MEMORANDUM CIRCULAR NO.: 2019-019

FOR: Economic Zone Locator Enterprises
     Economic Zone Developer Operators
     Economic Zone Administrators and Managers

FROM: Deputy Director General TERESO O. PANGA
       Officer In Charge

SUBJECT: Water Safety Plan Schedule of Submission, Requirements, and PEZA WSP Review Committee

DATE: 22 May 2019

In relation with PEZA Memorandum Circular No. 2018-021: Extension of Deadline for the Submission of Water Safety Plan (WSP) and Clarification on the Scope of Drinking Water Service Provider dated 01 October 2018, we would like to inform Economic Zone Locator Enterprises and Developers providing drinking water in the economic zones the following updates:

1. Extended Deadline of Submission of WSP
The Department of Health (DOH) has extended the deadline for the submission of WSP from 28 February 2019 to 31 December 2019. This was granted by the DOH through a letter dated 25 March 2019.

2. Implementation of WSP in the Economic Zones by Phase
In the same letter, DOH supported our proposal to implement the submission of WSPs by phase. In this regard, drinking water service providers are encouraged to submit their WSPs following the schedule below:

<table>
<thead>
<tr>
<th>WSP Submission Due Date</th>
<th>Water Service Provider for the Following Zones</th>
</tr>
</thead>
<tbody>
<tr>
<td>31 October 2019</td>
<td>Manufacturing Economic Zones</td>
</tr>
<tr>
<td>29 November 2019</td>
<td>IT Parks/Centers, Medical Tourism Parks/Centers and Facility Provider Compounds</td>
</tr>
<tr>
<td>31 December 2019</td>
<td>Tourism Economic Zones and Agro-Industrial Economic Zones</td>
</tr>
</tbody>
</table>

3. Required Documents
The required documents for the submission of WSP in PEZA is described in Annex A. The review and approval of submitted WSP will follow the process described in DOH Department Circular No. 2018-0125: Manual of Operations on Review and Approval of the Water Safety Plans of Drinking-Water Service Providers dated 27 March 2018. The process flow for the review and approval of WSPs submitted in PEZA is presented in Annex B. The members of PEZA WSP Review Committee (RC) is described in Annex C.

4. Further Clarification on Coverage
The DOH also clarified WSP Policy coverage for the following:

1. Manufacturing Firms with their Own Water System
   According to the DOH, the policy on WSP is not applicable to manufacturing firms that operate its own water system though the water is being distributed to its employees for domestic purposes. They are, however, encouraged to develop their WSPs.

2. Drinking Water Service Providers in an Island (i.e. a small island registered as Tourism Economic Zone)
   As explained by the DOH, the management of the island must require its drinking water service providers to submit their WSPs if they distribute their water to different locators operating in the island. However, if the management of the island only distributes the water exclusive to its guests and employees at no cost to the latter, the WSP is not mandatory.

For concerns, please contact PEZA Environmental Safety Group at Telephone Nos. (02) 551-34-51 loc. 221 / (02) 551-65-61 (telefax) or send an e-mail to ensd@peza.gov.ph.

For your information and guidance.
Annex A

Required Documents for the Submission of WSP

1. Duly accomplished Water Safety Plan Review Application Form (WSP Form 1), please see Annex D for the sample copy of WSP Form 1;
2. Five (5) printed copies of the Water Safety Plan; and,

Note: A sixth copy of the Water Safety Plan may be prepared as the proponent's receiving copy.
Annex B

CASE D
REVIEW AND APPROVAL OF WSP OF PRIVATE DRINKING-WATER CONCESSIONAIRES OPERATING UNDER DOH DEPUTIZED AGENCIES AT NATIONAL LEVEL

