

COVID-19 SEZ BPO Daily Self-Assessment and Compliance Report

The following Daily Self-Assessment and Compliance report is a legal requirement under ***The Disaster Risk Management Act, The Disaster Risk Management (Enforcement Measures) (No. 3) (Amendment) (No. 2) Order, 2020*** and will apply to all businesses in the business processing outsourcing sector. Regulation 13B (3).

Stay informed and consistent with your health and safety guidelines and reporting requirements.

Start by identifying authoritative sources of public health guidance on the pandemic and stay up to date on what is socially recommended and mandated actions in the applicable Disaster Risk Management Act for country specific public health guidance. These sources should include daily updates from the OPM, MOHW, ODPEM, Attorney General Chambers and any other official GOJ entity. Your sources for best practice should also include, The Centres for Disease Control and Prevention, The World Health Organization, The European Centre for Disease Prevention and Control.

All employers must consider changes to operation of their facility by reducing overcrowding, such as facilitating remote work, shift rotation work, and physical layout as outlined by the MOHW guidelines. Such measures will help protect workers from infection and help protect organisations from liability and the country at large.

Company Name:	
Company Address:	
Principal Director:	
Managing Director/CEO/President:	
Branch:	Opening Hours:
Telephone No:	Representative Name:
Report Date:	Time of self-assessment conducted:
Total of employees:	Do you have a current address and contact for all your employees: Y/N
Number of Shifts:	Number of employees per shift:
Number of employees working at the location:	Average Sqm (sq.ft) per employee:
Do you have door to door transportation for employees?	
If yes, please state name of the company/ies contracted to provide transportation	
Name of your cleaning company (Janitorial Service Provider)	

Section	Description	Yes	No	Notes/Comments
This section should be updated weekly and submitted with the relevant log with proof of action				
1. General Information				
1.1	Do you have employees assigned Work from Home (WFH) status	<input type="checkbox"/>	<input type="checkbox"/>	
	How many employees have been assigned to Work from Home (WFH)	<input type="checkbox"/>	<input type="checkbox"/>	
	Have all employees been briefed on the health and safety guidelines around temporary remote working and their access to the office	<input type="checkbox"/>	<input type="checkbox"/>	
	Did any employee WFH report any flu-like illness or positive COVID-19 results	<input type="checkbox"/>	<input type="checkbox"/>	
	Are any of them in self-quarantine or isolation	<input type="checkbox"/>	<input type="checkbox"/>	
1.2	Is there a COVID-19 Crisis Management Committee in your workplace and have it been updated weekly based on the public health announcements?	<input type="checkbox"/>	<input type="checkbox"/>	
1.3	Have you released internal communications on staff noticeboards for all relevant COVID-19 updates?	<input type="checkbox"/>	<input type="checkbox"/>	
1.4	Do you have reliable systems for real-time public health communication with employees?	<input type="checkbox"/>	<input type="checkbox"/>	
1.5	Have your Supervisors been trained on the implications of COVID-19?	<input type="checkbox"/>	<input type="checkbox"/>	
1.6	Have you given employees accurate information about ways to prevent the spread of infection COVID-19?	<input type="checkbox"/>	<input type="checkbox"/>	
1.7	Are your employees aware of the symptoms of COVID-19?	<input type="checkbox"/>	<input type="checkbox"/>	
2. Personnel Well-being				
2.1	Did any employee report flu-like symptoms over the past 24 hours?	<input type="checkbox"/>	<input type="checkbox"/>	
2.2	Number of employees absent from work (reason for absence e.g., leave, curfew, closure, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>	
2.3	Number of employees reporting sick	<input type="checkbox"/>	<input type="checkbox"/>	
2.4	Types of symptoms reported	<input type="checkbox"/>	<input type="checkbox"/>	
2.5	Has anyone been confirmed positive for COVID-19 within the past 24 hours?	<input type="checkbox"/>	<input type="checkbox"/>	
2.6	Has any vendor or visitor reported a confirmed positive for COVID-19 over the past 24 hours?	<input type="checkbox"/>	<input type="checkbox"/>	
2.7	Did you log all employee's and visitor's temperature? (Kindly ensure all visitors provide their contact number)	<input type="checkbox"/>	<input type="checkbox"/>	

