



Republic of the Philippines
DEPARTMENT OF LABOR AND EMPLOYMENT
Intramuros, Manila



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DEPARTMENT ORDER NO. 252
Series of 2025

**REVISED IMPLEMENTING RULES AND REGULATIONS OF REPUBLIC
ACT NO. 11058 ENTITLED “AN ACT STRENGTHENING COMPLIANCE
WITH OCCUPATIONAL SAFETY AND HEALTH STANDARDS AND
PROVIDING PENALTIES FOR VIOLATIONS THEREOF”**

These Revised Implementing Rules and Regulations of Republic Act No. 11058 are hereby issued pursuant to the rule-making authority of the Secretary of Labor and Employment under Section 32 of the said Act and under Article 5 of the Labor Code of the Philippines, as renumbered:

**CHAPTER I
DECLARATION OF POLICY**

Section 1. Declaration of Policy. – It is hereby declared that the policy of the State is to affirm labor as a primary social and economic force. It shall protect the rights of workers by fostering a work environment that upholds the safety, health, and welfare of all workers and by establishing a proactive and enforceable occupational safety and health (OSH) framework to prevent occupational injuries, diseases, and deaths while enhancing productivity.

The State shall ensure a safe and healthy workplace for all workers and guarantee the conservation of valuable human resources, as their well-being is essential for business continuity and national growth.

The State shall guarantee that employers fully comply with the provisions of the Labor Code of the Philippines, all domestic laws, and internationally recognized standards on OSH, and if warranted, impose penalties for any violations thereof.

The State shall implement inclusive and dynamic OSH regulations that adapt to evolving industry risks, emerging technologies, and global best practices. It shall advocate for gender-sensitive and equitable workplace policies, ensuring that safety and health measures are accessible to all workers across various industries. Moreover, the State shall promote education and continuous training to empower employees and employers in maintaining a culture of safety.

CHAPTER II SCOPE AND DEFINITIONS

Section 2. Coverage. – These Revised Rules shall apply to all establishments, projects, sites, and other locations where work is being undertaken across all branches of economic activity, including their employees/workers, such as those:

- a. Located inside special economic zones and other investment promotion agencies, e.g., the Philippine Economic Zone Authority and the Clark Development Corporation;
- b. Engaged in contracting and subcontracting activities in the private and public sectors; and
- c. Government-owned or controlled corporations (GOCCs) without an original charter.

The Civil Service Commission, Department of Health (DOH), and Department of Labor and Employment (DOLE) Joint Memorandum Circular No. 01, Series of 2020 shall serve as the policy framework for all government branches, subdivisions, instrumentalities, and agencies, including national government agencies, local and state universities and colleges, local government units, and GOCCs with original charters.

Section 3. Definition of Terms. – As used in these Revised Rules, the following terms shall mean:

- a. *Accident* refers to an unplanned, unintended, unexpected, or unforeseen event arising out of or in the course of work which results in fatal or non-fatal injury, property damage, work stoppage or interference, or any combination thereof.
- b. *Accredited training organizations* refer to training organizations that have been accredited by the Department of Labor and Employment to conduct OSH training in a particular field or a combination of fields.
- c. *Basic Occupational Safety and Health (BOSH) training* refers to a program designed to provide employees/workers and employers with fundamental knowledge and skills in BOSH and to equip them with the necessary understanding and awareness to identify, assess, and mitigate hazards, promote a safe and healthy working environment, and prevent workplace accidents, injuries, and diseases.
- d. *Covered workplaces* refer to establishments, projects, sites, residences converted as workplaces, and all other places where work is being undertaken, wherein the number of employees/workers, the nature of operations, and the associated risks or hazards in the business require compliance with the provisions of these Revised Rules.
- e. *Dangerous occurrence* refers to any of the following occurrences with the potential to cause an injury or disease to persons at work or to the public:
 1. Explosion of boilers used for heating or power piping lines

- used for portable process work;
 2. Explosion of receiver or storage container, with pressure greater than atmospheric, of any gas or gases (including air or any liquid resulting from the compression of such gases or liquid);
 3. Bursting of the revolving wheel, grinder stone, or grinding wheel operated by mechanical power;
 4. Collapse of crane, derrick, winch, hoist, or other equipment used in raising or lowering persons or goods or any part thereof, the overturning of a crane, except the breakage of chain or rope sling;
 5. Collapse of scaffolding, platforms, trenches, excavations, and wall structures in construction sites;
 6. Explosion or fire causing damage to the structure of any room or place in which persons are employed or to any machine contained therein, resulting in the complete suspension of ordinary work in such room or place, or stoppage of machinery or plant for not less than 24 hours;
 7. Electrical short circuit or failure of electrical machinery, plant, or apparatus, attended by explosion or fire, causing structural damage thereto and involving its stoppage and misuse for not less than 24 hours;
 8. Exposure to hazardous chemicals and noxious gases from mining and mineral processing operations;
 9. Collapse of mining structures; or
 10. Other analogous occurrences.
- f. *Employee/worker* refers to any individual employed by an employer.
- g. *Employer* refers to any person acting directly or indirectly in the interest of an employer in relation to an employee/worker, including the government or any of its political subdivisions and instrumentalities, all GOCCs and institutions without original charters or incorporated under the Revised Corporation Code of the Philippines, and non-profit private institutions or organizations.
- h. *Equipment* refers to any machine that has an engine or electric motor as its prime mover.
- i. *First aider* refers to any person trained and certified by the Philippine Red Cross (PRC) or an organization authorized by the SOLE and duly designated by the employer to administer first aid in the workplace.
- j. *Full-time occupational health personnel* refer to those who render exclusively OSH services for eight hours a day in a normal workweek.
- k. *High-risk establishment* refers to a workplace wherein the presence of a hazard or potential hazard within the company may affect the safety and/or health of employees/workers not only within but also persons outside the premises of the workplace. There is a high level of exposure to safety and health

hazards, and the probability of a major accident resulting in disability, death, or major illness is likely to occur if no preventive or control measures are in place. Workplaces and activities that are potentially high-risk include, but are not limited to, the following:

1. Chemical works and chemical production plants;
 2. Construction sites;
 3. Stevedoring, dock work, deep sea fishing, or mechanized farming;
 4. Philippine-registered ships or vessels engaged in domestic shipping or commercial fishing;
 5. Explosives and pyrotechnics factories;
 6. Firefighting;
 7. Healthcare facilities;
 8. Installation of communication accessories, towers, and cables;
 9. Petroleum and LPG filling, refilling, storage, and distribution;
 10. Mining or quarrying sites;
 11. Petrochemical works and refineries;
 12. Power generation, transmission, and distribution in the energy sector;
 13. Storage and distribution center for toxic or hazardous chemicals;
 14. Storage of fertilizers in high volume;
 15. Transportation;
 16. Water supply, sewerage, waste management, and remediation activities;
 17. Works in which chlorine is used in bulk;
 18. High current and/or high voltage alternating current and/or direct current fast charging services for electric vehicles and storage batteries for swapping, commercial solar farms, and battery energy storage systems; and
 19. Activities that are closely similar to those enumerated above and other activities as determined through HIRAC in accordance with existing issuances on the classification of establishments.
- l. *Imminent danger* refers to a situation caused by a condition or practice in any workplace that could reasonably be expected to lead to death or serious physical harm.
- m. *Large establishment* refers to an establishment employing 200 or more employees/workers, regardless of its capitalization.
- n. *Low-risk establishment* refers to a workplace where there is a low level of danger or exposure to safety and health hazards based on the HIRAC report and is unlikely or has a low probability of resulting in an accident, harm, or illness.
- o. *Medium establishment* refers to an establishment employing 100 to 199 employees/workers, regardless of its capitalization.
- p. *Medium-risk establishment* refers to a workplace where there is

- moderate exposure to safety and health hazards based on the HIRAC report, and with a probability of an accident, injury, or illness.
- q. *Micro establishment* refers to an establishment employing less than ten employees/workers, regardless of its capitalization.
 - r. *Occupational health (OH)* refers to an area of work in public health to promote and maintain the highest degree of physical, mental, and social well-being of employees/workers in all occupations.
 - s. *OH Dentist* refers to a licensed doctor of dentistry who promotes oral health and has BOSH training for dentists by an accredited training organization.
 - t. *OH Nurse* refers to a licensed nurse with BOSH training for nurses by an accredited training organization or recognized institutions.
 - u. *OH Physician* refers to a licensed medical doctor who diagnoses and treats occupational diseases, work-related illnesses, and injuries of employees/workers and conducts fitness-for-work physical examinations, is licensed to practice medicine, and has BOSH training for physicians by an accredited training organization or recognized institutions.
 - v. *Occupational Safety and Health* refers to the discipline that deals with the prevention of work-related injuries and diseases and the protection and promotion of workers' health.
 - w. *OSH audit* refers to a regular and critical examination of project sites, safety programs, records, and management performance on programs, records, and management performance on program standards on safety and health.
 - x. *OSH Committee* refers to a body created within the workplace tasked with the authority to plan, develop, and implement OSH policies and programs, monitor and evaluate the OSH program, and inspect and investigate all aspects of the work pertaining to the safety and health of employees/workers.
 - y. *OSH consultant* refers to a person accredited by the DOLE who provides and renders consultative services on OSH.
 - z. *OSH orientation* refers to the mandatory eight-hour module conducted by the workplace safety officer, as prescribed by the DOLE, for employees/workers.
 - aa. *OSH practitioner* refers to a person accredited by the DOLE to render OSH services in a defined and specific scope or core competency.
 - bb. *OSH Program* refers to a set of detailed rules to govern company policies, processes, and practices in all economic activities to conform with Occupational Safety and Health Standards (OSHS), including the personnel responsible and penalties for any violation thereof.
 - cc. *Occupational Safety and Health Standards* refer to a set of rules issued by the DOLE that mandate adopting and using appropriate practices, means, methods, operations, or processes, and working conditions to ensure safe and healthful

- employment.
- dd. *Part-time OH personnel* refer to those rendering OSH services for four hours a day in a normal workweek.
 - ee. *Personal Protective Equipment (PPE)* refers to specialized clothing or equipment designed to protect employees/workers against safety and health hazards that may cause serious workplace injuries and illnesses.
 - ff. *Safety Officer* refers to any duly designated employee/worker trained and tasked to implement the OSH program in the workplace in accordance with the OSHS. This includes an employer or duly designated employee/worker of the establishment who has completed the BOSH training for micro establishments under the DOLE Technical and Advisory Visit (TAV) Program.
 - gg. *Safety Officer 1 (SO1)* refers to a duly designated employee/worker who has completed the mandatory eight-hour BOSH training from the Occupational Safety and Health Center (OSHC), DOLE Regional Office, or an accredited safety training organization as prescribed in the OSHS.
 - hh. *Safety Officer 2 (SO2)* refers to a duly designated employee/worker who has completed the mandatory forty-hour BOSH training from the OSHC, an accredited safety training organization, or a university-based education relevant to the industry and other requirements as prescribed in the OSHS.
 - ii. *Safety Officer 3 (SO3)* refers to a duly designated employee/worker who has completed the mandatory forty-hour BOSH training from an accredited training organization or a university-based education relevant to the industry, with an additional aggregate of 48 hours of advanced/specialized OSH training courses relevant to the industry, relevant experience in OSH for two years, and other requirements as prescribed in the OSHS.
 - jj. *Safety Officer 4 (SO4)* refers to a duly designated employee/worker who has completed the mandatory forty-hour BOSH training from the OSHC, an accredited training organization or a university-based education relevant to the industry, with an additional aggregate of 80 of advanced/specialized occupational safety training course relevant to the industry, an aggregate of 320 hours of OSH training, actual experience as SO3 for at least four years, and other requirements as prescribed in the OSHS.
 - kk. *Safety signage* refers to any emergency, warning, or danger signpost using standard colors and sizes, including the standard symbols for safety instructions and warnings in the workplace.
 - ll. *Serious injury or serious illness* refers to any work-related injury or illness that meets one or more of the following criteria:
 - 1. Requires hospitalization for more than 24 hours, excluding observation;
 - 2. Involves the loss of any body part;
 - 3. Results in a serious degree of permanent disfigurement;

- or
- 4. Leads to permanent total disability, permanent partial disability, or temporary total disability.
- mm. *Small establishment* refers to an establishment employing 10 to 99 employees/workers, regardless of its capitalization.
- nn. *Treatment room* refers to any enclosed area or room located within the establishment's premises, equipped with the necessary medical facilities and supplies, where workers may be brought for examination and treatment of their injuries or illnesses in an emergency.
- oo. *Workplace* refers to any site or location where employees/workers need to be present or to go to by reason of their work and which is under the direct or indirect control of the employer.

CHAPTER III

DUTIES AND RIGHTS OF EMPLOYERS, EMPLOYEES/WORKERS, AND OTHER PERSONS

Section 4. Duties of Employers, Employees/Workers, and Other Persons. – Compliance with OSHS is a shared responsibility between employers and their employees/workers.