<table>
<thead>
<tr>
<th>PROCESS</th>
<th>Responsible Person/Office</th>
<th>Documents</th>
<th>Turn around (per day)</th>
<th>Time Required to do the job</th>
</tr>
</thead>
<tbody>
<tr>
<td>START</td>
<td>Applicant</td>
<td>Form 1 WSP Documents</td>
<td>Day 1</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Deputized Agency Secretariat</td>
<td>Form 1 WSP Documents</td>
<td>Day 1</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Deputized Agency Secretariat</td>
<td>Form 2</td>
<td>Day 1</td>
<td>30 min</td>
</tr>
<tr>
<td></td>
<td>Applicant</td>
<td>Order of Payment Official Receipt</td>
<td>Day 1</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Deputized Agency Secretariat</td>
<td>Claim Slip</td>
<td>Day 1</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Deputized Agency Secretariat</td>
<td>Claim Slip</td>
<td>Day 1</td>
<td></td>
</tr>
<tr>
<td></td>
<td>WSP RC members</td>
<td>Form 3 WSP Document</td>
<td>Day 3 – 10</td>
<td>7 days</td>
</tr>
<tr>
<td></td>
<td>WSP RC members</td>
<td>Form 3 WSP Document</td>
<td>Day 11 – 30</td>
<td>20 days</td>
</tr>
<tr>
<td></td>
<td>Deputized Agency Secretariat</td>
<td>WSP Resolution Summary of WSP Evaluation</td>
<td>Day 11 – 30</td>
<td>30 min</td>
</tr>
<tr>
<td></td>
<td>Deputized Agency Secretariat</td>
<td>Indorsement Letter</td>
<td>Day 11 – 30</td>
<td>30 min</td>
</tr>
<tr>
<td></td>
<td>DPCB – ERDD</td>
<td>Certificate of WSP Acceptance</td>
<td>Day 11 – 30</td>
<td>1 day</td>
</tr>
<tr>
<td></td>
<td>OTS Undersecretary</td>
<td>Certificate of WSP Acceptance</td>
<td>Day 30 – 45</td>
<td>1 day</td>
</tr>
<tr>
<td></td>
<td>DPCB</td>
<td>Certificate of WSP Acceptance</td>
<td>Day 45 – 50</td>
<td>5 days</td>
</tr>
<tr>
<td></td>
<td>Deputized Agency Secretariat</td>
<td>Approved WSP Certificate</td>
<td>Day 51</td>
<td></td>
</tr>
</tbody>
</table>

1 From DOH Department Circular No. 2018-0125: Manual of Operations on Review and Approval of the Water Safety Plans of Drinking-Water Service Providers (PEZA was deputized by the DOH to review WSPs of water service providers in economic zones)
Annex C

PEZA Water Safety Plan Review Committee

Following DOH Administrative Order No. 2017-006: Guidelines for the Review and Approval of the Water Safety Plans of Drinking-Water Service Providers, the PEZA Water Safety Plan Review Committee (WSP RC) is established as follows:

1. One (1) member from PEZA Environmental Safety Group (ESG);
2. One (1) member from PEZA Environmental Health and Safety Division (EHSD) Cluster that covers the area where the water service provider is located;
3. One (1) member from the DOH Regional Office that covers the area where the water service provider is located (in case there is no representative available at DOH Regional Office, one (1) member from DOH Central Office will be requested);
4. One (1) member from a Water Related Agency or the Academe; and,
5. One (1) member will be a Peer Reviewer from a drinking water service provider association or establishment.
WATER SAFETY PLAN REVIEW APPLICATION FORM

Application No. ______
Date: ______________

Head/Chief of RLED/Environmental Sanitation Unit/ DOH National/Regional Deputized Agency
Designated
Office/DOH Regional Deputized Academic Institution Designated Unit

RLED/Environmental Sanitation Unit/ DOH National/Regional Deputized Agency Designated
Office/DOH Regional Deputized Academic Institution Designated Unit

Attention: Chairperson, Water Safety Plan Review Committee

Dear Sir/Madam:

I have the honor to submit the Water Safety Plan of ______ (Name of Drinking Water Service
Provider) ______ for review and issuance of Certificate of Acceptance with pertinent information
to support the application.

Owner/General Manager/Operator: __________________________
Business Address: _______________________________________
Operational Service Area: _________________________________

Type of Water Supply System
☐Level 1    ☐Level 2    ☐Level 3    ☐Retail Water    ☐Bulk Water    ☐Mobile Water

Type of Water Service Provider
☐ Water District
☐ Rural Waterworks and Sanitation Association (RWSA)
☐ MWSS Concessionaire (or similar water service provider)
☐ Local Government Unit (LGU)
☐ Barangay Waterworks and Sanitation Association (BWSA)
☐ Community Based Waterworks
☐ Special Economic Zone Water Service Provider
☐ Drinking-Water Service Cooperative
☐ Housing Subdivision Water Service Provider
☐ Retail Drinking Water-Service Provider (Water Refilling Station)
☐ Bulk Water Service Provider
☐ Mobile Drinking-Water Service Provider
☐ Others, specify: ____________________________
I hereby certify that the statements made in this application and the attachments hereof are given/submitted under pain of PERJURY/FALSIFICATION OF OFFICIAL DOCUMENTS against the affiant if warranted.

IN WITNESS WHEREOF, I have hereunto set my hand this ______ day of ______ in ____________.

__________________________________
Affiant/Applicant

SUBSCRIBED AND SWORN to before me, in ______________________, this ______ day of ____________, ________. Affiant exhibiting to me his/her ______________________ ID No. ____________ issued at __________________ on __________________.

WITNES MY HAND AND SEAL the same date and place above stated.

__________________________________
Notary Public