

Please Note: All forms can be emailed to homequarantine@gov.vg.



Home Quarantine Check List

Date ___/___/___ (dd/mm/yy) Self-Inspection done by: _____

Name of Quarantined Person: _____ Age ___ Sex ___

Contact Number: _____ Email Address: _____

Intended date of Arrival ___/___/___ (dd/mm/yy)

Address/ location of accommodation: _____

Detailed direction to accommodation: _____

Name of person to facilitate inspection: _____

Contact Number of person to facilitate inspection: _____

Are these arrangements for a group/family? N Y If yes, please name all individuals below

Name	Age	Sex	Name	Age	Sex

Accommodation type: Apartment (Unit #___, Floor ___) House Vessel (Private)

Will the quarantine home/vessel be shared with other persons outside of the travel party?

Yes No

Continue to Page 2

Criteria	Meets	Does not meet	N/A	Comments
Access				
Property is accessible by surfaced road to allow for movement of persons				
Doors are wheel chair accessible				
Security can access for spot checks (Dogs can be penned)				
Rooms				
Number of rooms available for quarantine <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 or more				
Rooms are clean				
Type of floors <input type="checkbox"/> Tile <input type="checkbox"/> Carpet <input type="checkbox"/> Wood Vinyl <input type="checkbox"/>				
Bathrooms				
Number of bathrooms available <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 or more				
Handwashing facilities available <input type="checkbox"/> Hot & Cold Water <input type="checkbox"/> Liquid Soap <input type="checkbox"/> Paper Towel				
Fixtures functional				
Technical systems				
Functional and adequate lighting in all areas to be occupied				
Type of water supply <input type="checkbox"/> Street <input type="checkbox"/> Tank <input type="checkbox"/> Cistern <input type="checkbox"/> Bottle				
Water reaches all points in areas that will be occupied				
Ventilation				
The home/vessel is well ventilated				
Windows are able to be opened				
Doors can be closed				
Air condition is operable, clean and well maintained				
Arrangements				
Arrangements made for the provision of basic supplies (food, medication etc.)				By Whom: Contact Number(s):

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Criteria	Meets	Does not meet	N/A	Comments
Waste management				
There is a system for solid waste storage and disposal				
There is a system for (liquid) waste storage, treatment and disposal <input type="checkbox"/> Public <input type="checkbox"/> Septic Tank <input type="checkbox"/> Vessel Holding Tank				
Infection prevention and control				
There is no evidence of rodents or pests				
There are mosquito screens on the windows				
Floors and surfaces are easy to clean and disinfect (avoid porous and absorbent floors, such as carpets, etc.).				
Walls and ceilings are easy to clean and disinfect.				
Furniture can be cleaned and disinfected				
Hygiene supplies available within home/vessel <input type="checkbox"/> Liquid Soap <input type="checkbox"/> Hand Sanitizer <input type="checkbox"/> Disinfectant Products				
Laundry facilities/services				
Laundry facilities available <input type="checkbox"/> Washer <input type="checkbox"/> Dryer <input type="checkbox"/> Other (i.e clothing line)				

Failure to provide accurate information on this application may result in severe penalties/fines as outlined in the COVID-19 Control and Suppression Regulations

Signature _____ Date: _____

Kindly contact the Environmental Health Division at 284-468-5110 or Public Health at 284-468-2274 with any questions or concerns related to the completion of this application

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Approval Granted: Yes No, Reason(s): _____

Approval Granted by: _____

Date of Approval: _____

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Last Updated 13th April, 2021