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

### Name of Establishment: [Enter Name]

### Kind of Business/Economic Activity/Principal Product: [Enter Kind]

### Name of Owner/President/Manager: [Enter Name]

### Address: [Enter Address]

### Within Economic Zone: [Enter Yes or No]

### Head Office: [Enter Yes or No]

### Kind of Ownership:
- [ ] Sole Proprietorship
- [ ] Partnership
- [ ] Corporation
- [ ] Cooperative

### Email Address: [Enter Email]

### Total number of workers:

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Female</th>
<th>Male</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>below 15</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>15-19 yrs</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>20-59 yrs</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>60 and above</td>
<td></td>
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<td></td>
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</tbody>
</table>

### Employment Status:

<table>
<thead>
<tr>
<th>Employment Status</th>
<th>Female</th>
<th>Male</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>No. of Regular:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No. of Probationary:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No. of Fixed-Term:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No. of Casual:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No. of Regular-Seasonal:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No. of Contractors’ employees deployed:</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Type of Workplace:
- [ ] Low Risk
- [ ] Medium Risk
- [ ] High Risk

### Name of Employer’s Representative: [Enter Name]

### Name of Employees’ Representative: [Enter Name]

### COMPLIANCE INDICATOR

<table>
<thead>
<tr>
<th>COMPLIANCE INDICATOR</th>
<th>YES</th>
<th>NO</th>
<th>N/A</th>
<th>Remarks</th>
<th>Workers Involved</th>
<th>Schedule of Correction</th>
</tr>
</thead>
</table>

### PREVENTIVE/CONTROL MEASURES BEFORE ENTRY TO BUILDINGS OR WORKPLACES

- Signages on COVID Safety Measures posted in the premises
- Appropriate masks and face shields worn together properly at all times
- Daily accomplished Health Declaration Form by workers and visitors and Contact Tracing Form by clients/visitors are submitted to HR/Clinic personnel
- Temperatures checked for both workers and visitors
- Spraying of alcohol/sanitizers on both hands done
- Disinfectant foot baths at the entrance provided, if practicable
- Social or physical distancing of at least 1 meter observed

### PREVENTIVE/CONTROL MEASURES INSIDE THE WORKPLACE

- Company OSH Program with duly signed company commitment are formulated to include COVID Control Plan/Program, aligned with the DOLE-DTI Interim and Supplemental Guidelines, existing minimum public health standards and guidelines issued by the DOH and other regulatory agencies.
- Signages/visual cues/reminders on proper handwashing and other hygiene behavior visibly posted in conspicuous areas- washrooms, work areas, canteens, locker rooms, lounges, and other similar areas where workers congregate.
- Common areas and frequently handled objects disinfected at an interval of not less than 2 hours
- Frequent handwashing with soap and water or the application of alcohol-based sanitizers is observed, especially after touching or handling any document, materials, or surface.
- Disinfecting/washing resources and supplies such as soap, sanitizer and disposable hand drying supplies placed in strategic locations
- Disinfection done before start of the shift, intermittently during shift, at the end of the shift and every after use of tools and equipment shared
- Signage on surface disinfection of work stations, before during and after work to remind workers
- Proper waste disposal
- Adequate ventilation is enforced inside the workplace (ex. windows opened for natural air flow exchanges, if possible. Air conditioning units turned off to reduce air recirculation, Exhaust fans installed, Air filtration devices with high-efficiency particulate air (HEPA) filters installed and properly maintained)

### MINIMIZING / REDUCING CONTACT RATE

- For medium and large-sized establishment, shuttle service is provided/arranged for (vehicle types approved by the DOTy and LGU (ex. tricycles) and the minimum public health standards is enforced inside the vehicle. (wearing of face mask and face shield, physical distancing observed, signage posted on no talking, no taking of phone calls, no eating, disinfected properly before and after each use; windows rolled down by at least 3 inches, if applicable)
Physical distancing of at least 1 meter radius of space between each worker is observed through the following:

- a. Adoption of flexible work arrangements / alternative work arrangements, if applicable
- 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 distancing
- 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 exclusively for going up and the other for going down with directional signs posted)
- 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; 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 partitioned "booths" or cubicles and is in accordance with RA 9211 and EO 26 s.2017

### MANAGEMENT OF SYMPTOMATIC INDIVIDUALS AT THE WORKPLACE

### 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 feasible

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 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 2012

All close contacts of PR-PCR test confirmed COVID-19 cases are required 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

COVID-19 testing is at no cost to the employee/s.
**LEAVE OF ABSENCES AND ENTITLEMENTS**

Company policy on leave of absences of an employee who is a COVID-19 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.

**IEC (Information, Education and Communication) STRATEGIES**

- 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)

**OCCUPATIONAL SAFETY AND HEALTH (OSH) COMMITTEE**

- 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 allotted from the establishment's budget for operational expenses

**DISINFECTION AND CLOSURE OF BUILDINGS/WORKPLACES**

- 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

**NOTIFICATION AND REPORTING**

- Monthly report using the DOLE Workplace COVID-19 Prevention and Control Compliance Report Form submitted to online to the DOLE Regional Office
- Provable/suspect/confirmed COVID-19 case reported within 24-hours

**LEAVE OF ABSENCES AND ENTITLEMENTS**

- Certificate of 14-day Quarantine Completion is required from symptomatic employee/s with travel/exposure to COVID-19 and clearance by the local health officer or OH physician is required from asymptomatic employee/s prior to resumption of work
- All close contact employees experiencing symptoms of COVID-19 are 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

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**Monitoring Team:**

<table>
<thead>
<tr>
<th>Name and Signature of DOLE Representative</th>
<th>Name and Signature of DTI Representative</th>
</tr>
</thead>
</table>

**Received by:**

<table>
<thead>
<tr>
<th>Name and Signature of Employer’s Representative</th>
<th>Name and Signature of Employee’s Representative</th>
</tr>
</thead>
</table>

Date Monitored: ________________________________