

DEPARTMENT OF HEALTH

NO. 6740

17 October 2025

THE NATIONAL HEALTH ACT, 2003 (ACT 61 OF 2003)
NATIONAL ENVIRONMENTAL HEALTH NORMS AND STANDARDS

I, Sandile Buthelezi, Director General of Health, in terms of Chapter 3, Section 21(2) (b)(ii) of the National Health Act 2003 (Act No. 61 of 2003) ("the Act") as amended, hereby replace the National Environmental Health Norms and Standards for Premises and Acceptable Monitoring Standards for Environmental Health Practitioners, published in the *Government Gazette* 39561 of 24 December 2015.

The Norms and Standards are in line with the National Department of Health's strategic goal of strengthening environmental health by contributing to improved water, sanitation, waste management, and food services.

The National Norms and Standards for environmental health outline service delivery standards applicable where environmental health services are rendered. Environmental health standards are provided for use on various premises for the protection of public health and to prevent environmental conditions that may constitute a health hazard.



DR SSS BUTHELEZI

DIRECTOR-GENERAL: HEALTH

DATE: 04/09/2025

TABLE OF CONTENTS

TABLE OF CONTENTS	ii
CHAPTER 1: CONTEXT AND APPLICATION	1
1. Purpose of the national norms and standards.....	1
2. Application and implementation.....	1
3. Policy and legislative context.....	1
CHAPTER 2: NORMS AND STANDARDS FOR ENVIRONMENTAL HEALTH SYSTEMS AND SERVICE DELIVERY	3
SECTION 1: ORGANISATIONAL SYSTEM NORMS AND STANDARDS	3
1.1 Client's rights.....	3
1.2 Client experience of services	3
1.3 Internal and external communication infrastructure	3
1.4 Planning.....	4
1.5 Management.....	5
1.6 Human resources	5
1.7 Professional standards and staff identity	6
1.8 Training and development.....	6
1.9 Information management	6
1.10 Record management.....	7
1.11 Compliance monitoring and enforcement	7
1.12 Cooperative governance	8
SECTION 2: ACCEPTABLE MONITORING STANDARDS FOR ENVIRONMENTAL HEALTH PRACTITIONERS.....	8
2.1 Monitoring standards for health surveillance of premises	8
2.2 Monitoring standards for food safety monitoring	10
2.3 Monitoring standards for vector control	10
2.4 Monitoring standards for environmental pollution control.....	11
2.5 Monitoring standards for conveyances and consignment in points of entry	11
2.6 Monitoring standards for preventing the importation and exportation of communicable diseases through points of entry	12
2.7 Monitoring standards for point-of-entry facilities	12
2.8 Monitoring standards for waste management	13
2.9 Monitoring standards for health-related water quality monitoring	14
2.10 Monitoring standards for hazardous substances control.....	15
2.11 Monitoring standards for chemical safety management.....	16
2.12 Monitoring standards for surveillance and prevention of communicable diseases.....	17
2.13 Monitoring standards for climate change and health adaptation	17
2.14 Monitoring standards for malaria control	17
2.15 Non-compliance.....	18
SECTION 3: APPLICABLE GENERAL PROVISIONS.....	18
31. Assessment of performance	18
CHAPTER 3: NORMS AND STANDARDS FOR USE ON THE PREMISES	19
SECTION 1: Standards for childcare centres 19	
Structural facilities	19
Water, sanitation and hygiene.....	19

