



Republic of the Philippines
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.)

EMPLOYER	Establishment	LBP RESOURCES AND DEVELOPMENT CORPORATION		
	Floor/Bldg/No/Street/Subdivision	24TH FLOOR LBP PLAZA 1598 M.H. DEL PILAR COR. DR. J. QUINTOS ST.		
	Barangay/City/Municipality	Barangay 699, MALATE		
	Nature of Business	Administrative and Support Service Activities		
	Name of Employer	LBP RESOURCES AND DEVELOPMENT CORPORATION		
	Nationality	FILIPINO		
	Number of Workers	Male: 25	Female: 34	Total: 59

INJURED / ILL PERSON <small>(Use WAIR-B for multiple injured Workers)</small>	Name:	-				
	Age:	-	Sex:	-	Civil Status:	-
	Address:	-				
	Average Weekly Wage:	-	No of Dependents:	-		
	Length of Service Prior to Illness:	-				
	Occupation:	-	Experience at Occupation	-		
	Time of Shift:	From: -	To: -	Hours of Work/Day: -	Days/Week: -	

ILLNESS	Reportable Illness	_		
	Affected Workers Work Location	_____		
	<input type="checkbox"/> Physically Reporting to Work	<input type="checkbox"/> In Alternative Work Arrangement	<input type="checkbox"/> Hybrid/Combination	
	Date Illness Begun:	-	Date Returned to Work:	-
Days Lost:	-	and/or Days Charged:	-	

ACCIDENT	Date of accident	_____
	The accident involved	NONE
	Description of accident (Give full details on how accident occurred):	-
	Was injured doing regular part of job at the time of accident	-



Republic of the Philippines
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BUREAU OF WORKING CONDITIONS
 Manila



If not, why? _____

Extent Of Disability:

Fatal Medical Treatment Permanent Partial Temporary Total Permanent Total

Part/s of Body Affected:

Head Chest Left Arm Right Arm Groin Left Leg
 Front Neck Abdomen Left Forearm Right Forearm Buttocks Left Foot
 Back Neck Upper Back Left Hand Right Hand Left Thigh Right Leg
 Lower Back Right Thigh Right Foot

**NATURE AND
 EXTENT OF
 INJURY**

Date Disability Began: - _____ **Date Returned to Work:** - _____
Days Lost: - _____ **and/or Days Charged:** - _____

**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 recommended) - _____
Mechanical Guards, PPE and other Safeguards - _____
Were all safeguards in use? - _____
If not, Why? - _____
Control Instituted:
Engineering: _____ **Cost:** PHP _____
Administrative: _____ **Cost:** PHP _____
PPE: _____ **Cost:** PHP _____



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	Compensation	:	-	Amount	-	_____
	Medical and Hospitalization	:	-			_____
	Burial	:	-			_____
MANPOWER	Time lost on day of injury	:	Hours:	-	Minutes:	-
				_____		_____
	Time lost on subsequent days	:	Hours:	-	Minutes:	-
				_____		_____
	Time on light work or reduced output	:	Days:	-	Percentage:	-
				_____		_____
	Damage to Machinery and tools	:	-			_____
MACHINERY AND TOOLS	Cost of repair or replacement	:	-			_____
	Lost Production Time	:			Cost:	-
				_____		_____
	Damage to Materials	:	-			_____
MATERIALS	Cost of repair or replacement	:	-			_____
	Lost Production Time	:			Cost:	-
				_____		_____
	Damage to EQUIPMENT	:	-			_____
EQUIPMENT	Cost of repair or replacement	:	-			_____
	Lost Production Time	:			Cost:	-
				_____		_____

I/ We hereby certify that the information above is accurate to the best of our knowledge. I/ We understand that data contained herein is protected by RA 10173 or the Data Privacy Act of 2012.

2023-01-30

Date

JOBERT BARCE

OH Personnel / Safety Officer

LBP RESOURCES AND DEVELOPMENT CORPORATION

Employer / Representative



Work Accident / Injury Report
Workers' Data Page
To be attached to WAIR-A

WAIR-B

Personal Information						Employment Details						Illness					Nature / Extent of Injury							
Name of Injured Worker	Age	Civil Status	Address	No. of Dependents	Sex	Occupation	Employment Status	Average Weekly Wage	Length of Service Prior to Accident or Illness	Years of Experience at Occupation	Work Hours/Day	Work Days/Week	Reportable Illness	Date Illness Begun	Date Returned to Work	Days Lost	Day/s Charged	Extent of Disability	Nature of Injury	Part/s of the Body Affected	Date Disability Begun	Date Returned to Work	Days Lost	Day/s Charged
								Philippine Peso	In years															
No data available in table																								



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	Barangay/City/Municipality	Barangay 699, MALATE		
	Nature of Business	Administrative and Support Service Activities		
	Name of Employer	LBP RESOURCES AND DEVELOPMENT CORPORATION		
	Nationality	FILIPINO		
	Number of Workers	Male: 30	Female: 45	Total: 75

INJURED / ILL PERSON <small>(Use WAIR-B for multiple injured Workers)</small>	Name:	-				
	Age:	-	Sex:	-	Civil Status:	-
	Address:	-				
	Average Weekly Wage:	-	No of Dependents:	-		
	Length of Service Prior to Illness:	-				
	Occupation:	-	Experience at Occupation	-		
	Time of Shift:	From: -	To: -	Hours of Work/Day: -	Days/Week: -	

ILLNESS	Reportable Illness	_		
	Affected Workers Work Location	_____		
	<input type="checkbox"/> Physically Reporting to Work	<input type="checkbox"/> In Alternative Work Arrangement	<input type="checkbox"/> Hybrid/Combination	
	Date Illness Begun:	-	Date Returned to Work:	-
Days Lost:	-	and/or Days Charged:	-	

ACCIDENT	Date of accident	_____
	The accident involved	NONE
	Description of accident (Give full details on how accident occurred):	-
	Was injured doing regular part of job at the time of accident	-



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If not, why? _____

**NATURE AND
EXTENT OF
INJURY**

Extent Of Disability:

Fatal Medical Treatment Permanent Partial Temporary Total Permanent Total

Part/s of Body Affected:

Head Chest Left Arm Right Arm Groin Left Leg
 Front Neck Abdomen Left Forearm Right Forearm Buttocks Left Foot
 Back Neck Upper Back Left Hand Right Hand Left Thigh Right Leg
 Lower Back Right Thigh Right Foot

Date Disability Begun: - _____ **Date Returned to Work:** - _____
Days Lost: - _____ **and/or Days Charged:** - _____

**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 recommended) - _____
Mechanical Guards, PPE and other Safeguards - _____
Were all safeguards in use? - _____
If not, Why? - _____
Control Instituted:
Engineering: _____ **Cost:** PHP _____
Administrative: _____ **Cost:** PHP _____
PPE: _____ **Cost:** PHP _____

MANPOWER

Compensation : - _____ **Amount** - _____
Medical and Hospitalization : - _____
Burial : - _____
Time lost on day of injury : **Hours:** - _____ **Minutes:** - _____



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Time lost on subsequent days : Hours: - _____ Minutes: -
Time on light work or reduced output : 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	:		Cost: -
EQUIPMENT	Damage to EQUIPMENT	: -		
	Cost of repair or replacement	: -		
	Lost Production Time	:		Cost: -

I/ We hereby certify that the information above is accurate to the best of our knowledge. I/ We understand that data contained herein is protected by RA 10173 or the Data Privacy Act of 2012.

2023-02-28

Date

JOBERT BARCE

OH Personnel / Safety Officer

LBP RESOURCES AND DEVELOPMENT CORPORATION

Employer / Representative



Work Accident / Injury Report
Workers' Data Page
To be attached to WAIR-A

WAIR-B

Personal Information						Employment Details						Illness					Nature / Extent of Injury							
Name of Injured Worker	Age	Civil Status	Address	No. of Dependents	Sex	Occupation	Employment Status	Average Weekly Wage	Length of Service Prior to Accident or Illness	Years of Experience at Occupation	Work Hours/Day	Work Days/Week	Reportable Illness	Date Illness Begun	Date Returned to Work	Days Lost	Day/s Charged	Extent of Disability	Nature of Injury	Part/s of the Body Affected	Date Disability Begun	Date Returned to Work	Days Lost	Day/s Charged
								Philippine Peso	In years															
No data available in table																								



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WAIR-A

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	Floor/Bldg/No/Street/Subdivision	24TH FLOOR LBP PLAZA 1598 M.H. DEL PILAR COR. DR. J. QUINTOS ST.		
	Barangay/City/Municipality	Barangay 699, MALATE		
	Nature of Business	Administrative and Support Service Activities		
	Name of Employer	LBP RESOURCES AND DEVELOPMENT CORPORATION		
	Nationality	FILIPINO		
	Number of Workers	Male: 30	Female: 45	Total: 75

INJURED / ILL PERSON <small>(Use WAIR-B for multiple injured Workers)</small>	Name:	-				
	Age:	-	Sex:	-	Civil Status:	-
	Address:	-				
	Average Weekly Wage:	-	No of Dependents:	-		
	Length of Service Prior to Illness:	-				
	Occupation:	-	Experience at Occupation	-		
	Time of Shift:	From: -	To: -	Hours of Work/Day: -	Days/Week: -	

ILLNESS	Reportable Illness	_		
	Affected Workers Work Location	_____		
	<input type="checkbox"/> Physically Reporting to Work	<input type="checkbox"/> In Alternative Work Arrangement	<input type="checkbox"/> Hybrid/Combination	
	Date Illness Begun:	-	Date Returned to Work:	-
Days Lost:	-	and/or Days Charged:	-	

ACCIDENT	Date of accident	_____
	The accident involved	NONE
	Description of accident (Give full details on how accident occurred):	-
	Was injured doing regular part of job at the time of accident	-



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If not, why? _____

Extent Of Disability:

Fatal Medical Treatment Permanent Partial Temporary Total Permanent Total

Part/s of Body Affected:

Head Chest Left Arm Right Arm Groin Left Leg
 Front Neck Abdomen Left Forearm Right Forearm Buttocks Left Foot
 Back Neck Upper Back Left Hand Right Hand Left Thigh Right Leg
 Lower Back Right Thigh Right Foot

**NATURE AND
EXTENT OF
INJURY**

Date Disability Begun: - _____ **Date Returned to Work:** - _____
Days Lost: - _____ **and/or Days Charged:** - _____

**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 recommended) - _____
Mechanical Guards, PPE and other Safeguards - _____
Were all safeguards in use? - _____
If not, Why? - _____
Control Instituted:
Engineering: _____ **Cost:** PHP _____
Administrative: _____ **Cost:** PHP _____
PPE: _____ **Cost:** PHP _____

MANPOWER

Compensation : - _____ **Amount** - _____
Medical and Hospitalization : - _____
Burial : - _____
Time lost on day of injury : **Hours:** - _____ **Minutes:** - _____



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Time lost on subsequent days : Hours: - _____ Minutes: -
 Time on light work or reduced output : 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 : _____ Cost: -

EQUIPMENT

Damage to EQUIPMENT : -

Cost of repair or replacement : -

Lost Production Time : _____ Cost: -

I/ We hereby certify that the information above is accurate to the best of our knowledge. I/ We understand that data contained herein is protected by RA 10173 or the Data Privacy Act of 2012.

