CHECKLIST ON COMPLIANCE WITH SAFETY AND HEALTH MEASURES TO PREVENT AND CONTROL COVID-19 TRANSMISSION

Name of Establishment:					Kind of Business/Economic Activity/Principal Product:							
Name of Owner/President/Manager:												
Address:						Within Econo	mic Zor	ne:	_			
							Yes		No			
Head Office			Bra	nch		Contact No.:						
Kind of Ownership						Email Addres	ss:					
Sole Proprietorship	\dashv	Partne										
Corporation		Coope	erativ	е		Total numbe	_					
No. of Shifts:	NI61A	/l				Age Group	F	emale	Male	T	otal	
Shift time	No. of W	vorkers				below 15 15-19 yrs						
						20-59 yrs						
						60 and above	е					
Employment Status	Fema	le	Ма	le	Total							
No. of Regular:	No. of Managerial: No. of Supervisory: No. of Rank and File:											
No. of Probationary: No. of Fixed-Term:												
No. of Casual:						TOTAL:	and File					
No. of Regular-Seasonal:						101712.						
No. of Contractors' employees												
deployed:												
Type of Workplace:												
Low Risk Medium Ri	SK			Hıg	h Risk	Uses Stay Sa		for Contac	7 ~			
Type of Ventilation:							Yes		No			
Non-Aircon Name of Employer's Representative:	naitioned	1		Bot	n	Name of Em	nlovees'	Panrasa	ntative:			
Name of Employer's Representative.						Name of Lin	pioyees	Kepiesei	itative.			
						CO	MPLYIN	G	REQUI	IRED CORREC	TION	
COMPLIANC	- INDIC	ATOD						-	it Equ		Schedule	
COMPLIANC	E INDIC	AIUR				YES	NO	N/A	Remarks	Workers Involved	of	
PDF.VE	ITD (F (6	ONTO	<u> </u>		IDEA DEEA	ENTEN TO		1100.00	INCOLUDI ACCO		Correction	
Signages on COVID Safety Measure					UKES BEFUI	LENIKTIC	BUILD	INGS OR	WORKPLACES		T	
Appropriate masks and face shields					all times							
Daily accomplished Health Declaration			_	_								
Contact Tracing Form by clients/visite		,										
Temperatures checked for both work	ers and	visitors	i									
Spraying of alcohol/sanitizers on both												
Disinfectant foot baths at the entrance							-					
Social or physical distancing of at lea	st 1 met	ter obse	erved	CON	TDOL MEAS	L URES INSIDE	THE W	OBKBI M	CE			
Company OSH Program with duly sign						UKES INSIDE	I I I I VV	UKKPLA	CE		1	
formulated to include COVID Control												
DOLE-DTI Interim and Supplemental			_									
health standards and guidelines issu	ed by the	e DOH	and o	other	regulatory							
Signages/visual cues/reminders on p												
hygiene behavior visibly posted in co												
areas, canteens, locker rooms, loung workers converge.	es, and	otner s	imiia	r area	as wnere							
Common areas and frequently handle	ed objec	ts disin	fecte	ed at a	an interval of							
not less than 2 hours	,											
Frequent handwashing with soap and	water o	or the a	pplic	ation	of alcohol-							
based disinfectants is observed, espe	ecially at	fter toud	ching	or ha	andling any							
document, materials, or surface.												
Disinfecting/washing resources and s					nitizer and							
diposable hand drying supplies place												
Disinfection done before start of the	,		,	_	,							
end of the shift and every after use of												
Signage on surface disinfection of wo work to remind workers	ork Static	ons, bei	ore c	uring	and alter							
Proper waste disposal							1	+				
Adequate ventilation is enforced insid	de the w	orkplac	e (ex.	window	s opened for							
natural air flow exchanges, if possible. Air conditioni												
fans installed, Air filtration devices with high-efficient maintained)	y particulat	e aif (HEP	n) IIITO	ıs msta	neu and properly							
			MIN	NIMIZ	ING / REDUC	CING CONTAC	CT RATI					
For medium and large-sized establish												
provided/arranged for (vehicle types approv												
minimum public health standards is enforced inside physical distancing observed, signages posted on no												
disinfected properly before and after each use; wind	lows rolled	down by at	t least	3 inches	s, if applicable)				1			
Physical distancing of at least 1 meter		of space	ce be	twee	n each							
worker is observed through the follow a. Adoption of flexible work are		ente / al-	terno	ative v	vork	-	-		+		1	
arrangements, if applicable	angenie	niio / di	.01110	active V	TOIN							

