



APPLICATION FORM FOR DSA  
(Designated Smoking Area)

Attach the following to this form:  
1. Application letter addressed to  
    **Dr. Rowena P. Galpo**  
    City Health Officer  
    Health Services Office  
2. Business Permit  
3. Submit to HSO-SmokeFree

Date: \_\_\_\_\_

Name of Establishment: \_\_\_\_\_

Address: \_\_\_\_\_

Person-In-Charge: \_\_\_\_\_

Nature of Business: \_\_\_\_\_

Contact Number: \_\_\_\_\_

Number of Employees \_\_\_\_\_

Describe where you intend to place your DSA (Sketch location of business and proposed DSA)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

DSA Self-Assessment Checklist (Check Appropriate box, if one criterion is not met, grounds for disapproval)

- ☐ Outdoor Space: Outside the building with no temporary or permanent roof, no walls.
- ☐ Not located in or within ten (10) meters from entrance, exits or any place where people pass or congregate.
- ☐ Designated Smoking Area is not larger than 10 square meters.
- ☐ Food or drinks are not served in the Designated Smoking Area.
- ☐ No building shall have more than one Designated Smoking Area.
- ☐ It shall not be located in places where absolute smoking bans are in effect, such as, but not limited to: centers of youth activity such as playschools, preparatory schools, elementary schools, high schools, colleges and universities, youth hostels and recreational facilities for persons under eighteen (18) years old; elevators and stairwells; locations in which fire hazards are present, including gas stations and storage areas for flammable liquids, gas, explosives or combustible materials; within the buildings and premises of public and private hospitals, medical, dental, and optical clinics, health centers, nursing homes, dispensaries and laboratories, food preparation areas; public conveyances and in enclosed, partially enclosed and outdoor areas of transport terminals that are near entrances and exits or where people congregate; within the buildings of all government facilities and premises of all offices of the Department of Health, Department of Education, Commission on Higher Education, Department of Social Welfare and Development and the Civil Service Commission, and shall likewise include parks, plazas, playgrounds, sports and recreational facilities, and other facilities where an absolute smoking ban is imposed under special laws, administrative and executive orders, memorandum circulars and related policies.(Section4F,CityOrdinance34s.2017)

Prepared by: \_\_\_\_\_  
(signature over printed name)

Position: \_\_\_\_\_

===== To be filled-out by Health Services Office =====

Findings/ Recommendations/ Results:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Monitored by:  
  
\_\_\_\_\_

Community Task Force

Recommended Approval:  
  
\_\_\_\_\_

Medical Officer/ Sanitary Inspector

Approved by:

**ROWENA P. GALPO, MD MPH**  
City Health Officer

Sketch location of business & proposed DSA

A large, empty rectangular box with a black border, intended for a hand-drawn sketch of the business location and proposed DSA. The box occupies the upper portion of the page and is currently blank.