

CERTIFICATE OF COMPLIANCE COVID-19 SOP AND TRAVEL QUALITY BEST PRACTICES

PREMISE SELF ASSESSMENT CHECKLIST

SEGMEN: HOTEL & RESORT

2021

| PREMISE DETAILS | | | |
|------------------------|--------------|-------------|--------|
| Certification Segment: | | | |
| Premise Name: | | | |
| Premise Address: | | | |
| Company Name : | | | |
| Company Registration: | | | |
| Company Address: | | | |
| | | | |
| Telephone & Fax: | Tel: | Fax: | |
| Number of Employees: | Operational: | Management: | Total: |
| Person In Charge: | | | |
| Mode of Contact: | H/P: | Email: | |
| | | | |

INSTRUCTIONS

- 1. This assessment has THREE (3) sections: Application Requirements, General Criteria of Compliance and Specific Criteria of Compliance. Applicant must complete all sections of this assessment.
- 2. Applicant must ensure that below criterions have been prepared and ready before proceeding with the application of MySAFE LANGKAWI Certification.
- 3. Applicant must complete this assessment with integrity.
- 4. Compliant column: Kindly tick (✓) YES or NO.
- 5. Document column: Where applicable, kindly mention the relevant document that support to the criteria or mention 'N/A' if not applicable.

Hotel & resort, lodging, food & beverage, travel & tours, retail and tourism product establishments shall observe, adhere and comply with the basic criteria of Covid-19 Standard Operating Procedure (SOP) and Public Health Protocol to protect and assure the safety of their customers, staff and the general public that patronize the premise and engage their services.

All related establishments operating during COVID-19 Pandemic **SHALL** comply with the following criterions and adhere to Covid-19 SOP set out by National Safety Council (MKN), and also to fulfill all requirements for MySAFE Langkawi certification.

SECTION A: APPLICATION REOUIREMENTS

| No. | Criteria | Compliant | | Document |
|-----|---|-----------|----|----------|
| | | Yes | No | |
| 1. | Business/company registration is still valid | | | |
| 2. | Business has valid operating license from the Local Authority | | | |
| 3. | Covid-19 Education & Risk Assessment (CERIA) Certificate | | | |

| 4. | Premise is registered with MySejahtera Application | | |
|------|--|--|--|
| SECT | TION B : GENERAL CRITERIA OF COMPLIANCE | | |
| 1. | Covid-19 Committee is formed / Covid-19 | | |
| | Coordinator is appointed to ensure compliance with | | |
| | the Covid-19 SOP and other related matters | | |
| 2. | Staff training on Covid-19 SOP and Risk Assessment. | | |
| | (Covid-19 Education and Risk Assessment – CERIA) | | |
| 3. | Establishment of Internal Covid-19 SOP Control | | |
| | System (ICCS) to adhere and comply with the Covid- | | |
| | 19 SOP and other matters related and not limited to | | |
| _ | Covid-19 pandemic | | |
| 4. | Dedicated personnel is assigned to ensure screening | | |
| | of Guests, Visitors, Staff, Vendors and to ensure | | |
| | adherence of the following: | | |
| | a) Capacity limit as to control and maintain | | |
| | social distancing | | |
| | b) PPE procedure for Guests, Visitors, Staff, Vendors | | |
| | c) Hygiene and sanitizing procedures for all | | |
| | areas | | |
| 5. | Handling procedure of Guests, Visitors, Staff, | | |
| ٥. | Vendors that shows symptoms of Covid-19 disease | | |
| | (crisis management protocol) | | |
| 6. | Prompt, clear, accurate and consistent signage and | | |
| | information, physically or digitally and placed at | | |
| | strategic locations. | | |
| 7. | Communication platform is set-up to inform and get | | |
| | feedback from guests, staff, visitors and vendors on | | |
| | Covid-19 matters. | | |
| 8. | Guidelines of Do's and Dont's are easily visible to | | |
| | Guests, Visitors, Staff, Vendors | | |
| 9. | Daily briefing to staff on Covid-19 SOP and current | | |
| | development. | | |
| 10. | Sanitation and disinfection exercise for public areas, | | |
| | elevators, railings, door knobs, other touch points, | | |
| | restrooms and other common areas | | |
| 11. | Other PPE (where necessary) such as face shields, | | |
| 4.0 | apron and gloves are available for use by staff. | | |
| 12. | Capacity to assure physical distancing of not less | | |
| | than 1 meter apart and minimize contact between | | |
| 12 | persons | | |
| 13. | Hand sanitizers are available at common areas and | | |
| 1.4 | other strategic places | | |
| 14. | Screening Counter/Checkpoint for Guests, Visitors, | | |
| | Staff, Vendors at ALL access points: | | |

