*TOURISM GOLD STANDARD CERTIFICATION*

*APPLICATION CHECKLIST*

*For Gift Shops*

**Declaration:**

I hereby certify that all information provided in this application and plan is true, accurate and complete to the best of my knowledge. I have not withheld any information and understand any falsification is illegal and will disqualify this application.

Print Name of Gold Standard Manager\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Gold Standard Manager\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name/ Address of the Gift Shop\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Applicants must also submit copies of Company Registry, Trade License or Incorporation Certificate along with their submission. Below checklist must be submitted in the plan to:* [*entitygoldstandardapplication@belizetourismboard.org*](mailto:entitygoldstandardapplication@belizetourismboard.org)

**Program Manager**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  | Yes | NO | COMMENTS |
| 1. | Name of Program Manager and alternate has been submitted |  |  |  |
| 2. | List of duties and job responsibilities of program manager have been submitted |  |  |  |
| 3. | Program Manager and Alternate has complete 3 gift shop webinars |  |  |  |
| **TOTAL** | | **0/3** | | |

**Implement Monitoring & Reporting**

**Did the Gift Shop provide the following at the time of submission?**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  | YES | NO | COMMENTS |
| 1. | Employee temperature log |  |  |  |
| 2. | Supplier/Vendor temperature Log |  |  |  |
| 3. | Employee Shift Log |  |  |  |
| 4. | Covid-19 Symptomatic Log |  |  |  |
| 5. | Guest Temperature Log |  |  |  |
| 6. | Identified Closest Medical Facility |  |  |  |
| **TOTAL** | | **0/6** | | |

**Ensure Social Distancing Protocols**

**Did the Gift Shop provide the following at the time of application?**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  | YES | NO | COMMENTS |
| 1. | Images of Social distancing signage at entrance area |  |  |  |
| 2. | Images of Social distancing signage inside the Gift shop |  |  |  |
| 3. | Images of Social distancing signage at the cashier area |  |  |  |
| 4. | Images of social distancing any other area |  |  |  |
| 5. | Images of social distancing layout inside the gift shop |  |  |  |
| **TOTAL** | | **0/5** | | |

**Implement Enhanced Cleaning & Sanitization Procedures**

**Did the Gift Shop provide the following at the time of application?**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  | YES | NO | COMMENTS |
| 1. | Cleaning and disinfecting time-log (includes time, employee conducting cleaning, cleaning of following areas: FOH, Common Areas, BOH/ Kitchen, Bathroom) |  |  |  |
| 2. | Provide list of PPE equipment in inventory (Gloves, masks, face shield\*, thermometer, bleach, bacteria cleaning agent, antibacterial solution or alcohol) |  |  |  |
| 3. | Provide images of PPE purchased and are on the premises. |  |  |  |
| 4. | Provided images of cleaning equipment (soap, sprayer, buckets, designated clothes) |  |  |  |
| **TOTAL** | | **0 /4** | | |

**Develop a Response Plan**

**Did the Gift Shop provide the following at the time of application?**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  | YES | NO | COMMENTS |
| 1. | Provide list of steps to deal with symptomatic employee |  |  |  |
| **TOTAL** | **0 /1** |  |  |  |

**Ensure Clear & Consistent Communication**

**Did the Gift Shop provide the following at the time of application?**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  | YES | NO | COMMENTS |
| 1. | Provide images of signage installed throughout the shop with COVID-19 best practices, Health and Safety protocol signage (hand washing, mask wearing, etc) |  |  |  |
| **TOTAL** | | **0/1** | | |

**Install Sanitizing Stations**

**Did the Gift Shop provide the following at the time of application?**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  | YES | NO | COMMENTS |
| 1. | List and pictures of locations where hand sanitizing or hand washing stations have been set up |  |  |  |
| **TOTAL** | | **0 /1** | | |

**Deploy New Technology**

**Did the Gift Shop provide the following at the time of application?**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  | YES | NO | COMMENTS |
| 1. | Images of any new technology implemented to reduce contact (Ex QR codes for information, digital tickets, etc) |  |  |  |
| 2. | Images of contactless payment methods, credit card or sanitizing of cash stations, etc |  |  |  |
| **TOTAL** | | **0 /2** | | |

**-**

**Implement a Training Plan**

**Did the Gift Shop provide the following at the time of application?**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  | YES | NO | COMMENTS |
| 1. | Training schedule/ logs |  |  |  |
| 2. | Images of training |  |  |  |
| **TOTAL** | | **0 /2** | | |

***Health and Safety Protocols for***

***[Gift Shops]***

***Checklist for Health and Safety Protocols***

*The below is a sample template to guide Gift Shops in developing the Health and Safety Protocols to open in the safe corridor. Please fill everything in red and attach images where necessary.  
Updated May 31, 2021*