Section	Description	Yes	No	Notes/Comments
2.8	Was there any report of elevated temperature on anyone entering the facility (>37.3 C)?	<input type="checkbox"/>	<input type="checkbox"/>	
2.9	Was there any report of flu-like illness reported during any of the operational shift?	<input type="checkbox"/>	<input type="checkbox"/>	
2.10	Did you ensure that all employees and visitors use the sanitizer station prior to entering the building?	<input type="checkbox"/>	<input type="checkbox"/>	
2.11	Were there any group meetings today?	<input type="checkbox"/>	<input type="checkbox"/>	
2.12	If yes, please provide the name of persons	<input type="checkbox"/>	<input type="checkbox"/>	
3. Transportation and Suppliers				
3.1	What is the average number of employees using public transportation?	<input type="checkbox"/>	<input type="checkbox"/>	
3.2	Please provide the name of driver for each shift (if the company provides door to door transportation).	<input type="checkbox"/>	<input type="checkbox"/>	
3.3	Was the vehicle cleaned and sanitized after each trip in keeping with MOHW protocols?	<input type="checkbox"/>	<input type="checkbox"/>	
3.4	Did you receive any supplies today?	<input type="checkbox"/>	<input type="checkbox"/>	
3.5	If yes, please provide the name of company and sales/delivery person.	<input type="checkbox"/>	<input type="checkbox"/>	
4. Hygiene and Sanitation				
4.1	Have cleaning measures been instituted based on the MOHW guidelines for high risk contact areas and touch points? (You should ensure that public surfaces such as desks, counters, doorknobs, and elevator buttons are regularly disinfected)	<input type="checkbox"/>	<input type="checkbox"/>	
4.2	Was the facility deep cleaned and disinfected prior to the start of operation as per MOHW guidelines?	<input type="checkbox"/>	<input type="checkbox"/>	
4.3	Was the facility properly cleaned and disinfected between each shift?	<input type="checkbox"/>	<input type="checkbox"/>	
4.4	Have you alerted all staff members to the hand washing protocols within your workplace?	<input type="checkbox"/>	<input type="checkbox"/>	
4.5	Do you have adequate supplies of hand sanitizers for all members of staff?	<input type="checkbox"/>	<input type="checkbox"/>	
4.6	Did you ensure that all Sanitizer stations were restocked?	<input type="checkbox"/>	<input type="checkbox"/>	
4.7	Do all batches of work cubicles have hand sanitizer?	<input type="checkbox"/>	<input type="checkbox"/>	

Section	Description	Yes	No	Notes/Comments
4.8	Does the Hand Sanitiser being used contain at least 62 percent alcohol?	<input type="checkbox"/>	<input type="checkbox"/>	
4.9	Please provide the name of the cleaners for the past 24 hours.	<input type="checkbox"/>	<input type="checkbox"/>	
4.10	Did the cleaning company update their hygiene and sanitation maintenance log?	<input type="checkbox"/>	<input type="checkbox"/>	
4.11	Does your cleaning staff have the appropriate PPE's including gloves and masks?	<input type="checkbox"/>	<input type="checkbox"/>	
4.12	Have you maintained the single-user policy regarding the use of headsets, computers and keyboards?	<input type="checkbox"/>	<input type="checkbox"/>	
4.14	Have you presented all employees with masks?	<input type="checkbox"/>	<input type="checkbox"/>	
5. Social Distancing and COVID-19 Risk Reduction Measures				
5.1	Have social distancing requirements been met as per MOHW guidelines?	<input type="checkbox"/>	<input type="checkbox"/>	
5.2	Physical barriers erected at least 1m between work stations	<input type="checkbox"/>	<input type="checkbox"/>	
5.3	Are work stations (cubicles) so arranged to meet the 2m designated distance between rows of stations?	<input type="checkbox"/>	<input type="checkbox"/>	
5.4	Are there separate entrance and exits in place for different groups/ blocks of workers <u>or</u> controlled entry used	<input type="checkbox"/>	<input type="checkbox"/>	
6. Solid Waste (Storage and Disposal)				
6.1	Has solid waste been managed as per MOHW guidelines?	<input type="checkbox"/>	<input type="checkbox"/>	
7. Temperature Checks				
7.1	Have all members of staff and visitors been subjected to temperature checks on entering and leaving the facility?	<input type="checkbox"/>	<input type="checkbox"/>	
7.2	Is the temperature log updated and reviewed on a daily basis?	<input type="checkbox"/>	<input type="checkbox"/>	
8. Ventilation Considerations				
8.1	Natural ventilation in keeping with MOHW requirements	<input type="checkbox"/>	<input type="checkbox"/>	
8.2	High-efficiency air filters installed as per MOHW guidelines.	<input type="checkbox"/>	<input type="checkbox"/>	
8.3	Contract with approved trained, licensed HVAC operators exist	<input type="checkbox"/>	<input type="checkbox"/>	
8.4	Preventative maintenance programme is in place	<input type="checkbox"/>	<input type="checkbox"/>	
8.5	Ventilation rates have been increased in accordance with MOHW requirements	<input type="checkbox"/>	<input type="checkbox"/>	
8.6	Cleaning and maintenance schedule for all air handling units available and up-to-date.	<input type="checkbox"/>	<input type="checkbox"/>	