DEPARTMENT OF HEALTH SERVICES
THE PUBLIC HEALTH ACT CAP 242

INSPECTION CHECKLIST FOR REOPENING OF MITUMBA AND OPEN-AIR VENDOR SERVICES
DURING THE COVID-19 PANDEMIC

Name of the Business: ........................................................................................................................................

Name of Owner/Proprietor: .................................................................................................................................

Plot No. L.R. No: ................................................................................................................................................

Physical Address: ................................................................................................................................................

Telephone/Cellphone number: ............................................................................................................................

Email address: ....................................................................................................................................................

Date: ___________________________________________ Time: _________________________________________________

No. of Personnel: Male      Female         PWD: Male       Female

Mitumba and Open-Air vendor premises operating during COVID-19 pandemic MUST observe the following
TICK (v) APPROPRIATELY

<table>
<thead>
<tr>
<th>NO.</th>
<th>SPECIFIC REQUIREMENTS</th>
<th>PROVIDED</th>
<th>NOT PROVIDED</th>
<th>REMARKS</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Visibly mounted notice on promotion of hand hygiene and physical distancing</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Proof of social distance between traders and their customers at all times</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Proof of traders donning on face masks and denying service to customers without the face masks</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Notice indicating mandatory donning on of face masks</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Physical distancing of work stations (1 meter-3 feet)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Proof of cashless payments such as MPESA</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Visible notices promoting hand hygiene and physical distancing</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Availability of hand wash facility at the entry/exit points complete with detergent/soap.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Proof of use of disinfection booths provided by the government if any</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

PERSONNEL

10 Adequate Personal Protective Equipment (dust coats/aprons, face masks, disposable gloves) |          |              |         |
<table>
<thead>
<tr>
<th></th>
<th>WASTE MANAGEMENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>11</td>
<td>Proof of at least a dust bin for disposing used face masks and disposable gloves</td>
</tr>
</tbody>
</table>

General personal hygiene: Good [ ]  Fair [ ]  Poor [ ]

Comments:

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Inspected By: ……………………………………………………………………………………………………………………………………………

Designation: ……………………………………………………………………………………………………………………………………………

Signature: ……………………………………………………………………………………………………………………………………………

Date: ……………………………………………………………………………………………………………………………………………

Official Stamp


**COMMITMENT TO ADHERENCE TO SET REGULATIONS**

Name: ……………………………………………………………………………………………………………………………………………

Designation: ……………………………………………………………………………………………………………………………………………

Signature: ……………………………………………………………………………………………………………………………………………

Date: ……………………………………………………………………………………………………………………………………………