

LGU SAFETY SEAL CERTIFICATION CHECKLIST

Boarding House/Apartment

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
1	BHERTs and other COVID-19 Emergency hotlines are displayed in conspicuous area.		
2	Availability of handwashing stations with soap, sanitizers, and hand drying equipment or supplies for employees and clients/visitors in strategic locations in the establishment.		
3	Installed physical barriers in enclosed areas to maintain social distancing (blocking off chairs, markers, stickers on the floor for spacing).		
4	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).		
5	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.		
6	Compliance to the disinfection protocol in accordance with DOH Department Memorandum No.2020-157 and 0157-A or the "Guidelines on Cleaning and Disinfection Various Settings as an Infection Prevention and Control Measure Against COVID-19.		
7	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.		
8	Personnel, employees, clients and visitors always wear facemask and face shields especially in enclosed places.		
9	Presence of designated Safety Officer with 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		
10	Availability of storage facility for proper collection, treatment, and disposal of used facemask and other infectious wastes		

DEFECTS / DEFICIENCIES NOTED DURING INSPECTION:

RECOMMENDATIONS:

ACKNOWLEDGED BY:

Signature Over Printed Name of Representative

Prepared by:

Safety Seal Inspector

Date and Time _____