General health and safety measures	20
Medical care for children	21
Safe and hygienic preparation of food.....	21
SECTION 2: STANDARDS FOR CHILDREN'S HOMES.....	21
Enclosure of the premises.....	21
Indoor and outdoor facilities	22
Water, sanitation and hygiene facilities	22
Medical care for children	22
General health and safety measures	23
Safe and hygienic preparation of food.....	23
SECTION 3: MINIMUM STANDARDS FOR OLD AGE HOMES	23
Structural requirements	23
Water, sanitation and hygiene facilities	24
Facilities for the provision of healthcare services on the premises	24
Infection control and safety measures.....	25
General hygiene measures	25
Food safety standards.....	25
SECTION 4: STANDARDS AND REQUIREMENTS FOR SCHOOL PREMISES.....	26
Structural and physical facilities	26
Water, sanitation and hygiene facilities	26
Non-waterborne sanitation technologies.....	27
Washroom facilities for boarders/residential learners and staff	27
Accommodation for learners and staff members in boarding schools	27
Medical care for learners	27
General health and safety measures	28
Food safety standards.....	28
SECTION 5: STANDARDS AND REQUIREMENTS FOR ACCOMMODATION ESTABLISHMENTS	28
Water, sanitation and hygiene.....	28
Swimming pools and hot baths	29
General hygiene and safety requirements	29
Food safety standards.....	30
SECTION 6: STANDARDS AND REQUIREMENTS FOR BEAUTY PARLOURS	30
Waste management	31
Use of ultra-violet radiation for tanning.....	31
Use of dyes, pigments, stencils and tattoo procedures.....	32
General hygiene requirements.....	32
SECTION 7: STANDARDS AND REQUIREMENTS FOR PUBLIC SWIMMING POOLS AND SPA	
BATHS.....	33
Structural and physical facilities	33
Water quality.....	33
Duties of public swimming pool and hot tub operators.....	34
Food safety standards.....	36
SECTION 8: STANDARDS AND REQUIREMENTS FOR HEALTH ESTABLISHMENTS.....	36
Structural facilities	36
Water, sanitation and hygiene.....	36
Reception of dead bodies on the premises.....	37

Food safety standards	37
Waste management	38
Classification of healthcare risk waste	38
Packaging of healthcare risk waste (HCRW)	39
Loading, storage, transportation and disposal of healthcare risk waste (HCRW)	39
Storage area for radioactive waste, infectious waste, anatomical waste, chemical and pharmaceutical waste and general healthcare waste	40
Central storage areas	40
Treatment and disposal of healthcare risk waste (HCRW)	41
Storage facilities	41
Laundry services	42
Operational requirements for linen handling	43
General hygiene standards	44
SECTION 9: STANDARDS AND REQUIREMENTS FOR COMMUNITY RESIDENTIAL MENTAL HEALTHCARE FACILITIES	44
Structural facilities	44
Water, sanitation and hygiene	44
Food safety standards	45
Waste management	45
Classification of healthcare risk waste (HCRW)	46
Packaging of healthcare risk waste (HCRW)	47
Loading, storage, transportation and disposal of healthcare risk waste (HCRW)	47
Treatment and disposal of healthcare risk waste (HCRW)	48
Storage facilities	48
Laundry services	49
Operational requirements for linen handling	50
General hygiene standards	50
SECTION 10: STANDARDS AND REQUIREMENTS FOR LAUNDRY FACILITIES/ESTABLISHMENTS	51
Structural facilities	51
Water supply and sanitation facilities	51
Storage, work areas and facilities	51
General requirements	52
SECTION 11: STANDARDS AND REQUIREMENTS FOR CONSTRUCTION SITES	53
SECTION 12: STANDARDS AND REQUIREMENTS FOR PUBLIC GATHERING PLACES	54
Food safety standards	Error! Bookmark not defined.
SECTION 13: STANDARDS AND REQUIREMENTS FOR AIRCRAFT AND SHIPS AND POINT-OF-ENTRY PREMISES	55
Structural facilities	55
Waste management	55
Water, sanitation and hygiene	56
Accommodation establishments on board the ship	56
Food safety and hygiene	57
General requirements	57
SECTION 14: STANDARDS AND REQUIREMENTS FOR VACANT LAND	58

