



CITY BUSINESS INSPECTION AND AUDIT TEAM (CBAT)

CBAT MONITORING FORM

NAME OF ESTABLISHMENT: _____ BAN NO.: _____ DATE: _____
 DISTRICT: DISTRICT 1 DISTRICT 2 INSPECTION: 1ST 2ND 3RD TIME: _____
 LOCATION: _____
 CONTACT PERSON (Owner, Safety Officer, or Representative): _____
 CONTACT NO. : _____ Email: _____

INSTRUCTION: Please indicate your observations/findings by putting (✓) in the box provided

PRIOR/UPON ENTRY (INCLUDE IMMEDIATE SURROUNDINGS)

	YES	NO	REMARKS
1. QR CODE / VALTRACE	<input type="checkbox"/>	<input type="checkbox"/>	
2. COVID-19 EMERGENCY HOTLINES	<input type="checkbox"/>	<input type="checkbox"/>	
3. PERSONAL PROTECTIVE EQUIPMENT, (FACEMASK, FACESHIELD & GLOVES)	<input type="checkbox"/>	<input type="checkbox"/>	
4. THERMAL SCAN	<input type="checkbox"/>	<input type="checkbox"/>	
5. FOOT BATH OR FOOT MAT DIP	<input type="checkbox"/>	<input type="checkbox"/>	
6. SANITIZER OR DISINFECTANT	<input type="checkbox"/>	<input type="checkbox"/>	
7. WELL MAINTAINED WAITING AREA (AT LEAST 1 METER APART SEATING CAPACITY)	<input type="checkbox"/>	<input type="checkbox"/>	
8. PERSON IN CHARGE (MONITORING AND MAINTAINING OF SOCIAL DISTANCING)	<input type="checkbox"/>	<input type="checkbox"/>	
9. FLOOR MARKINGS	<input type="checkbox"/>	<input type="checkbox"/>	
10. ISOLATION AREA	<input type="checkbox"/>	<input type="checkbox"/>	
11. ESTABLISHMENT OCCUPANCY SIGNAGE (LIMITED OCCUPANCY PER ESTABLISHMENT/AREA)	<input type="checkbox"/>	<input type="checkbox"/>	

OFFICE/COMMERCIAL SPACE (INCLUDING COMMON SPACES)

1. PERSONAL PROTECTIVE EQUIPMENT (FACEMASK, FACESHIELD & GLOVES) EVEN DURING BREAKS, FACEMASK SHALL ONLY BE REMOVED ONLY WHEN EATING/DRINKING	<input type="checkbox"/>	<input type="checkbox"/>	
2. PHYSICAL BARRIERS (BLOCKING OF CHAIRS)	<input type="checkbox"/>	<input type="checkbox"/>	
3. VALID BUSINESS PERMIT/MAYOR'S PERMIT	<input type="checkbox"/>	<input type="checkbox"/>	
4. COVID-19 EMERGENCY HOTLINES	<input type="checkbox"/>	<input type="checkbox"/>	
5. MANAGEMENT PLAN (APPLICABLE FOR 10 EMPLOYEE ABOVE)	<input type="checkbox"/>	<input type="checkbox"/>	
6. SOCIAL DISTANCING (MONITORING AND MAINTAINING OF SOCIAL DISTANCING)	<input type="checkbox"/>	<input type="checkbox"/>	
7. FLOOR MARKINGS	<input type="checkbox"/>	<input type="checkbox"/>	
8. SANITIZER OR DISINFECTANT	<input type="checkbox"/>	<input type="checkbox"/>	
9. PROPER DISPOSAL OF SINGLE USE SUPPLIES/NO SHARING OF UTENSILS	<input type="checkbox"/>	<input type="checkbox"/>	
10. EAT ALONE / SCHEDULE TO MINIMIZE INTERACTION	<input type="checkbox"/>	<input type="checkbox"/>	
11. ACCESSIBLE HAND WASHING AREA	<input type="checkbox"/>	<input type="checkbox"/>	
12. CLEAN COMFORT ROOM / DISINFECTION EVERY AFTER EACH USER	<input type="checkbox"/>	<input type="checkbox"/>	
13. SANITATION OF TOOLS AND DISINFECTING PROCEDURES	<input type="checkbox"/>	<input type="checkbox"/>	
14. OPERATIONAL CAPACITY 50% SKELETAL WORKFORCE (IF APPLICABLE)	<input type="checkbox"/>	<input type="checkbox"/>	
15. SINGLE USE OF SUPPLIES – BLADE, TOWELS, AND HAIRDRESSING GOWN (IF APPLICABLE)	<input type="checkbox"/>	<input type="checkbox"/>	
16. ISOLATION AREA	<input type="checkbox"/>	<input type="checkbox"/>	
17. CASH TRAY/BOX (IF APPLICABLE)	<input type="checkbox"/>	<input type="checkbox"/>	

SOURCES (Ordinance Number)

- SOCIAL DISTANCING (Ordinance No. 673 Series 2020)
- WEARING OF FACE MASKS AND SIMILAR PROTECTIVE EQUIPMENT (Ordinance No. 687 Series 2020)
- WORK FORCE AND WORK PLACE MANAGEMENT PLAN (Ordinance No. 703 Series 2020)
- OBSERVANCE OF PUBLIC HEALTH STANDARDS AND PROTOCOLS (Ordinance No. 323 Series 2026 & Ordinance No. 713 Series 2020)
- MANDATORY DISINFECTION OF WORKPLACE (Ordinance No. 703 Series 2020)
- SAFETY & HUMANE WORKING ENVIRONMENT (Ordinance No. 296 Series 2016)
- COMMERCIAL SIGNAGE (Ordinance No. 323 Series 2016)
- VALENZUELA TRACING (VALTRACE) (City Ordinance No. 783 Series of 2020)

ACTION TAKEN

FOR RE-INSPECTION ON: _____
 COMPLIED: SAFETY SEAL NO. _____

Acknowledged by: _____
 Signature over Printed Name
 (Owner/Safety Officer/Employee Representative)

Inspected by: _____
 Inspectors
 Date: _____