

Regional Office: DOLEO-RO8
Application No: _____



**Application for
CONSTRUCTION SAFETY AND HEALTH PROGRAM (CSHP)**

(Intended only for residential project/s (2 storey and below) or minor repair works with less than 10 workers.)

Project Name: _____

Project Complete Address/Location: _____

Project Duration: _____ Project Start: _____ Completion Date: _____
(No. of Calendar days) (Date of estimated start) (Date of project completion)

Estimated Project Cost: _____ Number of Workers: _____

Name of Contractor (if any): _____

Contractor's Address: _____

_____ Fax No.: _____

PCAB License No. _____ Date of Validity: _____ Email address: _____

Name of Project Owner: _____ Fax No.: _____

Project Owner Address: _____

_____ Email address: _____

Submitted by: _____

Signature over Printed Name

Position

COMMITMENT TO COMPLY on OSH

I/We _____ and _____
(Name of Contractor's Authorized Official and/or Project Owner)

do hereby commit and bind ourself to comply with the applicable provisions of the Occupational Safety and Health Standards (OSHS) and Department Order No.13 series of 1998 – Guidelines Governing Occupational Safety and Health in the Construction Industry. I/We hereby commit to implement a suitable Construction Safety and Health Program designed for the abovementioned project. I/We also acknowledge my/our responsibilities to provide the appropriate Personal Protective Equipment (PPE) and job safety and health instructions and training to all our workers during the duration of the project.

**Name of Project Owner
Signature Over Printed Name**

**Name of Contractor
Signature Over Printed Name**

(NOTE: NO FEES REQUIRED FOR APPLICATION, PROCESSING AND APPROVAL OF CSHP)