**Name of Gift Shop**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Address of Gift Shop**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Destination of Gift Shop**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**1) Appoint a Tourism Gold Standard Manager**

1. Contact information of the appointed Manager
   * Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
   * Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
   * Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Duties and responsibilities of the Manager/ Supervisor

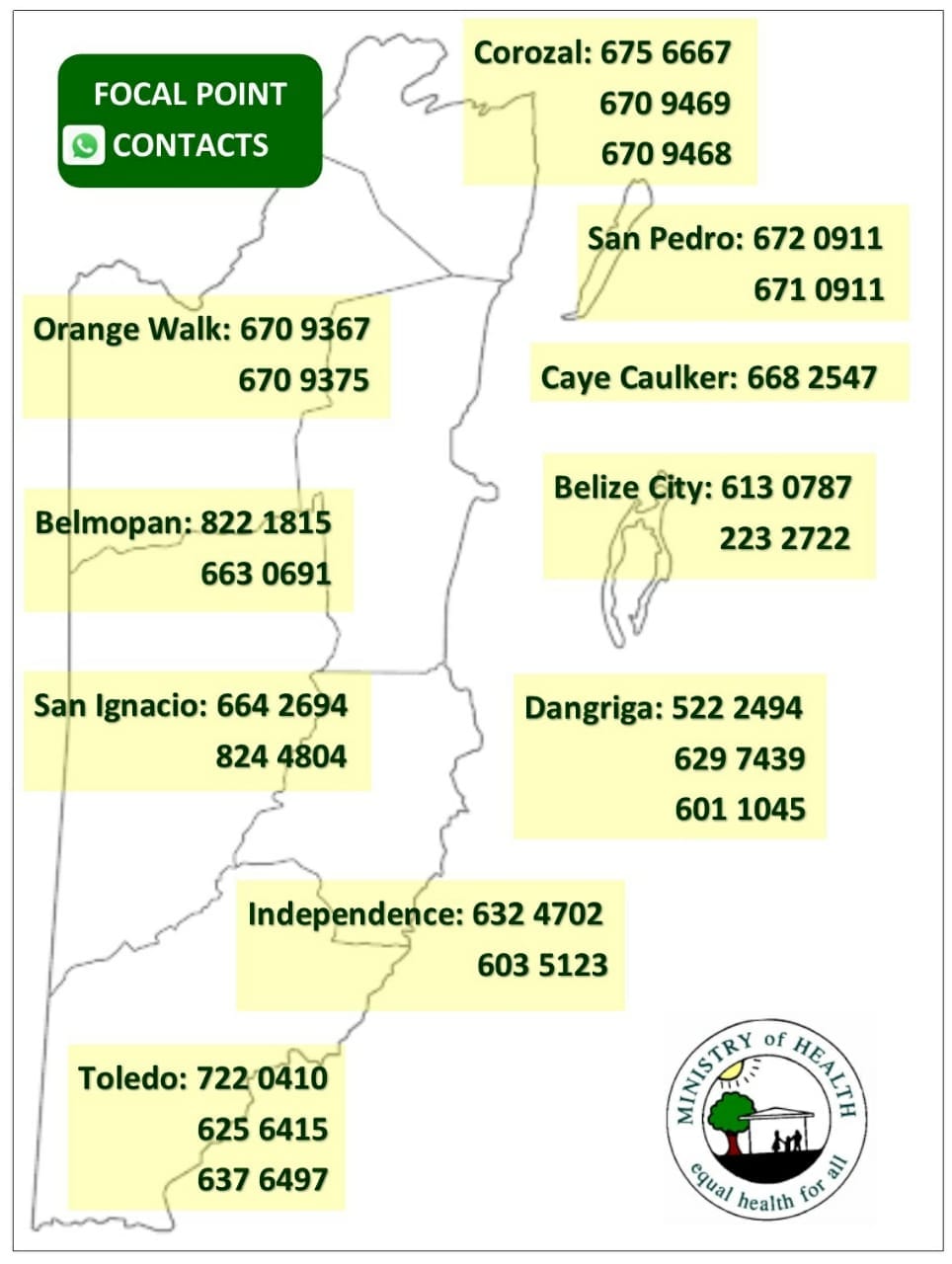
* Ensure that employees have done health and safety training sessions
* Ensure that employees are aware of the procedures on how to handle a symptomatic case.
* Ensure that all logs are being followed on entry
* Conduct spot checks to ensure all protocols are being followed by employees
* Ensure all employees have PPE and disinfecting/ sanitizing equipment
* Liaise with Ministry of Health on any symptomatic employees, and provide any logs necessary for contact tracing
* Ensure that gift shop Protocols are reviewed and modified as necessary
* Implement corrective actions when staff and guests are non-compliant with protocols
* List Other Duties & responsibilities:
* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Dates of training done by Gold Standard Manager and Alternate

