#### NO FEES REQUIRED FOR THE FILING, EVALAUTION AND APPROVAL OF CSHP

Revised Form.: CSHP-DO13-98: Date of Revision: June1, 2011

Complete Name of the Company/

Main /General Contractor

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#### Department of Labor and Employment REGIONAL OFFICE NO. NCR

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

Legal Basis: Section 5 of Department Order No. 13 s 1998

(Guidelines Governing Occupational Safety and Health In Construction Industry)

**Instructions**: This form shall be duly accomplished and submitted by the **MAIN/GENERAL CONTRACTOR** in applying for an approval of a Construction Safety and Health Program intended for a specific construction project.

Note: A CHECKLIST OF REQUIREMENTS shall be used in receiving the application.

Only an application form with a complete requirements and attachments will be processed. Application found with incomplete requirements will be given 15 calendar days to comply. Failure to comply within the prescribed period, the application will be deemed disapproved.

A. Company Profile/License/Registration of Main/General Contractor

Complete Address:

		Tel. No:				
		Fax No.				
Name of Project Manager/Contact Pers	on:	Email:				
Main Contractor PCAB License		Main Contractor Total employment				
No.		Male Female				
Date of Validity:  DOLE Registration of Main Contractor (	l	ich photo copy o	f Registration	forms rece	ived and a	oproved by
the concerned DOLE Regional Office)	1 10. atto	ion photo copy c				oprovod by
			Date Register	ed/Approved	DOLE	<u>RO</u>
a. per DO 18-02 (requires yearly re	newai)	-				
b. per Rule 1020, OSHS (one time	registra	tion)				
Sul	b-contr	actors' Profile	/License			
Name of Cub contractors (If and)	0	-f \\/\	No. of	PCAB	Validity	Date of
Name of Sub-contractors (If, any)		of Work and oject Cost	Workers	License	Date	DOLE Registration
1.						
2.						
3.						
4.						
7.						
5.						
(Use separate sheet, if necessary)						



## Department of Labor and Employment REGIONAL OFFICE NO. NCR

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

B. Pro	ect Profile/Description
ach copy of	Invitation to Bid/other documents indicating name and details of the

project)	y of Invitation to Bid/other docume	ents indicating name and details of the
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 subcontractor/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)

Revised Form.: CSHP-DO 13-98 Date of Revision: June1, 2011



### APPLICATION FORM for APPROVAL OF CONSTRUCTION SAFETY AND HEALTH PROGRAM

OSH Personnel assigned to the project						
Name of Appointe	d Safety Officer/s:		Name of Appointed First-Aider/s:			
Date of his/her BOSH training:		Date of First –Aid Training:				
(Pls. attach photo co	py of Certificate of Comple	etion on the	Validity of ID:			
	or Construction Site Safety		(Pls. attach photo copy of Certificate of First-Aid Training			
by DOLE-BWC accredited Safety Training Organizations or recognized institutions)		and Valid First Aider ID from PNRC				
Other OH person	nel (if more than 50 wo	orkers will be de	ployed	in the project)		
•	Name			Date of BOSH Training		
OH Nurse						
OH Physician						
Dentist						
	(If Heavy	Equipment w	vill be u	sed 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)						
				m for the abovementioned Project:		
Name and Signature Educational Back			ackgroun	u.		
		Work Experien	nce in OSH:			
Signature over	printed name					
		Other Qualifica	ations:			
I HEREBY CERTIFY ON MY HONOR TO THE TRUTHFULLNESS 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:						

Revised Form.: CSHP-DO 13-98 Date of Revision: June1, 2011