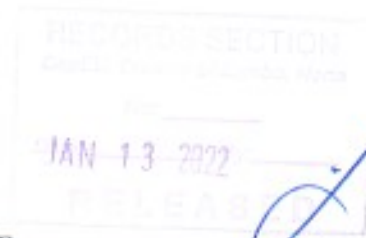




Republic of the Philippines  
Department of Education  
Region IX, Zamboanga Peninsula  
**SCHOOLS DIVISION OF ZAMBOANGA DEL NORTE**



Division Memorandum

No. 21, s. 2022

To: Chief Education Supervisors (CID and SGOD)  
Public Schools District Supervisors  
Principals-in-charge of the District  
School Heads (Elementary and Secondary)  
Section/Unit Heads  
All Others Concerned  
This Division

From:  **MA. LIZA R. TABILON EdD, CESO V**  
Schools Division Superintendent

Subject: **APPLICATION FOR SAFETY SEAL CERTIFICATION BY SDO AND ALL SCHOOLS IN THE SCHOOLS DIVISION**

Date: January 13, 2022

1. This is in reference to DepEd Memorandum No. 71, s. 2021 Preparations for the Pilot Face-to-Face, Expansion and Transitioning to New Normal, to assure the consumers and the public in general of the office compliance with the minimum public health standards set by the government, this office will be applying for the Safety Seal Certification Program. This will strengthen and reinforce identified mechanism to ensure safety of teaching, non-teaching and visitors recognizing the need to safely operate and to pursue continuous improvements in preventing spread of COVID-19.
2. Attached herewith is a copy of the Safety Seal Checklist for reference and guidance.
3. This Office also directs all schools to apply for Safety Seal Certification from the Office of DILG to serve as a challenge and inspiration to continue ensuring safety in the workplace.
4. Immediate dissemination and compliance to this Memorandum is desired.

SGODSHNSevo/SafetySealCertification/DM003-2022/01132022





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 Authority)

Control No: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Government Agency/ Office: \_\_\_\_\_

Name of Government Establishment/ Department/ 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	DOCS to be Produced/ Uploaded	YES	NO	N/A	Reason why N/A
1	Use of <a href="http://StaySafe.ph">StaySafe.ph</a> or any contact tracing tool integrated with the same. Please specify other contact tracing tool. (_____)	- StaySafe QR Code, - If implementing own CT app, IA will verify DILG CO if it is integrated with StaySafe. - 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. 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 - Internal Memo designating the same (if any)				
5	IBHRTs 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	- Photo of handwashing stations/ sanitizers used by the Office				
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) - Or, Photo of Proper Air Ventilation of the Office				

10	<p>Compliance to the disinfection protocol in accordance with DDH 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.</p> <p>Conducts regular (at least twice a week) cleaning and disinfection in the establishment in compliance to the <i>Cleaning and Disinfection of Environmental Surfaces in the Context of COVID-19</i> by the World Health Organization.</p>	<p>- Memo re Conduct of Regular Disinfection/ Deinfection Protocol - Sample photo of office disinfection</p>				
11	<p>Personnel, employees, clients and visitors always wear facemasks and face shields especially in enclosed places.</p>	<p>- Memo for Employees - Photo of signage re reminder to wear facemasks and face shields</p>				
12	<p>Established referral system for medical and psychosocial services.</p>	<p>- Copy of MOA/ Implementing Procedures re referral system for medical and psychosocial services</p>				
13	<p>Availability 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.</p>	<p>- Memo specifying the names of the safety officers</p>				
14	<p>Availability of storage facility for proper collection, treatment, and disposal of used facemasks and other infectious wastes.</p>	<p>- Photo of the disposal facility/ mechanism for infectious waste</p>				

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:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

RECOMMENDATIONS:

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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Name and Signature of Safety Seal Inspector / Date