- a. Duties of employers. Employers, contractors, or subcontractors and any person who manages, controls, or supervises the work being undertaken shall have the following obligations:
 - 1. Register the establishment with the DOLE as required under the OSHS;
 - 2. Oversee the development and implementation of the OSH program;
 - 3. Provide a work environment that is free from hazardous conditions that could cause death, illness, or physical harm to employees/workers, including those working in an alternative workplace;
 - 4. Communicate comprehensive job safety instructions and training to all employees/workers prior to their actual deployment or the start of their exposure to work hazards, covering familiarization with their work environment, equipment handling, and safety within the work environment. Training for employees/workers shall include health promotion, hazards associated with their work, health risks involved or to which they may be exposed, preventive measures to eliminate or minimize risks, steps to take in cases of emergency, and safety instructions for the jobs, activities, and tasks to be handled by them;
 - 5. Identify and manage the risks associated with exposure to safety and health hazards, such as chemical, physical,

- biological, and ergonomic hazards and psychosocial stresses;
 6. Provide employees with appropriate devices and protective equipment approved by a competent government agency, and require their proper use;
 7. Comply with OSHS requirements, including training, medical examinations, and the provision and use of protective and safety devices such as machine guards and PPE;
 8. Ensure that employees/workers and their safety and health representatives participate in the processes of organizing, planning, implementing, monitoring, evaluating, and taking action to improve the OSH management system;
 9. Institute emergency plans, training, and drills, including fire and earthquake drills, evacuation procedures, and first aid training arrangements;
 10. Establish communication systems for monitoring and coordinating the safety conditions of employees/workers;
 11. Ensure appropriate safety and health personnel and facilities to protect the well-being of all employees/workers in the workplace, including those deployed by contractors and subcontractors;
 12. Ensure the implementation of safety and health programs for employees/workers in alternative workplaces and other work arrangements;
 13. Prevent or abate disabling injury, imminent danger, or dangerous occurrence;
 14. Report or notify the DOLE of the work stoppage order (WSO) issued by the safety officer upon determining any imminent danger or hazard occurrence; and
 15. Submit all report requirements.
- b. Duties of employees/workers. Employees/workers shall comply with the following:
1. Participate in OSH activities, such as OSH committee meetings and activities related to the implementation or investigation of OSH, among others;
 2. Use the provided safeguards and safety devices as instructed;
 3. Comply with safety instructions and signage in the workplace;
 4. Observe the prescribed steps for cases of OSH emergencies;
 5. Report any imminent danger or dangerous occurrence that may be discovered in the workplace to the immediate supervisor or safety officer;
 6. Participate in the development and implementation of the OSH program;
 7. Ensure that the work environment is free from hazardous

- conditions that could cause death, illness, or physical harm; and
8. Prevent or abate disabling injury, imminent danger, or dangerous occurrence.
- c. Duties of other persons. Any other person, including the contractor or other entities therein, who visits, builds, renovates, or installs devices or conducts business in any establishment or workplace shall comply with the provisions of these Revised Rules and all other regulations issued by the SOLE.

Section 5. Employees/Workers' Right to Know. – Employees/workers shall have the right to a safe and healthy workplace. Employers shall inform them appropriately of all types of hazards and risks of exposure in the workplace in a language or dialect they understand. They shall provide access to training and education on chemical safety, including orientation on the safety data sheets of chemicals, chemical emergency preparedness and response, electrical safety, mechanical safety, construction heavy equipment, ergonomics, and other applicable hazards and risks in the workplace. The training and informational materials shall be readily available to every employee/worker.

The OSH program shall be reviewed and updated whenever there are changes in operations and production processes, accidents, or government issuances. Employees/workers in high-risk establishments shall be reoriented quarterly regarding safety and health in the workplace. Otherwise, reorientation shall be done whenever there are updates in the OSH program.

Section 6. Employees/Workers' Right to Refuse Unsafe Work. – Employees/workers have the right to refuse work without threat or reprisal from the employer if an imminent danger exists in the workplace. As a preventive measure, the safety officer may, following their determination and without fear of reprisal, implement a work stoppage or suspend operations in case an imminent danger exists in the workplace. The employer, safety officer, or employee/worker shall immediately notify the DOLE of the situation.

Employees/workers cannot be required to return to work if there is a continuing imminent danger. They may also refuse to work until the WSO issued by the DOLE Regional Director is lifted and the appropriate corrective measures have been implemented.

The DOLE shall conduct an OSH investigation to validate the safety officer's findings. If the imminent danger situation still exists at the time of the investigation, the WSO shall remain in effect; otherwise, the WSO shall be lifted immediately.

Employees/workers affected by an imminent danger situation may be temporarily reassigned to other areas of operation, provided there are no safety and health issues therein, or may be allowed to render work in alternative or flexible working arrangements.

Section 38 of these Revised Rules shall apply to the payment of wages of employees/workers during the period when the WSO is in effect or operations are suspended due to an imminent danger situation.

Section 7. Employees/Workers' Right to Report Accidents. – Employees/workers and their representatives have the right to report accidents and dangerous occurrences to their employer, the DOLE, and other competent government agencies. They shall be free from any form of retaliation for reporting such incidents.

Accidents can be reported to the DOLE through various convenient communication methods, including calling the DOLE Hotline at 1349. Reports may also be submitted to the nearest DOLE Regional, Provincial, Field, or Satellite Office that has jurisdiction over the incident's location.

Section 8. Employees/Workers' Right to PPE. – Employers, contractors, or subcontractors shall provide their employees and workers with PPE at no cost. This includes a body harness with a lifeline, gas or dust respirators or masks, and protective shields for any body part that may be exposed to hazards after implementing engineering and administrative controls. The cost of PPE will be included in the OSH program.

All PPE shall be of the appropriate type, tested, and approved by the DOLE or its recognized testing partners in accordance with their standards and/or other verification methods. The safety officer's assessment and recommendation from the workplace hazard evaluation will determine the selection and use of PPE in all establishments, projects, sites, and other locations where work is being undertaken.

Issuance of PPE shall be accompanied by training on its application, use, handling, cleaning, and maintenance in accordance with the manufacturer's recommendations.

If appropriate PPE is not provided for high-risk activities, employees/workers shall have the right to refuse unsafe work.

Section 9. Safety Signage and Devices. – All establishments, projects, sites, and other locations where work is being undertaken shall have safety signage and devices to warn employees, workers, and the public of workplace hazards. Safety signage and devices shall be prominently posted in strategic locations, in a language understandable to all, and in accordance with the standards for the color of signs for safety instructions and warnings, as well as the construction safety, radiation safety, and Globally Harmonized System (GHS) pictograms for the classification and labeling of chemicals. All signage shall be appropriately sized and positioned to ensure legibility and visibility.

Section 10. Safety in the Use of Equipment. – Employers, contractors, or subcontractors shall comply with the OSHS set by the DOLE

regarding the safe handling and use of equipment (e.g., earthmoving, heavy-duty, materials handling, construction, mechanical, and electrical installation). This includes regular inspections, maintenance, testing, securing permits, and transporting equipment to and from the establishment, project, site, or place where work is being undertaken.

Operators shall undergo appropriate training and certification from the Technical Education and Skills Development Authority (TESDA), the Professional Regulation Commission, or other relevant government agencies before using the equipment. The DOLE may recognize training provided by equipment manufacturers, suppliers, or international organizations if it is not available locally.

Section 11. Occupational Safety and Health Information. – Employers, contractors, or subcontractors shall provide employees/workers in all establishments, projects, and all other places where work is being undertaken with adequate and suitable information on the following:

- a. Workplace hazards and the risk posed to the safety and health of the employees/workers;
- b. Control mechanisms and other preventive strategies are in place to reduce or minimize the risk of exposure to hazards;
- c. Appropriate measures for the prevention, control, and protection of employees/workers against hazards, including their location; and
- d. OSH emergency and disaster management protocols, including proper evacuation and shutdown procedures.

The OSH committee shall regularly update its information materials.

Section 12. Employees/Workers' Competency Certification. – The Professional Regulation Commission shall set the minimum and necessary safety and health competencies for OSH personnel and use the same as equivalents for continuing professional development units. To enhance, professionalize, upgrade, and update the level of competence of employees/workers, the TESDA or the Professional Regulation Commission shall establish national competency standards and prepare guidelines on competency assessment and certification for critical occupations, including requirements on safety and health. In this regard, all critical occupations shall undergo mandatory competency assessment and certification by TESDA.

An occupation shall be considered critical when:

- a. The performance of a job affects people's lives and safety;
- b. The job involves the handling of complex tools, equipment, and supplies;
- c. The job requires a relatively long period of education and training; and
- d. The performance of the job may compromise the safety, health, and environmental concerns within the immediate vicinity of the establishment.

Section 13. Access to Universal Health Care. – Employers, contractors, or subcontractors shall ensure that their employees/workers are registered with the National Health Insurance Program and that their contributions are remitted and credited to the Philippine Health Insurance Corporation (PhilHealth) to ensure access to and entitlements for the appropriate health and medical benefits packages pursuant to Republic Act No. 11223 or the Universal Health Care Act.

They shall facilitate the registration of their employees/workers with a DOH-licensed and PhilHealth-accredited primary care facility to ensure access to primary health care services and to enable patient navigation and referrals to the Primary Care Facility Network and Health Care Provider Network.

The DOLE shall assist the DOH in developing occupational health (OH) services that may be integrated into primary care services and other related health service packages financed by PhilHealth.

Employers, contractors, or subcontractors shall refer employees/workers to various facilities, such as DOH-trained hospitals or rural health units, for consultation, screening, testing (e.g., HIV/AIDS, tuberculosis sputum microscopy, Gene Xpert, poison, rabies, hepatitis, and drugs), diagnosis, medication, treatment, and provision of psychosocial support for those requiring mental health services.

CHAPTER IV GENERAL PROVISIONS

Section 14. General Statements. – Employers, principals, contractors, and subcontractors in workplaces shall continuously improve compliance with OSHS to prevent workplace injuries and fatalities. Key components for effectively implementing the OSHS in the workplace include the following:

- a. OSH Program. The employer, in collaboration with the OSH Committee, shall develop an applicable OSH program for their workplace, taking into account its risk classification and the total number of employees/workers, including those of contractors and subcontractors. The OSH program shall adhere to the template for micro establishments (see Annex A) and for small, medium, and large establishments (see Annex B). It shall include emergency procedures to provide immediate assistance to employees/workers needing urgent care during work operations or hours, along with programs aimed at reducing risks associated with hazardous activities and materials in the workplace.

The facilities, equipment, and supplies necessary to implement the OSH program, including expenses for acquisition, proper

handling, usage, maintenance, repair, and transport, are integral to an establishment's operational costs. These costs should be listed as a separate pay item for construction and contracting or subcontracting arrangements.

Employers shall communicate the OSH program to all employees/workers in the workplace, in coordination with contractors or subcontractors regarding their deployed employees and workers, if applicable.

The OSH program shall be submitted to the DOLE, and another copy shall be kept on file and readily available for reference and verification. It shall be reviewed and updated if there are changes in operations and production processes, occurrences of accidents, or new government issuances.

- b. Safety Officer. The safety officers shall have the following duties and responsibilities as defined in their job descriptions:
1. Oversee the overall management of the OSH program in coordination with the OSH committee;
 2. Frequently monitor and inspect all health and safety aspects of operations;
 3. Assist government inspectors during safety and health inspections at any time, whenever work is being performed;
 4. Determine if there are any accidents, disabling injuries, imminent dangers, or dangerous occurrences in the workplace, and implement immediate corrective or preventive actions;
 5. Issue WSO as necessary, following the requirements and procedures set forth in Department Order No. 238, Series of 2023, OSHS, and its subsequent issuances;
 6. Report accidents, disabling injuries, imminent dangers, and dangerous occurrences to the DOLE office having jurisdiction over the workplace within 24 hours;
 7. As the secretary of the OSH Committee, record the minutes of monthly meetings and submit them to the DOLE; and
 8. Perform any other tasks as may be deemed necessary.

Safety officers may perform additional tasks as long as these align with their skills, education, training, and certifications.

Workplaces, including those adopting alternative work arrangements, flexible work arrangements, or telecommuting, shall maintain an appropriate number and category of safety officers based on their risk classification, the total number of employees/workers, including those of contractors and subcontractors, and the workplace area. Employers may provide additional safety officers, considering the equipment to be used

or handled, and other criteria as required by the OSHS and these Revised Rules.

A safety officer shall be present in the workplace on all workdays. The safety officer with the highest qualification shall be assigned to the shift with the largest number of employees or workers, including those deployed by contractors or subcontractors. For high-risk workplaces that operate in shifts, the employer shall ensure that at least one safety officer is available and present for each shift.

The DOLE, in coordination with the local government unit (LGU), shall provide free first aid and safety training to micro establishments, regardless of their risk classification and industry.

c. First Aider. The certified first aider shall have the following duties and responsibilities:

1. Provide immediate, temporary treatment for injuries or illnesses until a physician is available. Refer the injured or ill employee/worker to a physician if necessary;
2. Participate in maintaining an OSH program in the workplace;
3. Maintain medical services and facilities; and
4. Perform any other tasks deemed necessary.

The Standards of Training, Certification, and Watchkeeping (STCW) Basic Safety Training Course for Seafarers shall be recognized as equivalent to first aid training for the maritime and fishing industries.

Workplaces, including those adopting alternative work, flexible work or telecommuting arrangements, shall maintain an appropriate number of first aiders, based on their risk classification, the total number of employees/workers onsite, including those of contractors or subcontractors, and the workplace area. Employers may provide additional first aiders, considering the equipment to be used or handled, and other criteria as required by the OSHS and these Revised Rules.

d. Other OH Personnel. The employer shall engage additional OH personnel, including nurses, dentists, and physicians, to provide OH services in the workplace.

