

Republic of the Philippines DEPARTMENT OF PUBLIC WORKS AND HIGHWAYS

OFFICE OF THE SECRETARYBonifacio Drive, Port Area, Manila



MAR 1 7 2025

DEPARTMENT ORDER				
)			
46)			
NO)			
Series of 2025	3 18 2025			

SUBJECT: Standard Forms and Templates in the Evaluation and Processing of Construction Safety and Health Program for DPWH Infrastructure Projects

In line with the Department Order No. 241, Series of 2024 – "Guidelines on the Processing, Approval and Reporting System of Construction Safety and Health Program (CSHP) for DPWH Infrastructure Projects" and to ensure the uniformity of documented information in the evaluation and processing of CSHPs for DPWH implemented projects, the following **Standard Forms and Templates** applicable for both locally funded and foreign assisted projects are hereby issued to be utilized by all Implementing Offices of the Department:

- (a) Application Form for the Evaluation/Processing of CSHP
- (b) CSHP Evaluation Checklist
- (c) CSHP Approval Sheet
- (d) CSHP Template

These forms are duly prescribed by the Department of Labor and Employment (DOLE) and modified to suit the administrative structure of the DPWH pursuant to the provisions under Section 3 of the Joint Memorandum of Agreement entered into by the DPWH and DOLE dated October 07, 2024.

The standard forms and templates can be downloaded from the DPWH Intranet under Forms section.

This Order shall take effect immediately.

Department of Public Works and Highways
Office of the Secretary

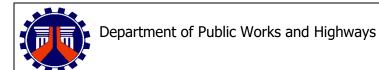
Secretary

WIN5W02328

NO FEES REQUIRED FOR THE FILING AND EVALUATION OF CSHP

DPWH-QMSP-14-134-Rev 00

Department of	CONS	EVALUAT TRUCTION PROGR	ATION FO TION/PRO N SAFETY AM (CSH	OCESSING OF & HEALTH		
 Legal Bases: Presidential Decree No. 4 Republic Act No. 11058 DOLE Department Order DOLE Labor Advisory 06, DPWH Department Orde DOLE and DPWH Joint M dated October 07, 2024 		plementing	Office:			
Instructions: This form shall be duly accomplished and submitted by the CONTRACTOR/SUBCONTRACTOR in applying for a Construction Safety and Health Program intended for a specific construction project. Note: THE CHECKLIST OF REQUIREMENTS shall be used in receiving the application. Only applications with complete requirements and attachments will be processed.						
		File/License/R				
	Complete Name of the Contractor Complete Business Address of the Contractor Tel. No: Fax No.					
Name of the Authorized Managing Officer/ Contact Person: Tel. No: Mobile No: Email:						
Contractor's PCAB/JV Licens	se No:	Number of wo	rkers:			
Date of Validity:		Male:	Female:	Total	employme	nt:
		ed Subcontrac			T =	
Name of Sub-contractors	Scope	e of Work	No. of Workers	PCAB License	Date of Validity	Date of DOLE Registration
1.					,	-5
2.						
3.						
4.						
(Use separate sheet, if necessary)						



APPLICATION FORM FOR THE EVALUATION/PROCESSING OF CONSTRUCTION SAFETY & HEALTH PROGRAM (CSHP)

B. Contract Profile/Description

\mathbf{c}	ntra	~ +	т	n	
LU	IILI A	LL		u	١.

Contract Name: (Please indicating name and deta		Award or Notice to Proceed or other documents
Contract Location:		
Project Classification:		Date of Estimated Start/Execution of the project: /
Total Contract Cost:		Duration of the project (Pls. state the number of calendar days)
Estimated number of v	workers to be deployed	i:
Phase/Stage:	Construction Activity	Estimated No. of Workers:
-	onstruction Activities/Nonal sheet, if necessary	Nork Flow as presented in the Scope of Works)



Department of Public Works and Highways

APPLICATION FORM FOR THE EVALUATION/PROCESSING OF CONSTRUCTION SAFETY & HEALTH PROGRAM (CSHP)

				PROGRAM	(CSHP)	
	OSH Perso	onnel assigne	ed to the pr	oject		
Designated Safety Officers			Designated	l First Aider:		
Name		Date of Training	N	lame	Date of Training	ID Validity
(Please attach photocopy of the Basic OSH Course for Officers issued by DOLE-BWO Organizations or recognized	r Construction Caccredited S	n Site Safety	First-Aid T	ach a photocop raining and va r, DOH, Burea TVIs with TES	lid First iI ID au of Fire au	from Phil nd DOLE-
				E-Accredited file		g provider
Other OH personnel (if m	ore than 50		be deploye			
OH Nove -		Name		Date of requ	ired BOSH Ti	aining
OH Nurse						
OH Physician						
Dentist	/75.11			1: 11 5		
1	•	<u>ry Equipment</u>				,
List of heavy equipment to 1. 2. 3. 4. 5.			1. 2. 3. 4. 5.	Heavy Equipm		
(Please attach additional she	et, ir necessai	ry.)	TESDA.)	otocopy of s	KIIIS CERTIFICAT	ion from
Profile of the person	who prepare	ed the CSH Pi		the aboveme	entioned Pro	ject
		Educational E				
		Work Experie	nce in OSH:			
Signature over printed (Safety Officer)	name	Other Qualific	cations:			
I HEREBY CERTIFY ON MY HEREBY COMPANY HEREBY COMPAND HEALTH PROGRAM DESEMBLES	MMITS TO ST	RICTLY IMPLE	MENT THE	ATTACHED CO		
Signature Over Printed Na	ime	Position			Date	



