



Republic of the Philippines  
 DEPARTMENT OF THE INTERIOR AND LOCAL GOVERNMENT  
 DILG-NAPOLCOM Center, EDSA corner Quezon Avenue, West Triangle, Quezon City  
 http://www.dilg.gov.ph

## SAFETY SEAL CERTIFICATION CHECKLIST

*(DILG as Issuing Authority)*

Control No.: \_\_\_\_\_

Date: \_\_\_\_\_

Name of Government Agency/ Office: \_\_\_\_\_

Name of Government Establishment/ Department/ Office/ Unit : \_\_\_\_\_

Nature of Government Establishment/ Department/ Office/ Unit: \_\_\_\_\_

Address: \_\_\_\_\_

Name of Person in Charge: \_\_\_\_\_ Contact Details: \_\_\_\_\_

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

#	REQUIREMENTS	MOVs to be Produced/ Uploaded	YES	NO	N/A	Reason why N/A
1	Use of <a href="https://stay-safe.ph">StaySafe.ph</a> or any contact tracing tool integrated with the same. Please specify other contact tracing tool. (_____)	- StaySafe QR Code, - If implementing own CT app, IA will verify DILG CO if it is integrated with StaySafe. - Use of manual CT may be considered at the moment.				
2	Availability of temperature or thermal scanner (e.g. thermal gun) to assess employees, clients and visitors	- Photo of the entrance with thermal scanner/ temperature checking				
3	Availability of health declaration sheet for employees and clients	NA if there is an online CT. If no CT, a photo of the form required to be filled up by employees and clients.				
4	Availability of isolation area for identified symptomatic employees	- Photo of the designated area - Internal Memo designating the same (if any)				
5	BHERTs and other COVID-19 Emergency hotlines are placed in conspicuous area.	- Photo the conspicuous area with COVID19 Emergency Hotlines				
6	Availability of handwashing stations with soap, sanitizers and hand drying equipment or supplies for employees and clients/visitors in	- Photo of handwashing stations/ sanitizers used by the Office				
7	Installed physical barriers in enclosed areas to maintain social distancing(blocking off chairs, markers, stickers on the floor for spacing)	- Photo Office Setup with physical barriers, markers or floor stickers to help maintain social distancing				
8	Availability of personnel-in-charge for monitoring and maintaining social distancing and ensuring the compliances of clients/visitors/employees to health protocols and areas in the establishment where people gather(e.g. queue)	- Memo - Designation of Personnel-in-Charge of monitoring and maintaining social distancing and of ensuring the compliances of clients/ visitors/ employees to health protocols				
9	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	- Photo of air purifier in the Office (if available) - Or, Photo of Proper Air Ventilation of the Office				

10	<p>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.</p> <p>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.</p>	<p>- Memo re Conduct of Regular Disinfection/ Disinfection Protocol - Sample photo of office disinfection</p>				
11	<p>Personnel, employees, clients and visitors always wear facemasks and face shields especially in enclosed places.</p>	<p>- Memo for Employees - Photo of signages re reminder to wear facemasks and faceshields</p>				
12	<p>Established referral system for medical and psychosocial services.</p>	<p>- Copy of MOA/ Implementing Procedures re referral system for medical and psychosocial services</p>				
13	<p>Availability of designated Safety Officer with the 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.</p>	<p>- Memo specifying the name/s of the safety officer/s</p>				
14	<p>Availability of storage facility for proper collection, treatment, and disposal of used facemasks and other infectious wastes.</p>	<p>- Photo of the disposal facility/ mechanism for infectious waste</p>				

I hereby certify that the facts stated herein are true and correct of my own personal knowledge and any misrepresentation subjects me to criminal or administrative liability.

\_\_\_\_\_  
Name and Signature of Person in Charge / Date

**FOR ONSITE VALIDATION/ INSPECTION**

DEFECTS / DEFICIENCIES NOTED DURING INSPECTION:

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RECOMMENDATIONS:

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Name and Signature of Safety Seal Inspector / Date