SECTION 15: STANDARDS AND REQUIREMENTS FOR CARAVAN PARKS AND CAMPING SITES	58
Water and sanitation facilities.....	58
48. SECTION 16 : STANDARDS AND REQUIREMENTS FOR PRISONS, INCLUDING POLICE STATION HOLDING CELLS	59
49. SECTION 17: STADARDS AND REQUIREMENTS FOR OFFICE ACCOMMODATION.....	59
50. SECTION 18: STANDARDS AND REQUIREMENTS FOR KEEPING ANIMALS ON PREMISES	60
General hygiene requirements for keeping animals and poultry.....	60
51. SECTION 19: STANDARDS FOR OFFENSIVE TRADES ON PREMISES.....	61
DEFINITION OF TERMS.....	61
APPENDICES	66
Appendix A: Database for food premises.....	66
Appendix B: Database for other premises.....	66
Appendix C: Record of fines/prosecutions	66
Appendix D: Record of complaints	67
Appendix E: Database for hazardous substances dealers	67
Appendix F: Record notifiable medical conditions investigations	68
Appendix G: Database for paint suppliers.....	68
Appendix H: Database of retailers specialising in disinfectants, detergents, cosmetics and industrial chemicals	69

CHAPTER 1: CONTEXT AND APPLICATION

1. Purpose of the national norms and standards

- 1.1 The World Health Organization identifies environmental health as a key component of an effective health system. It further stipulates that healthier environments could prevent almost a quarter of the global burden of disease. Environmental health practitioners (EHPs) services continue to be essential in building healthy populations. The COVID-19 pandemic is a reminder of the delicate relationship between people and the environments where they live, work, play and age. These factors include the quality of the air, availability of adequate and safe water, sanitation and food, safe management of chemicals, waste, vectors and hygiene promotion.
- 1.2 Environmental health practitioners act as public arbiters of environmental health standards, maintaining close contact with the communities they serve. They act as advisers, educators, consultants, managers and enforcement officers (enforcing health policies), ensuring people can live, work and play in safe, healthy environments.
- 1.3 The National Department of Health recognises that priority must be given to addressing upstream environmental determinants to reduce the burden of disease due to preventable environmental factors. Therefore, the National Norms and Standards for Environmental Health aims to:
 - (a) set service delivery standards within which environmental health services should be rendered to the public;
 - (b) promote standardisation in the delivery of environmental health services in the country.
 - (c) set a quality benchmark against which the delivery of environmental health services can be monitored and assessed;
 - (d) raise public awareness of environmental health standards and create public demand for services; and
 - (e) promote voluntary compliance and self-regulation to legislation to protect environmental conditions that may constitute a health hazard.

2. Application and implementation

- 2.1 The service delivery norms and standards as set out in Chapter 2 of this document are applicable to spheres of government, i.e. provinces, and metropolitan and district municipalities, where environmental health services are rendered and monitored, including government departments and entities, health facilities, and the private sector.
- 2.2 The norms and standards for premises as set out in Chapter 3 of this document apply to all facilities that provide specific services to the public. The norms outline environmental health requirements for "premises" as defined in the National Health Act 2003 (Act No. 61 of 2003), as amended to prevent conditions that may result in a health hazard or nuisance. Failure to comply with these norms and standards may result in legal action being instituted against the owner, person in charge or occupier of such premises in line with provisions of the Act.

3. Policy and legislative context

- 3.1 Section 24 of the Constitution of the Republic of South Africa, 1996 (Act No. 108 of 1996) ("the Constitution") entrenches the right of all citizens to live in an environment that is not harmful to their health or well-being.
- 3.2 The National Health Act, 2003 (NHA) defines municipal health services to include environmental health services, such as water quality monitoring, food control, waste management, health surveillance of premises, surveillance and prevention of communicable diseases, excluding

immunisations, vector control, environmental pollution control, disposal of the dead, and chemical safety, excluding malaria control, control of hazardous substances and port health services.

- 3.3 The NHA gives powers to the Director-General of Health to issue and promote adherence to Norms and Standards on health matters, including environmental health conditions that constitute a health hazard.

3.4 Other legislative frameworks underpinning these norms and standards include the following:

3.4.1 Hazardous Substances Act, 1973 (Act No. 5 of 1973) and Regulations.

3.4.2 Foodstuffs, Cosmetics and Disinfectant Act, 1972 (Act No. 54 of 1972).

3.4.3 International Health Regulations 2005.

**CHAPTER 2:
NORMS AND STANDARDS FOR ENVIRONMENTAL HEALTH SYSTEMS
AND SERVICE DELIVERY**

**SECTION 1:
ORGANISATIONAL SYSTEM NORMS AND STANDARDS**

1.1 Client's rights

- 1.1.1 The person in control of the premises, or the owner of the premises, or the employer must ensure that Signage and display boards are in place and are displayed outside the buildings/boundary to communicate to the public that environmental health services are rendered.
- 1.1.2 Such display boards must be visible to the public and reflect the facility name, service hours, and contact details.
- 1.1.3 Signboards indicating offices/service centres/directions are available inside the building or at the entrance to the building.