vicinity of the construction site

DEPARTMENT OF PUBLIC WORKS AND HIGHWAYS

Quality Management System

		CSHP Evaluation Checklist						
Tm	nler	nenting Office:						
		of Contractor:						
		ct ID:						
		ct name:						
		ct location:						
		Particulars Particulars	Yes	Ma	N/A		Remarks	
_	Ga	neral Requirements	1 63	NO	N/A		Keiliai KS	
Α.		Duly accomplished application form for CSHP		Ī				
	1.	, , , , , , , , , , , , , , , , , , , ,						
		evaluation (2 copies)			1			
	۷.	Safety and Health Program. 2 copies, 1 copy must be original						
	3.	Letter of intent addressed to the Head of						
		Implementing Office, indicating the name of						
		authorized contact person with telephone number/s						
		(1 copy)						
В.	C	SHProgram must contain the following:		-				
	1.							
		(please indicate if accredited by DOLE as OSH						
		Practitioner)						
	2.	Project Description:						
		a. Specific name of project						
		b. Location of the project						
		c. Project classification						
		d. Project owner						
		e. Name of main contractor						
		f. Estimated number of workers to be deployed						
		g. Estimated start of execution of project						
		h. Estimated duration						
	3.	i. Scope of work to be undertaken Company Safety Policy written on a company			+			
	٥.	letterhead						
		Must be duly signed by the highest company						
		official or the highest ranking company						
		representative who has over-all control of project						
		execution						
	4.	Composition of Safety and Health Committee						
		Must specify the proposed structure and						
		membership of the safety and health committee						
	5.	Names of Site Safety and Health personnel			†			
		Depending on the number of workers to be						
		deployed in the construction site						
	6.	Specific duties and responsibilities of the						
		designated Safety Officer						
	7.	SPECIFIC PROVISIONS ON THE FOLLOWING	(if ap	plica	ble):			
		a. On-site safety and health promotion and						
		continuing information dissemination						
		b. Accident and incident investigation and reporting						
		system			<u> </u>			
		c. Protection of the general public within the						



DEPARTMENT OF PUBLIC WORKS AND HIGHWAYS

Quality Management System

CSHP Evaluation Checklist

	Particulars	Yes	No	N/A	Remarks
	d. Environmental control				
	e. Guarding of hazardous machinery				
	f. Personal protective equipment				
	g. Handling of hazardous substances				
	h. General materials handling and storage				
	i. Workers skills and certification (for critical				
	occupation)				
	j. Provisions for transportation facilities for workers				
	in case of emergency				
	k. Temporary fire protection facilities and				
	equipment				
	I. First aid and health care medicines, equipment				
	and facilities				
	m. Workers welfare facilities				
	n. Proposed hours of work and rest breaks				
	o. Construction waste disposal				
	p. Testing and inspection of construction heavy				
	equipment.(if construction heavy equipment will be				
	utilized in the project)				
	q. Disaster and emergency preparedness				
	r. Pandemic control plan, if applicable				
8.	Standards Operating Procedure and Job Hazar	rd Ana	alysis	for a	ny of the following activities
	or other hazardous work not outlined herein.				
	a. Site clearing				
	b. Excavations				
	c. Erection and dismantling of scaffolds and other				
	temporary working plarforms				
	d. Temporary electrical connections/installations				
	e. Use of scaffolds and other temporary working				
	platforms				
	f. Working at unprotected elevated working				
	platforms or surfaces				
	q. Use of power tools and equipmenth. Gas and electric welding and cutting operations				
	The das and electric welding and cutting operations				
	i. Working in confined spaces				
	j. Use of internal combustion engines				
	k. Handling hazardous and/or toxic chemical				
	substances				
	I. Use of hand tools				
	m. Use of mechanized lifting appliances for				
	movement of materials				
	n. Use of construction heavy equipment				
	o. Demolition				
	p. Installation, use and dismantling of hoist and				
	elevators				
9	Penalties/Sanctions for violation of the				
	provision/s of the Safety and Health				
	Program				



DEPARTMENT OF PUBLIC WORKS AND HIGHWAYS

Quality Management System CSHP Evaluation Checklist

		CSHP Evaluation	Checklist	
C. A	TTACHMENTS		, , ,	
1.		of registration forms received and		
		OOLE Regional Office:		
	•	1020 of the OSHS (one time		
	registration)			
2.	Photocopy of the winning	of Notice of Award duly conformed by bidder		
3.	Photocopy o	of the valid PCAB license		
		enture (JV)- Contractor's PCAB Special		
	JV License a	ind JV Agreement		
4.		of certificate of completion on required Il designated OSH Personnel		
	•	ficer - Construction Site Safety Officer		
	, ,	other related trainings		
		r - Standard First Aid Training and		
	valid ID as a			
	applicable	- BOSH Training for OH Nurse, if		
	-	cian - Basic Course on Occupational		
	Medicine, if	• •		
5.		signation of Safety Officer		
6.		f Inspection and Testing of		
		n Heavy Equipment (CHE) conducted by credited inspection and testing		
		, if applicable		
7.		cate of workers (Critical occupations)		
/.		ction Heavy Equipment operators		
	issued by Ti			
8.		h nearby hospital/clinic in lieu of the		
0.		rmary/hospital, if applicable		
9		to prove that the project is not yet		
		nished, if needed		
RESU	JLT OF EVAL	JATION:		
_	•	mmended for approval		
	ecommended f	or disapproval		
Re	easons:			
	Incomplete	documents, please specify:		
Invalid documents, please specify;				
Evalua	ted by:			
	c:	anaturo ovor printod namo		
	Si	gnature over printed name DPWH CSHP Evaluator	Dato	
		DEMU COUL ENGINATOL	Date:	



