

# 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.

Office or	City Health Office – Environmental Health and Sanitation Service					
Division:						
Classification:		Simple				
Type of	G2C- Government	G2C- Government to Citizen				
Transaction:						
Who may avail:		All individuals seeking employment or currently employed in Food				
	& Non-Food establishments / businesses within the City of San					
OUEOK IOT OF	Pedro		WILLEDE TO OFC	LIDE		
	REQUIREMENTS	DOLL	WHERE TO SEC			
Diagnostic/labora     Chest X-Ray result		DOH accred	dited medical labor	ratories		
Original, 1 Photoco	ptory toot recult for	DOH soors	dited medical labo	rotorioo		
Urinalysis and Feca		DOI I accited	uneu meulcai labu	101165		
Test Results (1 Orig						
3. Drug test from Do		DOH accred	dited medical/drug	testing		
laboratories, and ot		laboratories				
	necessary by each	laboratories				
respective employe						
For pregnant wom	en:					
1. Diagnostic/labora	atory test result for	DOH accredited medical laboratories				
Hepatitis B (1 Origin						
If done through a r						
Authorization Let	tter (1 Original	Authorizing	Party			
Copy)						
2. Valid ID of Princi	pal requestor (1	Requesting	Party			
Photocopy)		D	C			
3. Valid ID of Repre	esentative (1	Representa	tive			
Photocopy)	AGENCY	FEES TO	PROCESSING	PERSON		
CLIENT STEPS	ACTIONS	BE PAID	TIME	RESPONSIBLE		
Present the	1. Receive and	None	3 minutes	Staff		
original copy and	validate the	140110	3 minutes	CHO-EHSS		
photocopy of the	required					
required	documents					
documents.	presented, return					
	required	HIM				
	documents upon	EN		16		
	validation to the		1			

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	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 Division:	City Health Office –	City Health Office – Environmental Health and Sanitation Service				
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 Photocopy)	(1 Original, 1	Business Permit and Licensing Office				
Drinking Water S     Water Refilling Stat     (1 Photocopy)		Drinking Water Service Provider / Water Refilling Station				
3. Photocopy of He New Food or Non-I the nature of busine	Food(depending on	City Health Office – Environmental Health and Sanitation Service				
4. Original copy and Pest Control Servic Reports/Results (1 Photocopy) For Food Establishit twice a month (original report)  For Grocery/Superr Establishment / Oth (original service report)	e Original, 1 ment – done inal service market / Non-Food iers – done monthly	Private Pest Controller Service Provider				
5. Original copy and Test Reports / Resu Photocopy))  For Food and Beve establishments that every other month	d photocopy of Ice ult (1 Original, 1 rage	DOH accredited water testing laboratories				
6. Water Test Resu Photocopy)		DOH accredited water testing laboratories				
For Restaurants / a. Physical-Chem done once a year	nical Water Test -					







			GIAM, PHILI		
3. Hazard Analysis	Critical Control	Signed and	prepared by anyo	ne who	
Point/Water Safety			he 40-Hour trainin		
Copy)	· ·a·· (· · ···g···a·	water refilling		9 000.00 10.	
4. Certification of Do	OH / FDA for	From Suppl	ier / Distributor / M	Manufacturers	
certified containers,		From Supplier / Distributor / Manufacturers			
dispensers to be us					
stations (1 Original					
5. Certification of Do		Supplier/Dis	stributor/Manufactu	urers	
certified / approved	washing &				
sanitizing solution to					
stations (1 Original					
6. Recent and previ		DOH accred	dited water testing	laboratories	
test results for Micro	obiological/				
Physical-Chemical	tests (1 Original,				
1 Photocopy)					
7. Water Test Resu		DOH accred	dited water testing	laboratories	
Water Refilling Stat	ion) (1				
Original Copy)					
12.8.1 Physical-Ch					
Water Test -done	twice a				
year					
12.8.2 Microbiologic	cal Water Test -				
done monthly					
8. Certificate of 40-l		College of Public Health, UP, Manila			
course for water ref					
Original, 1 Photoco		O	o = .		
9. Photocopy of He	aith Certificate of		Office – Environm	ental Health and	
all Personnel (1 Pho		Sanitation Office  DOH authorized installer			
		DON authorized installer			
Registration/Specifi equipment used (Co					
Representative:	erilled True Copy)				
	ter (1 Original Copy)	Requesting Party			
2. Valid ID of Princip	nal Client (1				
Photocopy)	pai Olietti (1	Requesting Party			
3. Valid ID of Repre	sentative (1	Representa	tive		
Photocopy)	oonativo (1	Representa			
137	AGENCY	FEES TO	PROCESSING	PERSON	
CLIENT STEPS	ACTIONS	BE PAID	TIME	RESPONSIBLE	
1. Present	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.				
		HITTO		Staff	
	1.2 Assist the	None	2 minutes	CHO-EHSS	
	client in signing			CHO-EHSS	





