



BUSINESS PERMITS AND LICENSING OFFICE

SAFETY SEAL CERTIFICATE CHECKLIST

Control No. _____ Date: _____

Name of Business Establishment: _____

Name of Owners Establishment: _____

Address: _____

Contact Details: _____

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

#	REQUIREMENTS	MOVs to be Produced/ Uploaded	YES	NO	N/A	Reason why N/A
1	Use of StaySafe.ph or any contact tracing tool integrated with the same. Please specify Other contact tracing tool. (_____)	-Stay Safe QR Code, -If implementing own CT app, IA will verify DILG CO if it is integrated with Stay Safe. -Use of manual CT may be considered at the moment.				
2	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				
3	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.				
4	Availability of isolation area for identified symptomatic employees	-Photo designated area -Internal Memo designating the same (if any)				
5	BHERTs and other COVID-19 Emergency hotlines are placed in conspicuous area.	-Photo the conspicuous area with COVID-19 Emergency Hotlines				
6	Availability of hand washing stations with soap, sanitizers and hand drying equipment or supplies for employees and clients/visitors in	-Photo of hand washing stations/sanitizers used by the office				
7	Installed physical barriers in enclosed areas to maintain social distancing(blocking off chairs, markers, stickers on the floor for spacing)	-Photo Office Setup with physical barriers, markers or floor stickers to help maintain social distancing				
8	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				
9	Availability of windows for adequate air exchange in enclosed(indoor) areas as cited in DOLE Department Order No. 224-21 (Guidelines on Ventilation for Workplaces and Public Transport to Prevent and Control the Spread of	- Photo of air purifier in the Office (if available) -Or, Photo of Proper Air Ventilation of the office				

	COVID-19)					
10	<p>Compliance to the disinfection protocol in accordance with DOH Department Memorandum No. 2020-157 and 0157-A or the “Guidelines on Clearing and Disinfection in Various Settings as an Infection Prevention and Control Measure Against COVID-19.</p> <p>Conducts regular (at least twice a week) clearing and disinfection in the establishments in compliance to the Clearing and Disinfection of Environmental Surfaces in the Context of COVID-19 by the World Health Organization.</p>	<p>-Memo re Conduct of Regular Disinfection Protocol -Sample photo of office disinfection</p>				
11	<p>Personnel, employees, clients and visitors always wear facemask and face shields especially in enclosed places.</p>	<p>-Memo for Employees -Photo of signage’s re reminder to wear facemasks and face shields</p>				
12	<p>Establishment’s referral system for medical and psychosocial services.</p>	<p>-Copy of MOA/Implementing Procedures re referral system for medical and psychosocial services</p>				
13	<p>Availability of designated Safety Officer with following functions</p> <p>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 and critical care ,</p> <p>b.) Undertake contact tracing or coordinate the conduct thereof; and</p> <p>c.) Monitor status of employees quarantined or isolated; and</p> <p>d.) Implement return to work policies.</p>	<p>-Memo specifying the names of the safety officer/s</p>				
14	<p>Availability of storage facility for proper collection, treatment, and disposal of used facemasks and other infectious waste.</p>	<p>-Photo of the disposal facility/mechanism for infectious waste</p>				
15	<p>Updated business permit.</p>	<p>-Photocopy of Business/Mayor’s Permit</p>				

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.

REMARKS:

Name and Signature of Safety Seal Inspector/Date



POLICIES FOR BUSINESS ESTABLISHMENTS IN HANDLING COVID 19 CASES

1. REGULAR SCREENING OF EMPLOYEES – Daily monitoring of temperature and other symptoms.
2. RESCORDING OF CASES
3. HAVE AN ISOLATION AREA/ROOM FOR EMPLOYEES WITH SYMPTOMS
4. REFERRAL – Immediately refer to Barangay Health emergency Response Team (BHERTs) for appropriate action.
5. ACTION TAKEN – BHERTs will schedule for swabbing and quarantine depending on their findings.
6. CERTIFICATION – BHERTs will issue certification or medical clearance before the employee returns to work.

Signed:

OWNER/HR HEAD

BHERTs/BRGY. REPRESENTATIVE

BUSSINESS ESTABLISHMENT: _____

DATE: _____