

DEPARTMENT OF LABOR AND EMPLOYMENT BUREAU OF WORKING CONDITIONS Manila



WAIR-A

EMPLOYER'S WORK ACCIDENT/ILLNESS REPORT

	Esta	ablishment	<u>l</u>	LBP RESOURCES AND DEVELOPMENT CORPORATION									
	Flo	or/Bldg/No/Street/Subdivis	รเดท	n 24TH FLOOR LBP PLAZA 1598 M.H. DEL PILAR COR. DR. J. QUINTOS ST.									
	Bar	angay/City/Municipality	_ E	Baran	gay 699,	MALATE							
EMPLOYER	Nat	cure of Business	-	Admir	nistrative	e and Support Service	Activities						
	Naı	me of Employer	l	LBP RESOURCES AND DEVELOPMENT CORPORATION									
	Nat	ionality	F	FILIPINO									
	Nui	mber of Workers	r	Male:	25	Female: 34	Total: 59						
		Name:	_										
		Age:	_		Sex:	-	Civil Status: -						
		Address:	_		_								
INJURED / I PERSON	ILL	Average Weekly Wage:	-		No of I	Dependents:	-						
(Use WAIR-B for mu injured Workers		Length of Service Prior to Illness:	-		_								
		Occupation:	<u>- </u>		Experi	ence at Occupation							
		Time of Shift:	Fron	n: - 	То:	Hours of Work/Day:	- Days/Week: -						
		eportable _ Iness											
	A	ffected Workers Work Loca	tion										
ILLNESS		☐ Physically Reporting to Wo pate Ilness Begun:	ork □ -] In Al	ternativ	e Work Arrangement Date Returned t Work:							
	D	Pays Lost:	-			and/or Days Charged:	<u>-</u>						
	Da	te of accident											
	The	e accident involved		N	IONE								
ACCIDENT		scription of accident (Give f		-									
		s injured doing regular part the time of accident	of jo	ob _ 									





	it not, wny?		-			
	Extent Of Disa □Fatal □ Medica	-	□Permanent Partial	□Temporar	y Total	☐ Permanent Total
NATURE AND EXTENT OF INJURY	☐ Front Neck☐ Back Neck☐	l Chest □ Abdome □ Upper Ba	☐ Left Arm In ☐ Left Forearn Ick ☐ Left Hand Inigh ☐ Right Foo	☐ Right Hand ☐		
	Date Disability	Begun:	-	Date Retu Work:	urned to	-
	Days Lost:		-		ays Charged	-
	Agency Involved	: -				
1	The Agency part Involved	: -				
	Accident Type	: -				
CAUSE OF ACCIDENT	Unsafe Mechanical or Physical Condition	: -				
	Unsafe Act	: <u>-</u>				
	Contributing Factor	: -				
	Preventive Meas (taken or recomn Mechanical Guar	nended)	- I			
	other Safeguards	,	-			
	Were all sageuar	ds in use?				
PREVENTIVE	If not, Why?		-			
MEASURES	Control Instituted	d:				
	Engineering:				Cost: PH	Р
	Administrative:				Cost PH	Р
	PPE:				Cost: PH	Р



DEPARTMENT OF LABOR AND EMPLOYMENT BUREAU OF WORKING CONDITIONS Manila



	Compensation :		Amount		
	Medical and Hospitalization	-			
	Burial :	-			
IANPOWER	Time lost on day of	injury	: Hours:	_	Minutes:
	Time lost on subse	quent days	: Hours:	-	Minutes:
	Time on light work output	or reduced	: Days:	-	Percentago
	Damage to Machinery : and tools	-			
MACHINERY AND TOOLS	Cost of repair or : replacement	-			
	Lost Production : Time				Cost: -
	Damage to :	-			
MATERIALS	Cost of repair or : replacement	-			
	Lost Production : Time				Cost: -
	Damage to EQUIPMENT	-			
QUIPMENT	Cost of repair or : replacement	-			
	Lost Production : Time				Cost: -

2023-01-30	
Date	

JOBERT BARCE

LBP RESOURCES AND DEVELOPMENT CORPORATION





Work Accident / Injury Report Workers' Data Page

To be attached to WAIR-A

	Personal Information Employment Details							Illness				Nature / Extent of Injury												
Name of Injured Worker	Age	Civil Status	Address	No. of Depend ents	Sex	Occupa tion	Employ ment Status	Average Weekly Wage Philippi ne Peso	Prior to Acciden t or Illness	Experie nce at Occupa tion	Work	Work Days/W eek	Reporta ble Illness	Date Illness Begun	Date Returne d to Work	Days Lost	Day/s Charge d	Extent of Disabili ty	Nature of Injury	Part/s of the Body Affecte d	Date Disabili ty Begun	Date Returne d to Work	Days Lost	Day/s Charge d
	No data available in table																							



DEPARTMENT OF LABOR AND EMPLOYMENT BUREAU OF WORKING CONDITIONS Manila



WAIR-A

EMPLOYER'S WORK ACCIDENT/ILLNESS REPORT

	Esta	ablishment		LBP RESOURCES AND DEVELOPMENT CORPORATION									
	Flo	or/Bldg/No/Street/Subdivi	รเดท		FLOOR LE OS ST.	BP PLAZA 1598 M.H.	DEL PILAR COR. DR. J.						
	Bar	angay/City/Municipality		Barangay 699, MALATE									
EMPLOYER	Nat	ture of Business	-	Administrative and Support Service Activities									
	Nar	me of Employer	-	LBP RESOURCES AND DEVELOPMENT CORPORATION									
	Nat	ionality	-	FILIPINO									
	Nui	mber of Workers	1	Male:	30	Female: 45	Total: <u>75</u>						
		Name:	_										
		Age:	_		Sex:	-	Civil Status: -						
		Address:	_		_	-	_						
INJURED / I PERSON	ILL	Average Weekly Wage:	_		No of D	ependents:	-						
(Use WAIR-B for mu injured Workers	'	Length of Service Prior to Illness:	-		_	•							
		Occupation:	-		Experie	nce at Occupation	<u>-</u>						
		Time of Shift:	Fror	n: - —	To:	Hours of Work/Day:	- Days/Week: -						
		eportable _ Iness											
		affected Workers Work Loca	tion										
ILLNESS		☐ Physically Reporting to Wo	rk 🗆	In Al	ternative	=							
	D	ate Ilness Begun:	-			Date Returned to Work:	0 _						
	D	Pays Lost:	-			and/or Days Charged:	-						
	D	an af a sidawa											
	_	te of accident e accident involved			ONE								
		scription of accident (Give f	ull	11	OIVL								
ACCIDENT	det	tails on how accident occur	red):	_									
		is injured doing regular part the time of accident	t of jo	ob _									
	·			_									





	if not, wny?		-		
	Extent Of Disability □Fatal □ Medical Trea		manent Partial	☐Temporary Total	☐ Permanent Total
NATURE AND EXTENT OF INJURY	☐ Front Neck ☐ Al	st □ L odomen □ oper Back □	Left Forearm □ ☐ Left Hand □ R	Right Arm □ Groi Right Forearm □ Butt light Hand □ Left Thig	ocks 🗆 Left Foot
	Date Disability Beg	un: -		Date Returned to Work:	-
	Days Lost:	-		and/or Days Charge	ed: -
CAUSE OF ACCIDENT	Agency Involved The Agency part Involved Accident Type Unsafe Mechanical or Physical Condition Unsafe Act Contributing Factor	-			
PREVENTIVE MEASURES	Preventive Measures (taken or recommend Mechanical Guards, Pother Safeguards Were all sageuards in If not, Why? Control Instituted: Engineering: Administrative: PPE:	PE and	- - - -	Cost: Cost:	РНР
MANPOWER	Compensation : -		Amount	: <u>-</u>	
	Medical and Hospitalization				
	Burial : -				
	Time lost on day of in	jury	: Hours:	-	Minutes: -



DEPARTMENT OF LABOR AND EMPLOYMENT BUREAU OF WORKING CONDITIONS Manila



	Time lost on su	bsequent days	: Hours: -	Minutes: -
	Time on light woutput	ork or reduced	: Days: -	Percentage: -
MACHINERY AND TOOLS	Damage to Machinery and tools Cost of repair or replacement Lost Production Time	: - : -		Cost: -
MATERIALS	Damage to Materials Cost of repair or replacement Lost Production Time	: <u>-</u> : -		Cost: -
EQUIPMENT	Damage to EQUIPMENT Cost of repair or replacement Lost Production Time	: <u>-</u> : -		Cost: -
th:			s accurate to the best of our ki	
	Pate RT BARCE	IRP RF	SOURCES AND DEVELOPN	ΛΕΝΤ CORPORATION

OH Personnel / Safety Officer





Work Accident / Injury Report Workers' Data Page

To be attached to WAIR-A

	Personal Information Employment Details							Illness				Nature / Extent of Injury												
Name of Injured Worker	Age	Civil Status	Address	No. of Depend ents	Sex	Occupa tion	Employ ment Status	Average Weekly Wage Philippi ne Peso	Prior to Acciden t or Illness	Experie nce at Occupa tion	Work	Work Days/W eek	Reporta ble Illness	Date Illness Begun	Date Returne d to Work	Days Lost	Day/s Charge d	Extent of Disabili ty	Nature of Injury	Part/s of the Body Affecte d	Date Disabili ty Begun	Date Returne d to Work	Days Lost	Day/s Charge d
	No data available in table																							



DEPARTMENT OF LABOR AND EMPLOYMENT BUREAU OF WORKING CONDITIONS Manila



WAIR-A

EMPLOYER'S WORK ACCIDENT/ILLNESS REPORT

	Esta	ablishment		LBP RESOURCES AND DEVELOPMENT CORPORATION									
	Flo	or/Bldg/No/Street/Subdivi	รเดท		FLOOR LE OS ST.	BP PLAZA 1598 M.H.	DEL PILAR COR. DR. J.						
	Bar	angay/City/Municipality		Barangay 699, MALATE									
EMPLOYER	Nat	ture of Business	-	Administrative and Support Service Activities									
	Nar	me of Employer	-	LBP RESOURCES AND DEVELOPMENT CORPORATION									
	Nat	ionality	-	FILIPINO									
	Nui	mber of Workers	1	Male:	30	Female: 45	Total: <u>75</u>						
		Name:	_										
		Age:	_		Sex:	-	Civil Status: -						
		Address:	_		_	-	_						
INJURED / I PERSON	ILL	Average Weekly Wage:	_		No of D	ependents:	-						
(Use WAIR-B for mu injured Workers	'	Length of Service Prior to Illness:	-		_	•							
		Occupation:	-		Experie	nce at Occupation	<u>-</u>						
		Time of Shift:	Fror	n: - —	To:	Hours of Work/Day:	- Days/Week: -						
		eportable _ Iness											
		affected Workers Work Loca	tion										
ILLNESS		☐ Physically Reporting to Wo	rk 🗆	In Al	ternative	=							
	D	ate Ilness Begun:	-			Date Returned to Work:	0 _						
	D	Pays Lost:	-			and/or Days Charged:	-						
	D	an af a sidawa											
	_	te of accident e accident involved			ONE								
		scription of accident (Give f	ull	11	OIVL								
ACCIDENT	det	tails on how accident occur	red):	_									
		is injured doing regular part the time of accident	t of jo	ob _									
	·			_									





	if not, wny?		-		
	Extent Of Disability □Fatal □ Medical Trea		manent Partial	☐Temporary Total	☐ Permanent Total
NATURE AND EXTENT OF INJURY	☐ Front Neck ☐ Al	st □ L odomen □ oper Back □	Left Forearm □ ☐ Left Hand □ R	Right Arm □ Groi Right Forearm □ Butt light Hand □ Left Thig	ocks 🗆 Left Foot
	Date Disability Beg	un: -		Date Returned to Work:	-
	Days Lost:	-		and/or Days Charge	ed: -
CAUSE OF ACCIDENT	Agency Involved The Agency part Involved Accident Type Unsafe Mechanical or Physical Condition Unsafe Act Contributing Factor	-			
PREVENTIVE MEASURES	Preventive Measures (taken or recommend Mechanical Guards, Pother Safeguards Were all sageuards in If not, Why? Control Instituted: Engineering: Administrative: PPE:	PE and	- - - -	Cost: Cost:	РНР
MANPOWER	Compensation : -		Amount	: <u>-</u>	
	Medical and Hospitalization				
	Burial : -				
	Time lost on day of in	jury	: Hours:	-	Minutes: -



DEPARTMENT OF LABOR AND EMPLOYMENT BUREAU OF WORKING CONDITIONS Manila



	Time lost on su	bsequent days	: Hours: -	Minutes: -
	Time on light woutput	ork or reduced	: Days: -	Percentage: -
MACHINERY AND TOOLS		: - : -		Cost: -
MATERIALS	Damage to Materials Cost of repair or replacement Lost Production Time	: <u>-</u> : -		Cost: -
EQUIPMENT	Damage to EQUIPMENT Cost of repair or replacement Lost Production Time	: <u>-</u> : -		Cost: -
th 202 :	at data contained		s accurate to the best of our ked by RA 10173 or the Data Pr	
	Date RT BARCE	IRD RF	SOURCES AND DEVELOP	MENT CORPORATION

OH Personnel / Safety Officer





Work Accident / Injury Report Workers' Data Page

To be attached to WAIR-A

	P	ersonal Ir	nformatio	n				Emplo	oyment D	etails					Illness			Nature / Extent of Injury						
Name of Injured Worker	Age	Civil Status	Address	No. of Depend ents	Sex	Occupa tion	Employ ment Status	Average Weekly Wage Philippi ne Peso	Prior to Acciden t or Illness	Experie nce at Occupa tion	Work	Work Days/W eek	Reporta ble Illness	Date Illness Begun	Date Returne d to Work	Days Lost	Day/s Charge d	Extent of Disabili ty	Nature of Injury	Part/s of the Body Affecte d	Date Disabili ty Begun	Date Returne d to Work	Days Lost	Day/s Charge d
	No data available in table																							



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EMPLOYER'S WORK ACCIDENT/ILLNESS REPORT