2023-03-30

Date

JOBERT BARCE

OH Personnel / Safety Officer

LBP RESOURCES AND DEVELOPMENT CORPORATION

Employer / Representative



Work Accident / Injury Report
Workers' Data Page
To be attached to WAIR-A

WAIR-B

Personal Information						Employment Details						Illness					Nature / Extent of Injury							
Name of Injured Worker	Age	Civil Status	Address	No. of Dependents	Sex	Occupation	Employment Status	Average Weekly Wage	Length of Service Prior to Accident or Illness	Years of Experience at Occupation	Work Hours/Day	Work Days/Week	Reportable Illness	Date Illness Begun	Date Returned to Work	Days Lost	Day/s Charged	Extent of Disability	Nature of Injury	Part/s of the Body Affected	Date Disability Begun	Date Returned to Work	Days Lost	Day/s Charged
								Philippine Peso	In years															
No data available in table																								



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	Barangay/City/Municipality	Barangay 699, MALATE		
	Nature of Business	Administrative and Support Service Activities		
	Name of Employer	LBP RESOURCES AND DEVELOPMENT CORPORATION		
	Nationality	FILIPINO		
	Number of Workers	Male: 30	Female: 45	Total: 75

INJURED / ILL PERSON <small>(Use WAIR-B for multiple injured Workers)</small>	Name:	-				
	Age:	-	Sex:	-	Civil Status:	-
	Address:	-				
	Average Weekly Wage:	-	No of Dependents:	-		
	Length of Service Prior to Illness:	-				
	Occupation:	-	Experience at Occupation	-		
	Time of Shift:	From: -	To: -	Hours of Work/Day: -	Days/Week: -	

ILLNESS	Reportable Illness	_		
	Affected Workers Work Location	_____		
	<input type="checkbox"/> Physically Reporting to Work	<input type="checkbox"/> In Alternative Work Arrangement	<input type="checkbox"/> Hybrid/Combination	
	Date Illness Begun:	-	Date Returned to Work:	-
Days Lost:	-	and/or Days Charged:	-	

ACCIDENT	Date of accident	_____
	The accident involved	NONE
	Description of accident (Give full details on how accident occurred):	-
	Was injured doing regular part of job at the time of accident	-



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BUREAU OF WORKING CONDITIONS
Manila



If not, why? _____

Extent Of Disability:

Fatal Medical Treatment Permanent Partial Temporary Total Permanent Total

Part/s of Body Affected:

Head Chest Left Arm Right Arm Groin Left Leg
 Front Neck Abdomen Left Forearm Right Forearm Buttocks Left Foot
 Back Neck Upper Back Left Hand Right Hand Left Thigh Right Leg
 Lower Back Right Thigh Right Foot

**NATURE AND
EXTENT OF
INJURY**

Date Disability Begun: - _____ **Date Returned to Work:** - _____
Days Lost: - _____ **and/or Days Charged:** - _____

**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 recommended) - _____
Mechanical Guards, PPE and other Safeguards - _____
Were all safeguards in use? - _____
If not, Why? - _____
Control Instituted:
Engineering: _____ **Cost:** PHP _____
Administrative: _____ **Cost:** PHP _____
PPE: _____ **Cost:** PHP _____

MANPOWER

Compensation : - _____ **Amount** - _____
Medical and Hospitalization : - _____
Burial : - _____
Time lost on day of injury : **Hours:** - _____ **Minutes:** - _____



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Manila



Time lost on subsequent days : Hours: - Minutes: -
Time on light work or reduced output : 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	:		Cost: -
EQUIPMENT	Damage to EQUIPMENT	: -		
	Cost of repair or replacement	: -		
	Lost Production Time	:		Cost: -

I/ We hereby certify that the information above is accurate to the best of our knowledge. I/ We understand that data contained herein is protected by RA 10173 or the Data Privacy Act of 2012.

2023-05-3

Date

JOBERT BARCE

OH Personnel / Safety Officer

LBP RESOURCES AND DEVELOPMENT CORPORATION

Employer / Representative



Work Accident / Injury Report
Workers' Data Page
To be attached to WAIR-A

WAIR-B

Personal Information						Employment Details						Illness				Nature / Extent of Injury								
Name of Injured Worker	Age	Civil Status	Address	No. of Dependents	Sex	Occupation	Employment Status	Average Weekly Wage	Length of Service Prior to Accident or Illness	Years of Experience at Occupation	Work Hours/Day	Work Days/Week	Reportable Illness	Date Illness Begun	Date Returned to Work	Days Lost	Day/s Charged	Extent of Disability	Nature of Injury	Part/s of the Body Affected	Date Disability Begun	Date Returned to Work	Days Lost	Day/s Charged
								Philippine Peso	In years															
No data available in table																								



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WAIR-A

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	Barangay/City/Municipality	Barangay 699, MALATE		
	Nature of Business	Administrative and Support Service Activities		
	Name of Employer	LBP RESOURCES AND DEVELOPMENT CORPORATION		
	Nationality	FILIPINO		
	Number of Workers	Male: 30	Female: 45	Total: 75

INJURED / ILL PERSON <small>(Use WAIR-B for multiple injured Workers)</small>	Name:	-				
	Age:	-	Sex:	-	Civil Status:	-
	Address:	-				
	Average Weekly Wage:	-	No of Dependents:	-		
	Length of Service Prior to Illness:	-				
	Occupation:	-	Experience at Occupation	-		
	Time of Shift:	From: -	To: -	Hours of Work/Day: -	Days/Week: -	

ILLNESS	Reportable Illness	_		
	Affected Workers Work Location	_____		
	<input type="checkbox"/> Physically Reporting to Work	<input type="checkbox"/> In Alternative Work Arrangement	<input type="checkbox"/> Hybrid/Combination	
	Date Illness Begun:	-	Date Returned to Work:	-
Days Lost:	-	and/or Days Charged:	-	

ACCIDENT	Date of accident	_____
	The accident involved	NONE
	Description of accident (Give full details on how accident occurred):	-
	Was injured doing regular part of job at the time of accident	-



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If not, why? _____

Extent Of Disability:

Fatal Medical Treatment Permanent Partial Temporary Total Permanent Total

Part/s of Body Affected:

Head Chest Left Arm Right Arm Groin Left Leg
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 Lower Back Right Thigh Right Foot

**NATURE AND
EXTENT OF
INJURY**

Date Disability Begun: - _____ **Date Returned to Work:** - _____
Days Lost: - _____ **and/or Days Charged:** - _____

**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 recommended) - _____
Mechanical Guards, PPE and other Safeguards - _____
Were all safeguards in use? - _____
If not, Why? - _____
Control Instituted:
Engineering: _____ **Cost:** PHP _____
Administrative: _____ **Cost:** PHP _____
PPE: _____ **Cost:** PHP _____