b. Work from Home Arrangement for MARP implemented					
(With co-morbidities, younger than 20 years; 60 years and older, pregnant, and					
Immunocompromised)					
c. Number of people in enclosed spaces (rooms, stores, halls,					
elevators) limited to observe at least one (1) meter physical					
d. Signages for "one-way direction" in walkways established					
 e. Directional signages posted for one-way out in walkways, 					
elevators					
and on stairs (for establishments with two (2) accessible stairways one stairway is used					
f. Transparent barriers between office tables and open workspaces					
 g. Use of shared tools and equipment done one at a time 					
 h. Video-conferencing for meetings needing large attendance of 					
employees and/or for meetings lasting longer than 15 minutes					
Staggered or alternate meal breaks/schedules are implemented and					
protocols during meals are observed (ex: physical distancing, no conversations allowed,					
Use of communal items (condiments ,utensil and straw dispensers, etc.) and serving of buffet meals and					
other similar set-up are prohibited, proper disinfection of tables, chairs and utensils is done before and					
after use, masks are immediately worn after meals)					
Meetings needing physical presence kept to a minimum number of					
participants and of short duration and policy on mass gathering is					
compliant with IATF issuances					
Appropriate PPEs for workers and cleaners alike are provided by the					
employer at no cost to them and are properly worn while at work					
Proper handling disposal of PPEs done after use					
Online system for clients needing assistance practiced / encouraged;	1				
customer transactions within the business premises is limited to less than					
15 minutes, if applicable while observing physical distancing					
Designated smoking area/s is an open space, individual, open-topped			· <u></u>		
partitioned "booths" or cubicles and is in accordance with RA 9211 and EO					
26 s.2017	<u> </u>				
MANAGEMENT OF SYMPTOMATIC	INDIVIDUALS	AT THE \	VORKPL	ACE	
Isolation and Referral					
A designated isolation area is made available for every 200 workers in the					
establishment (for medium to large establishments and buildings with multiple tenants).					
Malls and buildings must have at least one isolation area for all entrances					
Isolation area is provided/designated which must be situated near					
entrance or in a nearby facility					
Arrangements and referral to a nearby temporary private or LGU isolation					
facility is in place if provision of isolation area within workplace is not					
Isolation area is adequately ventilated					
Isolation area is frequently disinfected (every two hours or immediately after occupancy)					
Isolation area personnel are provided by employer with single use PPEs					
such as disposable gowns, faceshields, medical grade masks, and gloves					
and are properly disposed every use.					
Isolation area has provision for chairs and dedicated restroom/s. IEC					
materials and signages of health protocols are also posted.					
Contact numbers of the local health office or BHERT having jurisdiction of	1				
the workplace, CESU/MESU/PESU/RESU, DOH Hotline 1555 available					
and visibly posted at conspicuous places					
Company protocols are in place for transporting the affected employee to					
the nearest health facility for proper management					
Face masks and face shields are worn inside by suspect COVID-19					
patient inside isolation facility					
Trained OSH personnel to handle COVID-19 symptomatic workers is					
assigned					
Contact Tracing					
Protocols in handling Health Declaration Forms for workers and visitors					
and Contact Tracing Forms for visitors pursuant to DOH Memorandum No.					
2020-0189 are established and in accordance with the Data Privacy Act of	1				
All close contacts of PR-PCR test confirmed COVID-19 cases are required	1				
to undergo 14-day quarantine and regularly report to employer any					
development, including new symptoms while symptomatic employees are					
required to notify employer on the result of their COVID-19 test					
administered by a nationally accredited testing facility					
Work from home arrangements for the close contacts of RT-PCT test	†				
confirmed is observed when feasible.					
Company mechanism of referral of exposed workers to the health care					
facility in accordance with the existing DOH guidelines.					
COVID-19 Testing					
Frequency of COVID-19 testing for priority workers is implemented					
pursuant to DOH Dept. Memos 2020-0258 and 0258-A	1				
COVID-19 testing is at no cost to the employee/s.	†				
All close contact employees experiencing symptoms of COVID-19 are	+				
p o.coo contact employees experiencing symptoms of COVID-13 ale					
	i				
tested using RT-PCR in coordination with the LGUs having jurisdiction					ı
tested using RT-PCR in coordination with the LGUs having jurisdiction over the workplace and respective residence/s of the symptomatic					
tested using RT-PCR in coordination with the LGUs having jurisdiction over the workplace and respective residence/s of the symptomatic employees and close contacts					
tested using RT-PCR in coordination with the LGUs having jurisdiction over the workplace and respective residence/s of the symptomatic employees and close contacts Certificate of 14-day Quarantine Completion is required from symptomatic					
tested using RT-PCR in coordination with the LGUs having jurisdiction over the workplace and respective residence/s of the symptomatic employees and close contacts Certificate of 14-day Quarantine Completion is required from symptomatic employee/s with travel/exposure to COVID-19 and clearance by the local					
tested using RT-PCR in coordination with the LGUs having jurisdiction over the workplace and respective residence/s of the symptomatic employees and close contacts Certificate of 14-day Quarantine Completion is required from symptomatic					