	Esta	ablishment	L	BP RE	SOURC	ES AND DEVEL	OPMENT C	ORPORATION
	Flo	or/Bldg/No/Street/Subdivis	เเดท		LOOR I	BP PLAZA 159	8 M.H. DEL	PILAR COR. DR. J.
	Bar	angay/City/Municipality	В	Barang	gay 699	, MALATE		
EMPLOYER	Nat	cure of Business	A	dmin	istrativ	e and Support	Service Act	ivities
	Naı	me of Employer	L	BP RE	SOURC	ES AND DEVEL	OPMENT C	ORPORATION
	Nat	ionality	F	ILIPIN	10			
	Nui	mber of Workers	N	/lale:	30	Female: 45	To	tal: <u>75</u>
		Name:	_					
		Age:	_		Sex:	-	Civ	ril Status: -
		Address:	_		-			_
INJURED / I PERSON	ILL	Average Weekly Wage:	_		No of	Dependents:	-	
(Use WAIR-B for mul	•	Length of Service Prior to Illness:	-		_			
ilijureu Workersj		Occupation:			Experi	ence at Occup	ation <u>-</u>	
		Time of Shift:	From	n: -	То:	Hours Work/	_	Days/Week: -
		eportable _ Iness						
		ffected Workers Work Loca						
ILLNESS		Physically Reporting to Wo late Ilness Begun:	ork ⊔ -	IN All	ternativ	e work Arrang Date Ret Work:		-
	D	Pays Lost:	-			and/or Da	ays	-
	Da	te of accident						
	The	e accident involved		N	ONE			
ACCIDENT		scription of accident (Give f		-				
		s injured doing regular part the time of accident	of jo	b _				





	if not, wny?		-		
	Extent Of Disability □Fatal □ Medical Trea		manent Partial	☐Temporary Total	☐ Permanent Total
NATURE AND EXTENT OF INJURY	☐ Front Neck ☐ Al	st □ L odomen □ oper Back □	Left Forearm □ ☐ Left Hand □ R	Right Arm □ Groi Right Forearm □ Butt light Hand □ Left Thig	ocks 🗆 Left Foot
	Date Disability Beg	un: -		Date Returned to Work:	-
	Days Lost:	-		and/or Days Charge	ed: -
CAUSE OF ACCIDENT	Agency Involved The Agency part Involved Accident Type Unsafe Mechanical or Physical Condition Unsafe Act Contributing Factor	-			
PREVENTIVE MEASURES	Preventive Measures (taken or recommend Mechanical Guards, Pother Safeguards Were all sageuards in If not, Why? Control Instituted: Engineering: Administrative: PPE:	PE and	- - - -	Cost: Cost:	РНР
MANPOWER	Compensation : -		Amount	: <u>-</u>	
	Medical and Hospitalization				
	Burial : -				
	Time lost on day of in	jury	: Hours:	-	Minutes: -



DEPARTMENT OF LABOR AND EMPLOYMENT BUREAU OF WORKING CONDITIONS Manila



	Time lost on sul	bsequent days	: Hours:	-	Minutes:	-
	Time on light w output	ork or reduced	: Days:	-	Percenta	ge: - -
MACHINERY	Damage to Machinery and tools Cost of	: -				
AND TOOLS	repair or replacement	: -				
	Lost Production Time	:			Cost:	-
	Damage to Materials Cost of	: -				
MATERIALS	repair or replacement	: -				
	Lost Production Time	:			Cost:	- -
	Damage to EQUIPMENT	: -				
EQUIPMENT	Cost of repair or replacement	: -				
	Lost Production Time	:			Cost:	-
					rledge. I/ We underst	and
th	at data contained	d herein is protecte	ed by RA 10173 c	or the Data Privacy	/ Act of 2012.	
	3-05-3					
	Date DARCE		COLIDOTE AND		NT CORRORATION	
JORER	RT BARCE	LBP RES	SUUKCES AND	J DEAFFORME!	NT CORPORATION	I

OH Personnel / Safety Officer





Work Accident / Injury Report Workers' Data Page

To be attached to WAIR-A

	P	ersonal Ir	nformatio	n				Emplo	oyment D	etails					Illness			Nature / Extent of Injury						
Name of Injured Worker	Age	Civil Status	Address	No. of Depend ents	Sex	Occupa tion	Employ ment Status	Average Weekly Wage Philippi ne Peso	Prior to Acciden t or Illness	Experie nce at Occupa tion	Work	Work Days/W eek	Reporta ble Illness	Date Illness Begun	Date Returne d to Work	Days Lost	Day/s Charge d	Extent of Disabili ty	Nature of Injury	Part/s of the Body Affecte d	Date Disabili ty Begun	Date Returne d to Work	Days Lost	Day/s Charge d
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EMPLOYER'S WORK ACCIDENT/ILLNESS REPORT

	Esta	ablishment	L	BP RE	SOURC	ES AND DEVEL	OPMENT C	ORPORATION
	Flo	or/Bldg/No/Street/Subdivis	เเดท		LOOR I	BP PLAZA 159	8 M.H. DEL	PILAR COR. DR. J.
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	Naı	me of Employer	L	BP RE	SOURC	ES AND DEVEL	OPMENT C	ORPORATION
	Nat	ionality	F	ILIPIN	10			
	Nui	mber of Workers	N	/lale:	30	Female: 45	To	tal: <u>75</u>
		Name:	_					
		Age:	_		Sex:	-	Civ	ril Status: -
		Address:	_		-			_
INJURED / I PERSON	ILL	Average Weekly Wage:	_		No of	Dependents:	-	
(Use WAIR-B for mul	•	Length of Service Prior to Illness:	-		_			
ilijureu Workersj		Occupation:			Experi	ence at Occup	ation <u>-</u>	
		Time of Shift:	From	n: -	То:	Hours Work/	_	Days/Week: -
		eportable _ Iness						
		ffected Workers Work Loca						
ILLNESS		Physically Reporting to Wo late Ilness Begun:	ork ⊔ -	IN All	ternativ	e work Arrang Date Ret Work:		-
	D	Pays Lost:	-			and/or Da	ays	-
	Da	te of accident						
	The	e accident involved		N	ONE			
ACCIDENT		scription of accident (Give f		-				
		s injured doing regular part the time of accident	of jo	b _				





	if not, wny?		-		
	Extent Of Disability □Fatal □ Medical Trea		manent Partial	☐Temporary Total	☐ Permanent Total
NATURE AND EXTENT OF INJURY	☐ Front Neck ☐ Al	st □ L odomen □ oper Back □	Left Forearm □ ☐ Left Hand □ R	Right Arm □ Groi Right Forearm □ Butt light Hand □ Left Thig	ocks 🗆 Left Foot
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	Days Lost:	-		and/or Days Charge	ed: -
CAUSE OF ACCIDENT	Agency Involved The Agency part Involved Accident Type Unsafe Mechanical or Physical Condition Unsafe Act Contributing Factor	-			
PREVENTIVE MEASURES	Preventive Measures (taken or recommend Mechanical Guards, Pother Safeguards Were all sageuards in If not, Why? Control Instituted: Engineering: Administrative: PPE:	PE and	- - - -	Cost: Cost:	РНР
MANPOWER	Compensation : -		Amount	: <u>-</u>	
	Medical and Hospitalization				
	Burial : -				
	Time lost on day of in	jury	: Hours:	-	Minutes: -



