



SAFETY SEAL CHECKLIST

(Form 1 – as of January 2022)

A. DETAILS OF THE ESTABLISHMENT

Name of Establishment: _____

Type of Establishment:

- Retailers Membership Shopping Clubs
HWare/Construction Store Barbershop/Salon
Service/Repair Shop Logistics Outlets
Other Personal Care Est. (spas, aesthetic clinics, etc.)

Email Address: _____

Location of Establishment (complete address):

Application Token: _____

Safety Seal # (if any): _____

No. of Employees (in branch): _____

B. SAFETY SEAL ELIGIBILITY CHECK

- Mayor's Permit
 Registration with StaySafe.ph (establishment has StaySafe.ph QR code; used by employees, customers, and visitors) or contact tracing is integrated with StaySafe
 Compliance with Minimum Public Health Standards (establishment does not have a NO answer in below Minimum Public Health Standards Checklist)

C. MINIMUM PUBLIC HEALTH STANDARDS

| MINIMUM PUBLIC HEALTH STANDARDS (MPHS) | Y | N | N/A |
|---|---|---|-----|
| 1. Available screening or triage area at different points-of-entry where: | | | |
| a. Employees submit health declaration and/or symptoms are assessed. | | | |
| b. Non-contact temperature check is performed to all employees, customers, and any individuals who enter the premises. Those with a temperature higher than 37.5 degrees centigrade shall not be allowed entry. | | | |
| c. Customers and other individuals who enter the establishment are asked to register for contact tracing with StaySafe.ph, an app integrated therewith or other forms of contact tracing. | | | |
| d. For medium and large establishments, isolation area shall be installed for symptomatic employees and once identified as a suspect COVID-19 case shall be reported to the Barangay Health and Emergency Response Team (BHERT) immediately for proper observance of COVID-19 protocol. | | | |
| 2. Handwashing stations, soap, adequate and safe water, 70% Isopropyl or Ethyl alcohol, sanitizers, hand drying equipment or supplies (e.g., single use paper towel), and/or hands-free trash receptacles, door openers and other similar hands-free equipment are available to employees and clients/visitors and placed in strategic locations in the establishment. The use of foot baths, disinfection tents, misting chambers, or sanitation booths are not recommended. | | | |
| 3. Observance of at least one-(1) meter physical distancing in all areas of the establishment or facility or spacing through installation of physical barriers in enclosed areas where physical distancing may be compromised or crowding may take place, i.e., blocking off of chairs, use of markers or stickers on the floor for spacing. | | | |
| 4. Separate entry and exit points in high traffic areas are designated through the use of unidirectional markers, installation of signages for queuing and unidirectional movement, and enforcement of sectioning and queuing protocols to maintain physical distancing. | | | |
| | | | |

