



# ACTSAFE HEALTH AND ENVIRONMENTAL CORP.

DOLE-OSHC Accreditation No.:1030-090320-121

121 JMK BLDG., West Avenue, Bungad, Quezon City

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[aresafe@yahoo.com](mailto:aresafe@yahoo.com)

Contact Nos.: 09615018330  
09669967243

DepEd

RECEIVED  
MAR 01 2023

By: *[Signature]*  
Time: \_\_\_\_\_

Republic of the Philippines  
DEPARTMENT OF EDUCATION  
Schools Division Office of Bulacan

**ADVISORY**  
No. 031, S. 2023

To:  PUBLIC  PRIVATE  PSOS

Elementary  Junior High School  Senior High School

Elementary School Principals/School Heads

Secondary School Principals/School Heads

For information:  
ROWENA T. QUARRO, CESE  
Assistant Schools Division Superintendent  
OIC Office of the Schools Division Superintendent

DepEd - SDO of Bulacan  
RECEIVED  
MAR 01 2023  
By: *[Signature]*

February 22, 2023

Dear Sir/Madam,

Greetings!

The ACTSAFE, HEALTH AND ENVIRONMENTAL CORP. a DOLE-OSHC Accredited Safety Training Organizations will be having an approved Online Training on **Loss Control Management (LCM) + HIRAC** on **March 14-18, 2023** from **7:00am to 6:00pm** via webinar (zoom pro class).

LCM is Risk combination of combination of likelihood and consequence. To be able to understand what really a risk is, basic terms such as hazard, hazardous, likelihood, and consequence must be defined. A hazard is anything that has a potential to cause harm. However, for a hazard to cause harm, a hazardous event must happen. Likelihood is the measure of chance that the hazardous event will occur and the consequence is the outcome of the hazardous event.

Similarly, exposure to hazard brought either by unsafe acts and conditions are accidents. And these accidents cannot just be eliminated without conducting risk assessment to carefully examine and evaluate anything in the environment that could cause injury or ill health. After recognizing hazards, suitable and sufficient control measures are then implemented. The best way to control hazard is from its source.

Training Fee is **Four Thousand Five Hundred Pesos (Php 4,500.00)** to cover the Training Certificate, Training Manual (electronic copy) and with freebies: **ID, key chain and safety logo pin**. Early bird discount for those who will register one (1) week prior to conduct of the training at **Four Thousand Pesos (Php 4,300.00)**.

For Confirmation, please email back at [jeckypaciudadano@gmail.com](mailto:jeckypaciudadano@gmail.com) / [AHECjessicaciudadano@gmail.com](mailto:AHECjessicaciudadano@gmail.com)

For inquiry, please contact us at 09317146820 smart 09568569393 globe look for Jessica Ciudadano.

For bank transactions, please deposit your payment through our Bank Account /Check payment to: **ACTSAFE, HEALTH AND ENVIRONMENTAL CORP** with **BDO Account No.: 003638013927**. **Chinabank Account No.:**

ACTSAFE, HEALTH AND ENVIRONMENTAL CORP.  
<https://actsafecorp.com>

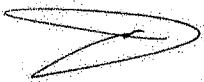
141700003771. Please scan your Deposit Slip and send to our email for verification. We also accept GCASH (09568569393 Jessica Ciudadano) Palawan Pawnshop Padala, Cebuana Lhullier, M Lhullier and Western Union (JESSICA CIUDADANO 09568569393).

Thank you and we look forward to your participation.

