

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:		Contact No.:					
Address:		Email Address:					
		Total number of workers					
<input type="checkbox"/> Head Office <input type="checkbox"/> Branch		Age Group	Female	Male	Total		
Kind of Ownership		below 15					
<input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership		15-19 yrs					
<input type="checkbox"/> Corporation <input type="checkbox"/> Cooperative		20-59 yrs					
No. of Shifts: _____							
Shift time		No. of Workers					
No. of Regular:		No. of Managerial:					
No. of Probationary:		No. of Supervisory:					
No. of Fixed-Term:		No. of Rank and File:					
No. of Casual:		TOTAL:					
No. of Regular-Seasonal:							
No. of Contractors' employees deployed:							
Type of Workplace:							
<input type="checkbox"/> Low Risk <input type="checkbox"/> Medium Risk <input type="checkbox"/> High Risk							
Name of Employer's Representative:		Name of Employees' Representative:					
COMPLIANCE INDICATOR		COMPLYING			REQUIRED CORRECTION		
		YES	NO	N/A	Remarks	Workers Involved	Schedule of Correction
BEFORE ENTRY TO BUILDINGS OR WORKPLACES							
Signages on COVID Safety Measures posted in the premises							
Wearing of face masks at all times							
Daily accomplishment of Health Symptoms Questionnaire							
Accomplished Health Symptoms Questionnaire submitted to HR/Clinic							
Temperatures checked							
Spraying of alcohol/sanitizers on both hands done							
Disinfectant foot baths at the entrance provided, if practicable							
Isolation areas provided							
a. Well-ventilated							
b. Frequently disinfected							
c. OSH personnel to handle COVID-19 symptomatic workers present							
d. Appropriate medical grade PPEs for OSH personnel provided							
e. Contact numbers of nearest DOH Facility/BHERT posted at							
f. Protocols for referral and transporting workers with COVID-19							
Equipment or vehicle entering the premises disinfected, if applicable							
Social or physical distancing of at least 1 meter observed							
INSIDE THE WORKPLACE							
Company Safety and Health Program in compliance to DTI-DOLE Interim							
Company Commitment to comply with OSH requirements and Updated							
Signages on COVID Safety Measures posted in the premises							
Common areas and frequently handled objects disinfected at an interval of not less than 2 hours							
Frequent handwashing observed							
Clean water and soap in all washrooms and toilets provided							
Sanitizers in all areas where workers pass provided							
Physical distancing of at least 1 meter radius of space between each							
a. Strategic work shift implemented							
b. Signages for "one way direction" in walkways established							
c. Directional signages posted for one-way out in walkways, elevators and on							
d. Transparent barriers between office tables and open work spaces provided, if							
e. Use of shared tools and equipment done one at a time							
f. Use of phones, email and other virtual platforms for office work and meetings							
Disinfection done every after use of tools and equipment shared							
Social distancing when eating in communal spaces observed							
Workers encouraged to bring their own packed lunch and snacks in their own							
Nutritious meals available in the canteen, if applicable							
Vitamins provided, if capable							
Proper waste disposal							
MINIMIZING CONTACT RATE							
Feasible alternative work arrangements implemented							
Meetings needing physical presence kept to a minimum number of							
Video-conferencing for lengthy discussions or meetings encouraged							
Number of people in enclosed spaces (rooms, stores, halls, elevators)							
For establishments with two accessible stairways, one stairway is used							
Appropriate PPEs (in addition to face masks) provided to cleaners by the							

Appropriate PPEs (e.g. N95, surgical masks or reusable masks, gowns,						
Proper disposal of PPEs done after use						
Work from Home Arrangement for vulnerable workers implemented <i>(With Co-</i>						
Safety officers to ensure physical distancing and observance of minimum						
Online system for clients needing assistance practiced / encouraged, if						
IEC (Information, Education and Communication) STRATEGIES						
OSH personnel are properly informed about the COVID 19 Interim Guidelines						
Latest updates on COVID 19 and emergency contact details are widely						
Physical and Mental resiliency activities undertaken						
DOLE Hotline (Tel. No. 1349) posted						
Cost for Implementating Covid Prevention Program/Plan						
Cost for implementation of worokplace COVID prevention and control						
REPORTING						
Monthly report using the DOLE-WAIR COVID Form submitted to DOLE Regional Office						
Probable/suspect/confirmed COVID-19 case reported within 24-hours						

I/we hereby certify that the above information given are true and correct as to the best of my/our knowledge. I/we am/are also fully authorized to sign in behalf of the person/company I/we am/are representing. I/we further understand that non-compliance with any of the regulations, guidelines, and requirements may result in the imposition of appropriate sanction/s from the concerned government agency or Local Government Unit as the case may be.

Prepared by:

Noted by:

Name and Signature of Safety Officer

Name and Signature of the Employer's Representative

Position: _____

Date of accomplishment: _____

Date of submission: _____

Name and Signature of Employees' Representative