



Republic of the Philippines
Department of Education
REGION VII - CENTRAL VISAYAS
DIVISION OF CITY SCHOOLS - TAGBILARAN CITY

Office of the Schools Division
Superintendent

May 27, 2025

DIVISION MEMORANDUM
NO: 306 s. 2025

ONLINE TRAINING FOR SAFETY OFFICER 3

TO: Assistant Schools Division Superintendent
Chief, CID and SGOD
All Public and Elementary and Secondary School Heads
All Others Concerned

1. This Office hereby disseminates invitation from Jessica Y. Ciudadano, ACTSAFE, Health and Environment Corp. DOLE-OSHS, Safety Training Coordinator, the contents of which are self-explanatory.
2. Participation to the said conference is **voluntary** and expenses will be shouldered by the participants.
3. Please see attached invitation for more details.
4. For your information.

For the SDS:

WILFREDA D. BONGALOS PhD, CESO V
Schools Division Superintendent


AQUILINO T. MILAR JR. PhD
AO V

WDB/JAAL/SGOD/MCC/fct



Address: H. Zamora St., Dampas, Tagbilaran City, Bohol
Telephone Nos.: (038)427-1702; (038)427-2506; (038)422-8177
(038)427-6718; (038)544-2147
Email Address: tagbilarancity.division@depd.gov.ph



ACTSAFE
HEALTH AND ENVIRONMENTAL CORP.
DOLE-OSHC Accreditation No.: 1030-090320-121

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

received SGOP: [initials]
05/26/2025 - 9:34 pm

March 26, 2025

Dearest Ma'am/Sir,

Greetings!

DEPED TAGBILARAN CITY DIVISION
SDS OFFICE
DOWNLOADED
BY [signature] DATE: 5/26/2025

The ACTSAFE, Health and Environmental Corp., a DOLE-OSHC Accredited Safety Training Organization, will be conducting an approved **Online Training for Safety Officer 3** or a special course on **Loss Control Management (LCM) + HIRAC**. The training will take place on **June 2-6, 2025**, from **8:00 AM to 5:00 PM** via **webinar (Zoom Pro Class)**.

About the Course:

Loss Control Management (LCM) involves the combination of the likelihood and consequence of risks. To fully understand risk, key terms such as hazard, hazardous, likelihood, and consequence must be clearly defined.

- A **hazard** is anything with the potential to cause harm.
- For harm to occur, a **hazardous event** must take place.
- **Likelihood** measures the chance of a hazardous event happening.
- **Consequence** refers to the outcome of the hazardous event.

Unsafe acts and conditions, which lead to exposure to hazards, are common causes of accidents. These accidents cannot be effectively eliminated without conducting a **risk assessment**. This process involves carefully examining and evaluating elements in the environment that could cause injury or ill health. Once hazards are identified, **suitable and sufficient control measures** must be implemented. The best way to control a hazard is to address it at its source.

Training Details:

- **Course:** LOSS CONTROL MANAGEMENT (LCM) + HAZARD IDENTIFICATION RISK ASSESSMENT & CONTROL (HIRAC)
- **Platform:** Webinar (Zoom Pro Class)
- **Exclusivity:** For General Industries and Construction
- **Training Fee:** P4,500.00
- **Covers:** Training Certificate, Training Manual (electronic copy), receipt and ID (freebie)

Payment Details:

For bank transactions, please deposit your payment through our bank accounts:

- **BDO Account Name:** ACTSAFE, HEALTH AND ENVIRONMENTAL CORP
Account No.: 003638013927
- **China Bank Account Name:** ACTSAFE, HEALTH AND ENVIRONMENTAL CORP
Account No.: 141700003771
- **GCASH:** 09568569393 (Jessica Ciudadano)
- **PayMaya:** 09317146820 (Jessica Ciudadano)



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- **Palawan Pawnshop Padala, Cebuana Lhuillier, M Lhuillier, or Western Union**
Receiver: **Jessica Ciudadano**
Contact: **09568569393**

Please scan your deposit slip and send it to our email for verification.

For **confirmation**, please email us at:

- **jeckyapciudadano@gmail.com**
- **AHECjessicaciudadano@gmail.com**

For **inquiries**, please contact:

- **Smart: 09317146820**
- **Globe: 09568569393**

Look for **Jessica**.

Please note that payments are non-refundable after a period of 2 months, in case the individual is unable to join the service. We recommend contacting us as soon as possible if you are unable to attend.

Thank you, and we look forward to your participation in this important event. Join us to learn more about creating safer work environments and managing risks effectively!

Sincerely,


JESSICA Y. CIUDADANO

ACTSAFE, Health and Environmental Corp.

DOLE-OSHC Accredited Safety Training Organization

Safety Training Coordinator



ACTSAFE, HEALTH & ENVIRONMENTAL CORP.

DOLE-OSHC Accreditation No.: 1030-090323-0121

PARTICIPANT REGISTRATION FORM

<input checked="" type="checkbox"/> Name of Participant: (Complete Name with Middle Name)	
<input checked="" type="checkbox"/> Address:	<input checked="" type="checkbox"/> Contact No.:
<input checked="" type="checkbox"/> Email Address (for personal) please complete with Brgy. for mailing:	<input checked="" type="checkbox"/> Age:
<input checked="" type="checkbox"/> Company (If Applicable):	<input checked="" type="checkbox"/> Designation:
<input checked="" type="checkbox"/> Company Address , please complete with Brgy. for mailing:	<input checked="" type="checkbox"/> Company's Contact Number:
<input checked="" type="checkbox"/> Company's Email:	<input checked="" type="checkbox"/> Total Number of Workers:
Industry: _____	<input checked="" type="checkbox"/> Company TIN #:
<input checked="" type="checkbox"/> Note: Pls. Indicate your Facebook account for our Group Chat in messenger (kindly screenshot)	<input checked="" type="checkbox"/> Region:
Course and Training Date: _____	
Training Course DOLE-BWC Prescribed: (Please check)	
Basic OSH Training SO1 & SO2	Advance OSH Training for SO3 & SO4
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"/>
For 1 Day and 2 Days OSH Training: _____	
For International OSH Training: _____	
Mode of Payment: (Please check)	
Cash: <input type="checkbox"/>	Bank Transfer: <input type="checkbox"/> Other method: <input type="checkbox"/> (GCASH,PPS Padala,etc)

09568569393/09317146820

jeckyapciudadano@gmail.com

<https://actsafecorp.com>

121 JMK Buidling,3F Room 314, West Avenue, Quezon City





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Please send your payment advice, 2 Valid Identification Card, 2x2 Photo ID, Consent and Authorization Form together with this registration on the email below or you may contact the corporate mobile number for further information:

Contact Us At: jeckyapciudadano@gmail.com/AHECjessicaciudadano@gmail.com

Corporate Mobile No.: 09568569393/09317146820

Training Consent and Authorization Form

The Actsafe, Health and Environmental Corporation is committed 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:

- 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.
- 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).
- 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.
- 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.

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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 Actsafesafe, 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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