DEPARTMENT OF PUBLIC WORKS AND HIGHWAYS

Quality Management System

CSHP APPROVAL SHEET

Implementing Office:				
Contract ID:				
Contract Name:				
Contract Location:				
Contractor:				
PCAB License No.:			Validity:	
Designated Safety Officer:				
Designated First Aider: Designated OH Personnel (if ap	nnlicable):			
Total Estimated No. of Workers				
Contract Duration:				
Date of Estimated Start/Execut				
No. of Subcontractors:				
Name of Subcontractors	PCAB License No.		Validity	
			•	
(Use separate sheet if necessar	ary)			
provisions of the DOLE and DP Based on the evaluation of the satisfactorily complied with the Standards, DOLE D.O. No. 13, amendment.	e requirements subm e minimum requireme	nitted by the ents of the (e contractor, the saic Occupational Safety a	l Program nd Health
In view of the foregoing, the omentioned project. The contraction of the implement construction/project activities in the construction of the cons	ctor with its subcontr ntation of a suitab	actors shall le CSH Pr	be responsible in engogram designed fo	suring the r specific
This approval is without prejud Certificate of Inspection and T testing organization in case sai	Testing of Constructi	on Heavy E	quipment from the a	
Likewise, the Approved CSHP other systems and procedures reviewed by the contractor fro procedures which must be in a	applicable and necommutime to time to mo	essary for todify and in	he project. The CSH clude appropriate sys	P may be stems and
Recommending Approval:		APPROV	ED:	
NAME & SIGNATURE CSHP Focal Person/Provisional Date:	Focal Person	Head of Ir	SIGNATURE mplementing Office	

CONTRACTOR'S LETTERHEAD

CONSTRUCTION SAFETY AND HEALTH PROGRAM TEMPLATE

1.0 Statement of Commitment to Comply with OSH Requirements

I, (<u>Name of Contractor's Authorized Official</u>), by accomplishing this Construction Safety and Health Program do hereby commit and bind ourselves to comply with the requirements on the Guidelines Governing Occupational Safety and Health in the Construction Industry and the applicable provisions of the Occupational Safety and Health Standards (OSHS).

We (also) acknowledge our obligation and responsibility/ies to provide throughout the course of the project the appropriate personal protective equipment (PPE) as an added protection for our workers and employees.

We also (hereby) commit to implement the necessary job safety and health instructions and training to all our workers for the entire (during the) duration of the project, as well as the safety of the general public.

Signature Over Printed Name of Contractor

2.0 Company Safety and Health Policy

It is the general policy of <u>(Name of Contractor/company)</u> to perform work in the safest manner possible and consistent with good construction practices. To fulfill the requirements of this policy, an organized and effective Construction Safety and Health Program as described in this program and in consonance with DOLE OSH Standards must be carried out on every project.

To achieve these objectives, we are committed to perform the following:

- 2.1 Identify potential hazards that may arise from the programmed work activities through the performance of HIRAC;
- 2.2 Organize the work activities so as to minimize the risk arising from them;
- 2.3 Develop and implement project-specific safety and health program;
- 2.4 Establish and enforce all necessary safe work procedures, rules, and regulations;
- 2.5 Ensure that all workers are given orientation/briefing or induction prior to their deployment to the site:
- 2.6 Establish a site safety and health committee to act as the policy-making body of the project on all issues pertaining to safety and health;
- 2.7 Ensure that the project site has appropriate and competent safety and health personnel and has adequate safety and health facilities
- 2.8 Ensure the conduct of daily toolbox meetings; and
- 2.9 Establish a system of follow-up of actions and periodic assessments to check program effectiveness.

3.0 Project Details

i. Specific name of project and name of owner:	ii. Location of the project:
iii. Classification of the project:	iv. Name of the general constructor (a constructor that has general supervision over other constructors in the execution of this project and that directly receives instructions from the owner or construction project manager, if any)
 □ General Building Construction □ General Engineering Construction □ Specialty Trade Construction □ Others, please specify: 	
v. Name of project manager/contact number/email (the overall technical personnel of the general constructor and or the subcontractor in charge of the actual execution of this project)	vi. Name of resident engineer, if any (a duly licensed engineer who shall be tasked to be present at the construction site at all times, whenever work is being undertaken, and shall have the responsibility of assuring the technical conformance of all designs, materials, processes, work procedures rendered for the execution of this project, including safety and health of all persons within the construction site)
vii. Name and Classification of Constructors (synonyme have the capacity to undertake or submit a bid to, or does himse subtract from, improve, move, wreck or demolish any building, he development or improvement, or to do any part thereof, including connection with this project. The term constructor includes subconnection.	nighway, road, railroad, excavation or other structure, project, og the erection of scaffolding or other structures or works in
Name of contractor/subcontractor	Classification
1	
ix. Number of workers	x. Work hours, including shift
1st shift: Male: Female: 2nd shift: Male: Female: 3rd shift: Male: Female:	1st shift: from
xi. Construction Heavy Equipment to be utilized (indicate the numbers)	xii. Projected dates of commencement and completion
□ Backhoe: □ Dozer: □ Loader: □ Dump truck: □ Crane: □ Grader: □ Others, please specify:	Start Date: End Date: Days to Complete:

xiii. Name and address of emergency health provider (any person or organization who is certified or recognized by the Department of Health and who can provide the same or equivalent emergency health services as an emergency hospital, including emergency treatment or workers on site, emergency transport and care during transport of injured workers to the nearest hospital, with adequate personnel, supplies, and facilities for the complete immediate treatment of injuries or illnesses
xiv. Total project cost
xvi. Itemized cost on OSH (Use additional sheet if necessary)
a. PPE b. Signages c. Orientation/ Training
4. Construction Safety and Health Committee
DOLE guidelines require that the rules of the Construction Safety and Health Program must be observed and enforced at the project site. Each site shall, at the start of the construction, have a construction safety and health committee. With respect to this project, the committee will be organized in accordance with the requirements of Rule 1040 of the Occupational Safety and Health (OSH) Standards of the Department of Labor and Employment (DOLE).
4.1 Composition of Construction Safety and Health Committee (CSHC)
Our CSHC at the (Name of Project) consist of:
a. Project Manager or his representative as the chairperson ex officio
Chairperson:
b. General Construction Safety and Health Officer/s (overall in charge of the implementation of the OSH program of this project hired by the General Constructor. Please attach a certificate of training/s prescribed by DOLE. Numbers will be dependent on the number of workers and heavy equipment)
Safety Officer: Safety Officer: Safety Officer:
c. Construction Safety and Health Officer/s from Subcontractors (any employee/worker trained and, in addition to their regular duties and responsibilities tasked by his employer to implement occupational safety and health program in accordance with the provisions of the OSH Standard. Please attach a certificate of training/s prescribed by DOLE).
Safety Officer: Company: Safety Officer:

	S	Company: Cafety Officer: Company:	
d.	em	ployer to provid	alth Personnel (qualified first-aider, nurse, dentist, or physician, engaged by the de occupational health services in the establishment/undertaking. Please attach ang/s prescribed by DOLE):
		First Aider:	Dentist:
		Company:	Company:
		First Aider:	Dentist:
		Company: _	Company:
		First Aider:	Dentist:
		Company:	Company:
		Nurse:	Physician:
		Company:	Company:
		Nurse:	Physician:
		Company: _	Company:
		Nurse:	Physician:
		Company:	Company:
e.	em	ployer and all c	entative (minimum of 3 union members if organized, not necessarily from one constructors should be represented)
		lame:	Name:
		esignation:	Designation:
	C	Company:	Company:
	Ν	lame:	
	С	esignation:	
	C	company:	
12	Dut	tion of the CSU	I Committee shall include but are not limited to the following:
4.2			os, and oversees the accident prevention programs for the construction project;
	b.	•	cident prevention efforts of the construction project in accordance with the safety
		programs and	I performance and government regulations in order to prevent accidents from
		occurring in th	
	C.	Conducts safe	ety meetings at least once a month. The committee will hold a safety meeting every of the month;
	d.	Submits report	of the month, ts to the project manager on its meetings and activities one day after the meeting;
	e.		rts of inspection, accident investigation, and implementation of the program;
	f.	•	essary assistance to government inspecting authorities in the proper conduct of
		•	ifically on the enforcement of the provision of OSHS;
	g.		hly the following safety and health reports to the DOLE Regional Office having
	h.	jurisdiction over	er the project: Il safety and health committee meetings agreements;
	i.	•	Il accident investigation reports using DOLE/BWC/ OHSD/IP-6 form;
	j.		ards assessment with the corresponding remedial measures/actions for each

hazard;

- k. Annual Medical Report using the form DOLE/BWC/HSD/OH-47-A (if the duration of the project is
 - more than one (1) year); and
- I. Initiates and supervises safety and health training for employees. Provide proof/s of training/orientation.

Type of OSH	OSH Personnel who conducts/supervises the training/orientation	Number of Attendees		
Training/Orientation		Male	Female	
40-Hour Construction Occupational Safety and Health Course				
Mandatory OSH Orientation to all workers				
Others				

4.3 Duties of the Safety Officer

The principal function of the safety officer assigned to this project is to act as the employer's (needs identification) principal assistant and consultant in the application of programs to remove the hazard from the workplace and to correct unsafe work practices. For this purpose, the safety officer has the following duties:

- a. Serves as Secretary to the CSHC, as such will perform the following:
 - Prepare minutes of meetings:
 - Report status of recommendations made:
 - Notify members of the meetings; and
 - Submit (needs identification) to the employer a report of the activities of the committee, including recommendations made.
- b. Acts as an advisory capacity on all matters pertaining to health and safety for the guidance of the
 - employer and the workers.
- c. Conducts investigation of accident as member of the Construction Health and Safety Committee and submits separate report and analysis of accident to the employer (needs identification).
- d. Coordinates all health and safety training programs for the workers/employees and employer (needs identification).
- e. Conduct health and safety inspections as a member committee.
- f. Maintains or helps in the maintenance of an efficient accident record system and coordinates actions taken by supervisors to eliminate accident causes.
- g. Provide assistance to government agencies in the conduct of safety and health inspection, accident investigation, or any other related program.
- h. For the purpose of effectiveness in the project site, the Safety Officer is to report directly to the employer (needs identification).

4.4 Dangerous Occurrence or Major Accident

In case of any dangerous occurrence or major accident resulting in death or permanent total disability, we will notify the DOLE Regional Office within 24 hours of the occurrence. After the conduct of the investigation by our concerned safety and health officer, we will report all permanent total disabilities to the DOLE Regional Office at the 30th of the month following the date of occurrence of an accident using the DOLE/BWC/HSD-IP-6 form.

