

Name of Building Owner: _____

Project name: _____

Project location: _____

DOLE Evaluator's Checklist of Requirements (per Project)

(for construction of residential or small commercial construction project directly administered by the Owner)

	Yes	No	Remarks
A. General Requirements			
a. Letter of intent addressed to the PO/FO Head, indicating the name of authorized contact person with telephone number/s. (1 copy)			
b. Duly accomplished application form for CSHP evaluation (2 copies)			
c. Two (2) copies of the Safety and Health Program. One copy must be original print.			
B. CSHP Program must contain the following:			
1. Commitment to comply on OSHS			
2. Company Safety and Health Policy			
a. Hazard Identification and control			
b. Owner's responsibilities			
c. Conduct of toolbox meeting			
d. Provision of PPEs			
e. Provision of First-Aid, Health Care, Medicines and Equipment Facilities			
f. Workers' Welfare Facilities			
g. Working Hour & Break Time			
h. Construction Waste Disposal			

RESULT OF EVALUATION:

- Complete. Recommended for approval
- Incomplete/missing documents. Return application to client.

Specify deficiency/ies of application

- 1. _____
- 2. _____

Evaluated by: _____
Signature over printed name

Date: _____

Noted by: _____
PO/FO Head

Date: _____





