



# SAFETY HOUSE, INC.

4166 Diego St., Purok #4 Mapulang Lupa, Valenzuela City, 1440

[www.safetyhouseinc.com.ph](http://www.safetyhouseinc.com.ph) Email: [smc@safetyhouseinc.com.ph](mailto:smc@safetyhouseinc.com.ph)

Contact Nos: +632 89848674

**OSH Training Organization DOLE Accreditation No: 1030-072225-0024**

Seminar Title	LOSS CONTROL MANAGEMENT AND <b>HIRADC TRAINING</b>
Duration	4 days (10 hours per day) 40 hours training / <b>8 hours per day (1 day)</b>
Date	March 23-27, 2026
Venue	Online Training via ZOOM
Seminar Fee	<p><b>P4464.29 (Four Thousand Four Hundred Sixty-Four and 29/100)</b></p> <p><b>Plus 12% VAT - P 535.71</b></p> <p><b>Total Amount - P 5, 000</b></p> <p><b>Note: Please disregard the 12% VAT if your BIR registration is Zero-Rated VAT. Also, please furnish us a copy of your BIR Form No. 2303 or any document that will prove exemption from VAT.</b></p>
Course Content	<p><b>LCM</b> - Introduction/ History &amp; Philosophy of Loss Control; Effective Executive Safety Practices; Safety Programming: A TQM Approach; Preparation of Loss Control Program; Cause and Effects of Loss Producing Events; Management Control of Loss; Economic s in Loss Control; Measurement Tools for Management and Table top exercise; Property Damage and Waste Control; Ergonomics in the workplace; Hazardous Materials; Personal and Group Communication; Behavior Motivation; Motor Fleet Safety; Incident Recall Techniques; Stress Management; Role of Safety in Risk Management; Evaluating Individual Performances.</p> <p><b>HIRADC</b> – Hazard Identification Risks Assessment &amp; Determining Controls Causes and Effects of Accidents and Illnesses, Accident Ratio Study, The HIRADC Process in Safety Management (Tools in Hazard Identification, Types of hazards, <b>Risk Assessment</b></p> <p>Note: Participants will develop the HIRADC Form <b>Monitoring and Review</b></p>
Notes	<p>1. Our objective is to help Safety Officers qualify and comply with the basic requirement of the Department of Labor and Employment (DOLE) in regard to training and to equip them the necessary knowledge and information that will enable them to prepare a Safety</p>



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	<p>Program suitable to their operations.</p> <ol style="list-style-type: none"><li>2. This seminar is a basic requirement for Accreditation as Safety Practitioner with the DOLE</li><li>3. For reservation please cut the reservation form and send it to Safety House, Inc. via email.</li><li>4. <b>50% down payment prior to the scheduled training, balance should be settled at least on the last day of the training.</b></li><li>5. Please provide 2x2 picture for the certificate.</li></ol>
<p>Training Requirements &amp; Guidelines</p>	<ol style="list-style-type: none"><li>1. We will be using ZOOM CLOUD MEETINGS for our online training</li><li>2. A stable internet connection with a minimum internet speed of 5MBPS.</li><li>3. Either a laptop or desktop with webcam.</li><li>4. SHI Personnel will test your internet connection stability after registration</li><li>5. We will give the zoom ID and Password upon approval of your registration</li><li>6. The whole training session will be recorded.</li><li>7. Participants are not allowed to turn off their camera during training sessions.</li><li>8. Please wear a proper attire during training</li></ol>



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## SAFETY HOUSE, INC.

### Reservation Form

*Seminar Title & Date* : LOSS CONTROL MANAGEMENT & HIRADC – February 16-20, 2026

Participants Information:	Company Information:
Surname:	Company:
First Name:	Company Address:
Middle Name:	Region:
Suffix:	Industry:
Age	Total Number of Workers:
Designation:	Company E-mail:
E-mail	Company Landline/Mobile:

**(PLEASE BE ADVISED THAT THE DETAILS ABOVE ARE NEEDED FOR COMPLETION OF REPORT AT OSH CENTER)**

### Please check your preference:

Mode of Payment  GCASH  Bank Transfer  Bank Deposit

For reservation, please contact Tina Catala at the above telephone numbers or simply cut the Reservation Form and send it back to us via email. **PLEASE MAKE CHECK PAYABLE TO SAFETY HOUSE, INC.**

### You can deposit your payment to our:

#### Metrobank Account:

Account Name: Safety House, Inc.

Account Number: 387-7-38700613-0

#### GCASH

Number: 0917-803-2619

Name: JEFFERSON M. CATALA