

 Ministry of Labor and Employment BARMM	REVISE APPLICATION FORM for EVALUATION/APPROVAL OF CONSTRUCTION SAFETY & HEALTH PROGRAM (CSHP)
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Legal Bases: Section 5 of Department Order No. 13 s 1998
 (Guideline governing Occupational Safety and Health in Construction Industry)
 (Item 1.1 of Labor Advisory No. 001, Series of 2020, MOLE-BARMM)

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 project:

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

Only an application form with a complete requirements and attachment 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: _____ _____ Telephone No. _____				
Name of Project Manager/Contact Person: _____	Email: _____				
Main Contractor PCAB License No: _____ Date of Validity: _____	Main Contractor Total employment ____ Male ____ Female ____				
DOLE/MOLE Registration of Main Contractor (Pls. attach photo copy of Registration forms received and approved by the concerned DOLE Regional Office or MOLE-BARMM)					
a. per DO 18-02 (requires yearly renewal)	<table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;"><u>Date Registered/Approved</u></td> <td style="text-align: center; border: none;"><u>DOLE-RO/MOLE</u></td> </tr> <tr> <td style="text-align: center; border: none;">_____</td> <td style="text-align: center; border: none;">_____</td> </tr> </table>	<u>Date Registered/Approved</u>	<u>DOLE-RO/MOLE</u>	_____	_____
<u>Date Registered/Approved</u>	<u>DOLE-RO/MOLE</u>				
_____	_____				
b. per Rule 1020, OSHS (one time registration)	<table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;">_____</td> <td style="text-align: center; border: none;">_____</td> </tr> </table>	_____	_____		
_____	_____				

Sub-contractor's Profile/License

Name of Sub-contractors (if, any) Registration	Scope of Work and Project Cost	No. of Workers	PCAB License	Validity Date License	Date of DOLE
1.					
2.					
3.					
4.					
5.					



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B. Project Profile/Description

Name of the Project:

Complete Project Address/Location

Name of Project Owner

Tel No: _____

Fax No: _____

Email: _____

Project Classification:
CIVIL WORK

Estimate No. of the workers
to be deployed in the project:

Date of Estimate Start/Execution
of the project:

Month Day Year

Total Project Cost _____

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

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

Brief Descript of Activities/Work Flow (you may attach additional sheets, if necessary)



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OSH Personal assigned to the project

Name of Appointed Safety Officer/s: _____

Name of Appointed First-Aider/s: _____

Date of his/her BOSH Training: _____

Date of First-Aid 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 organized institutions)

Validity of I.D: _____

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

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

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 Haevy Equipment operator/s (To attach photo copy of skills certificationb from TESDA

Profile of the person prepared the CSH Program for above mentioned Project:

Name and Signature

Educational Background:

Name and Signature

Work Experience in OSH:

Other Qualifications:

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

Submitted By:

Signature Over Printed Name: _____

Position: _____

Date: _____