

HAKUBAVALLEY Cleanliness Certification System Application Form

- Please check the items that you have already implemented.
- If all of the first 5 items are checked, please fill out the back of this form and submit it for application. (Note: Item 6 is voluntary.)

| 1. | Securing Social Distance |
|--------------------|--|
| _ _ | Do you take any measures to secure social distance amongst customers, clients, and employees? Do you implement any measures or structure to secure social distance between customers waiting in line? |
| 2. | Placing disinfectants for hands |
| _ _ | Do you have disinfectants (e.g., alcohol disinfectants) in your facility? Do you encourage customers to wash hands or disinfect hands? |
| 3. | Use of face mask |
| _ _ | Do your employees wear a face mask to serve a customer? Do you encourage customers to wear a face mask? |
| 4. <i>P</i> | Air ventilation of facility |
| _ _ | Do you ventilate air in your facility on a regular basis? Do you ventilate air all the time when you clean the facility? |
| 5. | Disinfection of facility |
| <u>-</u> | Do you focus more on cleaning and disinfecting places that people often touch? Do you thoroughly clean and disinfect toilets and food service areas (if applicable)? |
| 6. | Others (Note: This item is not included in certification requirements.) |
| _ | Do you encourage to download COVID-19 Contact Confirming Application (COCOA) provided by the Ministry of Health, Labor and Welfare? Have you made any preparation to act quickly to reach and ask a local health center (i.e. Omachi Health Center) for advice in case somebody in your facility may be suspected of infection? (e.g., Employees are informed of the phone number of the health center.) Do you take any measures to prevent droplet infection, such as installing acrylic barriers at a |

place where people face each other, such as counters?

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| Date (MMDDYY) | |
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| Company Name | |
| Name of Representative | |
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| Address | | | |
| Contact I | Person _ | | |
| TEL | | | |
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| E-mail _ | | | |
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