Republic of the Philippines

**DEPARTMENT OF LABOR AND EMPLOYMENT**

Regional Office No. \_\_\_\_

**VISIT CHECKLIST**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name of Establishment (Pangalan ng Establisyimento):** | **Employment** | | | |
|  | **Workers' Age** | **Male** | **Female** | **Total** |
| **Address:** | below 15 yrs. |  |  |  |
|  | 15-17 yrs. |  |  |  |
| **Name of Owner/President (*Pangalan ng may-ari/presidente*):** | 18-30 yrs. |  |  |  |
|  | 31-59 yrs. |  |  |  |
| **Name of Representative and Position (*Pangalan ng kinatawan at posisyon*):** | 60 yrs. & above |  |  |  |
|  | **TOTAL** |  |  |  |
| **Franchisee:** Yes (*Oo*)No (*Hindi*) | **Name of Worker** | **Daily Wage** | **Name of Worker** | **Daily Wage** |
| **Tel. No.(*Numero ng telepono*):** | 1 |  | 6 |  |
| **E-mail address:** |
| **Kind of Business (PSIC) (*Uri ng negosyo*):** | 2 |  | 7 |  |
| **Main Products/Services (*Pangunahing Produkto/Sebisyo*):** |
|  | 3 |  | 8 |  |
| **BMBE Registration:** Yes (*Oo*)No (*Hindi*) |
| **BMBE Registration No. and Date:** | 4 |  | 9 |  |
| **With wage exemption from RTWPB (*May wage exemption mula sa RTWPB*):**  Yes (*Oo***)** No (*Hindi*) |
| **If yes, date of wage exemption from RTWPB:**  ***(Kung oo, petsa ng wage exemption mula sa RTWPB)*** | 5 |  |  |  |
| **DILEEP Beneficiary? (*Benepisyaryo ng DILEEP*?):** Yes (*Oo*)No (*Hindi*) |
|  | | | | |
| **Instructions (Panuto):** | | | | |
| In the following checklist, please put "Y" if the indicator applies to you, and "N" if it does not apply. Write NA on those that are not applicable in your workplace. Please expound your answer under "REMARK" for purposes of illustration/clarification.  (*Sa sumusunod na checklist, mangyaring ilagay ang "Y" kung naaangkop sa iyo ang indicator, at "N" kung hindi ito naaangkop Isulat ang NA sa mga hindi naaangkop sa iyong establisyimento. Pakipaliwanag ang iyong sagot sa ilalim ng "REMARKS" para sa layunin ng paglalarawan/ paglilinaw.*) | | | | |