DEPARTMENT OF LABOR AND EMPLOYMENT BUREAU OF WORKING CONDITIONS Manila



	Time lost on sul	osequent days	: Hours:	-	Minutes:	
	Time on light w output	ork or reduced	: Days:	-	Percentag	e:
MACHINERY AND TOOLS	Damage to Machinery and tools Cost of repair or replacement	: - : -				
	Lost Production Time	:			Cost:	<u>-</u>
MATERIALS	Damage to Materials Cost of repair or replacement Lost Production Time	: <u>-</u> : <u>-</u>			Cost:	
EQUIPMENT	Damage to EQUIPMENT Cost of repair or replacement Lost Production Time	: <u>-</u> : -			Cost:	
tha	Time certify that the in the data contained	: Iformation above i			vledge. I/ We understa	no
	3 -05-30 Date	<u> </u>				
					NIT 600000 1710	
JOBER	T BARCE	LBP RES	SOURCES AND	DEVELOPME	NT CORPORATION	

OH Personnel / Safety Officer





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	P	ersonal Ir	nformatio	n				Emplo	oyment D	etails					Illness			Nature / Extent of Injury						
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	Nui	mber of Workers	N	/lale:	30	Female: 45	To	tal: <u>75</u>
		Name:	_					
		Age:	_		Sex:	-	Civ	ril Status: -
		Address:	_		-			_
INJURED / I PERSON	ILL	Average Weekly Wage:	_		No of	Dependents:	-	
(Use WAIR-B for mul	•	Length of Service Prior to Illness:	-		_			
ilijureu Workersj		Occupation:			Experi	ence at Occup	ation <u>-</u>	
		Time of Shift:	From	n: -	То:	Hours Work/	_	Days/Week: -
		eportable _ Iness						
		ffected Workers Work Loca						
ILLNESS		Physically Reporting to Wo late Ilness Begun:	ork ⊔ -	IN All	ternativ	e work Arrang Date Ret Work:		-
	D	Pays Lost:	-			and/or Da	ays	-
	Da	te of accident						
	The	e accident involved		N	ONE			
ACCIDENT		scription of accident (Give f		-				
		s injured doing regular part the time of accident	of jo	b _				



DEPARTMENT OF LABOR AND EMPLOYMENT BUREAU OF WORKING CONDITIONS Manila



	If not, why?		-		
	Extent Of Disabilit	-	nanent Partial	□Temporary Total	☐ Permanent Total
NATURE AND EXTENT OF INJURY	☐ Front Neck ☐ A	est □ Le .bdomen □ L oper Back □	eft Forearm □ I Left Hand □ Ri	ight Arm ☐ Groir Right Forearm ☐ Butto ght Hand ☐ Left Thigl	ocks □ Left Foot
	Date Disability Beg	gun: -		Date Returned to Work:	-
	Days Lost:	-		_ and/or Days Charge	ed:
	Agency :	-			
	The Agency :	-			
	Accident Type :				
CAUSE OF ACCIDENT	Unsafe Mechanical or Physical Condition	-			
	Unsafe Act :	-			
	Contributing :	-			
	Preventive Measures (taken or recommend			-	
	Mechanical Guards, I	PPE and othe	r Safeguards	-	
	Were all sageuards in	use?		-	
PREVENTIVE	If not, Why?			<u>-</u>	
MEASURES	Control Instituted:				
	Engineering:			Cost: <u>F</u>	ΉΡ
	Administrative:			Cost F	'HP
	PPE:			Cost: F	'HP
MANPOWER	Compensation : _		Amount	-	
	Hospitalization :	•			
	Burial : -				
	Time lost on day of i	njury	: Hours:	-	Minutes: -
	Time lost on subsequ	ent days	: Hours:	-	Minutes: -



DEPARTMENT OF LABOR AND EMPLOYMENT BUREAU OF WORKING CONDITIONS Manila



	Time on light w output	ork or reduced	: Days: - 	Percent	age: - -
MACHINERY AND TOOLS	Damage to Machinery and tools Cost of repair or replacement Lost Production Time	: - : - : -		Cost:	
MATERIALS	Damage to Materials Cost of repair or replacement Lost Production Time	: <u>-</u> : -		Cost:	
EQUIPMENT	Damage to EQUIPMENT Cost of repair or replacement Lost Production Time	: <u>-</u> : -		Cost:	
			is accurate to the best of our ed by RA 10173 or the Data P		tand
	3-07-1				
	Date RT BARCE	LBP RE	SOURCES AND DEVELOR	PMENT CORPORATIO	N

OH Personnel / Safety Officer





Work Accident / Injury Report Workers' Data Page

To be attached to WAIR-A

	P	ersonal Ir	formation Employment Details										Illness					Nature ,	/ Extent o	of Injury				
Name of Injured Worker	Age	Civil Status	Address	No. of Depend ents	Sex	Occupa tion	Employ ment Status	Average Weekly Wage Philippi ne Peso	Prior to Acciden t or Illness	Experie nce at Occupa tion	Work	Work Days/W eek	Reporta ble Illness	Date Illness Begun	Date Returne d to Work	Days Lost	Day/s Charge d	Extent of Disabili ty	Nature of Injury	Part/s of the Body Affecte d	Date Disabili ty Begun	Date Returne d to Work	Days Lost	Day/s Charge d
	No data available in table																							



DEPARTMENT OF LABOR AND EMPLOYMENT BUREAU OF WORKING CONDITIONS Manila



WAIR-A

EMPLOYER'S WORK ACCIDENT/ILLNESS REPORT

	Esta	ablishment	L	BP RE	SOURC	ES AND DEVEL	OPMENT C	ORPORATION
	Flo	or/Bldg/No/Street/Subdivis	เเดท		LOOR I	BP PLAZA 159	8 M.H. DEL	PILAR COR. DR. J.
	Bar	angay/City/Municipality	В	Barang	gay 699	, MALATE		
EMPLOYER	Nat	cure of Business	A	dmin	istrativ	e and Support	Service Act	ivities
	Naı	me of Employer	L	BP RE	SOURC	ES AND DEVEL	OPMENT C	ORPORATION
	Nat	ionality	F	ILIPIN	10			
	Nui	mber of Workers	N	/lale:	30	Female: 45	To	tal: <u>75</u>
		Name:	_					
		Age:	_		Sex:	-	Civ	ril Status: -
		Address:	_		-			_
INJURED / I PERSON	ILL	Average Weekly Wage:	_		No of	Dependents:	-	
PERSON (Use WAIR-B for multip. injured Workers)	•	Length of Service Prior to Illness:	-		_			
		Occupation:			Experi	ence at Occup	ation <u>-</u>	
		Time of Shift:	From	n: -	То:	Hours Work/	_	Days/Week: -
		eportable _ Iness						
		ffected Workers Work Loca						
ILLNESS		Physically Reporting to Wo late Ilness Begun:	ork ⊔ -	IN All	ternativ	e work Arrang Date Ret Work:		-
	D	Pays Lost:	-			and/or Da	ays	-
	Da	te of accident						
	The	e accident involved		N	ONE			
ACCIDENT		scription of accident (Give f		-				
		s injured doing regular part the time of accident	of jo	b _				



