



e-form

# Construction Notification Form in terms of L.N. 88/2018



All Sections must be filled prior to submission to OHSA

## Section A - to be filled by the Project Supervisor

Date of Notification

Exact Address of Construction Site (include Post Code if possible)

### Type of Project - fill (a) and (b)

(a) Give a brief Description of the Project

(eg: demolition of existing terraced house, excavation of site and erection of basement garages, apartments and penthouse)

(b) Indicate all Anticipated Works involved

Excavation	Demolition	Construction
Renovation/Restoration	Repairs	Dismantling
Drainage Works	Installation of Services	
Earthworks (incl. roadworks)		
Alterations/Conversion/Fitting-Out		
Upkeep/Maintenance (incl. painting & cleaning)		
Assembly & Disassembly of Prefabricated elements (incl. Scaffoldings)		
Other Works (specify below)		

Planned Date for Start of Work on the Construction Site

Planned Duration of Work on Site  
*Estimate Duration of the Project in person days (from start to finish incl. services & finishing works), as per Regl. 5 of LN 88/2018*

Estimated maximum number of workers on the Construction Site  
*(at any one time)*

Planned number of contractor(s) and self employed person(s) on the Construction Site

Contractor(s) incl. Subcontractor(s)

Self Employed Person(s)

**Details of Contractor(s)/Self-Employed Person(s) already chosen**  
***(use additional sheets if required & attach / if field is NOT applicable enter 'NIL' & '0' where applicable)***

1a) Name of Contractor(s)/Self-Employed

1b) ID Card No. of Director(s)/Self-Employed

1c) Contact No. of Director(s)/Self-Employed

1d) Email of Director(s)/Self-Employed

1e) MFSA Reg. No./VAT No.

1f) No. of Workers on Site

1g) Description of Works assigned in Project to this/these Contractor(s) and/or Person(s)  
*(to be filled in conjunction with works indicated on Page 1 Point b)*

2a) Name of Contractor(s)/Self-Employed

2b) ID Card No. of Director(s)/Self-Employed

2c) Contact No. of Director(s)/Self-Employed

2d) Email of Director(s)/Self-Employed

2e) MFSA Reg. No./VAT No.

2f) No. of Workers on Site

2g) Description of Works assigned in Project to this/these Contractor(s) and/or Person(s)  
*(to be filled in conjunction with works indicated on Page 1 Point b)*

3a) Name of Contractor(s)/Self-Employed

3b) ID Card No. of Director(s)/Self-Employed

3c) Contact No. of Director(s)/Self-Employed

3d) Email of Director(s)/Self-Employed

3e) MFSA Reg. No./VAT No.

3f) No. of Workers on Site

3g) Description of Works assigned in Project to this/these Contractor(s) and/or Person(s)  
*(to be filled in conjunction with works indicated on Page 1 Point b)*

4a) Name of Contractor(s)/Self-Employed

4b) ID Card No. of Director(s)/Self-Employed

4c) Contact No. of Director(s)/Self-Employed

4d) Email of Director(s)/Self-Employed

4e) MFSA Reg. No./VAT No.

4f) No. of Workers on Site

4g) Description of Works assigned in Project to this/these Contractor(s) and/or Person(s)  
(to be filled in conjunction with works indicated on Page 1 Point b)

*Tick if additional sheets are used/attached for the **Details of Contractor(s)/Self-Employed Person(s)***

Planning Authority (PA) Number covering this Project

### **Section B - Clients Details**

Full Name of Client (*where the client is an individual person, that is, NOT a company*)

Full Address

ID Card Number

Telephone

Email

Fax Number

Company Name(s) (*where the client is a company or companies*)

Full Address

MFSA Reg. Number

Telephone

Email

Fax Number

Contact Person in charge of Project

Telephone (Mobile)

Email

## Section C - Appointment of Project Supervisor

Name of Project Supervisor (*i/r/o H&S Matters*)

Full Address

ID Card Number

Telephone

Email

Fax Number

## Section D - Declaration by Client and Appointed Project Supervisor

Client(s)

I hereby declare that I am the Client of this Project as per LN 88/2018 and the details in this form are correct

We hereby declare that we are the Clients of this Project as per LN 88/2018 and the details in this form are correct

Name(s)

Signature

Date

Project Supervisor (*i/r/o H&S Matters*)

I hereby declare that I am the Project Supervisor for this project, appointed by the Client shown in this Notification Form as per Regl. 3(1) of LN 88/2018 and confirm that the details declared in this form are correct. I also declare that I fully understand the duties of the Project Supervisor as per Regl. 5 of LN 88/2018

Name(s)

Signature

Date

The Project Supervisor at the Design Stage must send this form at least FOUR (4) CALENDAR WEEKS before work starts, by email to [CNF.ohsa@gov.mt](mailto:CNF.ohsa@gov.mt)

Once this form is submitted and vetted, a separate document showing all the relevant details will be sent by OHSA to the Project Supervisor and shall be clearly displayed on the Construction Site as per Regl. 5 of LN 88/2018.

**Disclaimer:** *The submission of a Notification Form is a legal requirement in terms of Legal Notice 88/2018 and the acceptance thereof by the OHS Authority does not exonerate any duty holder from any legal obligation arising out of OHS legislation in force. OHSA reserves the right to carry out site visits to ascertain compliance with the relevant legal provisions.*