Very truly yours,

**JESSICA CIUDADANO**


Safety Training Coordinator





## PARTICIPANT REGISTRATION FORM

<input checked="" type="checkbox"/> <b>Name of Participant:</b> (Complete Name with Middle Name)	
<input checked="" type="checkbox"/> <b>Address:</b>	<input checked="" type="checkbox"/> <b>Contact No.:</b>
<input checked="" type="checkbox"/> <b>Email Address:</b>	<input checked="" type="checkbox"/> <b>Age:</b>
<input checked="" type="checkbox"/> <b>Company (If Applicable):</b>	<input checked="" type="checkbox"/> <b>Designation:</b>
<input checked="" type="checkbox"/> <b>Company Address:</b>	<input checked="" type="checkbox"/> <b>Company's Contact Number:</b>
<input checked="" type="checkbox"/> <b>Company's Email:</b>	<input checked="" type="checkbox"/> <b>Total Number of Workers:</b>
<input checked="" type="checkbox"/> <b>Industry:</b> _____	<input checked="" type="checkbox"/> <b>Company TIN #:</b>
<input checked="" type="checkbox"/> <b>Note:</b> Pls. Indicate your Facebook account for our Group Chat in messenger (kindly screenshot)	<input checked="" type="checkbox"/> <b>Region:</b>
<b>Training Course DOLE-BWC Prescribed: (Please check)</b>	
<b>Basic OSH Training SO1 &amp; SO2</b>	<b>Advance OSH Training for SO3 &amp; SO4</b>
BOSH 40Hours <input type="checkbox"/>	LCM 40Hours <input type="checkbox"/>
COSH 40Hours <input type="checkbox"/>	SPHA 40Hours <input type="checkbox"/>
10Hours BOSH SO1 <input type="checkbox"/>	TOT 24Hours <input type="checkbox"/>
<b>For 1 Day and 2 Days OSH Training:</b> _____	
<b>For International OSH Training:</b> _____	
<b>Mode of Payment: (Please check)</b>	
Cash: <input type="checkbox"/>	Bank Transfer: <input type="checkbox"/>
Other method: <input type="checkbox"/> (GCASH,PPS Padala,etc)	
_____	
<b>Please send your payment advice, 2 Valid Identification Card, 2x2 Photo ID, Consent and Authority to Release together with this registration on the email below or you may contact the corporate office number for further information:</b>	

09669967243/09615018330 

actsafe2019@yahoo.com 

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Contact Us At: [jeckyparciudadano@gmail.com](mailto:jeckyparciudadano@gmail.com)/[AHECjessicaciudadano@gmail.com](mailto:AHECjessicaciudadano@gmail.com)

Corporate Mobile No.: 09568569393/09317146820

## Training Consent and Authorization Form

The Actsafe, Health and Environmental Corporation is commitment to compliance of Data Privacy Act of 2012. By signing the agreement below the participants agreed to give the training center consent and authorization to process information, stored and submit to authority in accordance with Data Privacy Act of 2012. Agreement to all these provisions below is a condition to registration and participations on Occupational Safety and Health Training in compliance to Department Order 198-18 the IRR of the Republic Act 11058 "AN ACT STRENGTHENING COMPLIANCE WITH OCCUPATIONAL SAFETY AND HEALTH STANDARDS AND PROVIDING PENALTIES FOR VIOLATIONS THEREOF" under the regulations of Occupational Safety and Health Center (OSHC) of the Department of Labor and Employment (DOLE).

The following are the terms and training policy:

1. I hereby certify that I will submit the following requirements prior to acceptance on registration:
  - Fully accomplished Course Registration Form.
  - Signed consent/authorization form regarding the recorded online training and acceptance of the Online OSH Training Policy.
  - Copy of Proof of Payment.
  - Copy of two (2) valid issued government IDs (front and back).
  - 2x2 ID photo taken for the last 3 months.
2. I shall abide by all the regulations and policies on Occupational Safety and Health Training of the Accredited Safety Training Organizations (The Actsafe, Health and Environmental Corporation).
3. I hereby authorize and give voluntary consent to Actsafe, Health and Environmental Corporation to collect and process the information stated herein and training related documents and information.
4. I agree, authorize and give my consent to Actsafe, Health and Environmental Corporation to record the training for the purpose of complying the requirements of Occupational Safety and Health Center (OSHC) monitoring and evaluation process.
5. I hereby agree with the policy of deferment. In case a participant wishes to defer or withdraw their enrollment, he or she should notify ACTSAFE through email or call/text stating the reasons why he/she will withdraw or defer the registration at least five (5) days before the online classes start.
8. By Signing below, I agree to all the terms and conditions stated herein and to all the policies of Actsafe, Health and Environmental Corporation and that my agreement to all those stated above is among the conditions to my training enrollment.

Printed Name & Signature of Participants.

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