



e-form

# Construction Notification Form in terms of L.N. 281/2004

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All Sections must be filled prior to submission to OHSA

## Section A - to be filled by the Project Supervisor for the Design Stage

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 the Construction Site  
*Estimate Duration of the Project in person days (from start to finish incl. services & finishing works), as per Regl. 4 of LN281/2004*

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

Planned number of contractors and self employed persons on the Construction Site

Contractors (incl. Subcontractors)

Self Employed Persons

Details of Contractors / Self-Employed Person(s) already chosen  
*(use additional sheets if required and attach)*

Name of Contractor(s) / Self-Employed Person(s)	ID Card No. of Director / Self-Employed Person(s)	MFSA Reg. No. / VAT No.	Number of Workers on Site	Description of Works assigned in Project to this/these Contractor(s) and/or Person(s) <i>(to be filled in conjunction with works indicated on Page 1 Point b)</i>
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*For all the above fields:*

*If contents is not applicable enter "NIL" and "0" where applicable*

*Tick if additional sheets are used/attached for the above details*

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 Supervisors

Name of Project Supervisor for the Design Stage (*i/r/o H&S Matters*)

Full Address

ID Card Number

Telephone

Email

Fax Number

**Section C - Appointment of Project Supervisors (cont.)**

Name of Project Supervisor for the Construction Stage (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 281/2004 and the details in this form are correct

We hereby declare that we are the Clients of this Project as per LN 281/2004 and the details in this form are correct

Name(s)

Signature

Date

Project Supervisor for the Design Stage (i/r/o H&S Matters)

I hereby declare that I am the Project Supervisor for the Design Stage for this project, appointed by the Client shown in this Notification Form as per Regl. 3(1) of LN 281/2004 and confirm that the details declared in this form are correct. I also declare that I fully understand the duties of the Project Supervisor for the Design Stage as per Regl. 4 of LN 281/2004

Name(s)

Signature

Date

Project Supervisor for the Construction Stage (i/r/o H&S Matters)

I hereby declare that I am the Project Supervisor for the Construction Stage for this project, appointed by the Client shown in this Notification Form as per Regl. 3(1) of LN 281/2004 and confirm that the details declared in this form are correct. I also declare that I fully understand the duties of the Project Supervisor for the Construction Stage as per Regl. 4 of LN 281/2004

Name(s)

Signature

Date

The Project Supervisor for 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 OHS to the Project Supervisor for the Design Stage and shall be clearly displayed on the Construction Site as per Regl. 4 of LN 281/2004.

**Disclaimer:** The submission of a Notification Form is a legal requirement in terms of Legal Notice 281/2004 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. OHS reserves the right to carry out site visits to ascertain compliance with the relevant legal provisions.