

LGU SAFETY SEAL CERTIFICATION CHECKLIST

Retail Stores

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	Valid 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		
3	QR Codes for StaySafe. Ph and any other contact tracing tool conspicuously placed for registration of employees and clients.		
4	BHERTs and other COVID-19 Emergency hotlines are displayed in conspicuous area.		
5	Availability of handwashing stations with soap, sanitizers, and hand drying equipment or supplies for employees and clients/visitors in strategic locations in the establishment.		
6	Installed physical barriers in enclosed areas to maintain social distancing (blocking off chairs, markers, stickers on the floor for spacing).		
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	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 _____