



SAFETY SEAL CERTIFICATION CHECKLIST

Date: _____

Control No. _____
 Name of Establishment _____
 Nature of Establishment _____
 Address _____
 Name of Person in Charge _____
 Contact Details _____

Instruction: (✓) Check the appropriate box (Yes/No), if the following requirement is provided:

	REQUIREMENTS	Yes	No	N/A
1	Valid Business Permit/Mayor's Permit			
2	Use of StaySafe.ph or any contact tracing tool integrated with the same. Please specify other contact tracing tool (_____).			
3	Availability of temperature or thermal scanner (e.g. thermo gun) to assess employees, clients, and visitors.			
4	Availability of health declaration sheet for employees and clients.			
5	QR Codes for StaySafe.ph and any other contact tracing tool conspicuously placed for registration of employees and clients.			
6	Availability of isolation area for identified symptomatic employees			
7	BHERTs and other COVID-19 Emergency hotlines are displayed in conspicuous area.			
8	Availability of hand washing stations with soap, sanitizers, and hand drying equipment or supplies for employees and clients/visitors in strategic locations in the establishment.			
9	Installed physical barriers in enclosed areas to maintain social distancing (blocking off chairs, markers, stickers on the floor for spacing).			
10	Availability of personnel-in-charge for monitoring and maintaining social distancing, and ensuring the compliance of clients/visitors/employees to health protocols and areas in the establishment where people gather (e.g. queue).			
11	Availability of windows for adequate air exchange in enclosed (indoor) areas as cited in DOLE Department Order No. 224- 21 or the Guidelines on Ventilation for Workplaces and Public Transport to Prevent and Control the Spread of COVID-19.			
12	Compliance to the disinfection protocol in accordance with DON Department Memorandum No. 2020157 and 0157-A or the "Guidelines on Cleaning and Disinfection in Various Settings as an Infection Prevention and Control Measure against COVID-19".			
13	Conducts regular (at least twice a week) cleaning and disinfection in the establishment in compliance to the Cleaning and Disinfection of Environmental Surfaces in the Context of COVID-19 by the World Health Organization.			
14	Personnel, employees, clients and visitors always wear facemasks and face shields especially in enclosed places.			
15	Presence of designated Safety Officer with the following functions: a) coordinate with the appropriate bodies for support and referral to community-			

	based isolation facilities for confirmed cases with mild symptoms, and to health facilities for severe and critical care; b) undertake contact tracing or coordinate the conduct thereof; and c) monitor status of employees quarantined or isolated; and d) implement return to work policies.			
16	Availability of storage facility for proper collection, treatment, and disposal of used facemasks and other infectious wastes.			

DEFECTS / DEFICIENCIES NOTED DURING INSPECTION:

RECOMMENDATIONS:

ACKNOWLEDGED BY:

Signature over Printed Name of Representative

MONITORING TEAM:

LGU Representative
(Name and Signature)

LGU Representative
(Name and Signature)

LGU Representative
(Name and Signature)

LGU Representative
(Name and Signature)

Date and Time: _____