MANPOWER

Compensation : - _____ **Amount** - _____
Medical and Hospitalization : - _____
Burial : - _____
Time lost on day of injury : **Hours:** - _____ **Minutes:** - _____



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Manila



Time lost on subsequent days : Hours: - Minutes: -
Time on light work or reduced output : 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	:		Cost:	-
EQUIPMENT	Damage to EQUIPMENT	:	-		
	Cost of repair or replacement	:	-		
	Lost Production Time	:		Cost:	-

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2023-05-30

Date

JOBERT BARCE

OH Personnel / Safety Officer

LBP RESOURCES AND DEVELOPMENT CORPORATION

Employer / Representative



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WAIR-B

Personal Information						Employment Details						Illness				Nature / Extent of Injury								
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	Barangay/City/Municipality	Barangay 699, MALATE		
	Nature of Business	Administrative and Support Service Activities		
	Name of Employer	LBP RESOURCES AND DEVELOPMENT CORPORATION		
	Nationality	FILIPINO		
	Number of Workers	Male: 30	Female: 45	Total: 75

INJURED / ILL PERSON <small>(Use WAIR-B for multiple injured Workers)</small>	Name:	-				
	Age:	-	Sex:	-	Civil Status:	-
	Address:	-				
	Average Weekly Wage:	-	No of Dependents:	-		
	Length of Service Prior to Illness:	-				
	Occupation:	-	Experience at Occupation	-		
	Time of Shift:	From: -	To: -	Hours of Work/Day: -	Days/Week: -	

ILLNESS	Reportable Illness	_		
	Affected Workers Work Location	_____		
	<input type="checkbox"/> Physically Reporting to Work	<input type="checkbox"/> In Alternative Work Arrangement	<input type="checkbox"/> Hybrid/Combination	
	Date Illness Begun:	-	Date Returned to Work:	-
Days Lost:	-	and/or Days Charged:	-	

ACCIDENT	Date of accident	_____
	The accident involved	NONE
	Description of accident (Give full details on how accident occurred):	-
	Was injured doing regular part of job at the time of accident	-



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If not, why? _____

Extent Of Disability:

Fatal Medical Treatment Permanent Partial Temporary Total Permanent Total

Part/s of Body Affected:

Head Chest Left Arm Right Arm Groin Left Leg
 Front Neck Abdomen Left Forearm Right Forearm Buttocks Left Foot
 Back Neck Upper Back Left Hand Right Hand Left Thigh Right Leg
 Lower Back Right Thigh Right Foot

**NATURE AND
 EXTENT OF
 INJURY**

Date Disability Begun: - _____ **Date Returned to Work:** - _____
Days Lost: - _____ **and/or Days Charged:** - _____

**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 recommended) - _____
Mechanical Guards, PPE and other Safeguards - _____
Were all sageuards in use? - _____
If not, Why? - _____
Control Instituted:
Engineering: _____ **Cost:** PHP _____
Administrative: _____ **Cost:** PHP _____
PPE: _____ **Cost:** PHP _____

MANPOWER

Compensation : - _____ **Amount** - _____
Medical and Hospitalization : - _____
Burial : - _____
Time lost on day of injury : **Hours:** - _____ **Minutes:** - _____
Time lost on subsequent days : **Hours:** - _____ **Minutes:** - _____



Republic of the Philippines
DEPARTMENT OF LABOR AND EMPLOYMENT
BUREAU OF WORKING CONDITIONS
Manila



Time on light work or reduced output : 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 : _____ **Cost:** - _____

EQUIPMENT

Damage to EQUIPMENT : - _____

Cost of repair or replacement : - _____

Lost Production Time : _____ **Cost:** - _____

I/ We hereby certify that the information above is accurate to the best of our knowledge. I/ We understand that data contained herein is protected by RA 10173 or the Data Privacy Act of 2012.

2023-07-1

Date

JOBERT BARCE

OH Personnel / Safety Officer

LBP RESOURCES AND DEVELOPMENT CORPORATION

Employer / Representative



Work Accident / Injury Report
Workers' Data Page
 To be attached to WAIR-A

WAIR-B

Personal Information						Employment Details						Illness					Nature / Extent of Injury							
Name of Injured Worker	Age	Civil Status	Address	No. of Dependents	Sex	Occupation	Employment Status	Average Weekly Wage	Length of Service Prior to Accident or Illness	Years of Experience at Occupation	Work Hours/Day	Work Days/Week	Reportable Illness	Date Illness Begun	Date Returned to Work	Days Lost	Day/s Charged	Extent of Disability	Nature of Injury	Part/s of the Body Affected	Date Disability Begun	Date Returned to Work	Days Lost	Day/s Charged
								Philippine Peso	In years															
No data available in table																								



Republic of the Philippines
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.)

EMPLOYER	Establishment	LBP RESOURCES AND DEVELOPMENT CORPORATION		
	Floor/Bldg/No/Street/Subdivision	24TH FLOOR LBP PLAZA 1598 M.H. DEL PILAR COR. DR. J. QUINTOS ST.		
	Barangay/City/Municipality	Barangay 699, MALATE		
	Nature of Business	Administrative and Support Service Activities		
	Name of Employer	LBP RESOURCES AND DEVELOPMENT CORPORATION		
	Nationality	FILIPINO		
	Number of Workers	Male: 30	Female: 45	Total: 75

INJURED / ILL PERSON <small>(Use WAIR-B for multiple injured Workers)</small>	Name:	-				
	Age:	-	Sex:	-	Civil Status:	-
	Address:	-				
	Average Weekly Wage:	-	No of Dependents:	-		
	Length of Service Prior to Illness:	-				
	Occupation:	-	Experience at Occupation	-		
	Time of Shift:	From: -	To: -	Hours of Work/Day: -	Days/Week: -	

