



Public Health Inspection Checklist- Business Process Operations Offices

Public Health Inspection Checklist for Business Process Operations in light of COVID-19

Name of Facility: _____ Parent Company: _____
 Address: _____ Email Address: _____
 Contact Numbers: _____ Name of Manager: _____
 Name of Inspector: _____ Date of Inspection: _____
 Number of Shifts Operated: _____ Number of Staff /Shift: _____
 Number of Staff reported absent: _____ Number absent due to illness: _____
 Date of inspection: _____ Time of inspection: _____
 Name of Person(s) conducting inspection: _____

Status of BPO: __ Satisfactory __ Unsatisfactory Action taken: __ Recommend Closure __ Additional time given to correct breach __ N/A

	Areas	Observed/Yes	Not present/ not observed	Corrective Action to be taken/Timeline	Remarks
I.	<i>Sanitary and Hygiene Practices</i>				
a.	Sanitary Conveniences <ul style="list-style-type: none"> • Adequate • Clean condition 				
b.	Handwashing Facility equipped and strategically placed				
c.	Hand Sanitizing Stations (<i>at all entrances and strategically placed at each batch of work cubicles</i>)				



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	<i>(hands-free, equipped with sanitizer having at least 62% alcohol base, and adequate)</i>				
II.	<i>Social Distancing and COVID-19 Risk Reduction Measures</i>				
a.	Temperature checks on entering and leaving the building with implementation of Stay at Home if sick Policy (related records updated)				
b.	All staff assigned with individually owned and used devices <i>(example: headsets, keyboards and other devices)</i>				
c.	Established regulatory provision in place for workstations <i>(6 feet circumference between work cubicles observed, full physical separation of work spaces based on MOHW protocol)</i>				
d.	Evidence of physical barriers seen at work stations/cubicles				
e.	Absence of congregating of staff throughout the center or on the compound (evidence of such systems in place to include scheduled breaks)				
f.	The requisite signs for stair use or two persons per elevator erected				
g.	Open entrance doors or automatic doors observed <i>(to enhance natural ventilation)</i>				
h.	Separate entrance and exits in place for different groups/ blocks of workers or evidence of controlled entry observed <i>(based on the logs of group or block assignment of all employees)</i>				



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	Areas	Observed/Yes	Not present/ not observed	Corrective Action to be taken/Timeline	Remarks
i.	Evidence of staggered lunch assignment per group/block				
III.	General Cleaning and Sanitization				
a.	Garbage Bins <ul style="list-style-type: none"> • Frequently Emptied • Hands Free or foot operated receptacle • Lined • Sufficient and strategically placed based on the floor area of the workspace 				
b.	Cleaning and Sanitization schedule (<i>posted and updated</i>)				
c.	Recommended cleaning and disinfection agents observed and properly stored				
d.	Cleaning and maintenance schedule for all air conditioning available and up to date				
e.	No carpeted floor in building				
IV.	Handling of Sick Persons				
a.	Designated isolation area available				
b.	All applicable MOHW Infection Prevention Control (IPC) measures observed				
c.	Up-to-date and well-maintained records of all workers who present with or complain of symptoms				
d.	Ministry of Health and Wellness contact information posted				
e.	Information posted in prominent places that sick persons should remain at home and call to notify the HR department and the MOHW				



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f.	Personal protective equipment available for use by health care personnel at the facility				
g.	Cleaning and sanitization procedures and guidelines observed or in place				
V.	Transportation				
a.	Register of all contracted drivers and their vehicles well maintained and available				
b.	Log of all staff members transported on staff bus for each trip				
c.	Necessary notice or signs posted advising staff of the guidelines to be met in light of the Guideline document for GSS/ BPO transportation policy				
d.	Procedures and guidelines for cleaning and sanitization of vehicles observed (or described)				
VI.	Personal Protective Equipment (PPE) Use and Disposal				
a.	Types of PPE observed in use				
b.	Appropriateness of the PPE used				
c.	Guidelines for PPE use and disposal in place and practiced (<i>appropriate notice/ signs posted, proper use and disposal signs noted</i>)				
VII.	General Areas				
a.	Group designation system is in place and are being adhered to				
b.	Seating arrangement discourages congregation				
c.	Social distancing requirements observed (<i>at least 6 feet maintained between staff, workstations</i>)				



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d.	Cubicle arrangements are in keeping with MOHW special and physical barrier requirements				
VIII.	Communication				
a.	Evidence of training for the assigned group of workers in place as per MOHW (training plan and attendance register seen)				
b.	Relevant health education pamphlets/ posters strategically placed throughout the center				
IX.	Ventilation System				
a.	Use of natural ventilation observed				
b.	High-efficiency air filter installed as per MOHW guidelines				
c.	Preventative maintenance programme in place				
d.	Cleaning and maintenance schedule for all air handling units available, up-to-date				
e.	Ventilation for restroom are in accordance with MOHW requirements				
f.	Evidence of contract with approved HVAC operators exist				



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General Comments: