



Republic of the Philippines
City Government of Parañaque

**SAFETY SEAL CERTIFICATION COMMITTEE
INSPECTION CHECKLIST**

SELF-ASSESSMENT ROUTINE INSPECTION COMPLAINT

Date May 28, 2021

Control No.: _____

Name of Establishment: Watsons

BIN: _____

Nature of Establishment Retail

Address: Mall area SM City DR. A SANTIAGO AVENUE Great San Dionisio Para City

Name of Person in Charge: Carla Joy D. Gorzon

Contact Details: 0919962129

Instruction: (v) Check the appropriate box (Yes/No), if the following requirement is provided:

	REQUIREMENTS	Yes	No	N/A
1.	Valid Business Permit/Mayor's Permit	✓		
2.	Use of StaySafe.ph or any contact tracing tool integrated with the same. Please specify other contact tracing tool (_____)	✓		
3.	Availability of temperature or thermal scanner (e.g. thermo gun) to assess employees, clients, and visitors.	✓		
4.	Availability of health declaration sheet for employees and clients.	✓		
5.	QR Codes for StaySafe.ph and any other contact tracing tool conspicuously placed for registration of employees and clients.	✓		
6.	Availability of isolation area for identified symptomatic employees			
7.	BHERTs and other COVID-19 Emergency hotlines are placed in conspicuous area	✓		
8.	Availability of handwashing stations with soap, sanitizers, and hand drying equipment or supplies for employees and clients/visitors in strategic locations in the establishment.	✓		
9.	Installed physical barriers in enclosed areas to maintain social distancing (blocking off chairs, markers, stickers on the floor for spacing).	✓		
10.	Availability of personnel-in-charge for monitoring and maintaining social distancing, and ensuring the compliance of clients/visitors/employees to health protocols and areas in the establishment where people gather (e.g. queue).	✓		
11.	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.	✓		
12.	Compliance to the disinfection protocol in accordance with DOH Department Memorandum No. 2020-157 and 2157-A or the "Guidelines on Cleaning and	✓		

Against COVID-19				
13	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.	✓		
14	Personnel, employees, clients and visitors always wear facemasks and face shields especially in enclosed places.	✓		
15	Presence of designated Safety Officer with the following functions: 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; b) undertake contact tracing or coordinate the conduct thereof; and c) monitor status of employees quarantined or isolated; and d) implement return to work policies.	✓		
16	Availability of storage facility for proper collection, treatment, and disposal of used facemasks and other infectious wastes	✓		

For self-assessment:

I hereby certify that the information provided above are true and correct and I understand that any false information provided above may warrant the denial/revocation of the Safety Seal, without prejudice to the imposition of appropriate penal/administrative sanctions as may be warranted.

Carla Gordon
Signature above printed name

5/21/21
Date

DEFECTS / DEFICIENCIES NOTED DURING INSPECTION:

RECOMMENDATIONS:

ACKNOWLEDGED BY:

Carla Gordon

Signature over Printed Name of Representative

Prepared by:

Safety Seal Inspector

Date & Time _____