ILLNESS	Reportable Illness	_		
	Affected Workers Work Location	_____		
	<input type="checkbox"/> Physically Reporting to Work	<input type="checkbox"/> In Alternative Work Arrangement	<input type="checkbox"/> Hybrid/Combination	
	Date Illness Begun:	-	Date Returned to Work:	-
Days Lost:	-	and/or Days Charged:	-	

ACCIDENT	Date of accident	_____
	The accident involved	NONE
	Description of accident (Give full details on how accident occurred):	-
	Was injured doing regular part of job at the time of accident	-



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BUREAU OF WORKING CONDITIONS
 Manila



If not, why? _____

Extent Of Disability:

Fatal Medical Treatment Permanent Partial Temporary Total Permanent Total

Part/s of Body Affected:

Head Chest Left Arm Right Arm Groin Left Leg
 Front Neck Abdomen Left Forearm Right Forearm Buttocks Left Foot
 Back Neck Upper Back Left Hand Right Hand Left Thigh Right Leg
 Lower Back Right Thigh Right Foot

**NATURE AND
 EXTENT OF
 INJURY**

Date Disability Begun: - _____ **Date Returned to Work:** - _____
Days Lost: - _____ **and/or Days Charged:** - _____

**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 recommended) - _____
Mechanical Guards, PPE and other Safeguards - _____
Were all sageuards in use? - _____
If not, Why? - _____
Control Instituted:
Engineering: _____ **Cost:** PHP _____
Administrative: _____ **Cost:** PHP _____
PPE: _____ **Cost:** PHP _____

MANPOWER

Compensation : - _____ **Amount** - _____
Medical and Hospitalization : - _____
Burial : - _____
Time lost on day of injury : **Hours:** - _____ **Minutes:** - _____
Time lost on subsequent days : **Hours:** - _____ **Minutes:** - _____



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BUREAU OF WORKING CONDITIONS
Manila



Time on light work or reduced output : 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 : _____ **Cost:** - _____

EQUIPMENT

Damage to EQUIPMENT : - _____

Cost of repair or replacement : - _____

Lost Production Time : _____ **Cost:** - _____

I/ We hereby certify that the information above is accurate to the best of our knowledge. I/ We understand that data contained herein is protected by RA 10173 or the Data Privacy Act of 2012.

2023-07-31

Date

JOBERT BARCE

OH Personnel / Safety Officer

LBP RESOURCES AND DEVELOPMENT CORPORATION

Employer / Representative



Work Accident / Injury Report
Workers' Data Page
To be attached to WAIR-A

WAIR-B

Personal Information						Employment Details						Illness				Nature / Extent of Injury								
Name of Injured Worker	Age	Civil Status	Address	No. of Dependents	Sex	Occupation	Employment Status	Average Weekly Wage	Length of Service Prior to Accident or Illness	Years of Experience at Occupation	Work Hours/Day	Work Days/Week	Reportable Illness	Date Illness Begun	Date Returned to Work	Days Lost	Day/s Charged	Extent of Disability	Nature of Injury	Part/s of the Body Affected	Date Disability Begun	Date Returned to Work	Days Lost	Day/s Charged
								Philippine Peso	In years															
No data available in table																								



Republic of the Philippines
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.)

EMPLOYER	Establishment	LBP RESOURCES AND DEVELOPMENT CORPORATION		
	Floor/Bldg/No/Street/Subdivision	24TH FLOOR LBP PLAZA 1598 M.H. DEL PILAR COR. DR. J. QUINTOS ST.		
	Barangay/City/Municipality	Barangay 699, MALATE		
	Nature of Business	Administrative and Support Service Activities		
	Name of Employer	LBP RESOURCES AND DEVELOPMENT CORPORATION		
	Nationality	FILIPINO		
	Number of Workers	Male: 30	Female: 45	Total: 75

INJURED / ILL PERSON <small>(Use WAIR-B for multiple injured Workers)</small>	Name:	-				
	Age:	-	Sex:	-	Civil Status:	-
	Address:	-				
	Average Weekly Wage:	-	No of Dependents:	-		
	Length of Service Prior to Illness:	-				
	Occupation:	-	Experience at Occupation	-		
	Time of Shift:	From: -	To: -	Hours of Work/Day: -	Days/Week: -	

ILLNESS	Reportable Illness	_		
	Affected Workers Work Location	_____		
	<input type="checkbox"/> Physically Reporting to Work	<input type="checkbox"/> In Alternative Work Arrangement	<input type="checkbox"/> Hybrid/Combination	
	Date Illness Begun:	-	Date Returned to Work:	-
Days Lost:	-	and/or Days Charged:	-	

ACCIDENT	Date of accident	_____
	The accident involved	NONE
	Description of accident (Give full details on how accident occurred):	-
	Was injured doing regular part of job at the time of accident	-



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BUREAU OF WORKING CONDITIONS
 Manila



If not, why? _____

Extent Of Disability:

Fatal Medical Treatment Permanent Partial Temporary Total Permanent Total

Part/s of Body Affected:

Head Chest Left Arm Right Arm Groin Left Leg
 Front Neck Abdomen Left Forearm Right Forearm Buttocks Left Foot
 Back Neck Upper Back Left Hand Right Hand Left Thigh Right Leg
 Lower Back Right Thigh Right Foot

**NATURE AND
 EXTENT OF
 INJURY**

Date Disability Begun: - _____ **Date Returned to Work:** - _____
Days Lost: - _____ **and/or Days Charged:** - _____

**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 recommended) - _____
Mechanical Guards, PPE and other Safeguards - _____
Were all sageuards in use? - _____
If not, Why? - _____
Control Instituted:
Engineering: _____ **Cost:** PHP _____
Administrative: _____ **Cost:** PHP _____
PPE: _____ **Cost:** PHP _____

MANPOWER

Compensation : - _____ **Amount** - _____
Medical and Hospitalization : - _____
Burial : - _____
Time lost on day of injury : **Hours:** - _____ **Minutes:** - _____
Time lost on subsequent days : **Hours:** - _____ **Minutes:** - _____



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DEPARTMENT OF LABOR AND EMPLOYMENT
BUREAU OF WORKING CONDITIONS
Manila



Time on light work or reduced output : 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 : _____ **Cost:** - _____

EQUIPMENT

Damage to EQUIPMENT : - _____

Cost of repair or replacement : - _____

Lost Production Time : _____ **Cost:** - _____

I/ We hereby certify that the information above is accurate to the best of our knowledge. I/ We understand that data contained herein is protected by RA 10173 or the Data Privacy Act of 2012.