**\*Training videos are posted on** [**www.belizetourismboard.org**](http://www.belizetourismboard.org)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Training** | **Date attended by Gold Standard Manager** | **Name** | **Signature** | **Date attended by Alternate Manager** | **Name** | **Signature** |
| Introduction to the Tourism Gold Standard Program |  |  |  |  |  |  |
| Enhanced Safety Protocols for Gift Shops |  |  |  |  |  |  |
| Cleaning and Sanitization guidelines for Gift Shops |  |  |  |  |  |  |
| Other |  |  |  |  |  |  |

**2) Implement Monitoring and Reporting**

1. Monitoring
   * Employee checks:
     1. If employee is sick, he should not come to work and report to Manager.
     2. Every employee’s temperature will be checked every day before a shift and logged at the staff entrance.
     3. Every employee will be asked the following questions:
        1. Have you been in close contact with a suspected or confirmed case of COVID 19?
        2. Are your experiencing a cough, shortness of breath or sore throat
        3. Have you had a fever in the last 48 hours?
        4. Have you had a loss of smell or taste?
        5. Have you had any vomiting or diarrhea in the last 24 hours?
        6. Does anyone in your immediate household present these symptoms?
     4. If multiple answers are yes, the employee will be asked to home and seek medical attention.
   * Guests
     1. Any guest that is observed to be symptomatic will be denied entry.
   * Vendors and supplier’s temperature will be taken and logged prior to entrance into office. No outside visitors will be allowed without being checked and logged entry.
   * Security personnel and all staff will report any observations of guests and staff that appear to be symptomatic or non-compliant with protocols.
   * All will be observed for the following symptoms and reported:
     1. Less serious symptoms
        1. Fever
        2. Dry cough
        3. Headache
        4. Conjunctivitis
        5. Tiredness (prior to tour activities)
        6. Loss of taste and smell
        7. A rash on skin or discoloration of fingers or toes.
        8. Aches and pains
        9. Sore throat
        10. Diarrhea
     2. Serious symptoms
        1. Difficulty breathing or shortness of breath
        2. Chest pain or pressure
        3. Loss of taste and smell
     3. Any symptom will be communicated via the Ministry of Health App, the hotline 0-800-MOH- CARE  
        
     4. Closest Medical facility
        1. Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
        2. Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. For reference of reporting: Note below sample logs **or** attach image if you already have logs.
   * Logs attached:
     1. Employee temperature log (insert log here)
     2. COVID-19 symptomatic log template (insert log here)
     3. Vendors and Suppliers log (insert log here)
     4. Employee shift log template (insert log here)
     5. Provide reservations and guest log template. (insert log here)
     6. Other

I agree to use the below sample logs (Check box if you agree and ensure to have logs printed for inspection)

* + Employee Temperature and monitoring logs

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Date** | **Time** | **Employee Name** | **Recorded Temperature** | **Screener Name** | **Comments** |
|  |  |  |  |  |  |

* + Covid-19 symptomatic log

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Date** | **Guest or Employee Name** | **Email address** | **Emergency Contact info** | **Gender** | **Age** | **Symptoms** | **Time observed** | **Action Taken** |
|  |  |  |  |  |  |  |  |  |

* + Vendor and Suppliers log

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Date** | **Time** | **Supplier Name** | **Employee who attended supplier** | **Recorded Temperature** | **Screener name** | **Comments** |
|  |  |  |  |  |  |  |

* + Employee shift logs

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Date** | **Time arrived** | **Time out from tour** | **Time out** | **Total Hours Worked** | **Signature of employee** |  |
|  |  |  |  |  |  |  |

If your logs are different, please insert pictures below:

**3) Ensure Social Distancing Protocols**

1. Attached are pictures of social distancing in all of the below areas. For reference ensure to include x markers with tape/ stickers to show standing areas and signage for guests where applicable. Also insert pictures of sneeze guards where applicable.
   * Place in strategic locations such as:
     1. Images of the Entrance of Gift Shop
     2. Images of Layout of Entrance
     3. Images inside the Gift Shop
     4. Images by the Cashier Area
     5. Images at any other area
2. *Insert images below of your facility meeting the social distancing requirements*

|  |  |
| --- | --- |
| *Area* | *Picture* |
| *For example- Entrance Area (showing signage and floor marking)* |  |
| *Inside the Gift Shop* |  |
| *Cashier Area of Gift Shop* |  |
| *Any Other Area* |  |

**4) Implement Enhanced cleaning and Sanitization**

1. Staff
   * All employees will be provided a hand sanitizer for daily use
   * All staff will wear masks and/or face shields
   * Face shields will be optional depending of employee duties or health risk
   * Gloves will be used depending on employee duties when handling equipment
2. Below are logs for tracking of enhanced cleaning and sanitation. For reference use below samples or attach image if you already have logs.

