



Republic of the Philippines
 Western Mindanao, Region IX
 PROVINCE OF ZAMBOANGA DEL SUR
Municipality of Molave

SAFETY SEAL CERTIFICATION CHECKLIST

Date _____

Control No. _____

Name of Establishment _____

Nature of Establishment _____

Address _____

Name of Person in Charge _____

Contact Details _____

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

REQUIREMENTS		Yes	No	N/A
1	Valid Business Permit/Mayor's Permit			
2	Use of StaySafe.ph or any contact tracing tool integrated with the same. Please specify other contract tracing tool (_____)			
3	Availability of temperature or thermal scanner (e.g. thermo gun) to assess employees, clients, and visitors.			
4	Availability of health declaration sheet for employees and clients.			
5	QR Codes for StaySafe.ph and any other contact tracing tool conspicuously placed for registration of employees and clients.			
6	Availability of isolation area for identified symptomatic employees			
7	BHERTs and other COVID-19 Emergency hotlines are displayed in conspicuous area.			
8	Availability of hand washing stations with soap, sanitizers, and hand drying equipment or supplies for employees and clients/visitors in strategic locations in the establishments.			
9	Installed physical barriers in enclosed areas to maintain social distancing			

	(blocking off chairs, markers, stickers on the floor for spacing).			
10	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).			
11	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.			
12	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”			
13	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.			
14	Personnel, employees, clients and visitors always wear facemasks and face shields especially in enclosed places.			
15	Presence of designated Safety Officer with the following functions: a) coordinate with the appropriate bodies for support and referral to community-based isolation facilities for conformed 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.			
16	Availability of storage facility for proper collection, treatment, and disposal of used facemasks 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 _____