2023-08-30

Date

JOBERT BARCE

OH Personnel / Safety Officer

LBP RESOURCES AND DEVELOPMENT CORPORATION

Employer / Representative



Work Accident / Injury Report
Workers' Data Page
To be attached to WAIR-A

WAIR-B

Personal Information						Employment Details						Illness					Nature / Extent of Injury							
Name of Injured Worker	Age	Civil Status	Address	No. of Dependents	Sex	Occupation	Employment Status	Average Weekly Wage	Length of Service Prior to Accident or Illness	Years of Experience at Occupation	Work Hours/Day	Work Days/Week	Reportable Illness	Date Illness Begun	Date Returned to Work	Days Lost	Day/s Charged	Extent of Disability	Nature of Injury	Part/s of the Body Affected	Date Disability Begun	Date Returned to Work	Days Lost	Day/s Charged
								Philippine Peso	In years															
No data available in table																								



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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.)

EMPLOYER	Establishment	LBP RESOURCES AND DEVELOPMENT CORPORATION		
	Floor/Bldg/No/Street/Subdivision	24TH FLOOR LBP PLAZA 1598 M.H. DEL PILAR COR. DR. J. QUINTOS ST.		
	Barangay/City/Municipality	Barangay 699, MALATE		
	Nature of Business	Administrative and Support Service Activities		
	Name of Employer	LBP RESOURCES AND DEVELOPMENT CORPORATION		
	Nationality	FILIPINO		
	Number of Workers	Male: 30	Female: 45	Total: 75

INJURED / ILL PERSON <small>(Use WAIR-B for multiple injured Workers)</small>	Name:	-				
	Age:	-	Sex:	-	Civil Status:	-
	Address:	-				
	Average Weekly Wage:	-	No of Dependents:	-		
	Length of Service Prior to Illness:	-				
	Occupation:	-	Experience at Occupation	-		
	Time of Shift:	From: -	To: -	Hours of Work/Day: -	Days/Week: -	

ILLNESS	Reportable Illness	_		
	Affected Workers Work Location	<input type="checkbox"/> Physically Reporting to Work <input type="checkbox"/> In Alternative Work Arrangement <input type="checkbox"/> Hybrid/Combination		
	Date Illness Begun:	-	Date Returned to Work:	-
	Days Lost:	-	and/or Days Charged:	-

ACCIDENT	Date of accident	_____		
	The accident involved	NONE		
	Description of accident (Give full details on how accident occurred):	-		
	Was injured doing regular part of job at the time of accident	-		



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 Manila



If not, why? _____

Extent Of Disability:

Fatal Medical Treatment Permanent Partial Temporary Total Permanent Total

Part/s of Body Affected:

Head Chest Left Arm Right Arm Groin Left Leg
 Front Neck Abdomen Left Forearm Right Forearm Buttocks Left Foot
 Back Neck Upper Back Left Hand Right Hand Left Thigh Right Leg
 Lower Back Right Thigh Right Foot

**NATURE AND
 EXTENT OF
 INJURY**

Date Disability Begun: - _____ **Date Returned to Work:** - _____
Days Lost: - _____ **and/or Days Charged:** - _____

**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 recommended) - _____
Mechanical Guards, PPE and other Safeguards - _____
Were all sageuards in use? - _____
If not, Why? - _____
Control Instituted:
Engineering: _____ **Cost:** PHP _____
Administrative: _____ **Cost:** PHP _____
PPE: _____ **Cost:** PHP _____

MANPOWER

Compensation : - _____ **Amount** - _____
Medical and Hospitalization : - _____
Burial : - _____
Time lost on day of injury : **Hours:** - _____ **Minutes:** - _____
Time lost on subsequent days : **Hours:** - _____ **Minutes:** - _____



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DEPARTMENT OF LABOR AND EMPLOYMENT
BUREAU OF WORKING CONDITIONS
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Time on light work or reduced output : 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 : _____ Cost: - _____

EQUIPMENT

Damage to EQUIPMENT : - _____

Cost of repair or replacement : - _____

Lost Production Time : _____ Cost: - _____

I/ We hereby certify that the information above is accurate to the best of our knowledge. I/ We understand that data contained herein is protected by RA 10173 or the Data Privacy Act of 2012.

2023-10-4

Date

JOBERT BARCE

OH Personnel / Safety Officer

LBP RESOURCES AND DEVELOPMENT CORPORATION

Employer / Representative



Work Accident / Injury Report
Workers' Data Page
To be attached to WAIR-A

WAIR-B

Personal Information						Employment Details						Illness					Nature / Extent of Injury							
Name of Injured Worker	Age	Civil Status	Address	No. of Dependents	Sex	Occupation	Employment Status	Average Weekly Wage	Length of Service Prior to Accident or Illness	Years of Experience at Occupation	Work Hours/Day	Work Days/Week	Reportable Illness	Date Illness Begun	Date Returned to Work	Days Lost	Day/s Charged	Extent of Disability	Nature of Injury	Part/s of the Body Affected	Date Disability Begun	Date Returned to Work	Days Lost	Day/s Charged
								Philippine Peso	In years															
No data available in table																								



Republic of the Philippines
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.)

