox"/> Approval<br><input type="checkbox"/> Disapproval |
|  |   |                      | <input type="checkbox"/> Approval<br><input type="checkbox"/> Disapproval |
|  |   |                      | <input type="checkbox"/> Approval<br><input type="checkbox"/> Disapproval |
|  |   |                      | <input type="checkbox"/> Approval<br><input type="checkbox"/> Disapproval |



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|                      |  |  |   |
|----------------------|--|--|---|
|                      |  |  | <input type="checkbox"/> Approval<br><input type="checkbox"/> Disapproval |
|                      |  |  | <input type="checkbox"/> Approval<br><input type="checkbox"/> Disapproval |
| Average Total Rating |  |  | <input type="checkbox"/> Approval<br><input type="checkbox"/> Disapproval |

**Remarks:** On the basis of the interview results, the applicant for Safety Practitioner is hereby recommended for :

- Approval  
 Disapproval

\_\_\_\_\_  
**TSSD Chief**

**Date :**  
\_\_\_\_\_