

Standards Monitoring and Enforcement Division  
Progressive Accreditation System Self-Assessment Checklist  
Tourist Land Transport Operator

DOT-SMED-SAF-TRAN-001  
Form 25 Series of 2020

Name of Tourist Land Transport Operator: \_\_\_\_\_

Address : \_\_\_\_\_

| <i>Please check on the appropriate box. Do not leave blank boxes.</i> |     |    |         | <i>Please continue if compliant with all Basic Registration criteria</i>   |     |    |         | <i>Please continue if compliant with all Basic Registration and Regular Accreditation Criteria</i> |     |    |         |
|---|-----|----|---------|--|-----|----|---------|--|-----|----|---------|
| BASIC REGISTRATION  |     |    |         | REGULAR ACCREDITATION  |     |    |         | PREMIUM/STAR-RATING ACCREDITATION  |     |    |         |
|   | YES | NO | REMARKS |  | YES | NO | REMARKS |  | YES | NO | REMARKS |
|   |     |    |         | Minimum of three (3) roadworthy and air-conditioned units.   |     |    |         | Seatbelts for all seats (for tourist buses)  |     |    |         |
|   |     |    |         | <u>All units equipped with :</u><br><br>Seat cover (if applicable)<br><br>First Aid Kits<br><br>Fire Extinguishers |     |    |         | Communication system   |     |    |         |
|   |     |    |         | Public Address System (for buses)  |     |    |         | Wifi on board  |     |    |         |
|   |     |    |         | Drivers in Uniforms  |     |    |         | GPS  |     |    |         |
|   |     |    |         | Completion of DOT's Drivers' Training (Drivers as Tourism Front Liners) & Emergency Response, Basic Life Support   |     |    |         | Dashboard Camera   |     |    |         |
|   |     |    |         |  |     |    |         | Multimedia Entertainment System featuring Philippine Destinations                                  |     |    |         |
|   |     |    |         |  |     |    |         | CCTV   |     |    |         |
|   |     |    |         |  |     |    |         | Regular staff training (at least once per year)  |     |    |         |
|   |     |    |         | <b>GARAGE REQUIREMENT</b>  |     |    |         |  |     |    |         |
|   |     |    |         | Garage with Motorpool  |     |    |         |  |     |    |         |
|   |     |    |         | Fire extinguisher  |     |    |         |  |     |    |         |
|   |     |    |         | Business name signage conspicuously displayed.   |     |    |         |  |     |    |         |
|   |     |    |         | <b>OFFICE REQUIREMENT</b>  |     |    |         |  |     |    |         |
|   |     |    |         |  |     |    |         | Online Booking System  |     |    |         |
|   |     |    |         |  |     |    |         | Drivers'/Employees' Lounge   |     |    |         |

This is to signify my intent to apply for : ☐ Basic Registration    ☐ Regular Accreditation    ☐ Premium/Star-Rating Accreditation.

I understand that my Self-Assessment Rating is not yet final and an Audit Team from the DOT shall conduct an actual assessment of my property to validate my rating.

\_\_\_\_\_  
(Signature over printed name)  
General Manager/ Authorized Representative

\_\_\_\_\_  
Date

**PER UNIT INSPECTION CHECKLIST:**

Vehicle's Plate Number: \_\_\_\_\_

Make ( Brand ) : \_\_\_\_\_

Model ( Year ): \_\_\_\_\_

Motor Serial Number: \_\_\_\_\_

Chassis Number: \_\_\_\_\_

Number of Seats: \_\_\_\_\_

Age of Vehicle: \_\_\_\_\_

***Please check on the appropriate box. Do not leave blank boxes.***

| VEHICLE                            | YES | NO | REMARKS |
|------------------------------------|-----|----|---------|
| Roadworthy & in good condition     |     |    |         |
| Left Hand Drive                    |     |    |         |
| Air-conditioned                    |     |    |         |
| Clean/comfortable seats            |     |    |         |
| Sufficient Storage Space           |     |    |         |
| Public Address System (Coaster/Bus |     |    |         |
| Fire Extinguisher                  |     |    |         |
| First Aid Kit                      |     |    |         |
| Company's name/logo                |     |    |         |
| Adequate garage & Repair Shop      |     |    |         |
| Imprinted at rear and sides        |     |    |         |

