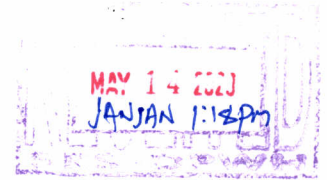




Republic of the Philippines
DEPARTMENT OF PUBLIC WORKS & HIGHWAYS
CENTRAL OFFICE
Manila

097.9 DPWH
05-15-2020

May 13, 2020



MEMORANDUM

**TO : All DPWH Central Office Employees
DPWH Central Office Outsourced Security Personnel**

SUBJECT : Guidelines in Accepting Visitors in DPWH Premises

Pursuant to D. O. No. 34, s. 2020, "Basic Hygiene, Workplace Sanitation and Social Distancing Measures to be Observed in the Workplace," the following guidelines in accepting visitors in the Central Office shall be implemented effective upon the placement of the area covering the DPWH Central Office under the General Community Quarantine:

1. All visitors must download the Visitor Screening Questionnaire from the DPWH website and submit the accomplished form to the office concerned at least one (1) day before their scheduled meeting.
2. All visitors must present a proof of the confirmation of their visit at the entrance of the office premises. No confirmation, no entry.
3. The security personnel in the main reception shall validate the appointment with the office concerned.
4. Visitors with confirmed appointments shall undergo thermal scanning and disinfection at the office entrances. Those who have a temperature of 37.5°C and above will be advised to leave and transact via telephone or e-mail.
5. Unnecessary visitors as well as personal visitors in the workplace shall be discouraged and the public is enjoined to course their transactions through telephone or e-mail. The security personnel shall ensure that no unnecessary visitors are loitering.
6. It is mandatory that all visitors wear a facemask at all times within the establishment. Visitors who have no facemasks, even if with confirmed appointment will be denied entry to the office.
7. Visitors are advised to disinfect their hands immediately upon entering the premises using the hand sanitizers and alcohol provided within the DPWH establishment.
8. Visitors must practice Respiratory Hygiene and Cough Etiquette.
9. Visitors are discouraged to use office phones, desks and other work tools/equipment.
10. Visitors must practice physical distancing and avoid being in close contact (at least one (1) meter away) with other people within the office premises.
11. Visitors who may be tested positive for COVID-19 within a period of 14 days after their visit with the DPWH must communicate promptly with the DPWH office visited.
12. Personal product deliveries shall not be allowed to enter the office premises. Employees with deliveries shall personally receive their orders at the office entrance and observe the guidelines on hygiene and physical distancing.

For compliance.

ARDELIZA R. MEDENILLA, MNSA, CESO I
Undersecretary for Support Services



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Visitor Screening Questionnaire

Please **print-out and e-mail the accomplished form to the office concerned at least a day before your visit.** Please wait **for the confirmation of your visit** through e-mail before proceeding to the office. The information gathered in this Questionnaire will be used pursuant to the Data Privacy Act of 2012.

| | | |
|--|--|--|
| I. Personal Information | | |
| | | |
| Surname | First Name | Middle Name |
| Company and Address: | | Office Tel. No.: |
| Home No. (Landline): | Mobile No.: | Email Address: |
| Office to be visited: | Person to be visited in the DPWH: | |
| Purpose of visit: | Desired schedule of appointment: | |
| II. Health Declaration. <i>Instruction: Tick the box/es most applicable to your situation.</i> | | |
| 1. I have been CONFIRMED of having COVID-19 by the Department of Health. | | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 2. I have been declared/classified as SUSPECT or PROBABLE of having COVID-19 by the Department of Health. <i>(If YES, underline classification.)</i> | | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 3. I am/was residing or have been in close contact with a CONFIRMED/SUSPECT/PROBABLE case of COVID-19 in the last 14 days. <i>(Close contact means being at a distance of less than a meter)</i> | | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 4. I am currently experiencing symptoms of COVID-19. | | <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, specify: _____ |
| <div style="text-align: center;">_____ Visitor's Signature</div> | | |
| III. Visit Confirmation. <i>To be filled out by the Office Concerned.</i> | | |
| <input type="checkbox"/> Approved | <input type="checkbox"/> Disapproved Reason for Disapproval: | |
| <div style="text-align: center;">_____ Head of Office/Authorized Personnel</div> | | |