

# City Health Office – Environmental Health and Sanitation Service External Services



#### 1. Issuance of Health Certificate

This certificate is issued to all food handlers/non-food handlers applying for an employment and presently employed to business establishments like manufacturing companies, funeral parlor, food establishments, laundry shops, schools and other related establishments. This is covered under Presidential Decree No. 856 (Code on Sanitation) and other related memorandum and ordinances.

= 2 = 7				
Office or	City Health Office – Environmental Health and Sanitation Service			
Division:	0: 1			
Classification:	Simple	0		
Type of	G2C- Government	to Citizen		
Transaction:				
Who may avail:	All individuals seel			
	& Non-Food establi	snments / bu	sinesses within the	e City of San
CHECKLIST OF	Pedro		WHERE TO SEC	NIDE
	REQUIREMENTS	DOH agara	WHERE TO SEC	
Diagnostic/labora     Chest X-Ray result		DON accred	alled medical labor	ratories
Original, 1 Photoco	•			
2. Diagnostic/labora		DOH accred	dited medical labo	ratories
Urinalysis and Feca		DOTTACCIEC	anea medicai labu	เสเบกเธอ
Test Results (1 Orig				
3. Drug test from D		DOH accred	dited medical/drug	testing
laboratories, and ot		laboratories		tooting
	necessary by each			
respective employer (1 Original Copy)				
	For pregnant women:			
1. Diagnostic/labora	atory test result for	DOH accredited medical laboratories		
Hepatitis B (1 Origin	nal, 1 Photocopy)			
If done through a	representative:			
1. Authorization Le	tter (1 Original	Authorizing	Party	
Copy)				
2. Valid ID of Princ	ipal requestor (1	Requesting Party		
Photocopy)				
3. Valid ID of Repre	esentative (1	Representative		
Photocopy)	10511014	FFF0.70	DD00F00W0	DEDOON
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON DESPONSIBLE
1. Present the	1. Receive and	None	3 minutes	RESPONSIBLE Staff
original copy and	validate the	INOTIC	3 minutes	CHO-EHSS
photocopy of the	required			3110 21100
required	documents			
documents.	presented, return			
	required			
	documents upon	E TON		10
40	validation to the			





	client, and issue an order of payment.			
2. Receive order of payment and pay the required fees at the Treasury Office.	2. Receive the Order of Payment and Payment and Issue an Official Receipt.	PHP 150.00	2 minutes	Treasury Office (Cashier) Employee
3. Present the original copy and photocopy of the Official Receipt, and required	3.1. Receive original and photocopy of documents	None	2 minutes	Staff CHO-EHSS
documents to the City Health Office- Environmental	3.2 Prepare/type the Health Certificate	None	3 minutes	Staff CHO-EHSS
Health and Sanitation Service.	3.3. Assist the client in signing and logging, recording of Health Certificate	None	2 minutes	Staff CHO-EHSS
	3.4. Release the Health Certificate.	None	2 minutes	Staff CHO-EHSS
	TOTAL:	PHP 150.00	14 Minutes	



# 2. Sanitary Permit to Operate (New and Renewal)

The Sanitary Permit is a written authorization or certification issued by the City Health Officer which signifies the establishment's compliance with the existing requirements upon inspection or evaluation by the Sanitation Engineer, Sanitary Inspector or Evaluator. This permit is issued to all business establishments as a pre-requisite for the issuance of business permit. This is covered under Presidential Decree No. 856 (Code on Sanitation) and other related memorandum and ordinances.