The OH Nurse shall have the following duties and responsibilities:

1. Organize and administer a health service program that integrates occupational safety in the absence of a physician; otherwise, carry out these activities according to the OH physician's instructions;

2. Provide nursing care to injured or ill workers;
3. Participate in health maintenance examinations. If a physician is unavailable, perform activities within the scope of the nursing profession and refer employees/workers for further examination if necessary;
4. Contribute to the maintenance of OSH by suggesting improvements to the working environment that impact the health and well-being of employees/workers;
5. Maintain a reporting and records system, and, if a physician is unavailable, prepare and submit an annual medical report to DOLE; and
6. Perform any other tasks as may be deemed necessary.

The OH Dentist shall have the following duties and responsibilities:

1. Provide professional diagnostic, preventive, and treatment dental services to employees/workers and periodically evaluate these services;
2. Keep and maintain proper records; and
3. Perform any other tasks as may be deemed necessary.

The OH Physician, in promoting and maintaining the health and well-being of the employees/workers, shall have the following duties and responsibilities:

1. Organize, administer, and maintain an OSH program;
2. Continuously monitor the work environment for health hazards through periodic workplace inspections;
3. Prevent workplace diseases or injuries by establishing proper medical supervision over substances used, processes, and the work environment;
4. Protect employees/workers' health through physical examinations, proper placement advice, and health education;
5. Provide medical and minor surgical care to restore the health and earning capacity of injured employees/workers;
6. Maintain and analyze records of all medical cases, and prepare and submit annual medical reports using the appropriate form;
7. Conduct studies on OH within available means and resources;
8. Advise management and labor on all health-related matters; and
9. Perform any other tasks as may be deemed necessary.

Workplaces, including those that adopt alternative work, flexible work, or telecommuting arrangements, shall maintain an appropriate number of OH nurses, dentists, and physicians, based on their risk classification, the total number of employees/workers, including those of contractors or

subcontractors, and the workplace area. Other OH personnel may work part-time or full-time. Employers shall provide additional OH personnel based on the equipment to be used or handled, and other criteria as required by the OSHS and these Revised Rules.

Other OH personnel shall be present in the workplace on all workdays and assigned to the shift with the highest number of employees/workers, including those deployed by contractors or subcontractors. They may be outsourced through corporate clinic management providers or other health care providers, and dental services may be available through a Health Maintenance Organization (HMO) membership.

- e. OH Facilities and Emergency Medical Supplies. Employers shall provide an appropriate first aid kit, treatment room, or clinic, taking into account the workplace's risk classification, the total number of employees/workers onsite, including those of contractors or subcontractors, and the workplace area. These facilities shall be utilized to treat employees/workers for exposure to safety and health hazards, accidents, injuries, or illnesses. In the event of an emergency, the employer shall ensure that the affected employee/worker has access to transport arrangements to the nearest hospital.
- f. OSH Committee. The OSH Committee is responsible for planning and developing policies related to all matters of safety and health. Its duties and responsibilities include the following:
 - 1. Plan and develop accident prevention programs for the establishment;
 - 2. Direct the establishment's accident prevention efforts in accordance with safety programs, safety performance, and government regulations to prevent workplace accidents;
 - 3. Conduct safety meetings at least once a month;
 - 4. Review reports on inspections, accident investigations, and the implementation of the OSH program;
 - 5. Ensure the OSH program is communicated to all employees/workers, is easily accessible, and is regularly reviewed and updated whenever there are changes in operations and production processes, accidents, or government issuances;
 - 6. Submit reports on meetings and activities to the employer;
 - 7. Assist government inspection authorities in the proper conduct of their activities, such as enforcing the provisions of these Revised Rules;
 - 8. Organize and supervise safety and health training for employees;
 - 9. Develop an emergency and disaster preparedness and

response manual for the establishment, maintain disaster contingency plans, and organize emergency service units as necessary to handle emergency and disaster situations; and

10. Perform other tasks as may be deemed necessary.

The OSH committee for small, medium, and large establishments shall be composed of the following:

Chairperson:	Employer or its representative
Secretary:	Safety Officer of the workplace
Members:	OH personnel (if applicable), contractor's safety officers (if applicable), and at least two employees/workers' representatives. In an organized establishment, employee/workers representatives shall come from the sole and exclusive bargaining agent. In an unorganized establishment, rank-and-file employees/workers shall select their representatives.

- g. Administrative Reports. Workplaces shall submit the following OSH reports through the DOLE Online Compliance Portal at <https://reports.dole.gov.ph/> or to the DOLE Regional, Provincial, or Field Office that has jurisdiction over the establishment:
 1. Annual Medical Report (AMR) on the last day of March of the year following the reporting period;
 2. Annual Work Accident/Illness Exposure Data (AEDR) by January 30 of the following year, regardless of whether any accidents or illnesses occurred; and
 3. Employer's Work Accident/Illness Report (WAIR) every 30th day of the month, regardless of the existence of any accident, reportable work-related illness, or disabling injury.

Employers shall keep records of minor injuries that occur in the workplace and conduct thorough investigations into these incidents.

In contracting arrangements, the principal shall accomplish the WAIR and ensure that all employees/workers of the contractors or subcontractors deployed at their workplace are identified in their WAIR submission.

Section 15. Occupational Safety and Health Training. – All employees/workers shall undergo the OSH orientation prescribed by DOLE, which shall involve joint participation by employees/workers and employers. Standardized training modules for safety and health personnel shall be implemented and regularly updated as necessary. The OSH orientation for employees and workers may be conducted by the establishment's safety

officer or any certified OSH practitioner or consultant.

The employees' occupational safety and health orientation, along with other required orientations as mandated by these guidelines and related laws, rules, and regulations, shall be provided by the employer at no cost to the employees/workers and is considered compensable working time.

All employees/workers involved in the operation, assembly, construction, and dismantling of equipment and scaffolds, structural installations, excavations, blasting operations, demolition, confined spaces, hazardous chemicals, welding, electric vehicle charging and battery swapping stations, and flame cutting shall undergo specialized instruction and training related to these activities. This training shall cover, among other topics, safety and specialized PPE requirements for high-risk work activities, including the proper use, application, and handling of such equipment, provided by DOLE, its accredited training organizations, or the equipment manufacturers.

Section 16. Employees/Workers' Welfare Facilities. – All establishments, projects, sites, and other work locations shall provide the following free welfare facilities to ensure humane working conditions:

- a. Adequate supply of safe drinking water;
- b. Adequate sanitary and washing facilities;
- c. Suitable living accommodations for employees/workers, as applicable, such as in construction, shipping, fishing, and night shift arrangements pursuant to the issuances of DOLE;
- d. Separate sanitary, washing, and sleeping facilities for all genders, as applicable;
- e. Lactation station, except those establishments as provided for under Department Order No. 143, Series of 2015, and its subsequent issuances;
- f. Facilities to improve access for differently-abled workers, such as ramps, railings, and others; and
- g. Other workers' welfare facilities, as may be prescribed by the OSHS and other issuances.

The employer is responsible for ensuring the availability of welfare facilities for the elderly, differently-abled individuals, and vulnerable employees/workers.

CHAPTER V

OCCUPATIONAL SAFETY AND HEALTH STANDARDS

Section 17. Occupational Safety and Health Standards for Retail Establishments. – Employers of retail establishments shall comply with the following OSH requirements:

- a. Risk classification. Retail establishments may be categorized as outlined below:
 1. Low risk. Those that sell various goods and render

services incidental to the sale of these goods through in-store, online, mail-order, telephone, door-to-door, or vending-machine sales are classified as low-risk. These goods include food products, beverages, tobacco, wearing apparel, furniture, appliances, hardware, cosmetics, jewelry, toys, sports goods and equipment, computers, computer peripheral equipment, video game consoles, non-customized software, video games, telecommunications equipment, audio and video equipment and accessories, textiles, glass, carpets, rugs, wall, floor coverings, electrical household appliances, lighting equipment, household articles, books, newspapers, stationery, music and video recordings, games, toys, clothing, footwear, leather articles, pharmaceutical and medical goods, toilet articles, second-hand goods, pet and pet supplies, gifts and novelty goods, office machines and equipment, watches, clocks, fresh and artificial flowers and plants, beauty parlor supplies and equipment, art goods, marble products, painting and art supplies, optical goods and supplies, feeds, and other similar goods.

2. Medium risk. Those that utilize cutting or lifting equipment are classified as medium risk.
3. High risk. Those engaged in any of the workplaces or activities under Section 3(k) of these Revised Rules are classified as high-risk.

The risk classification above is without prejudice to the assessment in the HIRAC report.

- b. OSH Program. Employers of retail establishments shall include the following components in their OSH program:
 1. Low and medium risk. Low and medium-risk retail establishments shall have basic safety and health programs that include provisions for OSH training and orientation, as well as good housekeeping practices. Medium-risk retail establishments shall also include measures to mitigate risks associated with the use of cutting or lifting equipment, including but not limited to appropriate PPE and machine guards.
 2. High risk. In addition to the requirements for low and medium-risk retail establishments, the OSH program for high-risk retail establishments shall include provisions and measures aimed at mitigating risks associated with explosions, fires, contamination, and other hazards related to the workplaces and activities under Section 3(k) of these Revised Rules.
- c. Occupational Safety and Health Training and Personnel. Employers of retail establishments shall comply with the

following:

1. Low and medium risk. Employers of low and medium-risk retail establishments shall undergo first aid orientation and complete the four-hour safety orientation under the TAV Module.
 2. High risk. Employers of high-risk retail establishments shall provide the following required number and category of OSH personnel, considering the total number of employees/workers, including those deployed by contractors or subcontractors, and the workplace area:
 - i. First aiders. The minimum number of required first aiders is as follows:
 - a. 10 to 99 workers: one first aider
 - b. 100 to 199 workers: two first aiders
 - c. 200 to 500 workers: three first aiders
 - d. For every additional 500 workers or a fraction thereof: one first aider.
 - ii. Safety officers. The minimum number of required safety officers is as follows:
 - a. 1 to 9 workers: one SO1
 - b. 10 to 99 workers: one SO2
 - c. 100 to 199 workers: two SO2 or one SO3
 - d. 200 to 500 workers: one SO3 and one SO4
 - e. For every additional 500 workers or a fraction thereof: one SO1.
 - iii. OH Nurse. The minimum number of required OH nurses is as follows:
 - a. 51 to 99 workers: two part-time OH nurses
 - b. 100 to 199 workers: one full-time OH nurse
 - c. 200 to 500 workers: one full-time OH nurse
 - d. 501 to 2000 workers: one full-time OH nurse
 - e. For every additional 250 workers or a fraction thereof: one full-time OH nurse.
 - iv. OH Dentist. Establishments with 100 or more workers shall have at least one part-time OH dentist.
 - v. OH Physician. The minimum number of required OH physicians is as follows:
 - a. 100 to 199 workers: one part-time OH physician
 - b. 200 to 500 workers: two part-time OH physicians
 - c. 501 to 2000 workers: two part-time or one full-time OH physician
 - d. For every additional 500 workers or a fraction thereof: one full-time or four part-time OH physicians.
- d. OH Facilities and Emergency Medical Supplies. Employers of

retail establishments shall have the following OH supplies and facilities:

1. Low and medium risk. Employers of low and medium-risk retail establishments shall have emergency first aid kits available in the workplace.
 2. High risk. Employers of high-risk retail establishments shall provide the required OH facilities and supplies, considering the total number of employees/workers onsite, including those deployed by contractors or subcontractors. The minimum OH facilities and supplies are as follows:
 - i. 1 to 9 workers: one first aid kit
 - ii. 10 to 50 workers: one treatment room
 - iii. 51 to 99 workers: one clinic with one bed
 - iv. 100 to 500 workers: one clinic with two beds, which may be increased based on the demand
 - v. For every additional 500 workers or a fraction thereof: one treatment room or one clinic bed.
- e. OSH Committee. Small to large retail establishments shall have an OSH Committee in accordance with Section 14(f) of these Revised Rules.

Section 18. Occupational Safety and Health Standards for Food Service Establishments. – Employers of food service establishments shall comply with the following OSH requirements:

- a. Risk classification. Food service establishments may be categorized as outlined below:
 1. Low risk. Food service establishments that provide complete meals or drinks fit for immediate consumption, whether in traditional restaurants, self-service restaurants, or take-away restaurants, are classified as low-risk. These establishments may be permanent or temporary, with or without seating, and can be located in traditional restaurants, self-service restaurants, or take-away restaurants. These include restaurants, cafeterias, fast-food restaurants, pizza delivery, take-out eating places, ice cream truck vendors, mobile food carts, food preparation in market stalls, restaurant and bar activities connected to transportation when carried out by separate units, event catering, and cafeterias, bars, taverns, cocktail lounge, discotheques, beer parlors, pubs, coffee shops, fruit juice bars, and mobile beverage vendors.
 2. Medium risk. Food service establishments that utilize cutting and lifting equipment are classified as medium-risk.
 3. High risk. Food service establishments engaged in any of the workplaces or activities under Section 3(k) of these

Revised Rules are classified as high-risk.

