



Republic of the Philippines
Department of Education
REGION III
SCHOOLS DIVISION OFFICE OF BATAAN

JUN 06 2024

DIVISION ADVISORY

No. 176 s. 2024

To: Assistant Schools Division Superintendent
Chief Education Supervisors
Education Program Supervisors
Public Schools District Supervisor
Elementary, Secondary and SHS Heads
All others Concerned

Pursuant to Advisory No. 092 s. 2024, this Office informs all concerned about the announcement of **ACTSAFE Health and ENVIRONMENTAL CORPORATION** regarding the conduct of its Online Training on Loss Control Management (LCM) + HIRAC on June 15-19, 2024, from 8:00 am to 5:00 pm via Zoom.

Attached is a copy of the letter from Ms. Jessica Ciudadano for further details and inquiries.


CAROLINA S. VIOLETA, EdD, CESO V
Schools Division Superintendent

In compliance with the DepEd Order No. 8 s. 2013, this Division Advisory is issued not for endorsement per D.O. 28 s. 2001 only for the information of DepEd Officials, personnel as well as the concerned public

SO11/mbdc 



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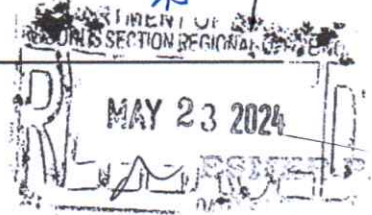
"We Mould Heroes"





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MAY 23 2024

BY: _____



Republic of the Philippines
Department of Education
REGION III-CENTRAL LUZON

Advisory No. 090, s. 2024
Month, Day, Year

In compliance with DepEd Order (DO) No. 8, s. 2013
this advisory is issued not for endorsement per DO 28, s. 2001,
but only for the information of DepEd officials,
personnel/staff, as well as the concerned public.
(Visit region3.deped.gov.ph)

ONLINE TRAINING ON LOSS CONTROL MANAGEMENT (LCM) + HIRAC

The ACTSAFE Health and Environmental Corporation announces the conduct of its Online Training on Loss Control Management (LCM) + HIRAC on June 15-19, 2024, from 8:00 am to 5:00 pm via Zoom.

Its main objective is to provide the participants with deeper understanding about risks, hazards, causes, consequences, and prevention. It also aims to orient them on risk assessment and effective control measures to ensure successful implementation of the Loss Control Management Plan. Attached is the basic communication letter for reference.

For more details, interested participants may inquire thru:

Ms. Jessica Ciudadano
Safety Training Coordinator
Email Address: jeckycopciudadano@gmail.com


HRDD1/
May 16, 2024

To send feedback
regarding any of
our services,
kindly scan the
QR Code.



Address: Matalino St. D.M. Government Center, Maimpis, City of San Fernando (P)
Telephone Number: (045) 598-8580 to 89 **Email Address:** region3@deped.gov.ph
Website: <https://region3.deped.gov.ph>



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

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

April 15, 2024

Dearest Ma' am/Sir,

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 **June 15-19, 2024** from **8:00am to 5:00pm** 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.

For Confirmation, please email back at jeckypaciudadano@gmail.com / 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. : 141700003771. Please scan your Deposit Slip and send to our email for verification. We also accept GCASH (09568569393 Jessica Ciudadano), PayMaya (09317146820 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,

A handwritten signature in black ink, appearing to be 'Jessica Ciudadano', written in a cursive style.

JESSICA CIUDADANO

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: | <input checked="" type="checkbox"/> Age: |
| <input checked="" type="checkbox"/> Company (If Applicable): | <input checked="" type="checkbox"/> Designation: |
| <input checked="" type="checkbox"/> Company Address: | <input checked="" type="checkbox"/> Company's Contact Number: |
| <input checked="" type="checkbox"/> Company's Email: | <input checked="" type="checkbox"/> Total Number of Workers: |
| <input checked="" type="checkbox"/> 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) |
| _____ | |
| Please sent 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 | |

09568569393/09317146820

jeckyapciudadano@gmail.com

<https://actsafecorp.com>

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





ACTSAFE, HEALTH & ENVIRONMENTAL CORP.

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

corporate mobile number for further information:

Contact Us At: jeckypapciudadano@gmail.com/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.

09568569393/09317146820



jeckypapciudadano@gmail.com



<https://actsafecorp.com>



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





ACTSAFE, HEALTH & ENVIRONMENTAL CORP.

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

Printed Name & Signature of Participants.

09568569393/09317146820



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