EMPLOYER

Establishment	LBP RESOURCES AND DEVELOPMENT CORPORATION
Floor/Bldg/No/Street/Subdivision	24TH FLOOR LBP PLAZA 1598 M.H. DEL PILAR COR. DR. J. QUINTOS ST.
Barangay/City/Municipality	Barangay 699, MALATE
Nature of Business	Administrative and Support Service Activities
Name of Employer	LBP RESOURCES AND DEVELOPMENT CORPORATION
Nationality	FILIPINO
Number of Workers	Male: <u>30</u> Female: <u>45</u> Total: <u>75</u>

INJURED / ILL PERSON
(Use WAIR-B for multiple injured Workers)

Name:	-
Age:	-
Sex:	-
Civil Status:	-
Address:	-
Average Weekly Wage:	-
No of Dependents:	-
Length of Service Prior to Illness:	-
Occupation:	-
Experience at Occupation	-
Time of Shift:	From: - To: -
	Hours of Work/Day: - Days/Week: -

ILLNESS

Reportable Illness	-		
Affected Workers Work Location	-		
<input type="checkbox"/> Physically Reporting to Work	<input type="checkbox"/> In Alternative Work Arrangement	<input type="checkbox"/> Hybrid/Combination	
Date Illness Begun:	-	Date Returned to Work:	-
Days Lost:	-	and/or Days Charged:	-

ACCIDENT

Date of accident	-
The accident involved	NONE
Description of accident (Give full details on how accident occurred):	-
Was injured doing regular part of job at the time of accident	-



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 Manila



If not, why? _____

Extent Of Disability:

Fatal Medical Treatment Permanent Partial Temporary Total Permanent Total

Part/s of Body Affected:

Head Chest Left Arm Right Arm Groin Left Leg
 Front Neck Abdomen Left Forearm Right Forearm Buttocks Left Foot
 Back Neck Upper Back Left Hand Right Hand Left Thigh Right Leg
 Lower Back Right Thigh Right Foot

**NATURE AND
 EXTENT OF
 INJURY**

Date Disability Begun: - _____ **Date Returned to Work:** - _____
Days Lost: - _____ **and/or Days Charged:** - _____

**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 recommended) - _____
Mechanical Guards, PPE and other Safeguards - _____
Were all sageuards in use? - _____
If not, Why? - _____
Control Instituted:
Engineering: _____ **Cost:** PHP _____
Administrative: _____ **Cost:** PHP _____
PPE: _____ **Cost:** PHP _____

MANPOWER

Compensation : - _____ **Amount** - _____
Medical and Hospitalization : - _____
Burial : - _____
Time lost on day of injury : **Hours:** - _____ **Minutes:** - _____
Time lost on subsequent days : **Hours:** - _____ **Minutes:** - _____



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DEPARTMENT OF LABOR AND EMPLOYMENT
BUREAU OF WORKING CONDITIONS
Manila



Time on light work or reduced output : 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 : _____ **Cost:** - _____

EQUIPMENT

Damage to EQUIPMENT : - _____

Cost of repair or replacement : - _____

Lost Production Time : _____ **Cost:** - _____

I/ We hereby certify that the information above is accurate to the best of our knowledge. I/ We understand that data contained herein is protected by RA 10173 or the Data Privacy Act of 2012.

2023-10-31

Date

JOBERT BARCE

OH Personnel / Safety Officer

LBP RESOURCES AND DEVELOPMENT CORPORATION

Employer / Representative



Work Accident / Injury Report
Workers' Data Page
To be attached to WAIR-A

WAIR-B

Personal Information						Employment Details						Illness					Nature / Extent of Injury							
Name of Injured Worker	Age	Civil Status	Address	No. of Dependents	Sex	Occupation	Employment Status	Average Weekly Wage	Length of Service Prior to Accident or Illness	Years of Experience at Occupation	Work Hours/Day	Work Days/Week	Reportable Illness	Date Illness Begun	Date Returned to Work	Days Lost	Day/s Charged	Extent of Disability	Nature of Injury	Part/s of the Body Affected	Date Disability Begun	Date Returned to Work	Days Lost	Day/s Charged
								Philippine Peso	In years															
No data available in table																								



Republic of the Philippines
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.)

EMPLOYER	Establishment	LBP RESOURCES AND DEVELOPMENT CORPORATION		
	Floor/Bldg/No/Street/Subdivision	24TH FLOOR LBP PLAZA 1598 M.H. DEL PILAR COR. DR. J. QUINTOS ST.		
	Barangay/City/Municipality	Barangay 699, MALATE		
	Nature of Business	Administrative and Support Service Activities		
	Name of Employer	LBP RESOURCES AND DEVELOPMENT CORPORATION		
	Nationality	FILIPINO		
	Number of Workers	Male: 30	Female: 45	Total: 75

INJURED / ILL PERSON <small>(Use WAIR-B for multiple injured Workers)</small>	Name:	-				
	Age:	-	Sex:	-	Civil Status:	-
	Address:	-				
	Average Weekly Wage:	-	No of Dependents:	-		
	Length of Service Prior to Illness:	-				
	Occupation:	-	Experience at Occupation	-		
	Time of Shift:	From: -	To: -	Hours of Work/Day: -	Days/Week: -	

ILLNESS	Reportable Illness	-		
	Affected Workers Work Location	-		
	<input type="checkbox"/> Physically Reporting to Work	<input type="checkbox"/> In Alternative Work Arrangement	<input type="checkbox"/> Hybrid/Combination	
	Date Illness Begun:	-	Date Returned to Work:	-
Days Lost:	-	and/or Days Charged:	-	

ACCIDENT	Date of accident	-		
	The accident involved	NONE		
	Description of accident (Give full details on how accident occurred):	-		
	Was injured doing regular part of job at the time of accident	-		



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DEPARTMENT OF LABOR AND EMPLOYMENT
BUREAU OF WORKING CONDITIONS
 Manila



If not, why? _____

Extent Of Disability:

Fatal Medical Treatment Permanent Partial Temporary Total Permanent Total

Part/s of Body Affected:

Head Chest Left Arm Right Arm Groin Left Leg
 Front Neck Abdomen Left Forearm Right Forearm Buttocks Left Foot
 Back Neck Upper Back Left Hand Right Hand Left Thigh Right Leg
 Lower Back Right Thigh Right Foot

**NATURE AND
 EXTENT OF
 INJURY**

Date Disability Begun: - _____ **Date Returned to Work:** - _____
Days Lost: - _____ **and/or Days Charged:** - _____