DEPARTMENT OF LABOR AND EMPLOYMENT BUREAU OF WORKING CONDITIONS Manila



	If not, why?		-		
	Extent Of Disabilit	-	nanent Partial	□Temporary Total	☐ Permanent Total
NATURE AND EXTENT OF INJURY	☐ Front Neck ☐ A	est □ Le .bdomen □ L oper Back □	eft Forearm □ I Left Hand □ Ri	ight Arm ☐ Groir Right Forearm ☐ Butto ght Hand ☐ Left Thigl	ocks □ Left Foot
	Date Disability Beg	gun: -		Date Returned to Work:	-
	Days Lost:	-		_ and/or Days Charge	ed:
	Agency :	-			
	The Agency :	-			
	Accident Type :				
CAUSE OF ACCIDENT	Unsafe Mechanical or Physical Condition	-			
	Unsafe Act :	-			
	Contributing :	-			
	Preventive Measures (taken or recommend			-	
	Mechanical Guards, I	PPE and othe	r Safeguards	-	
	Were all sageuards in	use?		-	
PREVENTIVE	If not, Why?			<u>-</u>	
MEASURES	Control Instituted:				
	Engineering:			Cost: <u>F</u>	ΉΡ
	Administrative:			Cost F	'HP
	PPE:			Cost: F	'HP
MANPOWER	Compensation : _		Amount	-	
	Hospitalization :	•			
	Burial : -				
	Time lost on day of i	njury	: Hours:	-	Minutes: -
	Time lost on subsequ	ent days	: Hours:	-	Minutes: -



DEPARTMENT OF LABOR AND EMPLOYMENT BUREAU OF WORKING CONDITIONS Manila



	Time on light wo	ork or reduced	: Days: - 	Percent	age: -
MACHINERY AND TOOLS	Damage to Machinery and tools Cost of repair or replacement Lost Production Time	: - : - : -		Cost:	
MATERIALS	Damage to Materials Cost of repair or replacement Lost Production Time	: <u>-</u> : -		Cost:	
EQUIPMENT	Damage to EQUIPMENT Cost of repair or replacement Lost Production Time	: <u>-</u> : -		Cost:	
			is accurate to the best of our		tand
	3-07-31	_			
	Date		COURCE AND DEVELO	DRAFNIT CODDODATIO	N I
JOREK	RT BARCE	TRA KE	SOURCES AND DEVELO	PIVIENT CORPORATIO	N

OH Personnel / Safety Officer





Work Accident / Injury Report Workers' Data Page

To be attached to WAIR-A

	P	ersonal Ir	formation Employment Details										Illness					Nature ,	/ Extent o	of Injury				
Name of Injured Worker	Age	Civil Status	Address	No. of Depend ents	Sex	Occupa tion	Employ ment Status	Average Weekly Wage Philippi ne Peso	Prior to Acciden t or Illness	Experie nce at Occupa tion	Work	Work Days/W eek	Reporta ble Illness	Date Illness Begun	Date Returne d to Work	Days Lost	Day/s Charge d	Extent of Disabili ty	Nature of Injury	Part/s of the Body Affecte d	Date Disabili ty Begun	Date Returne d to Work	Days Lost	Day/s Charge d
	No data available in table																							



DEPARTMENT OF LABOR AND EMPLOYMENT BUREAU OF WORKING CONDITIONS Manila



WAIR-A

EMPLOYER'S WORK ACCIDENT/ILLNESS REPORT

	Esta	ablishment	L	BP RE	SOURC	ES AND DEVEL	OPMENT C	ORPORATION
	Flo	or/Bldg/No/Street/Subdivis	เเดท		LOOR I	BP PLAZA 159	8 M.H. DEL	PILAR COR. DR. J.
	Bar	angay/City/Municipality	В	Barang	gay 699	, MALATE		
EMPLOYER	Nat	cure of Business	A	dmin	istrativ	e and Support	Service Act	ivities
	Naı	me of Employer	L	BP RE	SOURC	ES AND DEVEL	OPMENT C	ORPORATION
	Nat	ionality	F	ILIPIN	10			
	Nui	mber of Workers	N	/lale:	30	Female: 45	To	tal: <u>75</u>
		Name:	_					
		Age:	_		Sex:	-	Civ	ril Status: -
		Address:	_		-			_
INJURED / I PERSON	ILL	Average Weekly Wage:	_		No of	Dependents:	-	
PERSON (Use WAIR-B for multip. injured Workers)	•	Length of Service Prior to Illness:	-		_			
		Occupation:			Experi	ence at Occup	ation <u>-</u>	
		Time of Shift:	From	n: -	То:	Hours Work/	_	Days/Week: -
		eportable _ Iness						
		ffected Workers Work Loca						
ILLNESS		Physically Reporting to Wo late Ilness Begun:	ork ⊔ -	IN All	ternativ	e work Arrang Date Ret Work:		-
	D	Pays Lost:	-			and/or Da	ays	-
	Da	te of accident						
	The	e accident involved		N	ONE			
ACCIDENT		scription of accident (Give f		-				
		s injured doing regular part the time of accident	of jo	b _				



DEPARTMENT OF LABOR AND EMPLOYMENT BUREAU OF WORKING CONDITIONS Manila



	If not, why?		-		
	Extent Of Disabilit	-	nanent Partial	□Temporary Total	☐ Permanent Total
NATURE AND EXTENT OF INJURY	☐ Front Neck ☐ A	est □ Le .bdomen □ L oper Back □	eft Forearm □ I Left Hand □ Ri	ight Arm ☐ Groir Right Forearm ☐ Butto ght Hand ☐ Left Thigl	ocks □ Left Foot
	Date Disability Beg	gun: -		Date Returned to Work:	-
	Days Lost:	-		_ and/or Days Charge	ed:
	Agency :	-			
	The Agency :	-			
	Accident Type :				
CAUSE OF ACCIDENT	Unsafe Mechanical or Physical Condition	-			
	Unsafe Act :	-			
	Contributing :	-			
	Preventive Measures (taken or recommend			-	
	Mechanical Guards, I	PPE and othe	r Safeguards	-	
	Were all sageuards in	use?		-	
PREVENTIVE	If not, Why?			<u>-</u>	
MEASURES	Control Instituted:				
	Engineering:			Cost: <u>F</u>	ΉΡ
	Administrative:			Cost F	'HP
	PPE:			Cost: F	'HP
MANPOWER	Compensation : _		Amount	-	
	Hospitalization :	•			
	Burial : -				
	Time lost on day of i	njury	: Hours:	-	Minutes: -
	Time lost on subsequ	ent days	: Hours:	-	Minutes: -



DEPARTMENT OF LABOR AND EMPLOYMENT BUREAU OF WORKING CONDITIONS Manila



	Time on light w output	ork or reduced	: Days: -	Percent	age: - -
MACHINERY AND TOOLS	Damage to Machinery and tools Cost of repair or replacement Lost Production Time	: - : - : -		Cost:	
MATERIALS	Damage to Materials Cost of repair or replacement Lost Production Time	: <u>-</u> : -		Cost:	
EQUIPMENT	Damage to EQUIPMENT Cost of repair or replacement Lost Production Time	: <u>-</u> : -		Cost:	
-	•		is accurate to the best of our ed by RA 10173 or the Data P	_	tand
	3-08-30	_			
	Date DARGE		COLIDORS AND DELET	0145NT 0000001	
JOBER	RT BARCE	LBP RE	SOURCES AND DEVELOR	PMENT CORPORATIO	N

