

## **APPENDIX A – SELF CERTIFICATION CHECKLIST**



## Safety 1<sup>st</sup> Clean – Self Certification Checklist

Organization Name	
Location or Address	
Phone	
Email	
Name	
Title	

Required Standard Items	YES	NO	N/A
	<i>Initial as Appropriate</i>		
3.1 – Has the organization implemented a Hazard Communications program?			
3.2 – Have all employees received training on implementing social distancing at work?			
3.2 - Have all employees received training on proper personal hygiene at work?			
3.2 – Have all employees been advised that they should stay home from work if exposed to contagions or develop symptoms?			
3.3 – Does the organization have policies in place to evaluate team members for symptoms of disease prior to and during work?			
3.3 – Are employees required to utilize face coverings in settings where social distancing is difficult to maintain?			
3.4 – Are team member areas cleaned and disinfected daily?			



Required Standard Items	YES	NO	N/A
	<i>Initial as Appropriate</i>		
3.4 – Is ABHR readily available in all team member areas?			
3.4 – Does the organization provide covered waste containers for disposal of tissues, paper towels, masks and other team member disposable items that might be contaminated?			
3.5 – Are lobby and other general passenger areas cleaned and disinfected daily?			
3.5 – Are supplies provided for client use (pens, etc.) cleaned and disinfected?			
3.5 – Has the organization implemented credit card processing protocols that seeks to minimize contact with contagions?			
3.5 – Is ABHR in customer areas available and easy to see and access?			
3.5 – Are amenity bar areas cleaned and disinfected daily?			
3.5 – Are items available at amenity bars single-use or individually wrapped?			
3.6 – Are pilots’ lounges cleaned and disinfected daily?			
3.6 – Are snooze rooms cleaned and disinfected between use?			
3.6 – Does the organization have a procedure for monitoring use of snooze rooms?			
3.6 – Is snooze room bedding laundered between use?			
3.6 – Is ABHR in pilots’ lounges and snooze rooms available and easy to see and access?			
3.7 – Are restrooms checked for cleanliness at least hourly?			
3.7 – Are restrooms cleaned and disinfected daily?			
3.7 – Are amenities provided in restrooms (mouthwash, toothpaste, toothbrushes, etc.) individually wrapped or designed for single-use?			
3.8 – Are conference rooms cleaned and disinfected between use?			



Required Standard Items	YES	NO	N/A
<i>Initial as Appropriate</i>			
3.8 – Is ABHR available in all conference rooms?			
3.8 – Is conference room seating arranged to maintain social distancing?			
3.9 – Has the organization developed a hangar cleaning and disinfecting procedure that lowers the risk of spread of disease?			
3.10 – Is the ice machine scoop sanitized daily?			
3.10 – Are only individual-use plastic bags (or other equally protective product) used to transport ice to customers?			
3.10 – Are team members required to wear face coverings when bagging and transporting ice?			
3.11 – Does the organization follow applicable state and federal regulations when providing dish washing services for customers?			
3.11 – Are team members required to wear face coverings when handling customer dishes?			
3.12 – Has the organization reviewed on-site equipment and asset usage and developed policies and procedures for cleaning and disinfecting those items?			
3.13 – Are team members required to wear appropriate PPE, including gloves and face coverings, when handling garbage?			
3.13 – Has the organization implemented a schedule to ensure garbage disposal cans, baskets and other containers are emptied regularly to prevent overflowing?			
3.14 – Are crew cars, shuttle vans and other shared-use vehicles cleaned and disinfected between uses?			

**If you answered NO to any of the above items, you do not qualify to utilize the Safety 1<sup>st</sup> Clean logo.**

*Please sign and date this checklist certifying that the answers above are true and correct. This form must be signed by facility general or operations manager or individual with equivalent or higher title*

Signature	
Printed Name	
Title	
Date	

To complete this self-certification process, please send this form and the other documents required in Section 4 to [Safety1st@nata.aero](mailto:Safety1st@nata.aero)