**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 recommended) - _____
Mechanical Guards, PPE and other Safeguards - _____
Were all sageuards in use? - _____
If not, Why? - _____
Control Instituted:
Engineering: _____ **Cost:** PHP _____
Administrative: _____ **Cost:** PHP _____
PPE: _____ **Cost:** PHP _____

MANPOWER

Compensation : - _____ **Amount** - _____
Medical and Hospitalization : - _____
Burial : - _____
Time lost on day of injury : **Hours:** - _____ **Minutes:** - _____
Time lost on subsequent days : **Hours:** - _____ **Minutes:** - _____



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DEPARTMENT OF LABOR AND EMPLOYMENT
BUREAU OF WORKING CONDITIONS
Manila



Time on light work or reduced output : 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 : _____ Cost: - _____

EQUIPMENT

Damage to EQUIPMENT : - _____

Cost of repair or replacement : - _____

Lost Production Time : _____ Cost: - _____

I/ We hereby certify that the information above is accurate to the best of our knowledge. I/ We understand that data contained herein is protected by RA 10173 or the Data Privacy Act of 2012.

2023-12-14

Date

JOBERT BARCE

OH Personnel / Safety Officer

LBP RESOURCES AND DEVELOPMENT CORPORATION

Employer / Representative



Work Accident / Injury Report
Workers' Data Page
To be attached to WAIR-A

WAIR-B

Personal Information						Employment Details						Illness					Nature / Extent of Injury							
Name of Injured Worker	Age	Civil Status	Address	No. of Dependents	Sex	Occupation	Employment Status	Average Weekly Wage	Length of Service Prior to Accident or Illness	Years of Experience at Occupation	Work Hours/Day	Work Days/Week	Reportable Illness	Date Illness Begun	Date Returned to Work	Days Lost	Day/s Charged	Extent of Disability	Nature of Injury	Part/s of the Body Affected	Date Disability Begun	Date Returned to Work	Days Lost	Day/s Charged
								Philippine Peso	In years															
No data available in table																								



Republic of the Philippines
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.)

EMPLOYER	Establishment	LBP RESOURCES AND DEVELOPMENT CORPORATION		
	Floor/Bldg/No/Street/Subdivision	24TH FLOOR LBP PLAZA 1598 M.H. DEL PILAR COR. DR. J. QUINTOS ST.		
	Barangay/City/Municipality	Barangay 699, MALATE		
	Nature of Business	Administrative and Support Service Activities		
	Name of Employer	LBP RESOURCES AND DEVELOPMENT CORPORATION		
	Nationality	FILIPINO		
	Number of Workers	Male: 30	Female: 45	Total: 75

INJURED / ILL PERSON <small>(Use WAIR-B for multiple injured Workers)</small>	Name:	-				
	Age:	-	Sex:	-	Civil Status:	-
	Address:	-				
	Average Weekly Wage:	-	No of Dependents:	-		
	Length of Service Prior to Illness:	-				
	Occupation:	-	Experience at Occupation	-		
	Time of Shift:	From: -	To: -	Hours of Work/Day: -	Days/Week: -	

ILLNESS	Reportable Illness	-		
	Affected Workers Work Location	-		
	<input type="checkbox"/> Physically Reporting to Work	<input type="checkbox"/> In Alternative Work Arrangement	<input type="checkbox"/> Hybrid/Combination	
	Date Illness Begun:	-	Date Returned to Work:	-
Days Lost:	-	and/or Days Charged:	-	

ACCIDENT	Date of accident	-		
	The accident involved	NONE		
	Description of accident (Give full details on how accident occurred):	-		
	Was injured doing regular part of job at the time of accident	-		



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 Manila



If not, why? _____

Extent Of Disability:

Fatal Medical Treatment Permanent Partial Temporary Total Permanent Total

Part/s of Body Affected:

Head Chest Left Arm Right Arm Groin Left Leg
 Front Neck Abdomen Left Forearm Right Forearm Buttocks Left Foot
 Back Neck Upper Back Left Hand Right Hand Left Thigh Right Leg
 Lower Back Right Thigh Right Foot

**NATURE AND
 EXTENT OF
 INJURY**

Date Disability Begun: - _____ **Date Returned to Work:** - _____
Days Lost: - _____ **and/or Days Charged:** - _____

**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 recommended) - _____
Mechanical Guards, PPE and other Safeguards - _____
Were all sageuards in use? - _____
If not, Why? - _____
Control Instituted:
Engineering: _____ **Cost:** PHP _____
Administrative: _____ **Cost:** PHP _____
PPE: _____ **Cost:** PHP _____

MANPOWER

Compensation : - _____ **Amount** - _____
Medical and Hospitalization : - _____
Burial : - _____
Time lost on day of injury : **Hours:** - _____ **Minutes:** - _____
Time lost on subsequent days : **Hours:** - _____ **Minutes:** - _____



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Time on light work or reduced output : 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 : _____ **Cost:** - _____

EQUIPMENT

Damage to EQUIPMENT : - _____

Cost of repair or replacement : - _____

Lost Production Time : _____ **Cost:** - _____

I/ We hereby certify that the information above is accurate to the best of our knowledge. I/ We understand that data contained herein is protected by RA 10173 or the Data Privacy Act of 2012.

2024-01-2

Date

JOBERT BARCE

OH Personnel / Safety Officer

LBP RESOURCES AND DEVELOPMENT CORPORATION

Employer / Representative



Work Accident / Injury Report
Workers' Data Page
To be attached to WAIR-A

WAIR-B

Personal Information						Employment Details						Illness					Nature / Extent of Injury							
Name of Injured Worker	Age	Civil Status	Address	No. of Dependents	Sex	Occupation	Employment Status	Average Weekly Wage	Length of Service Prior to Accident or Illness	Years of Experience at Occupation	Work Hours/Day	Work Days/Week	Reportable Illness	Date Illness Begun	Date Returned to Work	Days Lost	Day/s Charged	Extent of Disability	Nature of Injury	Part/s of the Body Affected	Date Disability Begun	Date Returned to Work	Days Lost	Day/s Charged
								Philippine Peso	In years															
No data available in table																								