Office or	City Health Office -	Environmental Health and Sanitation Service
Division:	Oity Hould Oilloo	Environmental Floatin and Camidation Colvice
Classification:	Simple / Complex (	For Water Refilling Station)
Type of	G2C- Government t	
Transaction:		
Who may avail:	Business Owners	
CHECKLIST OF	REQUIREMENTS	WHERE TO SECURE
1. Business Permit	(1 Original, 1	Business Permit and Licensing Office
Photocopy)	-1-1 <u></u>	
2. Drinking Water S	ervice Provider /	Drinking Water Service Provider / Water
Water Refilling Stati	ion Sanitary Permit	Refilling Station
(1 Photocopy)		
		Sanitation Service
		Private Pest Controller Service Provider
	Original, 1	
	ment done	
	Tial Selvice	
Toporty		
For Grocery/Superr	narket / Non-Food	
		DOH accredited water testing laboratories
Test Reports / Resu		· ·
Photocopy))		
	serves ice - done	
	W (4 G )   1   1	
	lits (1 Original, 1	DOH accredited water testing laboratories
Photocopy)		
For Restaurants	Fast Food	
Who may avail: CHECKLIST OF  1. Business Permit Photocopy)  2. Drinking Water S Water Refilling Stati (1 Photocopy)  3. Photocopy of He New Food or Non-Fithe nature of busine 4. Original copy and Pest Control Servic Reports/Results (1 Photocopy) For Food Establishin twice a month (original report)  For Grocery/Superr Establishment / Oth (original service reports)  5. Original copy and Test Reports / Results / Res	REQUIREMENTS (1 Original, 1  ervice Provider / ion Sanitary Permit  alth Certificate/s Food(depending on ess) (1 Photocopy) d photocopy of e Original, 1  ment – done inal service  market / Non-Food ners – done monthly bort) d photocopy of Ice ult (1 Original, 1  rage serves ice - done ults (1 Original, 1	Business Permit and Licensing Office





		PHL
	b. Microbiological Water Test -	
	done every other month)	
	Note: Present year and previous	
	year (for renewal)	
1	For piggery/manufacturing and other	related establishments:
T.	1. ECC/CNC/FDA certificate (1	DENR / FDA
(	Original, 1 Photocopy)	
П	For clinics, laboratories, waste proces	ssing, reverse logistics and similar
1	companies that outsource or has third	d party waste collection / waste hauler / waste
1	processor:	
Ţ	Memorandum of Agreement	Waste collection, processing and disposal /
	petween the establishment /	Hauler service provider / company
1	company and their service provider	
1	of waste collection and processing /	
	nauler. (1 Photocopy))	
_	, , , , , ,	manufacturing / computer shop / funeral
		ools or establishments located with the
	residential area:	
$\vdash$	1. Neighbor's consent (1 Original	Neighbors beside/near the establishment
	Copy)	Troighboro booldo/frodi tilo obtablionimont
_	For Wet Market, Food Establishments	•
	1. Photograph of Kitchen Sink grease	By client
	trap (. Can be printed or e-mailed to	by dient
	CHO-EHHS, photo must include the	
	owner/representative)	
	For Wet Market, Food Establishments	
	1. Photograph of Kitchen Sink grease	By client
	trap (. Can be printed or e-m ailed to	by client
	CHO-EHHS, photo must include the	
	owner/representative)	
_		a / Vitaban Capilities that generate
1	For establishments with toilet facilitie	S / Kitchen Facilities that generate
_	wastewater:	Dualiant
	1. Photograph of Septic Tank (Can	By client
1	be printed or e-mailed to CHO-	
	EHHS, photo must include the owner	
	representative)	lision
_	For establishments that has toilet faci	
	1. Photograph of Toilet Facilities	By client
	(Can be printed or e-mailed to CHO-	
1	EHHS, photo must include the owner	
1	representative)	
1	For Water refilling stations:	
/ 	For Water refilling stations:  1. Initial Clearance / Operational	DOH Region 4A, Quezon City
/ 	For Water refilling stations:  1. Initial Clearance / Operational Permit/feasibility study / Engineering	DOH Region 4A, Quezon City
1	For Water refilling stations:  1. Initial Clearance / Operational Permit/feasibility study / Engineering report using DOH Standard Form for	DOH Region 4A, Quezon City
1 1 1	For Water refilling stations:  1. Initial Clearance / Operational Permit/feasibility study / Engineering report using DOH Standard Form for Level I water source only (1 Original	DOH Region 4A, Quezon City
	For Water refilling stations:  1. Initial Clearance / Operational Permit/feasibility study / Engineering report using DOH Standard Form for Level I water source only (1 Original Copy)	DOH Region 4A, Quezon City
	For Water refilling stations:  1. Initial Clearance / Operational Permit/feasibility study / Engineering report using DOH Standard Form for Level I water source only (1 Original Copy)  2. Sanitary Plan and Specifications	DOH Region 4A, Quezon City  Licensed Sanitary Engineer
	For Water refilling stations:  1. Initial Clearance / Operational Permit/feasibility study / Engineering report using DOH Standard Form for Level I water source only (1 Original Copy)	