The risk classification above is without prejudice to the assessment in the HIRAC report.

- b. OSH Program. Employers of food service establishments shall include the following components in their OSH program:
 - 1. Low and medium risk. Low and medium-risk food service establishments shall have basic safety and health programs that include provisions for OSH training and orientation, as well as good housekeeping practices. Medium risk food service establishments shall also include measures to mitigate risks associated with the use of cutting or lifting equipment, including but not limited to appropriate PPE and machine guards.
 - 2. High risk. In addition to the requirements for low and medium-risk food service establishments, the OSH program for high-risk food service establishments shall include provisions and measures aimed at mitigating risks associated with explosion, fire, contamination, and other hazards related to the workplaces and activities under Section 3(k) of these Revised Rules.
- c. OSH Training and Personnel. Employers of food service establishments shall comply with the following:
 - 1. Low and medium risk. Employers of low and medium-risk food service establishments shall undergo first aid orientation and complete the four-hour safety orientation under the TAV Module.
 - 2. High risk. Employers of high-risk food service establishments shall provide the following required number and category of OSH personnel, considering the total number of employees/workers, including those deployed by contractors or subcontractors, and the workplace area:
 - i. First aiders. The minimum number of required first aiders is as follows:
 - a. 10 to 99 workers: one first aider
 - b. 100 to 199 workers: two first aiders
 - c. 200 to 500 workers: three first aiders
 - d. For every additional 500 workers or a fraction thereof: one first aider.
 - ii. Safety officers. The minimum number of required safety officers is as follows:
 - a. 1 to 9 workers: one SO1
 - b. 10 to 99 workers: one SO2
 - c. 100 to 199 workers: two SO2 or one SO3
 - d. 200 to 500 workers: one SO3 and one SO4
 - e. For every additional 500 workers or a

- fraction thereof: one SO1.
 - iii. OH Nurse. The minimum number of required OH nurses is as follows:
 - a. 51 to 99 workers: two part-time OH nurses
 - b. 100 to 199 workers: one full-time OH nurse
 - c. 200 to 500 workers: one full-time OH nurse
 - d. 501 to 2000 workers: one full-time OH nurse
 - e. For every additional 250 workers or a fraction thereof: one full-time OH nurse.
 - iv. OH Dentist. Establishments with 100 or more workers shall have at least one part-time OH dentist.
 - v. OH Physician. The minimum number of required OH physicians is as follows:
 - a. 100 to 199 workers: one part-time OH physician
 - b. 200 to 500 workers: two part-time OH physicians
 - c. 501 to 2000 workers: two part-time or one full-time OH physician
 - d. For every additional 500 workers or a fraction thereof: one full-time or four part-time OH physicians.
 - d. OH Facilities and Emergency Medical Supplies. Employers of food service establishments shall have the following OH supplies and facilities:
 - 1. Low and medium risk. Employers of low and medium-risk food service establishments shall have emergency first aid kits available in the workplace.
 - 2. High risk. Employers of high-risk food service establishments shall provide the required OH facilities and supplies, considering the total number of employees or workers onsite, including those deployed by contractors or subcontractors and the workplace area. The minimum OH facilities and supplies are as follows:
 - i. 1 to 9 workers: first aid kit
 - ii. 10 to 50 workers: one treatment room
 - iii. 51 to 99 workers: one clinic with one bed
 - iv. 100 to 500 workers: one clinic with two beds, which may be increased based on the demand
 - v. For every additional 500 workers or a fraction thereof: one treatment room or one clinic bed.
 - e. OSH Committee. Small to large food service establishments shall have an OSH Committee in accordance with Section 14(f) of these Revised Rules.

Section 19. Occupational Safety and Health Standards for Professional Service Establishments. – Employers of professional service establishments shall comply with the following OSH requirements:

- a. Risk classification. Professional service establishments may be categorized as outlined below:
 1. Low risk. Professional service establishments primarily engaged in activities that require a high degree of training and provide specialized knowledge and skills to users are classified as low-risk. This includes legal activities, counseling, preparation of legal documents, advice and representation in civil or criminal cases or labor disputes, public notary services, sheriffs, arbitrators, examiners, accounting, bookkeeping, auditing, tax consultancy, data processing and tabulation, management consultancy, bill collection, overseeing and managing other units of the company or enterprise, undertaking the strategic or organizational planning and decision-making role of the company or enterprise, lobbying, public relations and communication, designing accounting or budgetary methods, architectural services, engineering, advertising, market research, public opinion polling, search consulting, educational consulting, building inspection, mapping, interior decorating, industrial design, technical testing and analysis, fashion design, graphic design, theatrical production, translation and interpretation, business brokerage, appraisal, patent brokerage, weather forecasting, and journalism.
 2. Medium risk. Professional service establishments engaged in aerial photography, surveying, scientific research and development, and other similar activities are classified as medium-risk.
 3. High risk. Professional service establishments engaged in any of the workplaces or activities as defined under Section 3(k) of these Revised Rules are classified as high-risk.

The risk classification above is without prejudice to the assessment in the HIRAC report.

- b. Occupational Safety and Health Program. Employers of professional service establishments shall include the following components in their OSH program:
 1. Low and medium risk. Low and medium-risk professional service establishments shall implement basic safety and health programs that include provisions for OSH training, orientation, and good housekeeping. Medium-risk professional service establishments shall also incorporate measures to mitigate risks associated with the use of cutting or lifting equipment, including, but not limited to,

- appropriate PPE and machine guards.
 - 2. High-risk. In addition to the requirements for low and medium-risk professional service establishments, the OSH program for high-risk professional service establishments shall include provisions and measures aimed at mitigating risks associated with explosions, fires, contamination, and other hazards related to workplaces and activities under Section 3(k) of these Revised Rules.
- c. Occupational Safety and Health Training and Personnel. Employers of professional service establishments shall comply with the following:
 - 1. Low and medium risk. Employers of low and medium-risk professional service establishments shall undergo first aid orientation and complete the four-hour safety orientation under the TAV Module.
 - 2. High-risk. Employers of high-risk professional service establishments shall provide the required number and categories of OSH personnel, considering the total number of employees/workers, including those deployed by contractors or subcontractors, as well as the workplace area:
 - i. First aiders. The minimum number of required first aiders is as follows:
 - a. 10 to 99 workers: one first aider
 - b. 100 to 199 workers: two first aiders
 - c. 200 to 500 workers: three first aiders
 - d. For every additional 500 workers or a fraction thereof: one first aider
 - ii. Safety officers. The minimum number of required safety officers is as follows:
 - a. 1 to 9 workers: one SO1
 - b. 10 to 99 workers: one SO2
 - c. 100 to 199 workers: two SO2 or one SO3
 - d. 200 to 500 workers: one SO3 and one SO4
 - e. For every additional 500 workers or a fraction thereof: one SO1
 - iii. OH Nurse. The minimum number of required OH nurses is as follows:
 - a. 51 to 99 workers: two part-time OH nurses
 - b. 100 to 199 workers: one full-time OH nurse
 - c. 200 to 500 workers: one full-time OH nurse
 - d. 501 to 2000 workers: one full-time OH nurse
 - e. For every additional 250 workers or a fraction thereof: one full-time OH nurse.
 - iv. OH Dentist. Establishments with 100 or more workers shall have at least one part-time OH dentist.

- v. OH Physician. The minimum number of required OH physicians is as follows:
 - a. 100 to 199 workers: one part-time OH physician
 - b. 200 to 500 workers: two part-time OH physicians
 - c. 501 to 2000 workers: two part-time or one full-time OH physician
 - d. For every additional 500 workers or a fraction thereof: one full-time or four part-time OH physicians.
- d. OH Facilities and Emergency Medical Supplies. Employers of professional service establishments shall have the following OH supplies and facilities:
 - 1. Low and medium risk. Employers of low- and medium-risk professional service establishments shall have emergency first aid kits available in the workplace.
 - 2. High risk. Employers of high-risk professional service establishments shall provide the required OH facilities and supplies, considering the total number of employees or workers onsite, including those deployed by contractors or subcontractors and the workplace area. The minimum OH facilities and supplies are as follows:
 - i. 1 to 9 workers: first aid kit
 - ii. 10 to 50 workers: one treatment room
 - iii. 51 to 99 workers: one clinic with one bed
 - iv. 100 to 500 workers: one clinic with two beds, which may be increased based on the demand
 - v. For every additional 500 workers or a fraction thereof: one treatment room or one clinic bed.
- e. OSH Committee. Small to large professional service establishments shall have an OSH Committee in accordance with Section 14(f) of these Revised Rules.

Section 20. Occupational Safety and Health Standards for Agricultural Establishments. – These shall apply to all workers, workplaces, operations, and undertakings within the agricultural and forestry sectors, such as crop production, forestry activities, animal husbandry, insect raising, and the primary processing of agricultural and animal products by or on behalf of the operator of the undertaking. It also covers the use and maintenance of machinery, equipment, appliances, tools, and installations, as well as any processes, storage, operations, or transportation directly related to agricultural production.

This excludes subsistence farming, industrial processes that use agricultural products as raw materials, other similar services, and the industrial exploitation of forests.

- a. OSH Program. Employers, through the OSH committee, if applicable, shall develop an OSH program that considers the total number of their employees or workers and the workplace area. The OSH program must also comply with the following guidelines:
1. DOLE Department Order No. 136, Series of 2014, or the Guidelines for the Implementation of GHS in Chemical Safety Program in the Workplace;
 2. Joint DTI-DENR-DA-DOF-DOH-DILG-DOLE-DOTC Administrative Order No. 01, Series of 2009, or the Adoption and Implementation of the GHS of Classification and Labeling of Chemicals;
 3. DOH Administrative Order No. 2007-0015 or the Revised Guidelines in the Management and Prevention of Schistosomiasis;
 4. DOLE Department Order No. 159, Series of 2016, or the Guidelines for the Employment of Migratory Sugarcane Workers;
 5. DOLE Labor Advisory No. 08, Series of 2023, or the Safety and Health Measures to Prevent and Control Heat Stress at the Workplace; and
 6. Other applicable laws and regulations set forth by the DOLE, DOH, Department of Agriculture (DA), Bureau of Agriculture and Fisheries Engineering, and other relevant government agencies.

Employers shall include additional necessary components in their OSH program aimed at mitigating risks associated with hazards related to workplaces and activities classified as high-risk under Section 3(k) of these Revised Rules. This includes machinery safety, ergonomic checkpoints, management and control of chemical and biological hazards (e.g., land and marine animal bites and stings), physical hazards (e.g., heat stress), and environmental hazards, fatigue management, safe use of all-terrain vehicles (ATVs) and agricultural equipment, proper handling and use of pesticides, fertilizers, and agrochemicals, cholinesterase testing, deworming, rodent and insect control, immunization programs, and provision of suitable living accommodations, if applicable, as well as psychosocial support.

The OSH program shall include an emergency procedure for providing immediate assistance to employees who need urgent care during farm operations.

Employers and employees/workers may adopt broken time schedules and/or flexible work arrangements to reduce exposure to extreme heat and strenuous activities.

- b. OSH Personnel. Employers shall provide the following required number and category of OSH personnel, considering the total number of employees/workers, including those deployed by contractors or subcontractors, and the workplace area:
 - 1. First aiders. The minimum number of required first aiders is as follows:
 - i. 10 to 50 workers: one first aider
 - ii. 51 to 99 workers: two first aiders
 - iii. 100 to 199 workers: three first aiders
 - iv. 200 to 500 workers: five first aiders
 - v. For every additional 500 workers or a fraction thereof: one first aider.
 - 2. Safety officers. The minimum number of required safety officers is as follows:
 - i. 1 to 9 workers: one SO1
 - ii. 10 to 99 workers: one SO2
 - iii. 100 to 199 workers: two SO2 or one SO3
 - iv. 200 to 500 workers: one SO3 and one SO4
 - v. For every additional 500 workers or a fraction thereof: one SO2.
 - 3. OH Nurse. The minimum number of required OH nurses is as follows:
 - i. 51 to 99 workers: two part-time OH nurses
 - ii. 100 to 199 workers: one full-time OH nurse
 - iii. 200 to 500 workers: one full-time OH nurse
 - iv. 501 to 2000 workers: one full-time OH nurse
 - v. For every additional 250 workers or a fraction thereof: one full-time OH nurse.
 - 4. OH Dentist. Establishments with 100 or more workers shall have at least one part-time OH dentist.
 - 5. OH Physician. The minimum number of required OH physicians is as follows:
 - i. 100 to 199 workers: one part-time OH physician
 - ii. 200 to 500 workers: two part-time OH physicians
 - iii. 501 to 2000 workers: two part-time or one full-time OH physician
 - iv. For every additional 500 workers or a fraction thereof: one full-time or four part-time OH physicians.
- c. OH Facilities and Emergency Medical Supplies. Employers shall have the following minimum OH facilities and emergency medical supplies, based on the total number of employees/workers onsite, including those of contractors and subcontractors, and the workplace area:
 - 1. 1 to 9 workers: one first aid kit
 - 2. 10 to 50 workers: one treatment room
 - 3. 51 to 99 workers: one clinic with one bed
 - 4. 100 to 500 workers: one clinic with two beds

5. For every additional 500 workers or a fraction thereof: one treatment room or one bed.

The number of clinic beds may be increased based on the demand.

