



Department of Labor and Employment
REGIONAL OFFICE NO. NCR

REVISED APPLICATION FORM for
EVALUATION/ APPROVAL OF
CONSTRUCTION SAFETY & HEALTH
PROGRAM (CSHP)

B. Project Profile/Description

Name of the Project: (Please attach copy of Invitation to Bid/other documents indicating name and details of the project)

Complete Project Address/Location

Name of Project Owner

Tel. No: _____

Fax No: _____

Email : _____

Project Classification:

Estimated No. of Workers to
be deployed in the project:

Date of Estimated Start/Execution of
the project:

Month Day Year

Total Project Cost: _____

(Workforce of the project to
include workers of the sub-
contractor/s)

Duration of the project (Pls.
state the number of calendar days)

Brief Description of Activities/Work Flow (You may attach additional sheet, if necessary)



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 CONSTRUCTION SAFETY AND HEALTH PROGRAM**

OSH Personnel assigned to the project

Name of Appointed Safety Officer/s:

Date of his/her BOSH training: _____

(Pls. attach photo copy of Certificate of Completion on the Basic OSH Course for Construction Site Safety Officers issued by DOLE-BWC accredited Safety Training Organizations or recognized institutions)

Name of Appointed First-Aider/s:

Date of First –Aid Training: _____

Validity of ID: _____

(Pls. attach photo copy of Certificate of First-Aid Training and Valid First Aider ID from PNRC)

Other OH personnel (if more than 50 workers will be deployed in the project)

Name		Date of BOSH Training
OH Nurse		
OH Physician		
Dentist		

(If Heavy Equipment will be used in the Project)

List of Heavy Equipment to be Used in the Project
 (Please attach additional sheet, if necessary)

Name of Heavy Equipment Operator/s (To attach photo copy of skills certification from TESDA)

Profile of the person who prepared the CSH Program for the abovementioned Project:

Name and Signature

Educational Background:

 Signature over printed name

Work Experience in OSH:

Other Qualifications:

I HEREBY CERTIFY ON MY HONOR TO THE TRUTHFULNESS OF THE ABOVEMENTIONED INFORMATION. THE COMPANY HEREBY COMMIT TO STRICTLY IMPLEMENT THE ATTACHED CONSTRUCTION SAFETY and HEALTH PROGRAM DESIGNED FOR THE ABOVEMENTIONED PROJECT.

Submitted By:

Signature Over Printed Name _____

Position: _____

Date: _____