OH Personnel / Safety Officer





Work Accident / Injury Report Workers' Data Page

To be attached to WAIR-A

	P	ersonal Ir	formation Employment Details										Illness					Nature ,	/ Extent o	of Injury				
Name of Injured Worker	Age	Civil Status	Address	No. of Depend ents	Sex	Occupa tion	Employ ment Status	Average Weekly Wage Philippi ne Peso	Prior to Acciden t or Illness	Experie nce at Occupa tion	Work	Work Days/W eek	Reporta ble Illness	Date Illness Begun	Date Returne d to Work	Days Lost	Day/s Charge d	Extent of Disabili ty	Nature of Injury	Part/s of the Body Affecte d	Date Disabili ty Begun	Date Returne d to Work	Days Lost	Day/s Charge d
	No data available in table																							



DEPARTMENT OF LABOR AND EMPLOYMENT BUREAU OF WORKING CONDITIONS Manila



WAIR-A

EMPLOYER'S WORK ACCIDENT/ILLNESS REPORT

	Esta	ablishment	L	BP R	ESOURCE	ES AND DEVELOPMEN	NT CORPORATION
	Flo	or/Bldg/No/Street/Subdivi	sion		FLOOR L TOS ST.	BP PLAZA 1598 M.H.	DEL PILAR COR. DR. J.
	Bar	angay/City/Municipality	В	Barar	ngay 699,	MALATE	
EMPLOYER	Nat	ture of Business	Α	Admi	nistrative	and Support Service	Activities
	Naı	me of Employer	L	BP R	ESOURCE	ES AND DEVELOPMEN	NT CORPORATION
	Nat	tionality	F	ILIPI	NO		
	Nu	mber of Workers	N	/lale:	: 30	Female: 45	Total: 75
		Name:	_				
		Age:	_		Sex:	-	Civil Status: -
		Address:	_		_	-	
INJURED / I PERSON	LL	Average Weekly Wage:	_		No of E	Dependents:	-
(Use WAIR-B for mul	'	Length of Service Prior to Illness:	-		_	•	
injurea workers)		Occupation:	_		Experie	ence at Occupation	<u>-</u>
		Time of Shift:	From	n: - 	To:	Hours of Work/Day:	- Days/Week: -
		eportable _ Iness					
	A	affected Workers Work Loca	tion				
ILLNESS		☐ Physically Reporting to Wo	ork 🗆	In A	lternative	=	
	D	ate Ilness Begun:	-			Date Returned t Work:	0 _
	D	Pays Lost:	-			and/or Days Charged:	-
	_	te of accident		_			
		e accident involved	II		NONE		
ACCIDENT		scription of accident (Give f tails on how accident occuri		-			
		is injured doing regular part the time of accident	t of jo	b _			





	If not, why?					
	Extent Of Disa □Fatal □ Medica	-	□Dorma	nent Partial	□Tomporary Total	☐ Permanent Total
			⊔Perma	nent Partiai	□Temporary Total	□ Permanent Iotai
NATURE AND EXTENT OF INJURY	☐ Front Neck	☐ Chest ☐ Abdome ☐ Upper Ba	ack 🗆 L	t Forearm □ eft Hand □ R	Right Arm □ Gro Right Forearm □ But ight Hand □ Left Thi	tocks □ Left Foot
	Date Disability	y Begun:	-		Date Returned to Work:	-
	Days Lost:		_		and/or Days Charg	ed: -
					_	
	Agency Involved	: -				
	The Agency part Involved	: -				
	Accident Type	:				
CAUSE OF ACCIDENT	Unsafe Mechanical or Physical Condition	: -				
	Unsafe Act	: <u>-</u>				
	Contributing Factor	: -				
	Preventive Meas (taken or recomm Mechanical Guar	mended)	d other:	Safeguards	<u>-</u>	
	Were all sageuar	•		J	-	
DDE1/ENITU/E	If not, Why?				-	
PREVENTIVE MEASURES	Control Institute	d:				
	Engineering:		-		Cost:	PHP
	Administrative:		_		Cost	РНР
	PPE:		-		Cost:	PHP
MANPOWER	Compensation	: -		Amount	; -	
	Medical and Hospitalization	: -				
	Burial	:				
	Time lost on day	of injury		: Hours:	-	Minutes: -
	Time lost on sub	sequent da	avs	· Hours		



DEPARTMENT OF LABOR AND EMPLOYMENT BUREAU OF WORKING CONDITIONS Manila



Time on light work or reduced output			: Days: -	Percenta	Percentage: -	
MACHINERY AND TOOLS	Damage to Machinery and tools Cost of repair or replacement Lost Production Time	: - : -		Cost:		
MATERIALS	Damage to Materials Cost of repair or replacement Lost Production Time	: <u>-</u> : <u>-</u>		Cost:		
EQUIPMENT	Damage to EQUIPMENT Cost of repair or replacement Lost Production Time	: <u>-</u> : -		Cost:		
-	•		s accurate to the best of ou d by RA 10173 or the Data	or knowledge. I/ We underst	:and	
	3-10-4	<u></u>				
ſ	Date					
JOBERT BARCE		LBP RES	LBP RESOURCES AND DEVELOPMENT CORPORATION			

OH Personnel / Safety Officer





Work Accident / Injury Report Workers' Data Page

To be attached to WAIR-A

	Р	ersonal I	nformatio	n				Emplo	oyment D	etails			Illness				Nature / Extent of Injury							
Name of Injured Worker	Age	Civil Status	Address	No. of Depend ents	Sex	Occupa tion	Employ ment Status	Average Weekly Wage Philippi ne Peso	Prior to Acciden t or Illness	Experie nce at Occupa tion	Work Hours/ Day	Days/W eek	Illness	Date Illness Begun	Date Returne d to Work	Days Lost	i Dav/s	Extent of Disabili ty	I Nature	Part/s of the Body Affecte d	Date Disabili ty Begun	Date Returne d to Work	Days Lost	Day/s Charge d
	No data available in table																							



DEPARTMENT OF LABOR AND EMPLOYMENT BUREAU OF WORKING CONDITIONS Manila



WAIR-A

EMPLOYER'S WORK ACCIDENT/ILLNESS REPORT

(This report shall be submitted by the employer to the DOLE every 30th of the month, with or without any accidents or reportable work-related illness, including COVID cases, through the DOLE Establishment Report System (ERS). This WAIR Form may also be used as a supporting document for filing of claims.)