Employers in this sector shall also provide additional necessary welfare facilities, such as wash areas or facilities with clean, well-ventilated, and portable toilets for workers in remote locations without access to permanent washing facilities, washbasins with running water, changing facilities for those who wear special clothing, and designated areas for rest and meal breaks.

- d. OSH Committee. Small to large agricultural establishments shall have an OSH Committee in accordance with Section 14(f) of these Revised Rules.

Section 21. Occupational Safety and Health Standards for Business Process Outsourcing. – These shall apply to all workers, establishments, workplaces, operations, and undertakings within the Information Technology and Business Process Management (ITBPM) sector.

- a. OSH Program. Employers, through the OSH committee, shall develop an OSH program considering the total number of their employees/workers and the workplace area. The OSH program shall also comply with the following guidelines:
 1. DOLE Department Circular No. 1, Series of 2008, or the Policy Guidelines Governing the Occupational Safety and Health of Workers in the Call Center Industry;
 2. Republic Act No. 11165, or An Act Institutionalizing Telecommuting as An Alternative Work Arrangement for Employees in the Private Sector;
 3. DOLE Department Order No. 184, Series of 2017, or the Safety and Health Measures for Workers Who, by the Nature of Their Work, Have to Spend Long Hours Sitting; and
 4. Other applicable laws and regulations set forth by DOLE, the Department of Information and Communications Technology (DICT), and other relevant government agencies.

Employers shall include additional necessary components in their OSH program to mitigate risks associated with hazards related to workplaces and activities classified as high-risk under Section 3(k) of these Revised Rules. These components include workstation ergonomics, equipment safety, work shifts, fatigue management, preventing noise-induced hearing loss, managing computer vision syndrome, and psychosocial support.

Telecommuting employees shall have clearly defined boundaries outside of work hours to ensure adequate time for rest, personal interests, and other obligations.

- b. OSH Personnel. Employers shall provide the required number and category of OSH personnel, taking into account the total number of employees/workers, including those deployed by contractors or subcontractors, and the workplace area:
 1. First aiders. The minimum number of required first aiders is as follows:
 - i. 10 to 99 workers: one first aider
 - ii. 100 to 199 workers: two first aiders
 - iii. 200 to 500 workers: three first aiders
 - iv. For every additional 500 workers or a fraction thereof: one first aider.
 2. Safety officers. The minimum number of required safety officers is as follows:
 - i. 1 to 9 workers: one SO1
 - ii. 10 to 99 workers: one SO2
 - iii. 100 to 199 workers: two SO2 or one SO3
 - iv. 200 to 500 workers: one SO3 and one SO4
 - v. For every additional 500 workers or a fraction thereof: one SO1.
 3. OH Nurse. The minimum number of required OH nurses is as follows:
 - i. 51 to 99 workers: two part-time OH nurses
 - ii. 100 to 199 workers: one full-time OH nurse
 - iii. 200 to 500 workers: one full-time OH nurse
 - iv. 501 to 2000 workers: one full-time OH nurse
 - v. For every additional 250 workers or a fraction thereof: one full-time OH nurse.
 4. OH Dentist. Establishments with 100 or more workers shall have at least one part-time OH dentist.
 5. OH Physician. The minimum number of required OH physicians is as follows:
 - i. 100 to 199 workers: one part-time OH physician
 - ii. 200 to 500 workers: two part-time OH physicians
 - iii. 501 to 2000 workers: two part-time or one full-time OH physician
 - iv. For every additional 500 workers or a fraction thereof: one full-time or four part-time OH physicians.
- c. OH Facilities and Emergency Medical Supplies. Employers shall have the following minimum OH facilities and emergency medical supplies, based on the total number of employees/workers onsite, including those of contractors and subcontractors, and the workplace area:
 - i. 1 to 9 workers: one first aid kit

- ii. 10 to 99 workers: one treatment room
- iii. 100 to 199 workers: one clinic with one bed
- iv. 200 to 500 workers: one clinic with two beds
- v. For every additional 500 workers or a fraction thereof: one treatment room or one bed.

The number of clinic beds may be increased based on the demand.

- d. OSH Committee. Small to large BPOs shall have an OSH Committee in accordance with Section 14(f) of these Revised Rules.

Section 22. Occupational Safety and Health Standards for the Construction Industry. – These shall apply to all workers in the construction industry, including the workers of all contractors and subcontractors, and construction activities carried out in construction projects, including but not limited to building construction, civil engineering works, infrastructure development, and renovation projects.

- a. OSH Program. Employers, through the OSH committee, shall develop an OSH program considering the total number of their employees/workers and the workplace area. The OSH program shall also comply with the following guidelines:
 - 1. DOLE Department Order No. 19, Series of 1993 or the Guidelines Governing the Employment of Workers in the Construction Industry;
 - 2. DOLE Department Order No. 136, Series of 2014 or the Guidelines for the Implementation of GHS in Chemical Safety Program in the Workplace;
 - 3. DOLE Department Order No. 154, Series of 2016, or the Safety and Health Standards on the Use and Management of Asbestos in the Workplace;
 - 4. Labor Advisory No. 08, Series of 2023, or the Safety and Health Measures to Prevent and Control Heat Stress at the Workplace;
 - 5. DOLE Labor Advisory No. 06, Series 2023 Directing All DOLE Field and Provincial Directors or Heads to Facilitate the Evaluation, Processing, and Concurrence of CSHP of the Projects of the Department of Public Works and Highways (DPWH);
 - 6. Other relevant laws and regulations set forth by the DOLE, DPWH, LGU-Office of the Building Official, Department of Trade and Industry-Construction Industry Authority of the Philippines (DTI-CIAP), DTI-Philippine Contractors Accreditation Board, Government Procurement Policy Board, and other relevant government agencies.

Prior to the commencement of the project, all contractors and

subcontractors shall submit the applicable Construction Safety and Health Program (CSHP) to the DOLE Provincial, Field, or Satellite Office having jurisdiction over the location of the project for evaluation. The CSHP of publicly funded projects shall be approved by the DPWH and other implementing government agencies and shall be submitted to the DOLE.

Contractors and subcontractors shall submit a revised CSHP if there are variations, additions, or amendments to the original scope of work.

Employers shall include additional necessary components in their OSH program tailored to this sector, such as OSH investigation and reporting, construction workers' skills certification, testing and inspection of construction heavy equipment, working hours and break time, a pandemic control plan, fatigue management, the provision of suitable living accommodations, if applicable, and psychosocial support.

- b. OSH Personnel. Employers shall provide the following required number and category of OSH personnel, considering the total number of employees/workers, including those deployed by contractors or subcontractors, and the workplace area:
 1. First aiders. The minimum number of required first aiders is as follows:
 - i. 1 to 9 workers: one first aider
 - ii. 10 to 99 workers: two first aiders
 - iii. 100 to 199 workers: three first aiders
 - iv. 200 to 500 workers: six first aiders
 - v. For every additional 500 workers or a fraction thereof: one first aider
 2. Safety officers. The minimum number of required safety officers is as follows:
 - i. 1 to 9 workers: one SO2
 - ii. 10 to 99 workers: two SO2
 - iii. 100 to 199 workers: three SO2 or two SO3
 - iv. 200 to 500 workers: two SO3 and 1 SO4
 - v. For every additional 500 workers or a fraction thereof: one SO2
 3. OH Nurse. The minimum number of required OH nurses is as follows:
 - i. 51 to 99 workers: two part-time OH nurses
 - ii. 100 to 199 workers: one full-time OH nurse
 - iii. 200 to 500 workers: one full-time OH nurse
 - iv. 501 to 2000 workers: one full-time OH nurse
 - v. For every additional 250 workers or a fraction thereof: one full-time OH nurse.
 4. OH Dentist. Establishments with 100 or more workers shall have at least one part-time OH dentist.

5. OH Physician. The minimum number of required OH physicians is as follows:
 - i. 100 to 199 workers: one part-time OH physician
 - ii. 200 to 500 workers: two part-time OH physicians
 - iii. 501 to 2000 workers: two part-time or one full-time OH physician
 - iv. For every additional 500 workers or a fraction thereof: one full-time or four part-time OH physicians.
- c. OH Facilities and Emergency Medical Supplies. Employers shall have the following minimum OH facilities and emergency medical supplies, based on the total number of employees/workers onsite, including those of contractors and subcontractors, and the workplace area:
 1. 1 to 9 workers: one first aid kit
 2. 10 to 50 workers: one treatment room
 3. 51 to 99 workers: one clinic with one bed
 4. 100 to 500 workers: one clinic with two beds
 5. For every additional 500 workers or a fraction thereof: one treatment room or one bed.

The number of clinic beds may be increased based on the demand.
- d. OSH Committee. Small to large establishments in the construction industry shall have an OSH Committee in accordance with Section 14(f) of these Revised Rules.

Section 23. Occupational Safety and Health Standards for the Energy Industry. – These shall apply to all workers, workplaces, operations, and undertakings in the process of exploration, development, utilization, transmission, and distribution activities of energy resources.

- a. OSH Program. Employers, through the OSH committee, if applicable, shall develop an OSH program considering the total number of their employees/workers and the workplace area. The OSH program shall also comply with the following guidelines:
 1. Department of Energy (DOE) Department Circular No. 2012-11-0009, or the Renewable Energy Safety, Health, and Environment Rules and Regulations;
 2. Related Codes of Practice, including Geothermal (DC2021-06-0016), Hydropower (DC2021-06-0017), Solar (DC2021-06-0018), Wind (DC2021-06-0019), and Biomass and Biofuels (DC2021-06-0020); and
 3. Other applicable laws and regulations set forth by the DOE, Energy Regulatory Commission, and other relevant agencies.

Employers shall include additional necessary components in

their OSH program to mitigate risks associated with hazards related to workplaces and activities classified as high-risk under Section 3(k) of these Revised Rules. This includes machinery safety, management and control of potential chemical, biological, physical, and environmental hazards, compliance with environmental and health issuances, and compliance with the DOLE Technical Safety Inspection (TSI) Program.

- b. Occupational Safety and Health Personnel. Employers shall provide the following required number and category of OSH personnel, considering the total number of employees/workers, including those deployed by contractors or subcontractors, and the workplace area:
 1. First aiders. The minimum number of required first aiders is as follows:
 - i. 1 to 99 workers: two first aiders
 - ii. 100 to 199 workers: three first aiders
 - iii. 200 to 250 workers: four first aiders
 - iv. 251 to 500 workers: five first aiders
 - v. For every additional 500 workers or a fraction thereof: one first aider.
 2. Safety officers. The minimum number of required safety officers is as follows:
 - i. 1 to 9 workers: one SO2
 - ii. 10 to 199 workers: two SO3
 - iii. 200 to 250 workers: three SO3
 - iv. 251 to 500 workers: four SO3
 - v. 501 to 750 workers: five SO3
 - vi. For every additional 500 workers or a fraction thereof: one SO3 or one SO4.
 3. OH Nurse. The minimum number of required OH nurses is as follows:
 - i. 51 to 99 workers: two part-time OH nurses
 - ii. 100 to 199 workers: one full-time OH nurse
 - iii. 200 to 500 workers: one full-time OH nurse
 - iv. 501 to 2000 workers: one full-time OH nurse
 - v. For every additional 250 workers or a fraction thereof: one full-time OH nurse.
 4. OH Dentist. Establishments with 100 or more workers shall have at least one part-time OH dentist.
 5. OH Physician. The minimum number of required OH physicians is as follows:
 - i. 100 to 199 workers: one part-time OH physician
 - ii. 200 to 500 workers: two part-time OH physicians
 - iii. 501 to 2000 workers: two part-time or one full-time OH physician
 - iv. For every additional 500 workers or a fraction thereof: one full-time or four part-time OH physicians.

- c. OH Facilities and Emergency Medical Supplies. Employers shall have the following minimum OH facilities and emergency medical supplies, based on the total number of employees/workers onsite, including those of contractors and subcontractors, and the workplace area:
 - 1. 1 to 99 workers: one treatment room
 - 2. 100 to 199 workers: one clinic with one bed
 - 3. 200 to 500 workers: one clinic with two beds
 - 4. For every additional 500 workers or a fraction thereof: one treatment room or one bed.

The number of clinic beds may be increased based on demand.

- d. OSH Committee. Small to large establishments in the energy industry shall have an OSH Committee in accordance with Section 14(f) of these Revised Rules.

Section 24. Occupational Safety and Health Standards for the Fishing Industry. – These shall apply to all fishing vessel owners, fishers, and captains or masters on board Philippine-registered fishing vessels engaged in commercial fishing operations in Philippine or international waters, except those on board commercial fishing vessels with a foreign registry, engaged in municipal fishing, and on board fishing vessels engaged in subsistence or recreational fishing.

