



Regional Office: _____
Application No: _____

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

(Intended ONLY for Residential Project/s (2 storey and below) or minor repair works having 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: _____

Name of Project Owner: _____ Contact No. _____

Email address: (if any) _____ Fax No. _____

PCAB License No. _____ Date of Validity _____

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. We hereby commit to implement a suitable Construction Safety and Health Program designed for the abovementioned project. We also acknowledge 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 Contractor
Signature Over Printed Name

Name of Owner
Signature Over Printed Name

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