3. Hazard Analysis			prepared by anyo	
Point/Water Safety	Plan (1 Original	•	he 40-Hour trainin	g course for
Copy)		water refillir	ng stations	
4. Certification of D	OH / FDA for	From Suppl	ier / Distributor / M	lanufacturers
certified containers,	caps &			
dispensers to be us	ed by water			
stations (1 Original	•			
5. Certification of De		Supplier/Dis	stributor/Manufactu	ırers
certified / approved	washing &			
sanitizing solution to	•			
stations (1 Original				
6. Recent and previous year's water		DOH accred	dited water testing	laboratories
test results for Micro				
Physical-Chemical	•			
1 Photocopy)	( - 3 ,			
7. Water Test Resu	Its (For	DOH accred	dited water testing	laboratories
Water Refilling Stat	•			
Original Copy)	/ ( -			
12.8.1 Physical-Ch	nemical			
Water Test -done				
year				
12.8.2 Microbiological Water Test -				
done monthly				
8. Certificate of 40-hour certification		College of Public Health, UP, Manila		
course for water ref		Concess of Fabric Fleatin, of , Marina		
Original, 1 Photoco	•			
9. Photocopy of He		City Health Office – Environmental Health and		
all Personnel (1 Ph		Sanitation C		critar ricattir aria
10. Certificate of P		DOH authorized installer		
Registration/Specifi		DON authorized installer		
equipment used (Co				
Representative:	ortinoa rrao copy,			
	ter (1 Original Copy)	Requesting	Party	
2. Valid ID of Princip	, , ,	Requesting Party		
Photocopy)	vai Ciletti (T	Requesting Party		
3. Valid ID of Repre	sentative (1	Representative		
Photocopy)	SCIIIALIVE (I	Representa	uve	
	AGENCY	FEES TO	PROCESSING	PERSON
CLIENT STEPS	ACTIONS	BE PAID	TIME	RESPONSIBLE
1. Present	1. Receive and	None	5 minutes	Staff
original copy and	validate the			CHO-EHSS
photocopy of	requirements.			
business permit				
and other	1.1 Prepare the	None	5 minutes	Staff
sanitary	sanitary permit			CHO-EHSS
requirements	once requirements			
	are validated.			
	aro vandatod.	THE PARTY OF THE P		
	1.2 Assist the	None	2 minutes	Staff
20	client in signing			CHO-EHSS
	one it it signing			





Operate	TOTAL:	None	14 Minutes	
Operate	Operate.			
Sanitary Permit to	Sanitary Permit to			CHO-EHSS
2. Receive the	2. Release the	None	2 minutes	Staff
	and logging, recording of Sanitary Permit to Operate.			



## 3. Cremation Permit

The Cremation Permit is a document/certificate issued as a pre-requisite for the cremation of dead body. The City Health Office is responsible for the issuance of burial, cremation, transfer and exhumation permit. This is covered under Presidential Decree No. 856 (Code on Sanitation) and other related memorandum and ordinances.