For this reason, the following classification of commercial fishing operations under Republic Act No. 8550 or the Philippine Fisheries Code of 1998 is hereby adopted:

- 1. Small-scale commercial fishing means fishing with passive or active gear using vessels of 3.1 up to 20 gross tonnage;
 - 2. Medium-scale commercial fishing means fishing utilizing active gears and vessels of 20.1 up to 150 gross tonnage; and
 - 3. Large-scale commercial fishing means fishing utilizing active gears and vessels of more than 150 tonnage.
- a. OSH Program. Employers, through the OSH committee, if applicable, shall develop an OSH program considering the total number of their employees/workers and the workplace area. The OSH program shall also comply with the following guidelines:
 - 1. Department Order No. 156, Series of 2016, or the Rules and Regulations Governing the Working and Living Conditions of Fishers On Board Fishing Vessels Engaged in Commercial Fishing Operation;
 - 2. Maritime Industry Authority (MARINA) Board Resolution No. 2018-09-01, Series of 2018, or the Philippine Fishing Vessels Safety Rules and Regulations;
 - 3. MARINA Memorandum Circular No. MS-2020-03, or the Revised Rules and Regulations on Safe Manning for Ships Operating in Philippine Waters; and

4. Other applicable regulations set forth by DOLE, MARINA, Department of Transportation (DOTr) and Communications, DA - Bureau of Fisheries and Aquatic Resources and Bureau of Agriculture and Fisheries Standards, Philippine Coast Guard (PCG), Philippines Fisheries Development Authority, and other relevant government agencies.

Employers shall include additional necessary components in their OSH program aimed at mitigating risks associated with hazards related to the workplaces and activities classified as high-risk under Section 3(k) of these Revised Rules. This includes machinery safety, management and control of potential chemical, biological, physical, and environmental hazards, medical care onboard ship and ashore, radiation control, work hours, and crew-to-vessel ratios.

- b. OSH Personnel. Employers shall provide the required number and category of OSH personnel, considering the vessel's classification.
 1. First aiders. The minimum number of required first aiders is as follows:
 - i. Small scale and medium scale: one first aider (Captain/Master)
 - ii. Large scale: two first aiders (Captain/Master and one vessel crew member)
 2. Safety officers. The minimum number of required safety officers is as follows:
 - i. Small and medium scale: one SO2 (Captain/Master)
 - ii. Large-Scale: one SO2 (Captain/Master) and one SO1(vessel crew member)
- c. OSH Training. The following equivalencies on OSH training for first aiders and safety officers are hereby recognized:
 1. First Aider: First aid medical onboard as required by the STCW
 2. Safety Officer 2: Attendance to a one-day Maritime OSH Training Course and holder of the following certificates from MARINA:
 - i. Basic Safety Training in personal survival techniques, fire protection, fire fighting, elementary first aid, and personal safety and social responsibilities;
 - ii. Seafarers with Designated Security Duties with Ship Security Awareness Training (SDSD with SSAT) (not applicable anymore to seafarers with SSO Certificates); or

iii. Ship Security Officer (required only for
Management and Operational Level Officers).

- d. OH Facilities. Employers shall provide the required occupational health and welfare facilities for the vessels in this sector, including adequate first aid services (first aid kit, medical supplies, and means of communication for immediate medical advice), shower facilities or portable equipment, medical equipment for large-scale commercial fishing vessels, food and potable water, sleeping accommodation, mess room sanitation facilities, and suitable working environmental conditions (headroom, ventilation, illumination, etc.).
- e. OSH Committee. Fishing establishments with 10 or more employees/workers shall have an OSH Committee composed of the following:

Chairperson:	Captain/Master
Secretary:	Crew member designated as safety officer
Members:	At least two fishers
- f. Administrative Reports. Marine protests submitted to the PCG are equivalent to DOLE's WAIR and Report on Fatal Accidents. In the event of an accident or immediate danger, marine reports must be submitted within five days of their occurrence.

Section 25. Occupational Safety and Health Standards for the Healthcare Industry. – These shall apply to all health personnel, establishments, workplaces, operations, and undertakings within the private healthcare industry, regardless of employment status, including volunteer health workers and trainees.

Labor Advisory No. 1, Series of 2021 shall serve as the OSHS framework for medical and dental clinics and laboratories with less than 10 workers.

- a. OSH Program. Employers, through the OSH committee, if applicable, shall develop an OSH program considering the total number of their employees/workers and the workplace area. The OSH program shall cover all health personnel and employees, regardless of their position, designation, or employment status, including apprentices, student trainees, interns, and clients.

The OSH program shall also comply with Department Order No. 182, Series of 2017, or the Guidelines Governing the Employment and Working Conditions of Health Personnel in the Private Healthcare Industry, as well as other applicable laws and regulations issued by the DOLE, DOH, and other relevant government agencies.

Employers shall include additional necessary components in their OSH program tailored to this sector, such as an exposure control plan; infection prevention and control program; capability building for safety and health personnel; workstation ergonomics; provision of suitable living accommodations, if applicable; management of radiation control; work hours; adherence to the standards of nurse-to-patient ratios; shift work and fatigue management; and psychosocial support.

- b. OSH Personnel. Employers shall provide the following required number and category of OSH personnel, considering the total number of employees/workers, including those deployed by contractors or subcontractors, and the workplace area:
 - 1. First aiders. Given the specialized nature of the work and services, and recognizing that healthcare facilities can promptly care for their sick or injured employees/workers, these facilities shall appoint a designated first aider from within their staff.
 - 2. Safety officers. The minimum number of required safety officers is as follows:
 - i. 1 to 9 workers: one SO2
 - ii. 10 to 99 workers: two SO2
 - iii. 100 to 199 workers: three SO2 or two SO3
 - iv. 200 to 1000 workers: two SO3 and one SO4
 - v. For every additional 500 workers or a fraction thereof: one SO2.
 - 3. OH Nurse. The minimum number of required OH nurses is as follows:
 - i. 51 to 99 workers: two part-time OH nurses
 - ii. 100 to 199 workers: one full-time OH nurse
 - iii. 200 to 500 workers: one full-time OH nurse
 - iv. 501 to 2000 workers: one full-time OH nurse
 - v. For every additional 250 workers or a fraction thereof: one full-time OH nurse.
 - 4. OH Dentist. Establishments with 100 or more workers shall have at least one part-time OH dentist.
 - 5. OH Physician. The minimum number of required OH physicians is as follows:
 - i. 100 to 199 workers: one part-time OH physician
 - ii. 200 to 500 workers: two part-time OH physicians
 - iii. 501 to 2000 workers: two part-time or one full-time OH physician
 - iv. For every additional 500 workers or a fraction thereof: one full-time or four part-time OH physicians.

Micro healthcare establishments shall coordinate with RHUs or primary healthcare centers during emergencies.

- c. **OH Facilities and Emergency Medical Supplies.** Employers shall have the following minimum OH facilities and emergency medical supplies, based on the total number of employees/workers onsite, including those of contractors and subcontractors, and the workplace area:
1. 1 to 9 workers: one first aid kit
 2. 10 to 50 workers: one treatment room
 3. 51 to 99 workers: one clinic with one bed
 4. 100 to 500 workers: one clinic with two beds
 5. For every additional 500 workers or a fraction thereof: one treatment room or one bed.

The number of clinic beds may be increased based on the demand.

- d. **OSH Committee.** – Small to large healthcare establishments shall have an OSH Committee in accordance with Section 14(f) of these Revised Rules.

Section 26. Occupational Safety and Health Standards for the Land Transportation Sector. – These shall apply to all workers, workplaces, operations, and undertakings involved with fixed-route public utility vehicle operations (jeepneys, vans, buses) or those providing other public land transportation services.

- a. **OSH Program.** Employers, through the OSH committee, if applicable, shall develop an OSH program considering the total number of their employees/workers and the workplace area. The OSH program shall also comply with the following guidelines:
1. DOTr Order No. 2020-021, or the Omnibus Franchising Guidelines;
 2. DOLE Department Order No. 118, Series of 2012, or the Rules and Regulations Governing the Employment and Working Conditions of Drivers and Conductors in the Public Utility Bus Transport Industry;
 3. Land Transportation Franchising and Regulatory Board (LTFRB) Memorandum Circular No. 2021-042, or the Road Safety Guidelines to be Observed by Public Utility Vehicles, with Priority to Active Transport and Light Mobility Vehicles/Personal Mobility Devices Users; and
 4. Other applicable laws and regulations set by the DOLE, DOTr, LTFRB, Land Transportation Office, and other relevant government agencies.

Employers shall include additional necessary components in their OSH program to mitigate risks associated with hazards related to workplaces and activities classified as high-risk under Section 3(k) of these Revised Rules. These components include an exposure control plan, workstation ergonomics, shift work and fatigue management, management and control of potential

chemical, biological, physical, and environmental hazards, and psychosocial support.

- b. OSH Personnel. Employers shall provide the required number and category of OSH personnel, considering the total number of employees/workers, including those of contractors and subcontractors, and the workplace area.
 1. First aiders. The minimum number of required first aiders is as follows:
 - i. 1 to 99 workers: one first aider
 - ii. 100 to 199 workers: two first aiders
 - iii. 200 to 500 workers: three first aiders
 - iv. For every additional 500 workers or a fraction thereof: one first aider.
 2. Safety officers. The minimum number of required safety officers is as follows:
 - i. 1 to 9 workers: one SO1
 - ii. 10 to 99 workers: one SO2
 - iii. 100 to 199 workers: two SO2 or one SO3
 - iv. 200 to 500 workers: one SO3 and one SO4
 - v. For every additional 500 workers or a fraction thereof: one SO2.
 3. OH Nurse. The minimum number of required OH nurses is as follows:
 - i. 51 to 99 workers: two part-time OH nurses
 - ii. 100 to 199 workers: one full-time OH nurse
 - iii. 200 to 500 workers: one full-time OH nurse
 - iv. 501 to 2000 workers: one full-time OH nurse
 - v. For every additional 250 workers or a fraction thereof: one full-time OH nurse.
 4. OH Dentist. Establishments with 100 or more workers shall have at least one part-time OH dentist.
 5. OH Physician. The minimum number of required OH physicians is as follows:
 - i. 100 to 199 workers: one part-time OH physician
 - ii. 200 to 500 workers: two part-time OH physicians
 - iii. 501 to 2000 workers: two part-time or one full-time OH physician
 - iv. For every additional 500 workers or a fraction thereof: one full-time or four part-time OH physicians.
- c. OH Facilities and Emergency Medical Supplies. Employers shall have the following minimum OH facilities and emergency medical supplies, based on the total number of employees/workers onsite, including those of contractors and subcontractors, and the workplace area:
 1. 1 to 9 workers: one first aid kit
 2. 10 to 50 workers: one treatment room

3. 51 to 99 workers: one clinic with one bed
4. 100 to 500 workers: one clinic with two beds
5. For every additional 500 workers or a fraction thereof: one treatment room or one bed.

The number of clinic beds may be increased based on the demand.

- d. OSH Committee. Small to large establishments in the land transportation sector shall establish an OSH Committee in accordance with Section 14(f) of these Revised Rules.

Section 27. Occupational Safety and Health Standards for the Mining Industry. – These shall apply to all workers, workplaces, operations, undertakings, contractors, permittees, service contractors, and other entities engaged in any exploration, mineral processing, underground and surface quarrying, or mining operations, including mineral processing plants and other allied or related operations and facilities.

- a. OSH Program. Employers, through the OSH committee, if applicable, shall develop an OSH program considering the total number of their employees/workers and the workplace area. The OSH program shall also comply with the following guidelines:
 1. Department of Environment and Natural Resources (DENR) Administrative Order No. 97-30, or the Small-Scale Mine Safety Rules and Regulations;
 2. DENR Administrative Order No. 2000-98, or the Mine Safety and Health Standards;
 3. DENR Administrative Order No. 2022-03, or the Revised Implementing Rules and Regulations of Republic Act No. 7076, otherwise known as the People's Small-Scale Mining Act of 1991;
 4. DOE Department Circular No. 2018-12-0028, or the Coal Mine Safety and Health Rules and Regulations;
 5. DENR-Mines and Geosciences Bureau Memorandum Circular No. 2021-006, or the Safety and Health, Environment, and Social Development and Management (SHES) Manual; and
 6. Other applicable laws and regulations set by the DOLE, DENR, and other relevant government agencies.

Employers shall include additional components in their OSH program tailored to this sector, such as the installation of appropriate road traffic signs and escape ramps at mine sites, a thorough evaluation of heavy equipment before engaging in mine operations, certification of heavy equipment operators' skills, an exposure control plan, workstation ergonomics, shift work and fatigue management, explosion safety and safety in confined spaces, a pandemic control plan, management and control of potential chemical, biological, physical, and

environmental hazards, and psychosocial support.