| New Normal Health and Safety Standards for Tourist Land Transport Services |  |   |     |    |         |
|--|--|---|-----|----|---------|
| INDICATOR  |  | AUDIT GUIDE   | YES | NO | REMARKS |
| <b>TRANSPORT OPERATORS / OWNERS</b>  |  |   |     |    |         |
| <b>MANDATORY REQUIREMENTS</b>  |  |   |     |    |         |
| 1  | Ensures body temperature checking of all employees every time they report to work  | * Thermal Scanner/<br>Thermometer Gun   |     |    |         |
| 2  | Provides all employees and drivers Personal Protective Equipment (PPE) and adequate training on the proper use thereof<br><br>PPEs to include:<br>*Facemasks (Surgical or cloth mask)<br>*Hand sanitizer or 70% solution alcohol<br>*Paper towels or tissue paper<br>*Appropriate disinfectants<br>*Disposable cleaning cloths and cleaning agents<br>*Gloves, readily available in the vehicle for use of the driver when necessary | * Facemasks (Surgical or cloth mask)<br>* Hand sanitizer or 70% solution alcohol<br>* Paper towels or tissue paper<br>* Appropriate disinfectants<br>* Disposable cleaning cloths and cleaning agents<br>* Gloves, readily available in the vehicle for use |     |    |         |
| 3  | Regularly updates its employees on health concerns and other related information   | * Bulletin boards<br>* Interview employees' and drivers' knowledge of safety and preventive measures including the proper use of PPEs<br>* Photos during the briefing   |     |    |         |
| 4  | Ensures cleanliness within the office premises, including the garage and areas   | * Inspection of business premises   |     |    |         |
| 5  | Provides annual health check-up for its drivers and staff.   | * Employees' medical certificates/records   |     |    |         |
| <b>OPTIONAL REQUIREMENT</b>  |  |   |     |    |         |
| 1  | Provides health benefit options (e.g. insurance or plan) for all employees   | * Health insurance policy/ certificate, receipts, or documented agreements/contracts with Health Insurance Companies  |     |    |         |
| <b>PASSENGERS</b>  |  |   |     |    |         |
| <b>MANDATORY REQUIREMENTS</b>  |  |   |     |    |         |
| 1  | Comply with the following Social Distancing and Passenger Limit Guidelines set by the Department of Transportation (DOTr) and Land Transportation Franchising and Regulatory Board (LTFRB):<br><br>(a) Car / Sedan<br>(i) No passenger seated beside the driver<br>(ii) Two (2) passengers at the back row with one seat apart<br>(iii) No more than three (3) passengers, including the driver                                      | * Seat markings<br>* Transparent dividers   |     |    |         |

**New Normal Health and Safety Standards for Tourist Land Transport Services**

| INDICATOR | AUDIT GUIDE  | YES  | NO | REMARKS |
|-----------|--|--|----|---------|
| 2         | (b) Vans<br>(i) Only two (2) passengers per row are allowed, except for the driver's row where only one (1) passenger may occupy the passenger's seat<br>(ii) A waterproof transparent barrier between the driver and the passengers must be installed                         | * Seat markings<br>* Transparent dividers                  |    |         |
| 3         | (c) Buses and coasters<br>(i) Only 50% of the total capacity is allowed<br>(ii) A waterproof transparent barrier between the driver and the passengers must be installed<br>(iii) Passengers must be seated one (1) seat apart<br>(iv) No standing passengers shall be allowed | * Seat markings<br>* Transparent dividers                  |    |         |
| 4         | Passengers' information for contact-tracing are available:<br>* Name<br>* Address<br>* Contact Details   | * Contact-tracing log book / sheet<br>* Passengers' record |    |         |