IEC (Information, Education and	d Communica	ation) ST	RATEGIE	S		
Mandatory orientation for workers and management on the latest updates						
on COVID-19, OSH Program, including the prevention and control of						
COVID-19 thru webinars, posting of IEC materials etc. are conducted and						
current emergency contact details are available						
Physical and Mental resiliency activities to promote work-life balance						
undertaken						
Psychosocial support for workers available (ex.presence of support						
group,counseling) and/or referral mechanism to mental health (MH)						
specialists/facilities available (ex.Teleconsult services or National MH						
Crisis Hotline (0917 899 8727/ Tel.7989 8727)						
Employees, regardless of work arrangements, have access to						
telemedicine services						
DOH Hotline 1555 and DOLE Hotline 1349 posted						
OCCUPATIONAL SAFETY AN	D HEALTH (O	SH) CON	IMITTEE			
OSH Committee organized (as per Section 13 of DOLE D.O. 198-18)						
OSH Program is enforced and monitored by the OSH Committee/Safety						
Officer in accordance with DOLE DO 198-18 and the DOLE-DTI Interim						
and Supplemental Guidelines						
Safety officer/s ensure/s observance and strict implementation of						
minimum health protocols						
Cost for implementation of COVID prevention and control program is						
alloted from the establishment's budget for operational expenses						
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NOTIFICATION A	AND REPORT	ING	T	1		1
Monthly report using the DOLE Workplace COVID-19 Prevention and						
Control Compliance Report Form submitted to online to the DOLE		-				
Probable/suspect/confirmed COVID-19 case reported within 24-hours						
DISINFECTION AND CLOSURE	OF BUILDIN	GS/WOR	KPLACES	5		
Policy on disinfection, closure of work area/building, and contact tracing if						
at least one confirmed case of COVID-19 is detected in the workplace is						
developed and implemented in accordance with the NTF Against COVID-						
19 Memorandum Circular No. 2 dated 15 June 2020						
Closure of identified sections in the workplace in the event such is						
necessary to ensure safe and thorough disinfection is conducted in accordance with Memorandum Circular No. 2 s. 2020 and locally						
prevailing community quarantine status						
LEAVE OF ABSENCES	S AND ENTIT	EMENT		<u> </u>		
Company policy on leave of absences of an employee who is a COVID-19	AND ENTITI	LEMENT	<u> </u>	1		
suspect, probable or confirmed case is in accordance with pertinent rules						
and regulations promulgated by the DOLE.						
Assistance is provided to a COVID-19 suspect, probable or confirmed						
case in processing claims for Hospitalization benefits under PhilHealth;						
Assistance is provided to a COVID-19 suspect, probable or confirmed						
case in processing claims for Social Security Benefits under the Social						
Security System; and						
Assistance is provided to a COVID-19 suspect, probable or confirmed						
case in processing claims for Employee's Compensation Benefits under						
Employees' Compensation Commission.						
	1		Į			
Monitoring Team:						
-						
Name and Signature of DOLE Representative		Name	and Signa	ature of DTI Rep	resentative	
- ,			-			
Received by:						
Name and Signature of Employer's Representative	1	Name and	Signature	e of Employee's	Representative)
			-		•	
Date Monitored:						

Checklist on Compliance with on Workplace Ventilation in the context of COVID-19 (For Business Owners)

pursuant to DOLE Department Order No. 224-21

For Non-Air Conditioned Spaces/Workplaces								
		COMPLYING		REQUIRED CORRECTION				
Compliance Indicator	YES	NO	N/A	Remarks	Workers Involved	Schedule of Correction		
 Windows are kept open, are clean - free from all types of dusts / debris 								
There are no lingering smell, stuffiness of room, feeling of humidity, and/or smokiness of room.								
The nearby space of the openable windows are free from toxic gases and other pollutants								
There are ventilating fans circulating air in the working spaces								
Supply-only ventilation fans are installed where fresh air cannot be obtained by natural ventilation								
Exhaust fans are continuously running during occupancy								
Air flow from intake to exhaust provides fresh ventilated air to								
all occupied work spaces								
Number of exhaust fans are enough with respect to the								
volume of the room to have air change								
For Air Conditioned Spaces/Workplaces								
 HVAC system or air conditioning (AC) unit provides outdoor 								
air and maintained free from dusts, molds, etc.								
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.								
Exhaust fans (wall mounted, kitchen hoods, etc.) are installed (if applicable in the HVAC design)								
 There are no lingering smell, stuffiness of room, feeling of 								
humidity, smokiness of room.								
Windows, doors or other openings can be or is regularly								
opened to increase ventilation								
Ventilating fans, or portable air purifier, if used, has HEPA								
filters and does not blow air from person to person								
Air flow from intake to exhaust provides fresh ventilated air to								
all workspaces without objectionable drafts								
 Air change per hour (6-12 ACH) within occupied workspaces maintains CO2 levels below 1,000 ppm at all times. 								
Indoor room temperature has no sudden variations or is not								
excessively hot or cold						l .		