	Esta	ablishment	_	LBP RE	SOURCE	S AND DEVELOPMEN	NT CORPORATION
	Flo	or/Bldg/No/Street/Subdivi	sion		FLOOR LE Tos St.	BP PLAZA 1598 M.H.	DEL PILAR COR. DR. J.
	Bar	angay/City/Municipality	-	Baran	gay 699,	MALATE	
EMPLOYER	Nat	cure of Business		Admin	istrative	and Support Service	Activities
	Naı	me of Employer	-	LBP RE	SOURCE	S AND DEVELOPMEN	NT CORPORATION
	Nat	ionality	-	FILIPIN	10		
	Nu	mber of Workers	-	Male:	30	Female: 45	Total: 75
		Name:	_				
		Age:	_		Sex:	_	Civil Status: -
		Address:			-		
INJURED /	ILL	Average Weekly Wage:	_		No of D	ependents:	-
PERSON (Use WAIR-B for multipl injured Workers)		Length of Service Prior to Illness:	_		-		
		Occupation:	-		Experie	nce at Occupation	-
		Time of Shift:	Fror	n: -	То:	Hours of Work/Day:	- Days/Week: -
		eportable _ Iness					
ILLNESS		ffected Workers Work Loca Physically Reporting to Wo] In Al	ternative	Work Arrangement	☐ Hybrid/Combination
TELITE 33	D	ate Ilness Begun:	-			Date Returned t Work:	o
	D	ays Lost:	-			and/or Days Charged:	-
	Da	te of accident					
	The	e accident involved		N	ONE		
ACCIDENT		scription of accident (Give full tails on how accident occurred):		-			
	Was injured doing regular part of at the time of accident			ob ₋			
ACCIDENT							



DEPARTMENT OF LABOR AND EMPLOYMENT BUREAU OF WORKING CONDITIONS Manila



	if not, wny?		_	•			
	Extent Of Disa	-	□Permanent	Partial	□Temporary	Total	☐ Permanent Total
			□Permanent	Partial	□Temporary	IUlai	
NATURE AND EXTENT OF INJURY)	- □ Chest □ Abdome □ Upper Ba	ack 🗆 Left F	rearm □ F Hand □ Riį	_		□ Left Leg cks □ Left Foot □ Right Leg
	Date Disabilit	_	-		Date Retu	rned to	_
	Days Lost:	,			_ Work: and/or Da	vs Charged	 I•
	Days Lost.				_ allu/01 Da	ys Chargeu	· <u>- </u>
	Agency Involved	: <u>-</u>					
	The Agency part Involved	: -					
	Accident Type	:					
CAUSE OF ACCIDENT	Unsafe Mechanical or Physical Condition	: -					
	Unsafe Act	: -					
	Contributing Factor	: -					
	Preventive Meas				-		
	Mechanical Gua	rds, PPE and	d other Safe	guards	-		
	Were all sageua	rds in use?			-		
PREVENTIVE	If not, Why?				-		
MEASURES	Control Institute	d:					
	Engineering:					Cost: Ph	HP .
	Administrative:					Cost PH	HP.
	PPE:					Cost: Ph	HP
MANDOWED	Commonsette			Amarint			
AIWIAL OAN EU	Compensation Medical and			_Amount			
	Hospitalization	: -					
	Burial	: -					
	Time lost on day		:	Hours:			Minutes:
	Time lost on sub	sequent da	iys :	Hours:	-		Minutes:





	Time on light worl output	or reduced	: Days: -	Percent	tage: - -
MACHINERY AND TOOLS		-		Cost:	
MATERIALS	Damage to Materials Cost of repair or replacement Lost Production Time	-		Cost:	- -
EQUIPMENT	Damage to EQUIPMENT Cost of repair or replacement Lost Production Time	-		Cost:	
th 202 3	at data contained h		s accurate to the best of ou ed by RA 10173 or the Data	_	stand
	Date RT BARCE	I RD DEG	SOURCES AND DEVELO	DOMENIT COPPODATIO	N

OH Personnel / Safety Officer

Employer / Representative





Work Accident / Injury Report Workers' Data Page

To be attached to WAIR-A

	Р	ersonal I	nformatio	n				Emplo	oyment D	etails			Illness				Nature / Extent of Injury							
Name of Injured Worker	Age	Civil Status	Address	No. of Depend ents	Sex	Occupa tion	Employ ment Status	Average Weekly Wage Philippi ne Peso	Prior to Acciden t or Illness	Experie nce at Occupa tion	Work Hours/ Day	Days/W eek	Illness	Date Illness Begun	Date Returne d to Work	Days Lost	i Dav/s	Extent of Disabili ty	I Nature	Part/s of the Body Affecte d	Date Disabili ty Begun	Date Returne d to Work	Days Lost	Day/s Charge d
	No data available in table																							



DEPARTMENT OF LABOR AND EMPLOYMENT BUREAU OF WORKING CONDITIONS Manila



WAIR-A

EMPLOYER'S WORK ACCIDENT/ILLNESS REPORT

(This report shall be submitted by the employer to the DOLE every 30th of the month, with or without any accidents or reportable work-related illness, including COVID cases, through the DOLE Establishment Report System (ERS). This WAIR Form may also be used as a supporting document for filing of claims.)

	Esta	ablishment	_	LBP R	ESOURC	ES AND DEVELOPMEN	NT CORPORATION
	Flo	or/Bldg/No/Street/Subdivis	เกกเ		FLOOR I TOS ST.	BP PLAZA 1598 M.H.	DEL PILAR COR. DR. J.
	Bar	angay/City/Municipality	-	Baran	gay 699	, MALATE	
EMPLOYER	Nat	cure of Business		Admii	nistrativ	e and Support Service	Activities
	Nar	me of Employer		LBP R	ESOURC	ES AND DEVELOPMEN	NT CORPORATION
	Nat	ionality	-	FILIPII	NO		
	Nui	mber of Workers	•	Male:	30	Female: 45	Total: 75
		Name:	_				
		Age:	_		Sex:		Civil Status: -
		Address:	_		_		
INJURED / I PERSON	LL	Average Weekly Wage:	_		No of	Dependents:	-
PERSON (Use WAIR-B for multi injured Workers)		Length of Service Prior to Illness:	-		_		
		Occupation:			Experi	ence at Occupation	
		Time of Shift:	Fror	n: - —	To:	Hours of Work/Day:	- Days/Week: -
		eportable _ Iness					
		ffected Workers Work Loca		7 I.a. Al	la 4 ² .	- \A/- d. A	
ILLNESS		Physically Reporting to Wo pate Ilness Begun:	ork ∟ -	」IN A	iternativ	Date Returned t Work:	
	D	ays Lost:	-			and/or Days Charged:	-
	Date of accident			_			
	The	e accident involved		<u>N</u>	IONE		
ACCIDENT				-			
ACCIDENT			•	_			
		Was injured doing regular part o at the time of accident					