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



## 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 Relative and/or Authorized Representative of					
	the deceased					
	REQUIREMENTS		WHERE TO SEC	URE		
<ol> <li>Death Certificate Number (1 Original</li> </ol>		City Civil Re	egistrar's Office			
If the deceased bo	dy is located in and	ther locality	:			
1. Certificate of Tra	nsfer of Cadaver (1	City Health	Office or the Local	Government Unit		
Original Copy)	•	Department	where the deceas			
		located				
If done through a						
Authorization Let	ter (1 Original	Requesting	Client			
Copy)						
2. Valid ID of the Pr	incipal Client (1	Requesting	Client			
Photocopy)						
3. Valid ID of the Re	epresentative (1	Representa	tive			
Photocopy)						
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE		
1. Present the	1. Receive and	None	3 minutes	Staff		
requirements.	validate the			CHO-EHSS		
	required					
	documents.					
		None	0	Staff		
	1.1 Issue the	None	2 minutes	CHO-EHSS		
	order of payment.			0.10		
2. Receive Order	2. Receive the	PHP	2 minutes	Treasury Office		
of Payment and	Payment and	200.00		(Cashier)		
pay the required	Issue an Official	Employee				
fees at the	Receipt.					
Treasury Office.						
3. Present the	3.1. Receive	None	2 minutes	Staff		
original copy and	requirements.			CHO-EHSS		
photocopy of the	0.0.0					
Official Receipt, and required	3.2 Prepare the	None	3 minutes	10		
documents.	Cremation	None		0		
documents.	Permit					





	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 200.00	14 Minutes	



### 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.

Office or Division:	City Health Office – Environmental Health and Sanitation Service				
Classification:	Simple				
Type of Transaction:	G2C- Government to Citizen				
Who may avail:	Spouse, Nearest Rothe deceased only	elative and/or	Authorized Repre	esentative of	
CHECKLIST OF	REQUIREMENTS		WHERE TO SEC	URE	
Death Certificate     Number (1 Original	, 1 Photocopy)		egistrar's Office		
	ody is located in and nsfer of Cadaver (1	City Health		Government Unit sed body is	
If done through a	representative:	·········			
Authorization Let Copy)	ter (1 Original	Requesting	Client		
2. Valid ID of the Pr Photocopy)	incipal Client (1	Requesting	Client		
3. Valid ID of the Ro Photocopy)	epresentative (1	Representa	tive		
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE	
1. Present the requirements.	1. Receive and validate the required documents.	None	3 minutes	Staff CHO-EHSS	
	1.1 Issue the order of payment.	None	2 minutes	Staff CHO-EHSS	
	Note: For cases involving unreviewed Death Certificate, the client may proceed to JLAEH & present the said death certificate for review and	1		6	

signature of the

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	City I I a alth			
	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 Sanitation	3.1 Prepare/type the Transfer of Cadaver/ Bones/ Ashes Permit/Certificate.	None	3 minutes	Staff CHO-EHSS
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.

Office or Division:	City Health Office – Environmental Health and Sanitation Service					
Classification:	Simple					
Type of Transaction:	G2C- Government to Citizen					
Who may avail:	Spouse, Nearest Rethe deceased only	Spouse, Nearest Relative and/or Authorized Representative of the deceased only				
CHECKLIST OF	REQUIREMENTS		WHERE TO SEC	URE		
<ol> <li>Death Certificate Number (1 Original</li> </ol>	0 ,	Office of the	Local Civil Regist	trar		
<ol><li>Special Project C Clearance (1 Origin</li></ol>	al Copy)		ject Office (SPO)			
If the deceased bo	dy is located in ano	ther locality				
Certificate of Tra     Original Copy)	nsfer of Cadaver (1		Office or the Local where the deceas			
If done through a	representative:					
Authorization Let Copy)	, 0	Requesting Client				
<ol><li>Valid ID of the Pr Photocopy)</li></ol>		Requesting Client				
3. Valid ID of the Re Photocopy)	epresentative (1	Representa	tive			
CLIENT STEPS	AGENCY ACTIONS	FEES TO BE PAID	PROCESSING TIME	PERSON RESPONSIBLE		
Present the requirements.	Receive and validate the required documents.	None	3 minutes	Staff CHO-EHSS		
	1.1 Issue the order of payment.	None	2 minutes	Staff CHO-EHSS		
	Note: For cases involving un- reviewed Death Certificate, the client may					
(6)	proceed to JLAEH & present the said death certificate			6		



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	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	

