



**MINISTRY OF HEALTH
THE PUBLIC HEALTH ACT CAP 242**

**INSPECTION CHECKLIST FOR REOPENING OF RESTUARANTS AND EATERIES 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 male D: Male Fe

No. of Food Handlers:

Restaurants operating during COVID-19 Pandemic **MUST** observe the following

TICK (✓) APPROPRIATTELY

| NO. | CONDITION | PROVIDED | NOT PROVIDED | REMARKS |
|-----|--------------------------------------------------------------------------------------------------|----------|--------------|---------|
| | PREMISE | | | |
| 1 | Person(s) assigned at the entrance points to carry out screening of staff and clients | | | |
| 2 | Functional Thermos Guns at both staff and customer/client entry areas | | | |
| 3 | Visibly mounted notice on screening of staff and clients; | | | |
| 4 | Visibly mounted notice on promotion of hand hygiene and physical distancing | | | |
| 5 | Visibly mounted notice on denial of entry of suspected COVID-19 Cases | | | |
| 6 | Notice indicating mandatory donningof face masks | | | |
| 7 | Plexiglas barriers at tills and counters | | | |
| 8 | Tables Spaced 6 feet apart in dining areas and have four people for every 10 square metres space | | | |
| 9 | Distance from back of one chair to the back of the other at 1 metre | | | |
| 10 | Floor markings to guide the physical distancing within the premise | | | |

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|----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|
| 11 | Adequate ventilation and lighting | | | |
| 12 | Water supply points in the kitchen and dining area | | | |
| 13 | Physical distancing (1 metre - 3 feet) in food preparation areas | | | |
| 14 | Staggered and spaced out workstations on either side of food processing areas | | | |
| 15 | Duty roster indicating the number of staff in a food preparation area at any one time. | | | |
| 16 | Proof of contactless payments such as MPESA | | | |
| 17 | Disinfectants, cleaning equipment and detergent | | | |
| 18 | Visible notices for staff promoting hand hygiene and physical distancing | | | |
| 19 | Availability of Instructions and training on how to prevent the spread of COVID-19 for all staff | | | |
| 20 | Alcohol-based hand sanitizers at premises entry and exit points | | | |
| 21 | Hand wash facility at the entry of the kitchen and restaurant, complete with: <ul style="list-style-type: none"> ● hot and cold running water, ● hygienically operated taps, ● detergent/soap, ● alcohol-based sanitizer and ● appropriate hand drying | | | |
| 22 | Strategic installation of hand wash facilities inside the kitchen/food preparation areas, complete with: <ul style="list-style-type: none"> ● hot and cold running water, ● hygienically operated taps, ● detergent/soap, ● alcohol-based sanitizer and ● appropriate hand drying | | | |
| 23 | Availability and evidence of implementation of Standard Operating Procedures (SOPs) for cleaning | | | |
| 24 | Availability and evidence of implementation of Standard Operating Procedures (SOPs) for disinfection | | | |
| 25 | Standard Operating Procedures (SOPs) for reporting illness | | | |
| 26 | Trained cleaners assigned for cleaning and disinfection duty roster | | | |
| | PERSONNEL | | | |
| 27 | Valid medical examination certificates for all personnel | | | |

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|-------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|
| | | | | |
| 28 | Proof of personnel tested and certified to be COVID-19 Negative by a Government certified laboratory. Check validity of the COVID-19 Clearance Certificate (Form D). | | | |
| 29 | Adequate Personal Protective Equipment (dust coats, hair nets, face masks, overalls, gumboots, disposable gloves) | | | |
| WASTE MANAGEMENT | | | | |
| 30 | Scheduled waste management procedures | | | |
| 31 | Colour coded waste receptacles: Black for general wastes; Red for hazardous wastes | | | |

General personal hygiene Good r

Comments:

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Inspected By:

Designation:

Signature:

Official Stamp