

## DEPARTMENT OF HEALTH SERVICES THE PUBLIC HEALTH ACT CAP 242

Serial No. 005

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

	DURING THE COVI	<b>D-19 PANDE</b>	<u>MIC</u>		
Name o	of the Business				
Name o	of Owner/Proprietor:				
Plot No	)L.R. No:				
Physica	ıl Address				
Teleph	one/Cellphone number				
Email a	ddress			•	
Date:	Tir	ne:			
No. of I	Personnel: Male Female	PWD: Male	Female		
Mitumb	a and Open-Air vendor premises operating o	l		T observe the fo	lowing
Mitumb		l		T observe the fo	lowing
Mitumb	a and Open-Air vendor premises operating o	during COVID			lowing
Mitumb ГІСК (√)	a and Open-Air vendor premises operating of APPROPRIATELY	during COVID	19 pandemic MUS		lowing
Mitumb FICK (v)	a and Open-Air vendor premises operating of APPROPRIATELY  SPECIFIC REQUIREMENTS  Visibly mounted notice on promotion of hand hygiene and	during COVID	19 pandemic MUS		lowing

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1	Visibly mounted notice on		
	promotion of hand hygiene and		
	physical distancing		
2	Proof of social distance between		
	traders and their customers at all times		
3	Proof of traders donning on face		
	masks and denying service to		
	customers without the face masks		
4	Notice indicating mandatory donning on of face masks		
5	Physical distancing of work stations (1 meter-3 feet )		
6	Proof of cashless payments such as		
	MPESA		
7	Visible notices promoting hand		
_	hygiene and physical distancing		
8	Availability of hand wash facility at the		
	entry/exit points complete with		
	detergent/soap.		
9	Proof of use of disinfection booths provided by the government if any		
	PERSONNEL		
10	Adequate Personal Protective		
	Equipment (dust coats/aprons , face masks, disposable gloves)		

	WASTE MANAGEMENT
11	Proof of at least a dust bin for disposing
	used face masks and disposable gloves
Gener	ral personal hygiene: Good Fair Poor Poor
Comm	ments:
Insped	cted By:
Desig	nation:
_	
Signat	ture:Date:
Officia	al Stamp
сомі	MITMENT TO ADHERENCE TO SET REGULATIONS
Name	2:
Desigi	nation:
Signat	ture:Date:Date