Office or Division:	City Health Office – Environmental Health and Sanitation Service				
Classification:	Simple				
Type of	G2C- Government	to Citizen			
Transaction:					
Who may avail:	Spouse, Nearest R	elative and/or	Authorized Repre	esentative of	
CHECKLIST OF	the deceased		WHERE TO SEC	HDE	
1. Death Certificate	REQUIREMENTS with Pogistry	City Civil Pa	WHERE TO SEC egistrar's Office	UKE	
Number (1 Original		City Civil Ke	egistiai s Office		
	ody is located in and	ther locality	•		
	nsfer of Cadaver (1		Office or the Local	Government Unit	
Original Copy)	morer or oddarer (1		where the deceas		
3 177		located			
If done through a	representative:				
1. Authorization Let	ter (1 Original	Requesting	Client		
Copy)					
2. Valid ID of the Pi	rincipal Client (1	Requesting	Client		
Photocopy)					
	3. Valid ID of the Representative (1		Representative		
Photocopy)					
	ACENCY	EEES TO	DDOCESSING	DEDSON	
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE	
1. Present the	ACTIONS  1. Receive and			RESPONSIBLE Staff	
	ACTIONS  1. Receive and validate the	BE PAID	TIME	RESPONSIBLE	
1. Present the	ACTIONS  1. Receive and validate the required	BE PAID	TIME	RESPONSIBLE Staff	
1. Present the	ACTIONS  1. Receive and validate the	BE PAID	TIME	RESPONSIBLE Staff CHO-EHSS	
1. Present the	ACTIONS  1. Receive and validate the required	BE PAID	TIME	RESPONSIBLE Staff CHO-EHSS	
1. Present the	ACTIONS  1. Receive and validate the required documents.	None  None	TIME 3 minutes	RESPONSIBLE Staff CHO-EHSS	
Present the requirements.  2. Receive Order	ACTIONS  1. Receive and validate the required documents.  1.1 Issue the order of payment.  2. Receive the	None  None  PHP	TIME 3 minutes	Staff CHO-EHSS  Staff CHO-EHSS  Treasury Office	
Present the requirements.  2. Receive Order of Payment and	ACTIONS  1. Receive and validate the required documents.  1.1 Issue the order of payment.  2. Receive the Payment and	None  None	TIME 3 minutes 2 minutes	Staff CHO-EHSS  Staff CHO-EHSS  Treasury Office (Cashier)	
Present the requirements.  2. Receive Order of Payment and pay the required	ACTIONS  1. Receive and validate the required documents.  1.1 Issue the order of payment.  2. Receive the Payment and Issue an Official	None  None  PHP	TIME 3 minutes 2 minutes	Staff CHO-EHSS  Staff CHO-EHSS  Treasury Office	
Present the requirements.  2. Receive Order of Payment and pay the required fees at the	ACTIONS  1. Receive and validate the required documents.  1.1 Issue the order of payment.  2. Receive the Payment and	None  None  PHP	TIME 3 minutes 2 minutes	Staff CHO-EHSS  Staff CHO-EHSS  Treasury Office (Cashier)	
Present the requirements.      Receive Order of Payment and pay the required fees at the Treasury Office.	ACTIONS  1. Receive and validate the required documents.  1.1 Issue the order of payment.  2. Receive the Payment and Issue an Official Receipt.	None  None  PHP 200.00	TIME 3 minutes 2 minutes 2 minutes	Staff CHO-EHSS  Staff CHO-EHSS  Treasury Office (Cashier) Employee	
Present the requirements.      Receive Order of Payment and pay the required fees at the Treasury Office.     Present the	ACTIONS  1. Receive and validate the required documents.  1.1 Issue the order of payment.  2. Receive the Payment and Issue an Official Receipt.  3.1. Receive	None  None  PHP	TIME 3 minutes 2 minutes	Staff CHO-EHSS  Staff CHO-EHSS  Treasury Office (Cashier) Employee	
Present the requirements.  2. Receive Order of Payment and pay the required fees at the Treasury Office.     Present the original copy and	ACTIONS  1. Receive and validate the required documents.  1.1 Issue the order of payment.  2. Receive the Payment and Issue an Official Receipt.	None  None  PHP 200.00	TIME 3 minutes 2 minutes 2 minutes	Staff CHO-EHSS  Staff CHO-EHSS  Treasury Office (Cashier) Employee	
Present the requirements.      Receive Order of Payment and pay the required fees at the Treasury Office.     Present the	ACTIONS  1. Receive and validate the required documents.  1.1 Issue the order of payment.  2. Receive the Payment and Issue an Official Receipt.  3.1. Receive requirements.	None  None  PHP 200.00	TIME 3 minutes 2 minutes 2 minutes 2 minutes	Staff CHO-EHSS  Staff CHO-EHSS  Treasury Office (Cashier) Employee	
2. Receive Order of Payment and pay the required fees at the Treasury Office.  3. Present the original copy and photocopy of the Official Receipt, and required	ACTIONS  1. Receive and validate the required documents.  1.1 Issue the order of payment.  2. Receive the Payment and Issue an Official Receipt.  3.1. Receive	None  None  PHP 200.00	TIME 3 minutes 2 minutes 2 minutes	Staff CHO-EHSS  Staff CHO-EHSS  Treasury Office (Cashier) Employee	
2. Receive Order of Payment and pay the required fees at the Treasury Office.  3. Present the original copy and photocopy of the Official Receipt,	ACTIONS  1. Receive and validate the required documents.  1.1 Issue the order of payment.  2. Receive the Payment and Issue an Official Receipt.  3.1. Receive requirements.  3.2 Prepare the	None  None  PHP 200.00  None	TIME 3 minutes 2 minutes 2 minutes 2 minutes	Staff CHO-EHSS  Staff CHO-EHSS  Treasury Office (Cashier) Employee	





