



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

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**COMMITMENT TO COMPLY on OSH**

I/We \_\_\_\_\_ and \_\_\_\_\_

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

do hereby commit and bind ourselves 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 Owner  
 Signature Over Printed Name

\_\_\_\_\_  
 Name of Contractor  
 Signature Over Printed Name

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