- b. OSH Personnel. Employers shall provide the required number and category of OSH personnel, considering the total number of employees/workers, including those of contractors and subcontractors, and the workplace area.
 - 1. First aiders. The minimum number of required first aiders is as follows:
 - i. 1 to 25 underground mine workers and 1 to 50 surface mines workers or service contractors: one first aider for every shift
 - ii. 26 to 50 underground mine workers and 51 to 75 surface mine workers or service contractors: one first aider for every shift
 - iii. 51 to 150 underground mine workers and 76 to 250 surface mine workers or service contractors: one first aid team for every shift
 - iv. 151 or more underground mine workers and 251 or more surface mine workers or service contractors: one first aid team for every shift
 - v. For every additional 250 workers or a fraction thereof: one first aid team for every shift.
 - 2. Safety officers. The minimum number of required safety officers is as follows:
 - i. 1 to 25 underground mine workers and 1 to 50 surface mines workers or service contractors: one part-time SO3 and one full-time SO2
 - ii. 26 to 50 underground mine workers and 51 to 75 surface mine workers or service contractors: one part-time SO3 and one full-time SO2
 - iii. 51 to 150 underground mine workers and 76 to 250 surface mine workers or service contractors: one full-time SO3 and one full-time SO2
 - iv. 151 or more underground mine workers and 251 or more surface mine workers or service contractors: one full-time SO3 or SO4 and one full-time SO2
 - v. For every additional 250 workers or a fraction thereof: one SO2.
 - 3. OH Nurse. The minimum number of required OH nurses is as follows:
 - i. 1 to 25 underground mine workers and 1 to 50 surface mine workers or service contractors: one part-time OH nurse
 - ii. 26 to 50 underground mine workers and 51 to 75 surface mine workers or service contractors: one full-time OH nurse
 - iii. 51 to 150 underground mine workers and 76 to 250 surface mine workers or service contractors:

- one full-time OH nurse for every shift
 - iv. 151 or more underground mine workers and 251 or more surface mine workers or service contractors: one full-time OH nurse for every shift
 - v. For every additional 250 workers or a fraction thereof: one full-time OH nurse for every shift.
 - 4. OH Dentist. Establishments with 100 or more workers shall have at least one part-time OH dentist.
 - i. 1 to 25 underground mine workers and 1 to 50 surface mine workers or service contractors: one part-time OH dentist
 - ii. 26 to 50 underground mine workers and 51 to 75 surface mine workers: one part-time OH dentist
 - iii. 51 to 150 underground mine workers and 76 to 250 surface mine workers: one part-time OH dentist
 - iv. 151 or more underground mine workers and 251 or more surface mine workers to 500 workers: one full-time OH dentist
 - v. For every additional 250 workers or a fraction thereof: one full-time OH dentist.
 - 5. OH Physician. The minimum number of required OH physicians is as follows:
 - i. 1 to 25 underground mine workers and 1 to 50 surface mine workers or service contractors: one part-time OH physician
 - ii. 26 to 50 underground mine workers and 51 to 75 surface mine workers: one part-time OH physician
 - iii. 51 to 150 underground mine workers and 76 to 250 surface mine workers: one part-time OH physician
 - iv. 151 or more underground mine workers and 251 or more surface mine workers to 500 workers: one full-time OH physician for every shift
 - v. For every additional 250 workers or a fraction thereof: one full-time OH physician for every shift.
- c. OH Facilities and Emergency Medical Supplies. Employers shall have the following minimum OH facilities and emergency medical supplies, based on the total number of employees/workers onsite, including those of contractors or subcontractors, and the workplace area:
 - 1. 1 to 25 underground mine workers and 1 to 50 surface mines workers or service contractors: one treatment room
 - 2. 26 to 50 underground mine workers and 51 to 75 surface mine workers: one clinic with one bed
 - 3. 51 to 150 underground mine workers and 76 to 250 surface mine workers: one clinic with two beds
 - 4. 151 or more underground mine workers and 251 or more surface mine workers to 500 workers: one clinic with two

- beds
5. For every additional 500 workers or a fraction thereof: at least one treatment room or one bed.

The number of clinic beds may be increased based on the demand.

- d. OSH Committee. Small to large mining establishments shall have an OSH Committee in accordance with Section 14(f) of these Revised Rules.

Section 28. Occupational Safety and Health Standards for the Telecommunication Industry. – These guidelines shall apply to all at-height workers, establishments, workplaces, operations, and undertakings in the electrical, telecommunications, and cable sectors, particularly those involved in fieldwork and tasked with fixing various wires on posts. For this purpose, coverage shall extend to both office and fieldwork.

- a. OSH Program. Employers, through the OSH committee, if applicable, shall develop an OSH program considering the total number of its employees/workers and the workplace area, and in accordance with the OSHS, which requires fall protection for workers at elevations of six feet or more, regardless of whether their duties at heights are regular or intermittent.

A personal fall protection arrest system (PFAS) consists of three vital components: an anchorage, body wear (full-body harnesses), and a connecting device (a shock-absorbing lanyard or self-retracting lifeline). The safety of at-height workers depends on these components being in place and used correctly to provide maximum protection.

Employers shall include additional necessary components in their OSH program tailored to this sector, such as choosing and checking the appropriate PPE and tools; using hand railings; choosing an anchor point; understanding fall distance; using required fall protection, aerial lifts, and ladders; workstation ergonomics; shift work and fatigue; noise-induced hearing loss; prevention and mitigation of electrocution, falls, electric shock, and burns; management and control of potential chemical, biological, physical, and environmental hazards; emergency procedures for monitoring and deploying assistance to telecommuting workers during crises or urgent situations; and psychosocial support.

- b. OSH Personnel. Employers shall provide the required number and category of OSH personnel, considering the total number of employees/workers, including those deployed by contractors or subcontractors, and the workplace area:

1. First aiders. – The minimum number of required first aiders is as follows:
 - i. 1 to 9 workers: one first aider
 - ii. 10 to 99 workers: two first aiders
 - iii. 100 to 199 workers: three first aiders
 - iv. 200 to 500 workers: five first aiders
 - v. For every additional 500 workers or a fraction thereof: one first aider
 2. Safety officers. The minimum number of required safety officers is as follows:
 - i. 1 to 9 workers: one SO2
 - ii. 10 to 99 workers: one SO2
 - iii. 100 to 199 workers: two SO2 or one SO3
 - iv. 200 to 500 workers: one SO3 and one SO4
 - v. For every additional 500 workers or a fraction thereof: one SO2

Employers shall assign at least one SO1 trained in working at heights hazards to accompany dispatched workers. The safety officer who accompanies workers shall also be trained in emergency first aid. Before deployment, the team should identify and locate nearby health facilities for potential assistance.
 3. OH Nurse. The minimum number of required OH nurses is as follows:
 - i. 51 to 99 workers: two part-time OH nurses
 - ii. 100 to 199 workers: one full-time OH nurse
 - iii. 200 to 500 workers: one full-time OH nurse
 - iv. 501 to 2000 workers: one full-time OH nurse
 - v. For every additional 250 workers or a fraction thereof: one full-time OH nurse.
 4. OH Dentist. Establishments with 100 or more workers shall have at least one part-time OH dentist.
 5. OH Physician. The minimum number of required OH physicians is as follows:
 - i. 100 to 199 workers: one part-time OH physician
 - ii. 200 to 500 workers: two part-time OH physicians
 - iii. 501 to 2000 workers: two part-time or one full-time OH physician
 - iv. For every additional 500 workers or a fraction thereof: one full-time or four part-time OH physicians.
- c. OH Facilities and Emergency Medical Supplies. Employers shall have the following minimum OH facilities and emergency medical supplies, based on the total number of employees/workers onsite, including those of contractors and subcontractors, and the workplace area:
1. 1 to 9 workers: one first aid kit
 2. 10 to 50 workers: one treatment room
 3. 51 to 99 workers: one clinic with one bed

4. 100 to 500 workers: one clinic with two beds
5. For every additional 500 workers or a fraction thereof: at least one treatment room or one bed.

The number of clinic beds may be increased based on the demand.

- d. OSH Committee. Small to large telecommunication establishments shall have an OSH Committee in accordance with Section 14(f) of these Revised Rules.

Section 29. Occupational Safety and Health Standards for the Maritime Industry. – All Philippine-registered ships operating on both domestic and international voyages where employer-employee relationships or other forms of engagement exist, except for warships, naval auxiliaries, government ships not engaged in commercial operations, and fishing vessels, shall comply with the following guidelines:

- a. DOLE Department Circular No. 01, Series of 2009, or the Guidelines on Occupational Safety and Health in the Shipbuilding, Ship Repair, and Shipbreaking Industry;
- b. DOLE Department Order No. 132, Series of 2013, or the Guidelines on Maritime Occupational Safety and Health;
- c. MARINA Memorandum Circular No. MS-2020-03, or the Revised Rules and Regulations on Safe Manning for Ships Operating in Philippine Waters; and
- d. Other subsequent and applicable regulations set by DOLE, MARINA, PCG, the Philippine Ports Authority, and other relevant government agencies.

Section 30. Occupational Safety and Health Standards for the Movie and Television Industry. – All movie and television projects shall comply with the requirements of DOLE Department Order No. 246, Series of 2024, and other subsequent and applicable regulations set by DOLE.

CHAPTER VI OCCUPATIONAL SAFETY AND HEALTH STANDARDS FOR OTHER INDUSTRIES

Section 31. Occupational Safety and Health Standards for Other Micro Establishments. – The following shall apply to other establishments not covered in the above sections employing one to nine workers:

- a. OSH Program. Micro establishments shall develop and implement an OSH Program using the template in Annex A.
- b. OSH Personnel. Low and medium-risk micro establishments shall have at least one (1) Safety Officer who has completed the four (4)-hour BOSH training for micro establishments under the

DOLE TAV Program. High-risk micro establishments shall have at least one (1) Safety Officer 1 who has completed the eight (8)-hour BOSH training.

- c. Emergency Medical Supplies. Micro establishments, regardless of risk classification, shall have at least a basic first aid kit. The contents of the basic first aid kit can be customized according to the specific needs of the establishment.

Section 32. Occupational Safety and Health Standards for Other Small Establishments. – The following shall apply to other establishments not covered in the above sections employing 10 to 99 workers:

- a. OSH Program. Small establishments shall develop and implement an OSH Program (see Annex B), which shall be signed by the employer. The employer shall ensure that the OSH Program is comprehensive and inclusive and that the safety and well-being of all employees/workers, including the deployed employees/workers of the contractor or subcontractor, are safeguarded within the workplace.
- b. OSH Personnel. Small establishments shall have the following OSH personnel:
 - 1. First Aider. Small establishments shall have at least one first aider, regardless of the risk classification.
 - 2. Safety Officer. Low and medium-risk small establishments shall have at least one SO1, and high-risk small establishments shall have at least one SO2.
 - 3. OH Nurse. Medium and high-risk small establishments with 51 to 99 workers shall have at least two part-time OH nurses.
- c. OH Facilities. Small establishments shall have the following applicable OH facilities:
 - 1. Treatment Room. Low and medium-risk small establishments shall have at least one treatment room.
 - 2. Clinic. High-risk small establishments shall have at least one clinic with one bed.
- d. OSH Committee. Small establishments shall have an OSH Committee in accordance with Section 14(f) of these Revised Rules.

Section 33. Occupational Safety and Health Standards for Other Medium Establishments. The following shall apply to other establishments not covered in the above sections employing 100 to 199 workers:

- a. OSH Program. Medium establishments shall develop and

implement an OSH Program (see Annex B). The employer shall ensure that the OSH Program is comprehensive and inclusive and that the safety and well-being of all workers within the workplace are safeguarded.

- b. OSH Personnel. Medium establishments shall have the following OSH personnel:
 - 1. First Aider. Medium establishments shall have at least two first aiders, regardless of risk classification in the workplace.
 - 2. Safety Officer. Low and medium-risk medium establishments shall have at least one SO2, and high-risk medium establishments shall have at least two SO2 or one SO3 or SO4.
 - 3. OH Nurse. Low-risk medium establishments shall have at least two part-time OH nurses, and medium and high-risk medium establishments shall have at least one full-time OH nurse.
 - 4. OH Dentist. Medium and high-risk medium establishments shall have at least one part-time OH dentist.
 - 5. OH Physician. Medium and high-risk medium establishments shall have at least one part-time OH physician.
- c. OH Facilities. Medium establishments shall have the following applicable OH facilities:
 - 1. Treatment Room. Low-risk shall have at least one treatment room.
 - 2. Clinic. Medium and high-risk medium establishments shall have at least one clinic with two beds. The number of clinic beds may be increased as necessary.
- d. OSH Committee. Medium establishments shall have an OSH Committee in accordance with Section 14(f) of these Revised Rules.

Section 34. Occupational Safety and Health Standards for Other Large Establishments. – The following shall apply to establishments not covered in the above sections employing 200 or more workers:

- a. OSH Program. Large establishments shall develop and implement an OSH Program (see Annex B), which shall be signed by the employer. The employer shall ensure that the OSH Program is comprehensive and inclusive and that the safety and well-being of all workers within the workplace are safeguarded.

- b. OH Personnel. Large establishments shall have the following OSH personnel:
 - 1. First Aider. Low-risk large establishments shall have at least three first aiders, medium-risk large establishments shall have at least four first aiders, and high-risk large establishments shall have at least five first aiders. One first aider is required for every additional 500 employees or a fraction thereof.
 - 2. Safety Officer. Low-risk large establishments shall have at least two SO2 or one SO3 or SO4, medium-risk large establishments shall have one SO2 and one SO3, and high-risk large establishments shall have at least one SO3 and one SO4. One SO2 is required for every additional 500 employees or a fraction thereof.
 - 3. OH Nurse. Large establishments, regardless of risk classification, shall have at least one full-time OH nurse. One full-time OH nurse is required for every additional 250 employees or a fraction thereof. Establishments with 2001 or more employees shall have one full-time OH nurse per shift.
 - 4. OH Dentist. Large establishments, regardless of risk classification, shall have at least one part-time OH dentist.
 - 5. OH Physician. Low-risk large establishments shall have at least one part-time OH physician, and medium and high-risk large establishments shall have at least two part-time OH physicians. Establishments with 501 to 2000 workers shall have two part-time or one full-time OH physician. Four part-time or one full-time OH physician is required for every additional 500 employees or a fraction thereof.
- c. OH Facilities. Large establishments shall have the following OH facilities:
 - 1. Clinic. Large establishments, regardless of risk classification, shall have at least one clinic with two beds. The number of clinic beds may be increased as necessary. One treatment room or one clinic bed is required for every additional 500 employees or a fraction thereof.
- d. OSH Committee. Large establishments shall have an OSH Committee in accordance with Section 14(f) of these Revised Rules.