**VEHICLES**

**MANDATORY REQUIREMENTS**

|   |   |  |  |  |
|---|---|--|--|--|
| 1 | Seat markings inside the vehicle are available  | * Seat markings  |  |  |
| 2 | Equipped with notices/reminders to passengers on preventive measures and other health and safety-related information  | * IEC Materials<br>* Posters/Notices/Reminders/ Signages   |  |  |
| 3 | Equipped with the following for free use of passengers:<br>* Thermometer gun<br>* Basic first-aid kit<br>* 70% solution alcohol or alcohol-based hand sanitizer<br>* Tissue paper and/or disposable wet wipes | * Thermometer Gun/ Thermal Scanner<br>* Sanitation kit (disposable wet wipes, 70% solution alcohol/ alcohol-based hand sanitizer, tissue paper and/or disposable wet wipes)<br>* First-aid kit containing at least medicines for fever, diarrhea and dizziness |  |  |
| 4 | Undergoes deep cleaning and proper disinfection and sanitation before and after every use, with emphasis on high-touch surfaces:<br>* Seats<br>* Arm Rests<br>* Door Handles<br>* Control Panels              | * Inspection of the vehicle's interior, especially high-touch surfaces   |  |  |
| 5 | Well-ventilated and air conditioning is on non-recirculated mode  | * Inspection of air conditioning units   |  |  |
| 6 | Waste materials on board are kept in a clean and hygienic condition, and are appropriately disposed   | * Inspection of the vehicle's interior<br>* Trash bin with lid   |  |  |

| New Normal Health and Safety Standards for Tourist Land Transport Services |  |   |     |    |         |
|--|--|---|-----|----|---------|
| INDICATOR  |  | AUDIT GUIDE   | YES | NO | REMARKS |
| 7  | A separate trash bag for all gloves, facemasks, PPEs, wet wipes, and other sanitation disposables are available inside the vehicle   | * Trash bag separate from the trash bin   |     |    |         |
| <b>VEHICLES</b>  |  |   |     |    |         |
| <b>MANDATORY REQUIREMENTS</b>  |  |   |     |    |         |
| 8  | Emergency hotlines of the following are available inside the vehicle:<br>* Clinics and Hospitals located in the city / municipality within the route<br>* Police and Fire stations located in the city/municipality within the route<br>* Such other emergency responders whether public or private located in the city/ municipality within the route | * Emergency Directory containing the following:<br>- Clinics/Hospitals, Police and Fire Stations and other Emergency Responders<br>* Availability of such hotlines in the driver's mobile phone |     |    |         |
| <b>VEHICLES</b>  |  |   |     |    |         |
| <b>OPTIONAL REQUIREMENT</b>  |  |   |     |    |         |
| 1  | Encourages cashless payment and other contactless transactions   | * Online payment apps   |     |    |         |
| <b>DRIVERS</b>   |  |   |     |    |         |
| <b>MANDATORY REQUIREMENTS</b>  |  |   |     |    |         |
| 1  | Wear clean clothes / uniform and closed shoes while on duty  | * Observation on the physical appearance and conduct of the driver  |     |    |         |
| 2  | Wear appropriate PPEs (face masks and gloves) properly   |   |     |    |         |
| 3  | Avoid physical contact with the passengers and observe physical distancing   | * Observation on the driver   |     |    |         |
| 4  | Frequently wash hands with soap or sanitize hands with hand sanitizer or 70% solution alcohol  |   |     |    |         |
| 5  | Practice good respiratory etiquette, cover nose and mouth when coughing or sneezing  |   |     |    |         |
| 6  | Frequently clean and disinfect the vehicle   | * Inspection of the vehicle   |     |    |         |
| <b>DRIVERS</b>   |  |   |     |    |         |
| <b>MANDATORY REQUIREMENTS</b>  |  |   |     |    |         |
| 7  | Accomplish an itinerary or trip ticket every trip for proper documentation and reference   | * Properly accomplished/ completed Trip ticket<br>* Compilation of tickets  |     |    |         |

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