



OCCUPATIONAL HEALTH AND SAFETY AUTHORITY

CONSTRUCTION NOTIFICATION FORM

In terms of L.N 281/2004

ALL SECTIONS MUST BE FILLED PRIOR TO SUBMISSION TO THE OHSA

INCOMPLETELY FILLED OR ILLEGIBLE FORMS WILL NOT BE ACCEPTED BY THE OHSA

The submission of such form has to be accompanied with contract of ownership/ promise of sale (konvenju)

SECTION A

TO BE FILLED BY THE PROJECT SUPERVISOR FOR THE DESIGN STAGE
(Attach additional sheets if necessary)

| | | |
|-----|---|--|
| 1.0 | Date of forwarding of notification to OHSA | |
| 1.1 | Exact address of construction site | |
| 1.2 | Type of project – fill 1.2 (a) AND 1.2 (b). | |
| | (a) Give a brief description of the project (e.g. demolition of existing terraced house, excavation of site and erection of basement garages, apartments and penthouse) | |
| | (b) Indicate all anticipated works involved (☑) | Excavation <input type="checkbox"/> |
| | | Earthworks (incl. roadworks) <input type="checkbox"/> |
| | | Construction <input type="checkbox"/> |
| | | Alterations / Conversion or fitting-out <input type="checkbox"/> |
| | | Assembly and disassembly of prefabricated elements (incl. Scaffoldings) <input type="checkbox"/> |
| | | Renovation or restoration <input type="checkbox"/> |
| | | Repairs <input type="checkbox"/> |
| | | Dismantling <input type="checkbox"/> |
| | | Demolition <input type="checkbox"/> |
| | | Upkeep / Maintenance incl. painting and cleaning work <input type="checkbox"/> |
| | | Drainage works <input type="checkbox"/> |
| | | Installation of services <input type="checkbox"/> |
| | | Other works (specify below): <input type="checkbox"/> |
| | <input type="checkbox"/> | |
| | <input type="checkbox"/> | |
| 1.3 | Planned date for start of work on the construction site | |

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SECTION B
CLIENT DETAILS

| Where the client is an individual person (i.e. not a company) | | | | | |
|---|-----------------|--|-----|---------------|--|
| 2.1 | Name of client: | | 2.2 | I.D. card No. | |
| 2.3 | Full address: | | 2.4 | Tel No: | |
| | | | 2.5 | Fax No: | |
| | | | 2.6 | E Mail: | |

| Where the client is a company / ies: | | | | | |
|--------------------------------------|-------------------------------------|--|------|---------------|--|
| 2.7. | Company Name /s | | 2.8 | MFSA Reg. No. | |
| 2.9 | Company address / addresses: | | 2.10 | Tel No: | |
| | | | 2.11 | Fax No: | |
| | | | 2.12 | E Mail: | |
| 2.13 | Contact person in charge of project | | 2.14 | Tel No: | |
| | | | 2.15 | E Mail: | |

Section C

Appointment of Project Supervisors

| PROJECT SUPERVISOR FOR THE DESIGN STAGE (IRO H&S Matters) | | | | | |
|---|--|--|-----|---------------|--|
| 3.1 | Name of Project Supervisor for the Design Stage: | | 3.2 | I.D. card No. | |
| 3.3 | Full address: | | 3.4 | Tel No: | |
| | | | 3.5 | Fax No: | |
| | | | 3.6 | E Mail: | |

| PROJECT SUPERVISOR FOR THE CONSTRUCTION / EXECUTION STAGE (IRO H&S Matters) | | | | | |
|---|---|--|------|---------------|--|
| 3.7 | Name of Project Supervisor for the Construction / Execution Stage): | | 3.8 | I.D. card No. | |
| 3.9 | Full address: | | 3.10 | Tel No: | |
| | | | 3.11 | Fax No: | |
| | | | 3.12 | E Mail: | |

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SECTION D

DECLARATION BY CLIENT AND APPOINTED PROJECT SUPERVISORS

| Client(s) |
|---|
| I / we hereby declare that I am / we are the Client (s) of this project as per LN 281 / 2004 and the details on this form are correct : |
| Name(s): |
| Signature(s) |
| Date: |

| Project Supervisor for the Design Stage <input type="checkbox"/> (IRO H&S Matters) <input type="checkbox"/> |
|---|
| I hereby declare that I am the Project Supervisor for the Design Stage for this project, appointed by the client shown on this notification form as per reg. 3 (1) of LN 281 / 2004 and confirm that the details declared on this form are correct. I also declare that I fully understand the duties of the Project Supervisor for the Design Stage as per regulation 4 of LN 281 / 2004 : |
| Name: |
| Signature |
| Date of appointment: |

| Project Supervisor for the Construction Stage <input type="checkbox"/> (IRO H&S Matters) <input type="checkbox"/> |
|--|
| I hereby declare that I am the Project Supervisor for the Construction / Execution Stage for this project, appointed by the client shown on this notification form as per reg. 3 (1) of LN 281 / 2004. I also declare that I fully understand the duties of the Project Supervisor for the Construction / Execution Stage as per regulation 5 of LN 281 / 2004 |
| Name: |
| Signature |
| Date of appointment: |

This form must be sent to the OHSa at the following address by the Project Supervisor for the Design Stage **at least FOUR CALENDAR WEEKS before work starts:**

**Occupational Health and Safety Authority,
17 Edgar Ferro Str.,
Pieta` PTA 3153**

OR

Faxed on 21 232909

Once this form is submitted and vetted, a separate document showing all the relevant details will be sent by the OHSa to the Project Supervisor for the Design Stage and shall be clearly displayed on the construction site as per reg. 4 of LN 281 of 2004.