



SAFETY SEAL CERTIFICATION CHECKLIST

(Pursuant to DOLE-DOH-DILG-DOT-DTI JMC No. 21-01 & DILG MC No. 2021-053)

Control No. _____

Date: _____

Name of Establishment: _____

Nature of Establishment: _____

Address: _____

Name of Person In-charge: _____

Contact Details: _____

Instruction: Check (✓) the appropriate box, if the following requirement is provided:

REQUIREMENTS		MOVs to be Produced/Uploaded	YES	NO	N/A	Reason why NA
1	Valid Business Permit/Mayor's Permit	-Photo of 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: _____	-StaySafe QR Code -If using other tool, photo of QR Code -Use of manual CT may be considered at the moment. Attach photo.				
	QR Codes for StaySafe.ph or any other contact tracing tool conspicuously places for registration of employees and clients.					
3	Availability of temperature or thermal scanner (e.g. thermo gun) to assess employees, clients and visitors.	-Photo of the entrance with thermal scanner/temperature checking.				
4	Availability of health declaration sheet for employees and clients.	NA if there is an online CT. If NO online CT, a photo of the form required to be filled up by employees and clients.				
6	Availability of isolation area for identified symptomatic employee.	-Photo of designated area. -Internal Memo designating the area (if any)				

7	BHERTs and other COVID-19 Emergency Hotlines are displayed in conspicuous area.	-Photo of the conspicuous area with COVID-19 Emergency Hotlines				
8	Availability of footbath and handwashing stations with soap, sanitizers, and hand drying equipment or supplies for employees and clients/visitors in strategic locations in the establishment.	-Photo of footbath and handwashing stations/sanitizers used in the establishment.				
9	Installed physical barriers in enclosed areas to maintain social distancing (blocking off chairs, markers, stickers on the floor for spacing).	-Photo of Office Setup with physical barriers, markers or floor markers to help maintain social distancing.				
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)	-Memo designating or ID personnel in-charge of monitoring and maintaining social distancing and or ensuring the compliance of clients/visitors/employees to health protocols.				
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.	-Photo of air purifier in the Office (if available), OR -Photo of proper air ventilation of the Office				
12	Compliance to the disinfection protocol in accordance with DOH Department Memorandum No. 2020-157 and 157-A or the "Guidelines on Cleaning and Disinfection in Various Settings as an Infection Prevention and Control Measure Against COVID-19. 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.	-Memo re Conduct of Regular Disinfection/Disinfection Protocol -Sample photo of the office/establishment disinfection activity. -Disinfection Card (indicating the time & date)				
13	Personnel, employees, clients, visitors always wear facemask and face shield especially in enclosed places.	-Memo for employees, OR -Photo of Posters/Signages reminding the wearing of facemask and face shield at all times.				
14	Presence of designated Safety Officer with the following functions: a) coordinate with appropriate bodies for support and referral to community-	-Memo specifying the names of Safety Officers and respective functions.				

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

I HEREBY CERTIFY that the facts stated herein are true and correct of my own personal knowledge and any misrepresentation subjects me to criminal or administrative liability.

Name and Signature of Person In-charge

FOR ONSITE VALIDATION/INSPECTION:

DEFECTS/DEFICIENCIES NOTED DURING INSPECTION:

RECOMMENDATIONS:

Note: Deficiencies shall be complied within 48 hours upon notice. Failure to comply, City Ordinance No. 427, s. of 2020 applies.

Safety Seal Inspector

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