Section 35. Occupational Safety and Health for Other Business Models. – To address the emerging changes in the workplace and employment, the following OSHS shall be required for co-working spaces,

contracting arrangements, and other analogous arrangements.

- a. Residences used as workplaces. Establishments operating from residential properties, including those that employ workers in the personal service of another, shall comply with the relevant provisions in the preceding sections. The specific standards applicable shall depend on the nature of its economic activity, sector or industry, or the total number of employees/workers, including those of contractors and subcontractors.
- b. Co-Working Spaces. The following shall be required for establishments that are primarily intended and used to provide flexible or shared workspaces for individuals and businesses:
 - 1. OSH Program. The co-working space owner shall develop its OSH program, considering its risk classification, the total number of employees/workers and clients, and the workplace area.
 - 2. OSH Personnel. The co-working space owner shall have the required number and category of OSH personnel, considering the risk classification, the total number of employees/workers and clients, and the workplace area.
 - 3. OSH Facilities. The co-working space owner shall have the appropriate OSH facilities, considering the risk classification, the total number of employees/workers and clients, and the workplace area.
 - 4. OSH Committee. To ensure the administration of safety and health programs, small to large establishments under this business model shall have an OSH committee composed of the following:

Chairperson:	Co-working space owner
Members:	Designated safety officer and workers' representative
- c. Contracting arrangement. The following shall be required for establishments that enter into a contract with another person or entity for the performance of the former's work:
 - 1. OSH Program. A contractor or subcontractor shall develop its OSH program considering its risk classification, the total number of employees/workers therein, and the workplace area. Employees/workers of contractors and subcontractors shall observe and comply with the OSH policies and programs of the principal establishment or project where they are assigned or deployed.
 - 2. OSH Personnel. For each deployment, the contractor or subcontractor shall designate its supervisor as the safety officer and first aider for the deployed employees/workers

- at the principal's workplace. In cases where there are nine or fewer deployed employees/workers in the workplace, the principal shall assume responsibility for their coverage in the designation of its OSH personnel.
3. OSH Facilities. The principal shall consider the contractor's deployed workers when establishing its OSH facilities. The contractor or subcontractor shall provide its deployed employees/workers with a first aid kit.
 4. OSH Committee. To ensure the administration of safety and health programs, the contractor's safety officer shall be a member of the principal's OSH committee.

CHAPTER VII JOINT AND SOLIDARY LIABILITY

Section 36. Employer, Contractor, and Subcontractor Responsibility and Liability. – The employer, contractor, or subcontractor, if any, and any person who manages, controls, or supervises the work being undertaken shall be jointly and solidarily liable for compliance with OSHS, including the penalties imposed for violation thereof as provided for in these Revised Rules.

CHAPTER VIII COMPLIANCE WITH OCCUPATIONAL SAFETY AND HEALTH STANDARDS

Section 37. Visitorial Power of the Secretary of Labor and Employment. – All matters arising from the visitorial and enforcement power of the SOLE or the duly authorized representatives shall be governed by the applicable rules on the administration and enforcement of labor laws pursuant to Article 128 of the Labor Code of the Philippines, as renumbered, as implemented by Department Order No. 238, Series of 2023, and its subsequent issuances.

Section 38. Payment of Employees/Workers During Work Stoppage. – If stoppage of work due to imminent danger occurs as a result of the employer, contractor, or subcontractor's violation or fault, they shall pay the affected workers their corresponding wages during the period of such stoppage of work or suspension of operation.

For the purposes of wage payment and any other liabilities arising from a WSO, the employer, contractor, or subcontractor is presumed to be at fault if the WSO is issued as a result of an imminent danger situation that could endanger the lives of the employees/workers.

Section 39. Delegation of Authority. – The SOLE may delegate the authority to enforce OSHS to a competent government authority.

Section 40. Standards Setting Power of the Secretary of Labor and Employment. – The SOLE shall, in consultation with all concerned government agencies and instrumentalities, and relevant stakeholders, set and enforce mandatory OSHS to eliminate or reduce OSH hazards depending on the number of employees/workers of the establishment, the nature of its business operations, and the risk or hazard involved.

Section 41. Employee/Worker's Compensation Claim. – An employee/worker may file claims for compensation benefits resulting from work-related disability or death. Such claims shall be processed independently of any findings of fault, gross negligence, or bad faith on the part of the employer in related proceedings.

The employer, contractor, or subcontractor shall provide the necessary assistance to employees or workers applying for claims.

Section 42. Prohibited Acts and Corresponding Penalties. – The willful failure or refusal of an employer, contractor, or subcontractor to comply with the following OSHS is subject to an administrative fine or penalty upon the finality of the decision of the Regional Director or the SOLE, in accordance with the procedure under Department Order No. 238, Series of 2023, or the Rules on Administration and Enforcement of Labor Standards pursuant to Article 128 of the Labor Code, as renumbered, and its subsequent issuances.

Failure or refusal to comply with occupational safety and health standards shall be deemed willful if it is done voluntarily, deliberately, and intentionally. It shall be deemed willful if the employer, contractor, or subcontractor unjustifiably or unreasonably fails to correct the noted violations despite attendance at or notification of the inspection activities, receipt of the Notice of Inspection/Investigation/Visit Results, receipt of the notice of mandatory conference, attendance at the mandatory conference, and continuously fails to submit compliance documents within ten (10) days after the submission of the case for the decision of the Regional Director.

Administrative fines shall be imposed on employers, contractors, or subcontractors, and their responsible officers, for the following OSHS violations:

OSHS Violations	Administrative Fine (PhP)		
	First Offense	Second Offense	Third Offense
Non-registration of the establishment with the DOLE	1,000	-	-
Failure to prepare, keep, and submit WAIR, AEDR, AMR	1,000	2,000	3,000
No first aider	3,000	5,000	7,000
No safety officer	3,000	5,000	7,000

OSHS Violations	Administrative Fine (PhP)		
	First Offense	Second Offense	Third Offense
No safety signage	3,000	5,000	7,000
No worker's welfare facilities	3,000	5,000	7,000
Failure to conduct OSH orientation for workers	3,000	5,000	7,000
No competent person to handle critical jobs	3,000	5,000	7,000
No OSH committee	3,000	5,000	7,000
No OSH program	5,000	10,000	15,000
Failure to implement appropriate engineering, administrative, or PPE controls	3,000	5,000	7,000
Failure to provide free PPE to workers	3,000	5,000	7,000
Improper labeling, handling, storing, disposal of, and transport of hazardous substances (e.g., flammable, irritating, offensive, or toxic dust, fibers, gases, mists, or vapors)	5,000	10,000	15,000
Failure to conduct work environment measurement (temperature, humidity, pressure, illumination, ventilation, noise, concentration of substances, airborne contaminants) in hazardous workplaces	5,000	10,000	15,000
No permit to operate on mechanical equipment or a certificate of electrical inspection on electrical installations	5,000	10,000	15,000
No standard operating procedure for mechanical equipment and electrical installation	5,000	10,000	15,000
No permit system for critical jobs or high-risk activities (e.g., hot works permit)	5,000	10,000	15,000
Improper storage, transport, and disposal of explosives or other hazardous materials and chemicals	5,000	10,000	15,000
No CSHP	5,000	10,000	15,000
Non-provision of temporary accommodation and welfare facilities for construction workers in a construction project	5,000	10,000	15,000
No medical surveillance	5,000	10,000	15,000
No OH personnel, services, or training	5,000	10,000	15,000
No onsite personnel overseeing critical processes, materials, or equipment	5,000	10,000	15,000
No OH facilities	5,000	10,000	15,000
Non-compliance with other issuances mentioned in these Revised Rules	1,000	3,000	5,000

The aforementioned administrative fines shall be imposed daily, not to exceed One Hundred Thousand Pesos (PhP100,000) per day, until the violation is corrected. This is counted from the date the employer, contractor, and subcontractor are notified of the violation or from the date they received

the compliance order or resolution.

If any of the following is present, a penalty of One Hundred Thousand Pesos (PhP100,000) administrative fine shall be imposed separately and in addition to the daily administrative fine imposed above:

- a. When the willful failure or refusal to comply with the occupational safety and health standards exposes or results in death, serious injury, or serious illness of the worker;
- b. Repeated obstruction, delay, or refusal to provide the SOLE or any of its authorized representatives access to the covered workplace, or refusal to provide or allow access to relevant records and documents, or obstruct the conduct of an investigation of any fact necessary in determining compliance with the OSHS;
- c. Misrepresentation in relation to adherence to OSHS, knowing such statement, report, or record submitted to DOLE to be false in any material aspect; or
- d. Making retaliatory measures such as termination of employment, refusal to pay, reducing wages and benefits, or in any manner discriminating against any worker who has given information relative to the inspection being conducted.

The penalties imposed are without prejudice to the filing of a criminal or civil case in the regular courts, as applicable. Fines herein imposed shall be without prejudice to the penalties imposable by other appropriate government agencies.

The fine shall be paid to the DOLE Regional Office. The fines collected pursuant to these Revised Rules shall be used to operate OSH initiatives, including OSH training and education, initiatives incentivizing qualified employers and workers in recognition of their efforts to ensure compliance with OSH and general labor standards, and other OSH-related intergovernmental programs and activities.

CHAPTER IX INCENTIVES AND ASSISTANCE PROGRAM

Section 43. Incentivizing Compliance Program. – Incentives under these Revised Rules shall be provided to qualified employers and employees/workers to recognize their efforts in ensuring compliance with OSH and general labor standards. Recognized establishments shall be entitled to either of the following incentives, provided under existing laws, issuances, and regulations:

- a. Micro establishments may access the Kabuhayan or DOLE Integrated Livelihood Program (DILP) and the productivity toolbox training to enhance enterprise and workers' productivity;
- b. Micro establishments may avail of free SO1 and first aid training;
- c. Small and medium establishments shall be given priority for the Safety

- Officer 1 and Safety Officer 2 training programs offered by the OSHC;
- d. Large establishments compliant with labor laws and other related rules and regulations shall be recognized by the corresponding Regional Tripartite Industrial Peace Councils (RTIPC); and
 - e. Compliant establishments may be recognized in the Gawad Kaligtasan at Kalusugan (GKK) Award, Productivity Olympics (PO), and Search for Outstanding Labor-Management Cooperation (LMC) and Grievance Machinery (GM) for Industrial Peace, provided that they hurdle their requirements and processes.

Section 44. Administration of Incentives. – The DOLE, through its Regional Offices, Occupational Safety and Health Center, National Wages and Productivity Commission, Bureau of Labor Relations, Bureau of Workers with Special Concerns, and the National Conciliation and Mediation Board shall administer the grant of incentives to qualified micro, small, medium, and large establishments.

Incentives may be granted immediately upon the effectivity of these Revised Rules.

CHAPTER X MISCELLANEOUS PROVISIONS

Section 45. Inter-Governmental Coordination and Cooperation. – The DOLE shall be primarily responsible for the administration and enforcement of OSH laws, regulations, and standards in all establishments and workplaces to implement the provisions of Republic Act No. 11058 effectively. There shall be established an Inter-government Coordination and Cooperation Committee composed of the DENR, DOE, DOTr, DA, DPWH, DTI, Department of the Interior and Local Government, DOH, DICT, PEZA, and all other government agencies, including local government units. It shall regularly convene at least once per quarter to monitor the effective implementation of these Revised Rules, as well as related programs and projects aimed at preventing and eliminating injuries, sickness, and deaths in all workplaces. This includes periodic reviews of these Revised Rules and all OSHS.

Depending on the issues to be discussed during the meeting, IGC3 members may invite other labor and employer representatives, as well as other relevant stakeholders.

Section 46. Monitoring of Compliance. – The DOLE Regional, Provincial, Field, and Satellite Offices shall monitor private establishments' compliance in accordance with Department Order No. 238, Series of 2023, or the Rules on Administration and Enforcement of Labor Standards pursuant to Article 128 of the Labor Code, as renumbered, and its subsequent issuances.

Section 47. Transitory Provision. – These Revised Rules shall apply to all labor standards inspections and proceedings, including all pending labor

standards cases.

DOLE Department Order No. 198, Series of 2018 shall continue to govern all final and executory orders and resolutions issued prior to the effectivity of these Revised Rules.

Section 48. Separability Clause. – If any part, section, or provision of these Revised Rules shall be held invalid or unconstitutional, the other provisions not affected by such declaration shall remain in full force and effect.

Section 49. Superseding Clause. – DOLE Department Order No. 198, Series of 2018, is hereby superseded. All rules and regulations, policy issuances, or orders contrary to or inconsistent with these Revised Rules are likewise deemed repealed, amended, or modified accordingly.

Section 50. Effectivity. – These Revised Rules shall take effect fifteen (15) days after publication in at least two (2) newspapers of general circulation.

Manila, Philippines, 28 April 2025.


BIENVENIDO E. LAGUESMA
Secretary



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