5.0 Emergency Occupational Health Personnel and Facilities

Section 15 of D.O. No. 198-18 states that the covered workplaces shall have qualified occupational health personnel such as certified first-aiders, nurses, dentists, and physician duly complemented with the required medical supplies, equipment and facilities.

Emergency Health Personnel and Facilities

Construction Stages	Our number of workers during this stage	Health Personnel & Facilities			
		Health Personnel	Facilities		

(Use additional sheet if necessary and attach all required training certificates in this section.)

6.0 Safety & Health Promotion & Education

The (Name of Company) is committed at ensuring that all workers or employees are given orientation/briefing or induction prior to deployment to the site. It is our continuing effort to promote safety and health consciousness to all people involved in this project by providing them with the necessary safety and health training and education to enhance their knowledge and skills to enable us to attain a safe and healthful project site.

6.1 Workers Safety and Health Orientation/Trainings

We require new workers to mandatorily attend our safety & health orientation before they are deployed to this project site. The assigned Safety Officer, (Complete Name), will conduct of this orientation. We ensure that they receive instruction and training regarding the general safety and health measures we plan to implement for this project, specifically:

- basic rights and duties of workers at the jobsite;
- means of access and egress both during normal work and in emergency situation;
- measures for good housekeeping;
- location and proper use of welfare amenities and first –aid facilities;
- o proper care of PPEs and other protective clothing;

- general measures for personal hygiene and health protection;
- o fire precautions to be taken;
- o action to be taken in case of any emergencies; and
- o requirements of relevant health and safety rules and regulations.

Below is the list of workers who have undergone the DOLE-prescribed safety and health training and orientation

Name	Title of training attended	Remarks

(Use additional sheet if necessary)

6.2 Specialized Instruction and Trainings

DOLE OSH for construction activities requires specialized instruction and training be given to any person holding a critical occupation.

The inventory lists of our workers who hold critical occupations and attended the specialized training are listed below. (*Please attach training certificates*)

Name	Title of training attended	Remarks

(Use additional sheet if necessary)

7.0 Toolbox Meeting

Toolbox meeting or gang meeting is a daily meeting among workers and their respective supervisors for the purpose of instruction, discussion, and proper briefing on the planned work, the assessment of past work, the possibility or actual occurrence of accidents at the site, tips and suggestions on how to prevent possible accidents and other related matters.

7.1 Responsible for the Toolbox Meeting

The following supervisor or any designated person (e.g. foreman, leadman, gang boss, etc.) is required to conduct daily toolbox or similar meetings prior to starting the tasks for the day to discuss with the workers and anticipate safety and health problems related to every task and the potential solutions to those problems. The supervisor will remind the workers of the necessary safety precautions that need to be undertaken.

Name of Supervisor	Time of Toolbox Meeting (indicate shift, e.g. 1st, 2nd, 3rd)	Means of Documentation (attach sample instrument)

Use additional sheet if necessary)

8.0 Accident/Incident/Illnesses Investigation & Reporting

We consider accident/incident/illness investigation and reporting as our responsibility. Absenteeism can greatly affect our work schedule. Looking for replacement can be costly for the company, the hiring effort, training of new workers, and the loss of job momentum affects our productivity. We involve our supervisors in this program because they are more familiar with the people involved, they have a better understanding of the operation. For this reason, the (name of company) is committed to include this responsibility to all supervisors and made them aware about it.

8.1 Persons responsible for conducting the investigation

In this project, the following person/s will be assigned to conduct an accident/incident investigation:

All accidents	All incidents/near miss	Illnesses

8.2 Conducting and documenting the accident/illnesses investigation

In conducting the accident/illness investigation, we gather facts, analyze them and make the necessary recommendation. (*Please attach sample forms that will be used to document your investigation*)

8.3 Compliance with Government Requirements

We will submit the following reports to the DOLE Regional Office concerned:

- a. In case of any dangerous occurrence or major accidents resulting in death or permanent total disability using the form (DOLE/BWC/OHSD/IP – 6). Notification of major accidents to the DOLE Regional Office concerned within 24 hours.
- b. Summary of Work Accident/Illness Exposure Data Report will be submitted on or before the 20th of the month following the date of occurrence of the accident (for those projects with short duration or less than one-year duration).
- c. Annual Work Accident/Illness Report using the form DOLE/BWC/OHSD/IP 6B for those construction projects with more than one-year duration.

9.0 Personal Protective Equipment (PPE)

Every employer shall, at his own expense, furnish his workers with protective equipment for eyes, face, hands, feet, lifeline, safety belt/harness, protective shields, and barriers whenever necessary by reason of the hazardous work process or environment, chemical or radiological or other mechanical irritants or hazards capable of causing injury or impairment in the function or any part of the body through absorption, inhalation or physical agent.

Provision of PPE shall be in accordance with Rule 1080 of the OSHS (must include Rule 1070 for noise). The equivalent cost for the provision of PPE (life span, depreciation, replacement, etc.) shall be an integral part of the project cost.

Item No.	Type of PPE	Quantity needed	Unit Price	Total cost

(Use additional sheet if necessary)

9.1 Cleaning and Proper Maintenance of PPEs

It is important that all PPE be kept clean and properly maintained. Cleaning is particularly important for eye and face protection where dirty or fogged lenses could impair vision. Our workers or employees inspect, clean, and maintain their PPE according to the manufacturers' instructions before and after each use. Our supervisors are responsible for ensuring that users properly maintain their PPEs in good condition.

