

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

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

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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 Name of the Company/ Main /General Contractor	Complete Address:
	Tel. No:  Fax No.
Name of Project Manager/Contact Person:	Email:
Main Contractor PCAB License No. _____	Main Contractor Total employment _____ _____ Male _____ Female _____
Date of Validity: _____	

DOLE Registration of Main Contractor ( Pls. attach photo copy of Registration forms received and approved by the concerned DOLE Regional Office)

	<u>Date Registered/Approved</u>	<u>DOLE-RO</u>
a. per <b>DO 18-02</b> ( requires yearly renewal)	_____	_____
b. per <b>Rule 1020, OSHS</b> (one time registration)	_____	_____

**Sub-contractors' Profile/License**

Name of Sub-contractors (If , any)	Scope of Work and Project Cost	No. of Workers	PCAB License	Validity Date	Date of DOLE Registration
1.					
2.					
3.					
4.					
5.					
<b>(Use separate sheet , if necessary)</b>					



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**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:

\_\_\_\_\_

Total Project Cost: \_\_\_\_\_

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

Date of Estimated Start/Execution of  
the project:

\_\_\_\_\_

Month Day Year

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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**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 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: \_\_\_\_\_