DEPARTMENT OF LABOR AND EMPLOYMENT BUREAU OF WORKING CONDITIONS Manila



	If not, why?			-			
	Extent Of Disa	al Treatment	□Permanei	nt Partial	□Temporary T	otal [☐ Permanent Total
NATURE AND EXTENT OF INJURY	☐ Front Neck	☐ Chest ☐ Abdom ☐ Upper B	ack 🗆 Left	Forearm □ Hand □ R	Right Hand □ I	Left Thigh □	
	Date Disability	y Begun:	-		Date Returr Work:	ned to	
	Days Lost:		-		and/or Day	s Charged: _	
	Agency Involved	: -					
	The Agency part Involved	: -				_	
	Accident Type	: <u>-</u>					
CAUSE OF ACCIDENT	Unsafe Mechanical or Physical Condition	: -					
	Unsafe Act	: <u>-</u>					
	Contributing Factor	: -					
	Preventive Meas				-		
	Mechanical Guar	ds, PPE an	d other Sa	feguards	-		
	Were all sageuar	ds in use?			-		
PREVENTIVE	If not, Why?				-		
MEASURES	Control Institute	d:					
	Engineering:					Cost: PHP	
	Administrative:					Cost PHP	
	PPE:					Cost: PHP	
MANPOWER	Compensation Medical and Hospitalization	: <u>-</u> : -		Amount			
	Burial	: -					
	Time lost on day	of injury		: Hours:	-		Minutes:
	Time lost on sub	sequent da	ays	: Hours:			Minutes:





	Time on light w output	ork or reduced : Days: -	Percentage: -
MACHINERY AND TOOLS	PARAIR AR	: - - : -	Cost: -
MATERIALS	Damage to Materials Cost of repair or replacement Lost Production Time	: <u>-</u> : -	Cost: -
EQUIPMENT	Damage to EQUIPMENT Cost of repair or replacement Lost Production Time	: <u>-</u> : -	Cost: -
th	at data contained	formation above is accurate to the best o herein is protected by RA 10173 or the D	-
	Date RT BARCE	LBP RESOURCES AND DEVI	ELODMENT COPPODATION

OH Personnel / Safety Officer

Employer / Representative





Work Accident / Injury Report Workers' Data Page

To be attached to WAIR-A

	Р	ersonal I	nformatio	n				Emplo	oyment D	etails			Illness				Nature / Extent of Injury							
Name of Injured Worker	Age	Civil Status	Address	No. of Depend ents	Sex	Occupa tion	Employ ment Status	Average Weekly Wage Philippi ne Peso	Prior to Acciden t or Illness	Experie nce at Occupa tion	Work Hours/ Day	Days/W eek	Illness	Date Illness Begun	Date Returne d to Work	Days Lost	i Dav/s	Extent of Disabili ty	I Nature	Part/s of the Body Affecte d	Date Disabili ty Begun	Date Returne d to Work	Days Lost	Day/s Charge d
	No data available in table																							



DEPARTMENT OF LABOR AND EMPLOYMENT BUREAU OF WORKING CONDITIONS Manila



WAIR-A

EMPLOYER'S WORK ACCIDENT/ILLNESS REPORT

(This report shall be submitted by the employer to the DOLE every 30th of the month, with or without any accidents or reportable work-related illness, including COVID cases, through the DOLE Establishment Report System (ERS). This WAIR Form may also be used as a supporting document for filing of claims.)

	Esta	ablishment	_	LBP R	ESOURC	ES AND DEVELOPMEN	NT CORPORATION
	Flo	or/Bldg/No/Street/Subdivis	เเกท		FLOOR I TOS ST.	BP PLAZA 1598 M.H.	DEL PILAR COR. DR. J.
	Bar	angay/City/Municipality	-	Baran	gay 699	, MALATE	
EMPLOYER	Nat	cure of Business		Admii	nistrativ	e and Support Service	Activities
	Nar	me of Employer		LBP R	ESOURC	ES AND DEVELOPMEN	NT CORPORATION
	Nat	ionality	-	FILIPII	NO		
	Nui	mber of Workers	•	Male:	30	Female: 45	Total: 75
		Name:	_				
		Age:	_		Sex:		Civil Status: -
		Address:	_		_		
INJURED / I PERSON	LL	Average Weekly Wage:	_		No of	Dependents:	-
PERSON (Use WAIR-B for multi injured Workers)		Length of Service Prior to Illness:	-		_		
		Occupation:			Experi	ence at Occupation	
		Time of Shift:	Fror	n: - —	To:	Hours of Work/Day:	- Days/Week: -
		eportable _ Iness					
		ffected Workers Work Loca		7 I.a. Al	la 4 ² .	- \A/- d. A	
ILLNESS		Physically Reporting to Wo pate Ilness Begun:	ork ∟ -	」IN A	iternativ	Date Returned t Work:	
	D	ays Lost:	-			and/or Days Charged:	-
	Date of accident			_			
	The	e accident involved		<u>N</u>	IONE		
ACCIDENT				-			
ACCIDENT			•	_			
		Was injured doing regular part o at the time of accident					



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	If not, why?			-			
	Extent Of Disa	al Treatment	□Permanei	nt Partial	□Temporary T	otal [☐ Permanent Total
NATURE AND EXTENT OF INJURY	☐ Front Neck	☐ Chest ☐ Abdom ☐ Upper B	ack 🗆 Left	Forearm □ Hand □ R	Right Hand □ I	Left Thigh □	
	Date Disability	y Begun:	-		Date Returr Work:	ned to	
	Days Lost:		-		and/or Day	s Charged: _	
	Agency Involved	: -					
	The Agency part Involved	: -				_	
	Accident Type	: <u>-</u>					
CAUSE OF ACCIDENT	Unsafe Mechanical or Physical Condition	: -					
	Unsafe Act	: <u>-</u>					
	Contributing Factor	: -					
	Preventive Meas				-		
	Mechanical Guar	ds, PPE an	d other Sa	feguards	-		
	Were all sageuar	ds in use?			-		
PREVENTIVE	If not, Why?				-		
MEASURES	Control Institute	d:					
	Engineering:					Cost: PHP	
	Administrative:					Cost PHP	
	PPE:					Cost: PHP	
MANPOWER	Compensation Medical and Hospitalization	: <u>-</u> : -		Amount			
	Burial	: -					
	Time lost on day	of injury		: Hours:	-		Minutes:
	Time lost on sub	sequent da	ays	: Hours:			Minutes:





	Time on light w output	ork or reduced	: Days: - ————	Percenta 	ige: - -
MACHINERY AND TOOLS	Damage to Machinery and tools Cost of repair or replacement Lost Production Time	: - : -		Cost:	
MATERIALS	Damage to Materials Cost of repair or replacement Lost Production Time	: - : -		Cost:	
EQUIPMENT	Damage to EQUIPMENT Cost of repair or replacement Lost Production Time	: <u>-</u> : <u>-</u> : <u>-</u>		Cost:	
	-		is accurate to the best of outed by RA 10173 or the Data	_	and
	1-01-2				
D	ate				
JOBER	T BARCE	LBP RE	SOURCES AND DEVELO	PMENT CORPORATION	1

OH Personnel / Safety Officer

Employer / Representative





Work Accident / Injury Report Workers' Data Page

To be attached to WAIR-A

	Personal Information							Employment Details						Illness					Nature / Extent of Injury						
Name of Injured Worker	Age	Civil Status	Address	No. of Depend ents	Sex	Occupa tion	Employ ment Status	Average Weekly Wage Philippi ne Peso	Prior to Acciden t or Illness	Experie nce at Occupa tion	Work Hours/ Day	Days/W eek	Illness	Date Illness Begun	Date Returne d to Work	Days Lost	Day/s Charge d	Extent of Disabili ty	Nature of Injury	Part/s of the Body Affecte d	Date Disabili ty Begun	Date Returne d to Work	Days Lost	Day/s Charge d	
	No data available in table																								