| | Y | N | N/A |
|--|---|---|-----|
| 5. Adequate air exchange in enclosed (indoor) areas | | | |
| 5.1 For non-airconditioned Spaces/Workplaces | | | |
| a. Windows are kept open, are clean-free from all types of dusts/debris | | | |
| b. There is no lingering smell, stuffiness of room, feeling of humidity, and/or smokiness of room | | | |
| c. The nearby space of the openable windows is free from toxic gases and other pollutants | | | |
| d. There are ventilating fans circulating air in the workspaces | | | |
| e. Supply-only ventilation fans are installed where fresh air cannot be obtained by natural ventilation | | | |
| f. Exhaust fans are continuously running during occupancy | | | |
| g. Airflow from intake to exhaust provides fresh ventilated air to all occupied work spaces | | | |
| h. Number of exhaust fans are enough with respect to the volume of the room to have air change | | | |
| 5.2. For Airconditioned Spaces/Workplaces | | | |
| a. HVAC system or air conditioning (AC) unit provides outdoor air and maintained free from dusts, molds, etc. | | | |
| b. Air Handling Unit (AHU) or AC unit uses and can handle MERV 13 or higher filter rating and regular change/cleaning of filters are done and louvers are in upward position | | | |
| c. Exhaust fans (wall mounted, kitchen hoods, etc.) are installed (if applicable in the HVAC design) | | | |
| d. There is no lingering smell, stuffiness of room, feeling of humidity, and/or smokiness of room | | | |
| e. Windows, doors, or other openings can be or is regularly opened to increase ventilation | | | |
| f. Ventilating fans, if used, does not blow air from person to person | | | |
| g. Portable air purifier has HEPA filters | | | |
| h. Airflow from intake to exhaust provides fresh ventilated air to all occupied work spaces without objectionable drafts | | | |
| i. Air change per hour of 6-12 within occupied workspaces; maintains CO2 levels below 1,000 ppm at all times | | | |
| j. Indoor room temperature has no sudden variations or is not excessively hot or cold | | | |
| 6. There is regular sanitization of premises, including chairs, desks, tables, counters, pens, doorknobs, equipment, devices, workstations, comfort rooms, barriers and other high-touch surfaces | | | |
| 7. Wearing of facemasks, face shields (if applicable, depending on the Alert Level), especially in enclosed spaces and wearing of other protective outer garments as warranted is enforced | | | |
| 8. Referral system for medical and psychosocial services is available | | | |
| 9. Designation of Safety Officer who shall: <ul style="list-style-type: none"> • Ensure that MPHS and government-imposed limitations on venue/seating capacity are strictly followed; • Coordinate with the appropriate bodies for support and referral to community-based isolation facilities for confirmed cases, and to health facilities for severe and critical care; • Undertake contract tracing or coordinate the conduct thereof; • Monitor status of employees quarantined or isolated; • Implement return to work policies | | | |
| 10. There is a facility for proper storage, collection, treatment, and disposal of used facemasks, and other PPEs and infectious waste. If feasible, used facemasks or gloves are disinfected by soaking them for 30 minutes in a diluted bleach solution. Used PPEs are disposed in yellow bins labeled "hazardous healthcare waste" or "infectious waste." | | | |
| 11. Visual cues or signages are installed to communicate the following: <ul style="list-style-type: none"> a. Maintaining physical distancing of at least one (1) meter distance between customers b. Cough and sneeze etiquette c. Proper hand hygiene and infection control d. Proper use and disposal of Personal Protective Equipment e. Other critical reminders in the Prevent, Detect, Isolate, Treat, Reintegrate (PDITR+) strategy and BIDA Solusyon, and Resbakuna for the promotion of the Government's Vaccination Program. | | | |
| 12. IATF and/or LGU guidelines on catering indoor services/operations to fully-vaccinated individuals only are enforced. | | | |
| 13. All on-site workers/employees of the establishment are fully-vaccinated | | | |
| 14. Adequate personal protective equipment to all employees, regardless of employment, are provided. These include cloth or surgical masks, or face shields, as necessary, and gloves and other appropriate PPE for all personnel tasked to do regular cleaning and disinfection of furniture, fixtures, and equipment. | | | |
| 15. Appropriate PPEs are used for cleaning and disinfection of equipment, subject to proper donning and doffing practices. | | | |
| 16. Digital tools are used to enable establishments to receive payments via cashless modes, and to operate on a by-appointment or reservation basis to adhere to venue capacity requirements. | | | |

| ADDITIONAL PROTOCOLS UNDER DTI-DOLE GUIDELINES (JMC 20-04A) | Y | N | NA |
|--|----------|----------|-----------|
| Designated smoking areas, if there are , are provided with individual booths, subject to the applicable requirements and standards under RA 9211 and EO. 26 s. 2017. Employees are required to strictly observe physical distancing measures and other applicable health protocols (i.e. no talking inside designated smoking areas). | | | |
| For workplaces with canteens | | | |
| 1. Employees strictly comply with the physical distancing of at least (1) meter and are prohibited from talking with each other. | | | |
| 2. The employer provides signages, physical barriers, and such other means to ensure compliance with the prescribed protocols. | | | |
| 3. The use of communal items such as, but not limited to, dipping sauces and condiments, utensil dispensers, and straw dispensers, is strictly prohibited. | | | |
| 4. Serving of buffet meals and other similar set-ups is prohibited. | | | |

| ADDITIONAL PROTOCOLS FOR PERSONAL CARE SERVICES | Y | N | NA |
|--|----------|----------|-----------|
| Face masks are worn at all times, regardless of the service to be performed. Straps of the mask shall be held on the nape using objects such as hook, pin or comb. | | | |
| Proper donning and doffing of gloves after each served customer are observed. | | | |
| The use of text messaging and online tools for scheduling is maximized. | | | |

UNDERTAKING AND REPRESENTATIONS

I _____, (owner / manager / person-in-charge) of the establishment indicated herein hereby warrants to the DTI that I am authorized to legally bind the said establishment and I confirm that the information herein are true and correct based on personal knowledge and authentic records.

I am voluntarily applying for the Safety Seal Certification program. As applicant, I commit continuous compliance of my **establishment with the minimum public health standards, including the use of StaySafe.ph, or a digital contact tracing application integrated therewith and agree to implement corrective actions, if any, within the time period agreed with DTI.** If granted the Seal and for any reason, I receive a notification or order revoking my Safety Seal, I also commit to remove the said seal in my establishment/s or website/s upon receipt of notification/order.

Signature over Printed Name of Owner/
President/Manager of Establishment

Place _____
Date _____

Email address _____
Contact number _____

Date Inspected: _____

Name and Signature of Inspection Officer/s:

