



PHILIPPINE ECONOMIC ZONE AUTHORITY

MEMORANDUM CIRCULAR No. 2020-0034

TO : All Economic Zone Developers / Enterprises
All Economic Zone Administrators / Managers / OICs

FROM : BGen CHARITO B. PLAZA, MNSA, PhD
Director General

SUBJECT : Guide to Visitors and Clients in PEZA Offices

DATE : 10 June 2020

To keep the PEZA offices safe for the transacting public and its employees, PEZA is implementing safety measures in all its offices nationwide. We highly encourage our clients and visitors to use alternate modes of meeting through video or phone conference with the concerned units. However, in cases where face to face meetings are unavoidable, we urge you to cooperate with us in implementing our COVID protocols.

We thus, would like to refer you to the following documents:

1. Safety Guide when visiting the PEZA offices (Annex A); and
2. Health declaration form (Annex B).

Role of the transacting public. All visitors and clients are requested to read the Safety Guide and accomplish the health declaration form (HDF) at the reception area. The information in the HDF will aid PEZA and the DOH in contact tracing in case there is a confirmed COVID-19 case in the workplace or among its clients and visitors.

Role of the PEZA offices. All heads of units are requested to coordinate with the guard-on-duty to ensure that the Safety Guides are posted and HDFs are properly accomplished and assessed. Those with fever will not be allowed entry as a safety precaution. For those with minor symptoms such as cough or colds, you may coordinate with the Clinic at Head Office for proper assessment.

Accomplished Health Declaration Form. The forms shall be retained by the transacting unit for at least 30 days to maintain a record of clients and visitors for contact tracing if this becomes necessary. If a client visits several offices, the first office to be visited retains the copy of the form. The use and management of the accomplished forms shall be governed by the Data Privacy Act, and heads of units are requested to ensure proper safekeeping of the forms.

For your compliance.

SAFETY GUIDE WHEN VISITING PEZA OFFICES



PEZA cares for our clients as much we care for our employees
Here are some reminders when visiting PEZA offices



ONLINE TRANSACTIONS ARE HIGHLY ENCOURAGED

Transact through our offices' email. The contact information of PEZA offices are available at this link.

<http://www.peza.gov.ph/index.php/about-peza/directory>



THINK IF YOU MUST TRAVEL. IF YOU MUST, PLAN IT PROPERLY

If you need to visit any PEZA offices, please ensure that you have an appropriate appointment and you have all the necessary documents/requirements prior to proceeding to the office you must visit.



VULNERABLE GROUPS MUST STAY HOME

REMEMBER, those who are 60 years old and above, pregnant, PWDs, immunocompromised or with serious underlying health conditions are not allowed to travel.

Those who are under this group must transact with PEZA through electronic means to prevent exposure to the virus.



NO COMPANIONS ALLOWED

Transacting clients are not allowed to bring companions especially children or those under the vulnerable group.



WEAR FACE MASKS

Remember to wear your face masks for the mutual protection of the employees and the public. **NO FACE MASK, NO ENTRY** will be implemented in all PEZA offices.



SECURITY PERSONNEL WILL CHECK TEMPERATURES

Only visitors or employees with temperatures below 37.6 degrees Celsius and no COVID-like symptoms will be allowed entry in the PEZA offices.



ACCOMPLISH THE HEALTH SCREENING LOG

Before entering any PEZA office, all visitors must accomplish the Health Screening Log, available at the reception area. All information in the log will be used in accordance with the Data Privacy Act and will aid in contact tracing.



PROPER HAND HYGIENE

All visitors are requested to observed proper hand hygiene. Alcohol or hand sanitizer are available at the reception areas. Wash your hands when possible.



KEEP SAFE DISTANCE

Maintain at least one (1) meter radial distance away from the person next to you.



Health Checklist

Temperature:

Name: _____ Sex: _____ Age: _____

Mobile number: _____

Nature of Visit:
Please check one

Official:
Personal:

If official, fill-in company details below

Company Name: _____

Company Address: _____

	Yes	No	
1. Are you experiencing (<i>nakakaranas ka ba ng:</i>)			
	a. Sore throat (<i>pananakit ng lalamunan / masakit lumunok</i>)	<input type="checkbox"/>	<input type="checkbox"/>
	b. Body pains (<i>pananakit ng katawan</i>)	<input type="checkbox"/>	<input type="checkbox"/>
	c. Headache (<i>pananakit ng ulo</i>)	<input type="checkbox"/>	<input type="checkbox"/>
d. Fever for the past few days (<i>lagnat sa nakalipas na mga araw</i>)	<input type="checkbox"/>	<input type="checkbox"/>	
2. Have you worked together or stayed in the same close environment of a confirmed COVID-19 case? (<i>May nakasama ka ba o nakatrabahong tao na kumpirmadong may COVID-19 / may impeksyon ng coronavirus?</i>)	<input type="checkbox"/>	<input type="checkbox"/>	
3. Have you had any contact with anyone with fever, cough, colds, and sore throat in the past 2 weeks? (<i>Mayroon ka bang nakasama na may lagnat, ubo, sipon o sakit ng lalamunan sa nakalipas ng dalawang (2) lingo?</i>)	<input type="checkbox"/>	<input type="checkbox"/>	
4. Have you travelled outside of the Philippines in the last 14 days? (<i>Ikaw ba ay nagbyahe sa labas ng pilipinas sa nakalipas na 14 na araw?</i>)	<input type="checkbox"/>	<input type="checkbox"/>	
5. Have you travelled to any area in NCR aside from your home? (<i>ikaw ba ay nagpunta sa iba pang parte ng NCR o Metro Manila bukod sa iyong bahay?</i>) Specify (<i>sabihin kung saan</i>): _____	<input type="checkbox"/>	<input type="checkbox"/>	

I hereby authorize the Philippine Economic Zone Authority (PEZA) to collect and process the data indicated herein for the purpose of effecting control of the COVID-19 infection. I understand that my personal information is protected by RA 10173, Data Privacy Act of 2012, and that I am required by RA 11469, Bayanihan to Heal as One Act, to provide truthful information.

Signature: _____ Date: _____