We enforce our rule that PPEs must not be shared between workers or employees until it has been properly cleaned and sanitized. PPEs are distributed for individual use whenever possible.

If workers or employees provide their own PPEs, we make sure that it is adequate for the workplace hazards, and that it is maintained in a clean and stored in conducive condition.

We never allow the use of defective or damaged PPEs. We immediately discard and replace them to avoid any unintentional use.

We also consider the importance of ensuring that any contaminated PPE which cannot be decontaminated is disposed of in a manner that protects workers or employees from exposure to hazards

10.0 Protection of the General Public

We comply with Rule 1412.09 of the DOLE OSH standard in providing a safely covered walkway over the sidewalk for use by pedestrians in a building construction work less than 2.3 meters (7feet) from a sidewalk or public road.

We comply with Rule 1412.10 of the OSH Standard, Protection from Falling Materials. We observe the following:

- We will take the steps to protect workers from falling materials, such as the provisions of safety helmets and safety shoes.
- We will ensure that tools, objects, and materials including waste materials) will not be thrown or tipped from a height, but will be properly lowered by crane, hoist, or chutes. If such is not practicable, the area where the material is thrown will be fenced and no person will be allowed in the fenced area.

11.0 Safety Signages

Our safety signages provide warning to workers and employees and the public about the hazards around the project site. These will be posted in prominent positions at a strategic location visible as far as possible in a language understandable to most of the workers and employees as well as the public.

- The specific safety signages we intend to set up for this project include but are not limited to:
- Mandatory requirement on the usage of PPE prior to entry to the project site (attach sample picture of this signage that you plan to use for this project);
- Areas where there are potential risks of falling objects (if applicable, attach a sample picture of this signage that you plan to use for this project);
- Areas where there are potential risks of falling (if applicable, attach a sample picture of this signage that you plan to use for this project);
- Areas where explosives and flammable substances are used or stored (if applicable, attach a sample picture of this signage that you plan to use for this project);
- Areas where there are tripping or slipping hazards (if applicable, attach a sample picture of this signage that you plan to use for this project);
- Approaches to working areas where danger from toxic or irritant airborne contaminants/substance may exist which should indicate the name of the contaminant/substance involved and the type of respiratory equipment to be worn (if applicable, attach a sample picture of this signage that you plan to use for this project);
- All places where contact with or proximity to electrical/facility equipment can cause danger (if applicable, attach a sample picture of this signage that you plan to use for this project);
- All places where workers may come in contact with dangerous moving parts of the machineries or equipment (if applicable, attach a sample picture of this signage that you plan to use for this project);
- Location of the fire alarms and fire-fighting equipment (attach sample picture of this signage that you plan to use for this project);
- Instructions on the usage of specific construction equipment (if applicable, attach a sample picture of this signage that you plan to use for this project);
- Periodic updating of man-hours lost.

no longer apply to the current hazard.

11.1 Inspection and Maintenance of Safety Signages

We will regularly inspec	ct and maintain in good condition all safety signages that we will be providing for
this project. The person	n in charge in inspecting is/are (complete name of person/s), he/she is/are our
(designation). Inspectio	n will be carried out on a (specify: daily, weekly, monthly).
Our	will remove and replace any signages that are damaged, illegible, or

12.0 Construction Workers Skills Certification

The company will ensure that all workers assigned in the critical occupations and those who will be assigned in the operation of construction heavy equipment (CHE) will undergo mandatory skills testing for certification by TESDA (Attach TESDA certificates of those workers certified by TESDA.)

13.0 Testing & Inspection of Construction Heavy Equipment

All construction heavy equipment will be tested and inspected in accordance with the requirements of OSHS. The company will ensure that all heavy equipment will be operated by qualified and certified operators. (Attach Certificate of Testing and Inspection of CHE used issued by DOLE Accredited Testing Organizations for CHE and TESDA certificate of CHE operator/s).

14.0 Control Measures on Construction Activities

To ensure safe and healthy working conditions throughout the duration of the project the following control measure activities will be enforced and disseminated to all the workers in the site:

Major activities for this project include but not limited to the following: (please check on the box all that

14.1 Major Activities

applies)	• "	
 □ Demolition □ Earthmoving □ Scaffold □ Structural Steel □ Concreting □ Welding □ HVAC □ Painting □ Others (please specify) 	 □ Excavation □ Piling □ Formwork □ Crane Operation □ Rebar works □ Electrical □ Plumbing □ interior Decoration 	

14.2 Hazards Identified

Based on the list of activities for this project, we found the following potential hazards that we may possibly encounter in the course of project implementation:

a. Physical Hazards

•	most workplaces. The physical hazards that we identified for
inis project include but are not ilmited to the	e following: (please check on the box all that applies)
□ machineries	□ power and hand tools
□ electrical	□ ladders and scaffolds
□ noise	□ ventilation
□ exposure to heat	□ tripping

□ fall hazards □ others (please specify)	□ collapse
b. Chemical Hazards	
Chemical hazards are present workers handle chem Some are safer than others, however, some workers solutions causing illness, skin irritation or breathing pr	are more sensitive to chemicals, even the common
The chemical hazards that we identified for this projec check on the box all that applies)	t include but are not limited to the following: (please
□ solvents	□ paint products
□ acids	□ cleaning products
□ acetylene	□ propane
□ gasoline	□ explosive chemical
u welding fumes	□ others (please specify)
c. Biological Hazards	
Biological hazards come from working with infection biological hazards that we have identified for this p (please check on the box all that applies)	• • •
□ blood or other body fluids	□ fungi
□ bacteria and viruses	□ plants
□ insect bites	□ animal and bird droppings
□ others (please specify)	11 3

d. Ergonomic Hazards

Ergonomic hazards occur when the type of work, body position, and working conditions put a strain on the body. They are the hardest to spot since one does not immediately notice the strain on your body or

exposure, but long-term exposure can result in serious musculoskeletal injuries. The ergonomic hazards that we identified for this project include but are not limited to the following: (please check on the box all that applies) □ poor lighting □ frequent lifting □ poor posture □ repetitive motion □ exertion of force □ awkward movement c □ others (please specify) (Enumerate control measures to address those hazards identified, Use an additional sheet if necessary) 14.3 Safe Work Practices

the harm these hazards pose. Short-term exposure may result in "sore muscles" on the days following