1.2. Client experience of services

- 1.2.1 The owner or the person in control of the premises must ensure that A system is in place to enable communication about service experience to the public.
- 1.2.2 The owner or the person in control of the premises must ensure that A standard operating procedure is available for the management of public complaints:
- 1.2.3 A compliment, complaint, suggestion, or feedback system is in place, must be visible and accessible to the public.
- 1.2.4 There must also be A system is in place to record public complaints related to environmental health issues.
- 1.2.5 The owner or the person in control of the premises must ensure that Environmental health complaints are investigated within seven days of receipt.

1.3. Internal and external communication infrastructure

The owner or the person in control of the premises must make the Infrastructure available to ensure internal and external communication for service delivery quality, which must include the following:

- a) A functional help desk for administrative reception.
- b) A Functional computer.
- c) A Functional printer.
- d) Reliable Network connection.
- e) Easy access to Web .
- f) Functional Telephones in the office and field staff that provided with mobile telephones.

1.4 Planning

- 1.4.1 Environmental health services must be adequately planned for at the strategic and implementation levels at the national, provincial, district and point-of-entry levels.
- 1.4.2 Plans referred to include the following:
- a) A costed five-year environmental health service delivery plan.
 - b) An annual operational plan and the plan forms part of the municipal service delivery and budget implementation plan at the district level.
 - c) Municipal environmental health service delivery planning includes the point-of-entry environment.
- 1.4.3 Environmental health objectives form part of the municipal integrated development plans and annual performance plans at the entry-level points.
- 1.4.4 Municipal-integrated development plans must be integrated into district health plans.
- 1.4.5 In the case of points of entry, environmental health objectives must be part of the annual performance plan.
- 1.4.6 The following environmental health plans must in place and be inclusive of the point-of-entry environment, costed and implemented at the municipal level:
- (a) A food safety monitoring plan.
 - (b) A health-related water quality monitoring plan, including a waterborne disease surveillance monitoring plan.
 - (c) A vector control monitoring plan specific for vectors of concern in the district.
 - (d) A chemical incidence response plan (may also form part of the district disaster management plans).
- An environmental health pollution control plan.
- (e) An environmental health surveillance plan implemented at the district and provincial levels and integrated within the point-of-entry, district, or provincial outbreak response plans.
 - (f) A community information, education and communication (IEC) intervention plan, costed and implemented at a district level.
 - (g) A climate change and health adaptation implementation plan, costed and implemented.
- 1.4.7 The plans referred to in subsection 1.4.6 may be integrated into a single environmental health services plan.
- 1.4.8 A costed hazardous substances control monitoring plan must in place at a provincial level.
- 1.4.9 The following environmental health plans must be in place, costed and implemented at the point-of-entry, in line with the International Health Regulations (IHR) 2005:
- (a) A waste management monitoring plan.
- A health-related water quality monitoring plan.
- A vector control monitoring plan.
- An indoor air quality monitoring plan.
- A food safety monitoring plan.
- A communications and coordination plan.
- An integrated public health emergency contingency plan.

- 1.4.10 The development of all plans must take into consideration other legislation and policy requirements, such as the IHR and the ideal clinic national programme and should be developed in consultation with all key relevant stakeholders.
- 1.4.11 Where environmental health is not directly responsible for the development of the plans, environmental health practitioners must monitor the implementation of these plans for the protection of public health.
- 1.4.12 The plans referred to in this section must be reviewed every five years or wherever necessary or as may be prescribed by other relevant legislation..