I agree to use the below sample logs (Check box if you agree and ensure to have logs printed for inspection)

* + Cleaning/ Disinfection Gift Shop Items

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Equipment** | **Employee/ Company** | **Date** | **Time** | **Signature** |
| Displays | John Doe | Dec 10, 2020 | 5:15pm |  |

* + Cleaning/ Disinfection Cashier

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Office** | **Employee/ Company** | **Date** | **Time** | **Signature** |
| Reception desk | John Doe | Dec 10, 2020 | 5:15pm |  |
| Credit card machine |  |  |  |  |
| Glass counters |  |  |  |  |

*High Touch Point Areas checklist-*

|  |  |  |
| --- | --- | --- |
| *AREA* | *High Touch Point areas* | *CHECK IF COMPLETED* |
| *Office* | *Desk*  *Computer*  *Keyboard*  *Credit Card machine*  *Phone* |  |
| *Equipment* | *All items displayed* |  |

If your logs are different, please insert pictures below:

1. *Provide inventory list of cleaning material and PPEs*

|  |  |
| --- | --- |
| *ITEM* | *QUANTITY* |
| *Surgical Masks* |  |
| *Gloves(box of 50 pairs)* |  |
| *Bleach1 gallon* | *5* |
| *Baceteria killing agents chemicals* | *10* |
| *Sprayers* | *5* |
| *Contact-less thermometer* | *1* |

1. *Attached are images of PPE and cleaning equipment*

*Insert images of all PPE purchased and is in inventory at the site*

Example of PPE: **

1. *Disposal of waste*
   * *All employees will wear protective gloves and face masks when handling trash. Trash bins will be lined with bags and tied off securely when full.*
   * *All bags with possible contamination will be sealed in red bag and disposed separately.*

**4) Develop a Response Plan**

All staff must follow the following steps to deal with symptomatic person

Kindly insert step by step response plan based on your operations. See samples below

* + 1. Anyone with symptoms will be denied entry into the gift shop.
    2. Employees who are symptomatic should not report to work and notify Program Manager.
    3. Should staff become ill at the gift shop; they will be sent home for medical attention.
    4. Wait on report from MOH on how to proceed with employee.
    5. update logs of COVID-19 case
    6. disinfect and sanitize high touch point areas where case may have been in contact
    7. log cleaning

**5)Ensure Clear and Consistent Communication**

1. Signage

Below are images of signage around the entrance area, waiting area, cashier area, common area and bathrooms. **Reference annex signs of social distancing, proper hand washing and symptoms for constant reminders to guest and staff**. You can print and laminate these to stick in strategic locations.

*Insert images of signage around the gift shop*

|  |  |
| --- | --- |
| *Area* | *Picture* |
| *For example- Picture of Signs at Entrance* |  |
| *Signs at Cashier Area* |  |
| *Signs Inside the Gift Shop* |  |

**7)Install Sanitizing Stations**

1. Attached are images of sanitizing stations installed equipment with soap dispensers, sanitizer gel, single use towels, etc

*Insert images below of your sanitizing stations throughout the site*

|  |  |
| --- | --- |
| *Area* | *Picture* |
| *Example- Sanitization Station at entrance area* |  |
| *Sanitizing stations at cashier area* |  |
| *Sanitizing stations inside the gift shop or anywhere else* |  |

**8) Deploy New Technology (If applicable)**

1. Attached are images of payment process (credit card, pre check-in credit card, website, online transfer, digital ticketing, QR code, etc.

*Insert images below of any new technology implemented to make contactless operations*

|  |  |
| --- | --- |
| *Area* | *Picture or URL link* |
| *Example of contactless payment (online payments, credit card, sanitizing cash station, etc.)* | *POS Machine* |
| *Any other technology to reduce physical contact* | *Online Payments Accepted* |

**9) Implement a Training Plan**

1. All employees will be trained on the this plan with new protocols implemented. Training offered will be logged using the template below (Insert log if you have your own template). Images will also be kept for records. (Insert images if available)

Sample Training Log

|  |  |  |  |
| --- | --- | --- | --- |
| **Training** | **Date attended staff** | **Names of staff** | **Signature** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

Attach images of training sessions

|  |
| --- |
|  |

**Annex- Sample Signage**

