|  |  |  |
| --- | --- | --- |
| **Contractor Name:** | **Residential Compound Location** | **Date of Inspection** |
|  |  |  |
| **No. of manpower residing in compound:** | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **S. No.** | **Check points** | **YES** | **NO** | **N/A**  **(clarify)** |
|  | Are the Ministry of Health guidelines and updates checked and reviewed on regular basis? |  |  |  |
|  | Is there a Covid-19 Crisis Management Committee formed (or similar centralized function/ individual in charge of the crisis)? |  |  |  |
|  | Are any internal communications released on COVID-19 and its update(s) on noticeboard(s) that is accessible to all? |  |  |  |
|  | Are there any trainings/ awareness given to residents/ staff on information about ways to prevent the spread of the virus including proper hand washing and cough techniques? |  |  |  |
|  | Are any posters on personal protective hygiene and information about COVID-19 placed at visible locations such as the entrance or dining hall? |  |  |  |
|  | Are hand sanitizers/ wash basins with soap bars placed at main entrances and strategic locations with high pedestrian traffic and readily available to all? |  |  |  |
|  | Are there any mechanisms developed to isolate people with flu or Covid-19 symptoms (fever, cough, sneezing)? |  |  |  |
|  | Do you have a procedure in place for staff/ employees if suffering from any symptoms while on duty? |  |  |  |
|  | Are there assigned rooms for temporary isolation of suspected cases until referred to higher medical centers? |  |  |  |
|  | Are the assigned temporary rooms for isolation equipped with a fresh air AC unit, chair, bed, hand sanitation facilities and appropriate PPE? |  |  |  |
|  | Are there any procedures/ mechanisms available for managing suspected cases? |  |  |  |
|  | Are any actions taken to minimize/ avoid mass gatherings within the facility? |  |  |  |
|  | Are temperature measurement devices/ facilities available at all entry points? |  |  |  |
|  | Is there a mechanism developed to track travel history of visitor/ resident in past few weeks? (minimum 2-week travel history is mandatory) |  |  |  |
|  | Are all security personnel performing their initial screening by using minimum required PPEs (N95 (or medical protective) masks, protective glasses & Latex, rubber or plastic gloves, etc.?) |  |  |  |
|  | Are all security booths disinfected daily? |  |  |  |
|  | Is there any alternative protocol(s) adopted to avoid gatherings at dining areas (like different timing/ food parcel to minimize dine-in option) |  |  |  |
|  | Are there means of allowing fresh air circulation (via air conditioning or other means) across all your facilities (rooms, halls and buses)? |  |  |  |
|  | Is disinfection of surface areas conducted at regular intervals on a daily basis? |  |  |  |
|  | Are food handlers using PPEs while serving food to employees/ residents (Normal surgical masks and Latex, rubber or plastic gloves are minimum). Similarly, are diners trained on the need to clean their hands (as per WHO guidelines) before and after meals? |  |  |  |
|  | Are there any special arrangements done to avoid face-to-face contact? (1.5 meters spacing maintained between individuals) |  |  |  |
|  | Are the staff members wearing disposable gloves and gowns for all tasks in the cleaning process, including handling trash |  |  |  |
|  | Are daily surface disinfection practice (including doorknobs and floors) conducted? |  |  |  |
|  | Are there any protocols adopted to avoid/ decrease unnecessary visits? |  |  |  |
|  | Are all residential units equipped with fresh air circulation or other means of allowing fresh air ventilation? |  |  |  |
|  | Are washrooms at residential units properly cleaned and disinfected daily? |  |  |  |
|  | Is sterilization and disinfection of buses conducted regularly? |  |  |  |
|  | Have you developed a mechanism to limit/ reduce the number of passengers inside buses? |  |  |  |
|  | Are there memos/ posters reminding employees to remain hydrated? |  |  |  |

**Major Comments/ Remarks/ Corrective Actions:**

|  |  |  |
| --- | --- | --- |
| **S. No.** | **Description** | **Target Date** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**Inspector Information:**

|  |  |  |  |
| --- | --- | --- | --- |
| **CHECKED BY** | **ID** | **POSITION** | **SIGNATURE** |
|  |  |  |  |
| **DEPARTMENT** | **SECTION** | | **DATE** |
|  |  | |  |

\*This self-assessment survey was extracted from SABIC’s existing COVID-19 survey.