	3.3. Assist the client in signing and logging, recording of Cremation Permit	None	2 minutes	
4. Receive the	4. Release the	None	2 minutes	Staff
cremation permit.	Cremation Permit			CHO-EHSS
	TOTAL:	PHP	14 Minutes	
		200.00		



### 4. Transfer of Cadaver/Bones/Ashes

The Transfer of Cadaver/Bones/Ashes permit/certificate is issued if the dead body is to be transferred to other place for viewing and burial purposes. The City Health Office is responsible for the issuance of burial, cremation, transfer and exhumation permit. This is covered under Presidential Decree No. 856 (Code on Sanitation) and other related memorandum and ordinances.

ı	Office or	City Health Office – Environmental Health and Sanitation Service			
	Division:				
	Classification:	Simple			
	Type of	G2C- Government t	o Citizen		
	Transaction:				
	Who may avail:	Spouse, Nearest Re	elative and/or	Authorized Repre	esentative of
		the deceased only			
		REQUIREMENTS		WHERE TO SEC	URE
	1. Death Certificate	0 3	City Civil Re	egistrar's Office	
ļ	Number (1 Original,		41 1 114		
ļ		dy is located in and			0 (11.1)
	1. Certificate of Tra	nsfer of Cadaver (1	•	Office or the Local	
	Original Copy)			where the deceas	sed body is
-	If done through a	van vaa antativa :	located		
-	If done through a	-	Doguesti:	Client	
	1. Authorization Letter (1 Original		Requesting	Client	
ŀ	Copy)		Poguacting	Client	
	2. Valid ID of the Principal Client (1		Requesting	Cilent	
ŀ	Photocopy)  3. Valid ID of the Representative (1		Representative		
	S. valid ID of the Representative (1		Representative		
ŀ	13/	AGENCY	FEES TO	PROCESSING	PERSON
	CLIENT STEPS	ACTIONS	BE PAID	TIME	RESPONSIBLE
Ī	1. Present the	1. Receive and	None	3 minutes	Staff
	requirements.	validate the			CHO-EHSS
		validato ti lo			0110 21100
		required			0110 21100
					CHO EHEC
		required documents.			
		required documents.  1.1 Issue the	None	2 minutes	Staff
		required documents.	None	2 minutes	
		required documents.  1.1 Issue the order of payment.	None	2 minutes	Staff
		required documents.  1.1 Issue the order of payment.  Note: For cases	None	2 minutes	Staff
		required documents.  1.1 Issue the order of payment.  Note: For cases involving un-	None	2 minutes	Staff
		required documents.  1.1 Issue the order of payment.  Note: For cases involving unreviewed Death	None	2 minutes	Staff
		required documents.  1.1 Issue the order of payment.  Note: For cases involving unreviewed Death Certificate, the	None	2 minutes	Staff
		required documents.  1.1 Issue the order of payment.  Note: For cases involving unreviewed Death Certificate, the client may	None	2 minutes	Staff
		required documents.  1.1 Issue the order of payment.  Note: For cases involving unreviewed Death Certificate, the client may proceed to JLAEH	None	2 minutes	Staff
		required documents.  1.1 Issue the order of payment.  Note: For cases involving unreviewed Death Certificate, the client may	None	2 minutes	Staff
		required documents.  1.1 Issue the order of payment.  Note: For cases involving unreviewed Death Certificate, the client may proceed to JLAEH & present the said	None	2 minutes	Staff





and the second	City Health Officer.			
2. Receive order of payment pay the required fees at the Treasury Office.	2. Receive the Order of Payment and Payment and Issue an Official Receipt.	PHP 200.00	2 minutes	Treasury Office (Cashier) Employee
3. Present the original copy and photocopy of the Official Receipt,	3. Receive original and photocopy of documents.	None	2 minutes	Staff CHO-EHSS
and required documents to the City Health Office- Environmental Health and	3.1 Prepare/type the Transfer of Cadaver/ Bones/ Ashes Permit/Certificate.	None	3 minutes	Staff CHO-EHSS
Sanitation Service.	3.2 Assist the client in signing and logging, recording of Transfer of Cadaver/ Bones/ Ashes Permit / Certificate.	None	2 minutes	Staff CHO-EHSS
4. Receive the Transfer of Cadaver/ Bones/ Ashes Permit / Certificate	4. Release the Transfer of Cadaver/ Bones/ Ashes Permit /Certificate.	None	2 minutes	Staff CHO-EHSS
	TOTAL:	PHP 200.00	12 Minutes	



### 5. Exhumation Permit

The exhumation permit is issued as a prerequisite for exhumation/removal of remains from place of interment. The City Health Office is responsible for the issuance of burial, cremation, transfer and exhumation permit. This is covered under Presidential Decree No. 856 (Code on Sanitation) and other related memorandum and ordinances.

