



SAFETY SEAL CERTIFICATION CHECKLIST

(LGU as Issuing Authority)

Date: _____

Name of Business Owner/Applicant: _____

Name of Business Establishment: _____

Nature of Business: _____

Address: _____

Location of Business: _____

Business Permit Number: _____ Contact Details: _____

Email Address: _____

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

#	REQUIREMENTS	MOV's to be Produced/ Uploaded				REASON WHY N/A
			YES	NO	N/A	
1	Valid Business Permit/Mayor's Permit	-Copy 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 implementing own CT app, IA will verify DILG CO if it is integrated with StaySafe. - Use of manual CT may be considered at the moment.				
3	Availability of temperature or thermal scanner (e.g. thermal 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 CT, a photo of the form required to be filled up by employees and clients.				
5	Availability of isolation area for identified symptomatic employees	- Photo of the designated area - Internal Memo designating the same (if any)				
6	BHERTs and other COVID-19 Emergency hotlines are placed in conspicuous area.	Photo the conspicuous area with COVID19 Emergency Hotlines				
7	Availability of handwashing stations with soap, sanitizers and hand drying equipment or supplies for employees and clients/visitors	- Photo of handwashing stations/ sanitizers used by the Office				
8	Installed physical barriers in enclosed areas to maintain social distancing(blocking off chairs, markers,	- Photo Office Setup with physical barriers, markers or floor stickers to help maintain social distancing				
9	Availability of personnel-in-charge for monitoring and maintaining social distancing and ensuring the compliances of clients/visitors/employees to health protocols and areas in the establishment where people gather(e.g. queue)	- Memo - Designation of Personnel-in-Charge of monitoring and maintaining social distancing and of ensuring the compliances of clients/ visitors/ employees to health protocols				

10	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				
11	-Compliance to the disinfection protocol in accordance with DOH Department Memorandum No. 2020-157 and 0157-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 office disinfection				
12	Personnel, employees, clients and visitors always wear facemasks and face shields especially in enclosed places.	- Memo for employees - Photo of signages re reminder to wear facemasks and faceshields				
13	Established referral system for medical and psychosocial services.	Copy of MOA/ Implementing Procedures re referral system for medical and psychosocial services				
14	Availability 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.	Memo specifying the name/s of the safety officer/s				
15	Availability of storage facility for proper collection, treatment, and disposal of used facemasks and other infectious wastes	Photo of the disposal facility/ mechnism 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 / Date