



**DEPARTMENT OF LABOR AND EMPLOYMENT**

REGIONAL OFFICE NO \_\_\_\_\_

Control No. TCCLS115A - RO No. - 0001

**CHECKLIST FOR APPLICANT & DOLE RO** (Forms No. 2 and No. 3)

**TRIPARTITE CERTIFICATE of COMPLIANCE  
on LABOR STANDARDS**

(Level 1 of DOLE Incentivizing Compliance Program)

Name of Establishment: \_\_\_\_\_

Address: \_\_\_\_\_

Name of Owner/Manager/President: \_\_\_\_\_

Fax No.: \_\_\_\_\_

Contact Number: \_\_\_\_\_

Industry Classification/Category/Product/Services: \_\_\_\_\_

E-mail Add.: \_\_\_\_\_

This checklist shall be accomplished by the establishment representative and submitted to the appropriate DOLE Regional Office.

**INSTRUCTIONS:**

The shaded portion shall be accomplished by DOLE Regional Office

**Instructions :**

1. Put a check (/) in the appropriate column.
2. Attached the records/proof of compliance to the following TCCLS components properly arranged as listed below.
3. The checklist should be signed by the authorized representative of the establishment.

**GENERAL LABOR STANDARDS**

	COMPLIED		REMARKS	FINDINGS		No. of Workers	Remediation/ Action required
	YES	NO		Complying	Not complying		
Minimum Wages							
E-COLA							
Meal Period							
Weekly Rest Period							
Overtime Pay							
Regular Holiday Pay							
Premium Pay for Special Day							
Premium Pay for Rest Day Work							
Night Shift Differential							
Service Incentive Leave							
Separation Pay							
13th Month Pay (P.D. 851)							
Maternity Leave (R.A. 8282)							
Paternity Leave (8187)							
Solo Parent Leave (R.A. 8972)							
Leave for Victims of Violence Against Women and their Children (R.A. 9262)							
Special Leave for Women (R.A. 9710)							
Retirement Pay (RA 7641/R.A. 8558)							
Service Charges							
Payroll/Daily Time Records/Employment Permit (keep at workplace, at least 3 years period)							

OCCUPATIONAL SAFETY AND HEALTH STANDARDS							
	COMPLIED		REMARKS	FINDINGS		No. of Workers	Remediation/ Action required
	YES	NO		Complying	Not complying		
Registration of Establishments ( <i>Rule 1020, OSHS</i> )							
Adequate Aisles/Passageways ( <i>sufficient width and height and with signs and markings</i> )							
Good Housekeeping ( <i>conditions of floors, walls and storage rooms</i> )							
Emergency Exits ( <i>2 per floor/no obstruction</i> )							
Materials Handling & Storage ( <i>appropriate labels, dotting and storage</i> )							
Water Disposal System ( <i>waste receptacle and its removal; drainage system</i> )							
Adequate Lighting ( <i>in Work Areas/ in aisles, passageway</i> )							
Noise Pollution Control ( <i>provide appropriate PPE or isolation of work area</i> )							
Proper Ventilation ( <i>provision of natural or artificial air supply</i> )							
Radiation Exposure Control ( <i>provide PPE, Examination of work area</i> )							
Airborne Contaminant Control ( <i>provide PPE, improve technical process, improve ventilation</i> )							
Personal Protective Equipment ( <i>provision and appropriate trng</i> )							
Fire Protection Equipment/Facilities ( <i>water tank, fire extinguisher, conduct of fire drill</i> )							
Provide Machine Guarding ( <i>railing or casing of moving parts</i> )							
Proper Office Spacing ( <i>between workers and machines</i> )							
No Imminent Danger Situation ( <i>condition that could cause death or serious physical harm</i> )							
Personal Facilities ( <i>separate toilet, supply of potable water, washing facilities, etc.</i> )							
Health and Safety Organization ( <i>according to number of employees</i> )							
Health Personnel ( <i>First-Aider, nurse, physician, dentist</i> )							
Medical Facilities ( <i>Treatment room, clinic</i> )							
Emergency Medicines							
Continuing Training related to occupational health and safety							
Administrative Reports on Health and Safety							
a. Minutes of Meeting of HSC							
b. Employee's Work Accident/Illness Exposure Data ( <i>for every accident</i> )							
c. Annual Work Accident/Illness Exposure Data ( <i>whether or not there's accident</i> )							
d. Annual Medical Report ( <i>health record of program and activities</i> )							
DOLE Approved Construction of Safety and Health Program							
Construction Safety Signages							
Construction Heavy Equipment (CHE)							
Construction Heavy Equipment Operators							
Construction Worker's Skills Certificate							
Social Security Act of 1997 (R.A.8282 as amended) <i>Registration and Remittance</i>							
Home Development Mutual Fund Law of 2009 (R.A. 9679 as amended) <i>Registration and Remittance</i>							

OTHER RELATED LABOR LAWS/ISSUANCE (ORLI)							
	COMPLIED		REMARKS	FINDINGS		No. of Workers	Remediation/ Action required
	YES	NO		Complying	Not complying		
National Health Insurance Act of 1995 (R.A. 7875 as amended) <i>Registration and Remittance</i>							
Expanded Breastfeeding Promotion Act of 2009 (R.A. 10028) <i>Lactation Station/Lactation Break</i>							
Anti-Sexual Harassment Law (R.A. 7877)							
Guidelines for the Implementation of a Drug-Free Workplace Policies and Programs (D.O. No. 53-03)							
Guidelines for the Implementation of HIV and AIDS Prevention and Control in the Workplace Program (D.o. No. 102-10)							
Guidelines for the Implementation of a Workplace Policy and Program on Hepatitis B (Dept. Advisory No. 05, series of 2010)							
Guidelines for the Implementation of Policy and Program on Tuberculosis Prevention and Control in the Workplace (D.O. 73-05)							
Rationalizing the Implementation of Family Welfare Program (D.O. No. 56-03) <i>Family Welfare Program and Family Welfare Committee</i>							
Alien Employment Permit (D.O. No. 12, series of 2001)							
Child Labor Law (R. A. 9231) <i>Work Permit, employable age, work hours, hazardous works</i>							
Rules Implementing Articles 106 to 109 of the Labor Code (Department Order No. 18-A, series of 2011)							
Registration of Contractors/Sub-Contractors							
Flexible Work Arrangements (Dept. Advisory No. 2, series of 2009)							
Social Amelioration Program (R.A. 6982)							
Apprenticeship/Learnership Program ( <i>duly approved by TESDA</i> )							
PWD (Persons with Disabilities) Accessibility in support of BP 344							
TECHNICAL SAFETY INSPECTION (Applicable only to Industrial, Manufacturing, Factory and Agricultural Enterprise)							
	COMPLIED		REMARKS	FINDINGS		No. of Workers	Remediation/ Action required
	YES	NO		Complying	Not complying		
Boiler - permit to operate							
Pressure Vessel - permit to operate							
Internal Combustion Engine - permit to operate							
Elevators and other Related Equipment - with permit to operate							
Power Piping Lines Inspection-permit to operate							
Crane and Hoist Equipment - permit to operate							
Turbine - permit to operate							
Electrical Wiring Lines Inspection (Rule 1210) (cert. of electrical inspection)							
<b>Accomplished by:</b>				<b>Verified by:</b>			
Name : _____ <i>(Signature Over Printed Name)</i>				Name : _____ <i>(Signature Over Printed Name)</i>			
Position: _____				Position: _____			
Date: _____				Date: _____			
				<b>REMARKS/RECOMMENDATIONS:</b>			
				(Use additional sheet, if necessary)			