Safe work practices are procedures adopted for carrying out specific tasks that ensure workers' exposure to hazardous situations, substances, and physical agents is controlled in a safe manner. Safe work practices are generally written methods outlining how to perform a task with minimum risk to people, equipment, materials, environment, and processes. It should be developed as a result of completing a Hazard Assessment and should closely reflect the activities in this project.

All safe work practices should be kept in a location central to the work being performed and readily available to the workforce. Some safe work practices will require specific job procedures, which clearly set out in chronological order each step in a process.

(Enumerate below the safe work practices that you intend to perform relative to the hazards you previously identified above.)

15.0 First-Aid, Health Care Medicines, and Equipment Facilities

The company will provide first-aid kits and health care medicines and facilities for workers on the site in accordance with the requirements of Rule 1960 of the OSHS.

16.0 Workers' Welfare Facilities

The following welfare facilities will be provided on the site to ensure humane working conditions:

- Adequate supply of safe drinking water
- Adequate sanitary, washing, and sleeping facilities separate for men and women workers
- Adequate facilities for changing and for the storage and drying of work clothes.
- Adequate accommodation for taking meals.
- Suitable living accomodation

To assure that the company provides adequate welfare facilities for the workers on the site the company will implement the provision of toilets and other facilities in accordance with the requirements of the Sanitation Code

17.0 Medical Surveillance

The company will require all employees to undergo a baseline or initial medical health examination prior to assigning to a potentially hazardous activity. The examination will include but not be limited to the following:

- Complete medical and work history;
- Physical examination (pre-employment, during employment, and separation);
- Other special examination (pulmonary function test, blood panel, ECG >40 years of age, audiogram);
- Random drug testing.

18.0 Working Hours & Break Time

Th	he work schedule will be on (please check on the boxes that apply):						
	□ Monday	□Tuesday	□Wednesday	□Thursday	□Friday	□Saturday	□Sunday
Ch	neck on the shift	and indicate t	he work hours for	the shift that a	ipplies.		
	1st Shift from _	(am/	pm) to	(am/pm)			
	2 nd Shift from	(am	/pm) to	(am/pm)			
	3 rd Shift from _	(am/	pm) to	(am/pm)			
Ch	Check on the shift and indicate the break for the shift that applies.						
	1st Shift from _	(am/	pm) to	(am/pm)			
	2 nd Shift from	(am	/pm) to	(am/pm)			
	3 rd Shift from	(am/	pm) to	(am/pm)			

19.0 Construction Waste Disposal

The company including subcontractors will be responsible for minimizing waste generated during the implementation of the project. The following procedures for the disposal of wastes will be implemented in the site:

- Ensure that the construction wastes are segregated from that of domestic waste;
- All domestic wastes are to be collected on a daily basis;
- Construction debris (broken hollow blocks, spoiled concrete, loose concrete, etc) should be taken out on the staging area;
- Oil spills and spoiled grease should be wrapped in the black garbage bag and will be properly disposed of; and
- Application of good housekeeping.

20.0 Emergency Preparedness

The objectives of this are to ensure that the company has developed and communicated plans that will allow for the effective management of emergencies. Attach a copy of the company emergency preparedness plan.

21.0 Pandemic Control Plan

In the event that another pandemic will occur, the company including subcontractors shall provide a separate additional program to contain provisions on the following:

- 21.1 Reduction on the transmission of the agent causing the pandemic;
- 21.2 Minimizing the contact rate;
- 21.3 Reduction of the risk of infection:
- 21.4 Assistance to the affected employees; and
- 21.5 Reporting to the concerned government on the employees affected.

22.0 Penalties/Sanctions

For every offense and violation of any safety rules, regulations, and general practices promulgated by the project and/or the company, the company may impose penalties and sanctions for violation and penalty on CSH program. Attached herewith is a sample on giving penalties on violation on the provision of CSH Program. (*Please attach company policy on penalties, if there are any*).

Safety Violations	1 st offense	2 nd offense	3 rd offense
1.			
2			
3			
4			

Example of possible safety violations:

- No helmet, no safety shoes, no safety belt/harness
- No ID, Uniform, working attire, goggles, glove & apron
- Eating at prohibited area
- Littering and loitering
- Smoking at prohibited area
- Urinating at prohibited area
- Illegal dismantling of safety signages and paraphernalia
- Illegal gambling
- Overnight stay w/o permission
- Fighting & provoking others
- Working under the influence of drugs and liquor
- Possession of illegal drugs, deadly weapon & gambling paraphernalia
- Pilferage and robbery
- Ilegal entry/exit
- Refusal to surrender ID & giving false representation

Sample disciplinary actions:

- Warning
- Suspension (number of days depends on the gravity of the offense)
- Termination

Sample table to penalties based on violation:

Safety Violations	1 st offense	2 nd offense	3 rd offense
Example: No helmet, no safety shoes, no safety belt/harness	warning	3 days suspension	5 days suspension

23.0 Attachments

- a. DOLE Company registration under Rule 1020 of the OSHS;
- b. Notice of Award or any documentary proofs showing that the company/contractor is the chosen/winning bidder
- c. DTI PCAB License. Joint venture license and agreement (if the project is a joint venture)
- d. Certificates of training completed by the designated safety and health personnel (FA/OHNAP/PCOM), whatever is applicable
- e. Proof of Designation of Safety Officer
- f. CHE certificate of testing and inspection (if heavy equipment will be used)
- g. Skills Certificate of workers (Critical occupations) and Construction Heavy Equipment operators issued by TESDA
- h. Contract with nearby hospital/clinic in lieu of the required infirmary/hospital, if applicable
- i. Documents to prove that the project is not yet complete/finished, if needed

Construction Safety and Health Program prepared by	:	
	Date:	
Signature over printed name (Safety Officer)		

Client's Checklist for CSHP Application

Nam	e of	Contractor:
Cont	tract	ID:
Cont	tract	name:location:
Com	liact	iocation
A.	Gene	ral Requirements
	1.	Duly accomplished application form for CSHP evaluation (2 copies)
	2.	Safety and Health Program. 2 copies, 1 copy must be original
	3.	Letter of intent addressed to the Head of Implementing Office, indicating the name of authorized contact person with telephone number/s (1 copy)
В.	C	SHProgram must contain the following:
	1.	Name of person who prepared the program.
		(please indicate if accredited by DOLE as OSH Practitioner)
	2.	Project Description:
		a. Specific name of project
		b. Location of the project
		c. Project classification
		d. Project owner
		e. Name of main contractor
		f. Estimated number of workers to be deployed
		g. Estimated start of execution of project
		h. Estimated duration
	3	i. Scope of work to be undertaken Company Safety Policy written on a company letterhead
Ш	٦.	Must be duly signed by the highest company official or the highest ranking company
		representative who has over-all control of project execution
	1	
	4.	Composition of Safety and Health Committee (Per project). Must specify the proposed structure and membership of the safety and health
		committee (please specify the members)
	5.	, , , , , , , , , , , , , , , , , , , ,
Ш	٦.	Depending on the number of workers to be deployed in the construction site
	6.	· · · · -
	7.	
		a. On-site safety and health promotion and continuing information dissemination
		b. Accident and incident investigation and reporting system
		c. Protection of the general public within the vicinity of the construction site
		d. Environmental control
		e. Guarding of hazardous machinery
		f. Personal protective equipment g. Handling of hazardous substances
		h. General materials handling and storage procedures
		i. Workers skills and certification (for critical occupation)
		j. Provisions for transportation facilities for workers in case of emergency
		k. Temporary fire protection facilities and equipment
		I. First aid and health care medicines, equipment and facilities
		m. Workers welfare facilities
		n. Proposed hours of work and rest breaks

		Client's Checklist for CSHP Application
		o. Construction waste disposal
		p. Testing and inspection of construction heavy equipment.
		(if construction heavy equipment will be utilized in the project)
		q. Disaster and emergency preparedness contingency plan
		r. Pandemic control plan, if applicable
	8.	Standards Operating Procedure and Job Hazard Analysis for any of the
		following activities or other hazardous work not outlined herein.
		a. Site clearing
		b. Excavations
		c. Erection and dismantling of scaffolds and other temporary working plarforms
		d. Temporary electrical connections/installations
		e. Use of scaffolds and other temporary working platforms
		f. Working at unprotected elevated working platforms or surfaces
		g. Use of power tools and equipment
		h. Gas and electric welding and cutting operations
		i. Working in confined spaces
		j. Use of internal combustion engines
		k. Handling hazardous and/or toxic chemical substances
		I. Use of hand tools
		m. Use of mechanized lifting appliances for movement of materials
		n. Use of construction heavy equipment
		o. Demolition
	0	p. Installation, use and dismantling of hoist and elevators Population (Sanctions for violation of the provision (s. of the Safety and Health
	9	Penalties/Sanctions for violation of the provision/s of the Safety and Health
C.		TACHMENTS Photocomy of posistration forms uponized and approved by the
	1.	Photocopy of registration forms received and approved by the
		concerned DOLE Regional Office:
	2	a. per Rule 1020 of the OSHS (one time registration)
	2.	Photocopy of Notice of Award duly conformed by the winning bidder
	3.	Photocopy of the valid PCAB license
		For a joint venture (JV)- Contractor's PCAB Special JV License and JV Agreement
	4.	Photocopy of certificate of completion on required training of all designated OSH
		Personnel
		a. Safety Officer - Construction Site Safety Officer (COSH) and other related trainings
		b. First Aider - Standard First Aid Training and valid ID as a First Aider
		c. OH Nurse - BOSH Training for OH Nurse, if applicable
		d. OH Physician - Basic Course on Occupational Medicine, if applicable
	5.	Proof of Designation of Safety Officer
	6.	Certificate of Inspection and Testing of Construction Heavy Equipment (CHE) conducted
		by a DOLE- accredited inspection and testing organization, if applicable
	_	
Ш	7.	Skills Certificate of workers (Critical occupations) and Construction Heavy Equipment
	0	operators issued by TESDA
	8.	Contract with nearby hospital/clinic in lieu of the required infirmary/hospital, if applicable
	9	Documents to prove that the project is not yet complete/finished, if needed
\Box	_	became to prove that the project is not yet complete, inholica, in necessary