| **INDICATORS** | | **( Y/N )** | **REMARKS** |
| --- | --- | --- | --- |
| 1 | What is the normal working hours of your employees?  (*Ano ang karaniwang oras ng trabaho ng iyong mga empleyado*?) |  | A.M.  P.M. |
| 2 | What is the normal working days? (*Ano ang karaniwang araw ng trabaho*?) |  |  |
| 5 days a week (*limang araw sa isang linggo)* |  |  |
| 6 days a week (*anim na araw sa isang linggo)* |  |  |
| 7 days a week (*pitong araw sa isang linggo)* |  |  |
| 3 | Facilities Evaluation |  |  |
| 1. Do you provide board/lodging to the employees? (*Nagbibigay ka ba ng lugar na mapagpapahingahan o matutulugan sa iyong mga empleyado?*) |  |  |
| Is there an approved Facility Evaluation Order issued by Regional Tripartite Wage Productivity Board (RTWPB)? (*Mayroon ba itong Facility Evaluation Order na inaprubahan ng RTWPB?)* |  |  |
| If yes, when was the Facility Evaluation Order approved?: (*Kung oo, ano petsa kung kailan inaprubahan ang* Facility Evaluation *Order:*) |  |  |
| 1. Do you provide food allowance to the employees? (*Nagbibigay ka ba ng allowance sa pagkain sa mga empleyado?*) |  |  |
| If yes, how much? (*Kung oo, magkano?*) |  |  |
| 1. Do you provide transportation allowance to the employees? (*Nagbibigay ka ba ng allowance para sa transportasyon o pamasahe sa mga empleyado?*) |  |  |
| If yes, how much? *(Kung oo, magkano?*) |  |  |
| 4 | Are there instances that your workers render work beyond eight (8) hours? (*May mga pagkakataon ba na ang iyong mga empleyado ay nagtatrabaho ng lagpas sa walong (8) oras?*) |  |  |
| If yes, how many hours? (*Kung Oo, ilang oras?*) |  |  |
| Are they being given overtime pay? Yes or No? How much? (*Binigyan ba sila ng karagdagang bayad? Oo o Hindi? Magkano?*) |  |  |
| 5 | Are there instances that your workers render work during special non-working day? (*May mga pagkakataon ba na ang iyong mga empleyado ay nagtatrabaho tuwing special non-working day?*) |  |  |
| Are they given premium pay? If yes, how much? (*Binigyan ba sila ng premium pay? Kung oo, magkano ?*) |  |  |
| 6 | Are there instances that your workers render work between 10:00 p.m. - 6:00 a.m.? (*May mga pagkakataon ba na ang iyong mga empleyado ay nagtatrabaho sa pagitan ng 10:00 p.m at 6:00 a.m?*) |  |  |
| If yes, how many hours? (*Kung oo, ilang oras?*) |  |  |
| Are they given night shift differential pay? If yes, how much? (*Binigyan ba sila ng night shift differential pay? Kung oo, magkano?*) |  |  |
| 7 | Were there instances that your worker got pregnant? (*May pagkakataon bang nagkaroon kayo ng empleyadong buntis?*) |  |  |
| If yes, did you give the maternity leave benefit and how many days were provided? *(Kung oo, nag-avail ba sya ng maternity leave at ilang araw?*) |  |  |
| Was it a live childbirth? (*Buhay ba ng bata?)* |  |  |
| Or miscarriage? (*Sya ba ay nakunan?*) |  |  |
| If no, why? (*Kung hindi, bakit?*) |  |  |
| 8 | Were there instances that your male employee availed of paternity leave because his pregnant legal wife delivered a baby or suffered a miscarriage? (*May mga pagkakataon ba na ang iyong empleyadong lalaki ay nakapag-avail ng paternity leave dahil ang kanyang buntis na asawa ay nagsilang ng sanggol o nakunan?*) |  |  |
| If yes, did you give the paternity leave, and how many days were provided? (*Kung oo, nakapag-avail ba sya ng paternity leave at ilang araw?*) |  |  |
| If no, why? (*Kung hindi, bakit?*) |  |  |
| 9 | Were there instances that your solo parent employee availed the solo parent leave benefit? (*May mga pagkakataon ba na ang iyong empleyadong solo parent na ay nag-avail ng solo parent leave* benefit*?*) |  |  |
| If yes, did you give the solo parent leave, and how many days were provided? (Kung oo, nakapag-avail ba sya ng solo parent leave at ilang araw?) |  |  |
| If no, why? (*Kung hindi, bakit?*) |  |  |
| 10 | Were there instances that your employee availed the Violence Against Women and Children (VAWC) leave benefit? (*May mga pagkakataon ba na ang iyong empleyado ay nag-avail ng VAWC leave?*) |  |  |
| If yes, how many days? (*Kung oo, ilang araw?*) |  |  |
| 11 | Were there instances that your employee availed special leave benefits due to gynecological disorder? (*Mayroon bang pagkakataon na ang iyong empleyado ay nag-avail ng special leave benefit kaugnay ng kaniyang operasyon dulot ng gynecological disorder?*) |  |  |
| If yes, did you grant the special leave benefit? (*Kung oo, pinayagan mo ba ang empleyado na mag-avail ng special leave benefit*) |  |  |
| If yes, how many days? *(Kung oo, ilang araw?*) |  |  |
| 12 | Do you grant the 13th-month pay benefit to your employees? (*Ikaw ba ay nagbibigay ng 13th-month pay benefit sa iyong mga empleyado?*) |  |  |
| If yes, is it annually? (*Kung oo, taon-taon ba?*) |  |  |
| If no, when? (*Kung hindi, kelan?*) |  |  |
| 13 | Do you provide SSS, PhilHealth, and Pag-IBIG coverage for your employees, and remit their contributions? (*Nagbibigay ka ba ng coverage ng SSS, PhilHealth, at Pag-IBIG* *para sa iyong mga empleyado, at nire-remit ang kanilang kontribusyon?*) |  |  |
| 14 | Do you have the following employment records? (*Mayroon ba kayo ng mga sumusunod na employment records?*) |  |  |
| * Payroll |  |  |
| * Daily Time Record |  |  |
| * Employment Contract |  |  |
| * Authority to Render Overtime Work |  |  |
| * Application for Leave |  |  |
| * Company Policy |  |  |
| 15 | Occupational Safety and Health |  |  |
| * Do you have an OSH Orientation? (*Mayroon ba kayong OSH Orientation?*) |  |  |
| * Do you have an Occupational Safety and Health (OSH) Program in your establishment? (*Mayroon ba kayong Occupational Safety and Health (OSH) Program sa iyong kumpanya?*) |  |  |
| * Do you have an OSH Personnel in place such as First Aider/Safety Officer? (*Mayroon ba kayong OSH Personnel sa iyong kumpanya tulad ng First Aider/*Safety Officer*?*) |  |  |
| * What else? (Ano pa?) |  |  |
| * Do you have adequate OSH facilities such as the following: (*Mayroon ba kayong sapat na mga pasilidad sa OSH tulad ng mga sumusunod:*) |  |  |
| * Good Housekeeping |  |  |
| * Materials handling and storage |  |  |
| * Electrical and Mechanical Safety |  |  |
| * Chemical Safety |  |  |
| * Emergency Preparedness |  |  |
| * Fire Safety |  |  |
| * Personnel Protective Equipment (PPE) |  |  |

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| --- |
| **Best Employment Practice/s (*Mahusay na pamantayan sa paggawa*)**  ………………………………………………………………………………………………………………………………………………………………..……………...  ……………………………………………………………………………………………………………………………………………………………..………………...  ……………………………………………………………………………………………………………………………………………………………..………………... |

**Accomplished By:**

**Name (*Pangalan*): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

(Signature over printed name)

**Position (*Posisyon*): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date (Petsa): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**