

# LGU SAFETY SEAL CERTIFICATION CHECKLIST

## Eateries (Inside MEEDO and Baywalk)

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
<b>5</b>	BHERTs and other COVID-19 Emergency hotlines are displayed in conspicuous area.		
<b>6</b>	Availability of handwashing stations with soap, sanitizers, and hand drying equipment or supplies for employees and clients/visitors in strategic locations in the establishment.		
<b>7</b>	Installed physical barriers in enclosed areas to maintain social distancing (blocking off chairs, markers, stickers on the floor for spacing).		
<b>8</b>	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).		
<b>9</b>	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.		
<b>10</b>	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.		
<b>11</b>	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.		
<b>12</b>	Personnel, employees, clients and visitors always wear facemask and face shields especially in enclosed places.		
<b>13</b>	Availability of storage facility for proper collection, treatment, and disposal of used facemask and other infectious wastes		

**DEFECTS / DEFICIENCIES NOTED DURING INSPECTION:**

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**RECOMMENDATIONS:**

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**ACKNOWLEDGED BY:**

\_\_\_\_\_  
Signature Over Printed Name of Representative

Prepared by:

\_\_\_\_\_  
Safety Seal Inspector

Date and Time \_\_\_\_\_