	City Health Office – Environmental Health and Sanitation Service				
Division:					
Classification:	Simple				
Type of	G2C- Government	to Citizen			
Transaction:					
Who may avail:	Spouse, Nearest R	elative and/or	Authorized Repre	esentative of	
	the deceased only				
CHECKLIST OF	REQUIREMENTS		WHERE TO SEC	URE	
1. Death Certificate	e with Registry	Office of the	Local Civil Regis	trar	
Number (1 Origina	I, 1 Photocopy)				
2. Special Project	Office (SPO)	Special Pro	ject Office (SPO)		
Clearance (1 Origi	nal Copy)				
If the deceased b	ody is located in and	ther locality			
Certificate of Tra	ansfer of Cadaver (1	City Health	Office or the Local	Government Unit	
Original Copy)			where the deceas	sed body is	
		located			
If done through a					
1. Authorization Le	Authorization Letter (1 Original		Client		
Copy)					
2. Valid ID of the P	rincipal Client (1	Requesting Client			
Photocopy)					
3. Valid ID of the R	epresentative (1	Representative			
Photocopy)					
CLIENT STEPS	AGENCY	FEES TO	PROCESSING	PERSON	
	ACTIONS		TIME	DEADAMAIDLE	
1 Dragget the		BE PAID	TIME	RESPONSIBLE	
1. Present the	1. Receive and	None None	3 minutes	Staff	
1. Present the requirements.	Receive and validate the				
	Receive and validate the required			Staff	
	Receive and validate the			Staff	
	Receive and validate the required documents.	None	3 minutes	Staff	
	Receive and validate the required documents.      1.1 Issue the			Staff CHO-EHSS	
	Receive and validate the required documents.	None	3 minutes	Staff CHO-EHSS Staff	
	Receive and validate the required documents.      In Issue the order of payment.	None	3 minutes	Staff CHO-EHSS Staff	
	1. Receive and validate the required documents.  1.1 Issue the order of payment.  Note: For cases	None	3 minutes	Staff CHO-EHSS Staff	
	Receive and validate the required documents.      In Issue the order of payment.	None	3 minutes	Staff CHO-EHSS Staff	
	1. Receive and validate the required documents.  1.1 Issue the order of payment.  Note: For cases involving un-	None	3 minutes	Staff CHO-EHSS Staff	
	1. Receive and validate the required documents.  1.1 Issue the order of payment.  Note: For cases involving unreviewed Death	None	3 minutes	Staff CHO-EHSS Staff	
	1. Receive and validate the required documents.  1.1 Issue the order of payment.  Note: For cases involving unreviewed Death Certificate, the	None	3 minutes	Staff CHO-EHSS Staff	
	1. Receive and validate the required documents.  1.1 Issue the order of payment.  Note: For cases involving unreviewed Death Certificate, the client may	None	3 minutes	Staff CHO-EHSS Staff	
	1. Receive and validate the required documents.  1.1 Issue the order of payment.  Note: For cases involving unreviewed Death Certificate, the client may proceed to JLAEH	None	3 minutes	Staff CHO-EHSS Staff	





	for review and signature of the City Health Officer.			
2. Receive order of payment and pay the required fees at the Treasury Office.	2. Receive the Order of Payment and Payment and Issue an Official Receipt.	PHP 200.00	3 minutes	Treasury Office (Cashier) Employee
3. Present the original copy and photocopy of the Official Receipt, and required	3.1. Receive original and photocopy of documents	None	2 minutes	Staff CHO-EHSS
documents to the City Health Office-Environmental Health and	3.2 Prepare/type the Exhumation Permit	None	5 minutes	Staff CHO-EHSS
Sanitation Service.	3.3. Assist the client in signing and logging, recording of Exhumation Permit	None	2 minutes	Staff CHO-EHSS
	TOTAL:	None	17 Minutes	