



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 Officer)

Control No.: \_\_\_\_\_ Date: \_\_\_\_\_  
Name of Government Agency/ Office : \_\_\_\_\_  
Name of Sub-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="#">StaySafe.ph</a> or any contact tracing tool integrated with the same.<br>Please specify other contact tracing tool. (_____)   | - StaySafe QR Code,<br>- If implementing own CT app, IA will verify DILG CO if it is integrated with StaySafe.<br>- 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.<br>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<br>- Internal Memo designating the same (if any)<br><br>***Alternative MOVs may be accepted depending on the capability of the establishment/office and availability of space. For the discretion and consideration of the concerned IA. |     |    |     |                |
| 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 strategic location in the establishment   | - Photo of handwashing stations/ sanitizers used by the Office<br><br>***Alternative MOVs may be accepted depending on the capability of the establishment/office and availability of space. For the discretion and consideration of the concerned IA.                  |     |    |     |                |
| 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)<br>- Or, Photo of Proper Air Ventilation of the Office |  |  |  |  |
| 10 | 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.<br><br>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. | - Memo re Conduct of Regular Disinfection/ Disinfection Protocol<br>- Sample photo of office disinfection   |  |  |  |  |
| 11 | Personnel, employees, clients and visitors always wear facemasks and face shields especially in enclosed places.   | - Memo for Employees<br>- Photo of signages re reminder to wear facemasks and faceshields                   |  |  |  |  |
| 12 | Established referral system for medical and psychosocial services.   | - Copy of MOA/ Implementing Procedures re referral system for medical and psychosocial services             |  |  |  |  |
| 13 | Availability of designated Safety Officer with the following functions<br>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,<br>b.) undertake contact tracing or coordinate the conduct thereof; and<br>c.) monitor status of employees quarantined or isolated; and<br>d.) implement return to work policies.                 | - Memo specifying the name/s of the safety officer/s  |  |  |  |  |
| 14 | Availability of storage facility for proper collection, treatment, and disposal of used facemasks and other infectious wastes.   | - Photo of the disposal facility/ mechanism for infectious waste  |  |  |  |  |

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