| | | | T | |
|------|---|-----------|------|----------|
| | MySejahtera QR Code, Temperature check, Guest | | | |
| L | Log Book, Hand Sanitizer | | | |
| 15. | Staff Health Declaration System/Logbook | | | |
| 16. | Vaccination: Only to allow those with complete | | | |
| | vaccination to enter premise. Reminder notice to be | | | |
| L | posted or displayed at each entrance. | | | |
| 17. | Vaccination: All staff must have complete | | | |
| | vaccination. Notice to be posted or displayed at each | | | |
| 18. | entrance to inform the public. Face mask is worn at all times. | | | |
| | | | | |
| 19. | Covered trash can to throw away used face masks | | | |
| 20. | Contactless Payment System | | | |
| 21. | Provide good air circulation and ensure proper | | | |
| | ventilation system. | | | |
| SECT | ION C : SPECIFIC CRITERIA FOR HOTEL & RESOR | T SEGI | MENT | |
| No. | Criteria | Compliant | | Document |
| | | Yes | No | |
| 1. | Physical distancing of not less than 1 meter at the | | | |
| | lobby area. | | | |
| 2. | Seating arrangement, waiting area, elevators at | | | |
| | lobby area is clearly marked to adhere physical | | | |
| | distancing procedure | | | |
| 3. | Disinfect of guests' luggage at arrival | | | |
| 4. | IN/OUT traffic flow system is in place and clearly | | | |
| | marked at every access point | | | |
| 5. | Queue control procedure is in place and clearly | | | |
| _ | marked | | | |
| 6. | Crowd control procedure during peak hours | | | |
| 7. | Front Desk activities to comply physical distancing | | | |
| | procedure and to minimize contact between persons | | | |
| 8. | Sanitize Front Desk counter frequently | | | |
| 9. | Advance reservation is encouraged for check-in. | | | |
| 10. | Health and travel declaration form is available online | | | |
| | at the time of check-in. | | | |
| 11. | Contactless check-in and check-out procedure | | | |
| 12. | Daily Covid-19 screening procedure to staff and | | | |
| 40 | guests. | | | |
| 13. | Housekeeping procedure is in place to adhere and | | | |
| 1.4 | comply Covid-19 SOP | | | |
| 14. | Guestrooms: Sanitized after every use. | | | |
| 15. | Guestrooms: Provide appropriate plastic bags with | | | |
| | attached tie for used masks before throwing into the | | | |
| | trash bin. | | | |

| 16. | Guestrooms: Provide face masks in a sealed plastic | | | | |
|-------------|--|----|--|--|--|
| | bag as part of guest amenities. | | | | |
| 17. | Food & Beverage service procedure is in place to | | | | |
| | adhere and comply Covid-19 SOP | | | | |
| 18. | Application of electronic/digital menu at Food & | | | | |
| | Beverage outlets. | | | | |
| 19. | Sanitize dining tables after every use | | | | |
| 20. | Sanitize cashier area/counter frequently | | | | |
| 21. | Sanitize food & beverage outlets between meal time (after breakfast to lunch, after lunch to dinner, during closing) | 2: | | | |
| 22. | Buffet is to be served by server with glove, face mask and face shield | | | | |
| 23. | Limited dine-in duration policy | | | | |
| 24. | Kitchen operation procedure is in place to adhere and comply Covid-19 SOP | | | | |
| 25. | Procedure is in place for the usage of facilities suc | h | | | |
| | as swimming pool, gym, spa, banquet and others | | | | |
| FOR C | OFFICIAL USE ONLY: | | | | |
| GENE | GENERAL COMMENTS: | | | | |
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| Checked by: | | | | | |
| Name | me Signature Date | | | | |
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