1.5 Management

The Systems must be in place to ensure management meets with operational staff to review performance at national, provincial, district and point-of-entry levels:

- a) Monthly and quarterly review meetings are held at an operational/sub-district level.
- b) Quarterly performance review meetings are held at district, provincial and regional levels.
- c) Provincial environmental health forums are established, functional, and representative of relevant stakeholders and meetings are held every quarter.
- d) The staff satisfaction survey is conducted annually, and the results are utilised for work environment improvements.

1.6 Human resources

- 1.6.1 Adequate human resources are employed to render environmental health services at all levels and ensure a proactive and effective preventative service.
- 1.6.2 An Environmental Health Unit or Directorate must be established at the national, provincial, and district levels to coordinate the rendering of environmental health services.
- 1.6.3 An approved environmental health/organisational structure must be in place at all levels where environmental health services are rendered, outlining management, operational and support staff.
- 1.6.4 Environmental health practitioners at the operational level must be directly managed by a qualified environmental health practitioner registered with the Health Professions Council of South Africa, and the practitioner must always be good standing.
- 1.6.5 One environmental health practitioner must be provided for every 10,000 members of the population (1:10,000).
- 1.6.7 The number of environmental health practitioners in government institutions such as health facilities and correctional service facilities must be adequate for the size and category of the establishment (number of beds). One environmental health practitioner may service more than one facility.
- 1.6.8 Environmental health practitioners based at the health facility level must be linked to an environmental health practitioner manager within a district or provincial health office for technical support.

- 1.6.9 An adequate number of environmental health practitioners must be available in a province to provide environmental health functions assigned in terms of Chapter 25 of the NHA and other provincial environmental health functions.
- 1.6.10 The number of environmental health practitioners employed at a point of entry must be adequate for the volume and frequency of travellers, traffic, type, size, conveyances and layout of the point of entry.
- 1.6.11 Administrative support staff must be provided for every environmental health unit at every level.

1.7 Professional standards and staff identity

- 1.7.1 Environmental health staff must be easily identifiable to the public.
- 1.7.2 The Employer or the person in control of the premises must ensure that Staff are provided with:
 - a) Name tags to be easily identifiable by name and organisation.
 - b) Official apparel to be worn when providing services and interacting with the public.
- 1.7.3 The official apparel consists of formal and combat attire designed for male and female workers, considering the types of work conducted by environmental health practitioners.

1.8 Training and development

- 1.8.1 Environmental health staff must be periodically trained and developed on technical aspects linked with environmental health functions, and records thereof are kept and updated.
- 1.8.2 Staff development and capacity-building needs must be determined every two years.
- 1.8.3 Skills development plans must be compiled annually and submitted to management for consideration.
- 1.8.4 Training must be aligned with the Health Profession Council's Continued Professional Development (CPD) Programme.
- 1.8.5 An orientation programme must be in place for newly appointed staff at all levels.

1.9 Information management

Provinces and districts must report environmental health data in the national district health information system and:

- a) National Health Information Management System Policy must be accessible and implemented.
- b) District Health Information System (DHIS) registers must be available and utilised.
- c) Standard operating procedures for data flow and management must be available and implemented.
- d) Data capturers must be provided and trained on the guidelines.
- e) Validated environmental health data must be captured into the system monthly and timeously.
- f) District data must be analysed quarterly, and feedback must be provided to operational environmental health practitioners.

- g) Environmental health data collected at the points of entry must be submitted to the district for reporting on the national district health information system.

1.10 Record management

10.1 Environmental health records must be kept and maintained up to date at all levels.

10.2 A record management system must be in place and meets the following standards:

- a) A standard operating procedure/guideline for capturing, filing, accessing, tracking, archiving, and disposing of records is in place at all levels.
- b) Records are kept electronically and manually.
- c) Records are backed up through a backup system.
- d) Records align with the provisions of the National Archives and Records Service of South Africa Act 1996 (Act No. 43 of 1996).

1. 11 Compliance monitoring and enforcement

1.11.1 Environmental health practitioners must conduct law enforcement to handle matters of public non-compliance.

1.11.2 Environmental health practitioners are:

- a) Appointed and/or designated as health officers in terms of Section 80 of the National Health Act 2003 (Act No. 61 of 2003), as amended, by the National Minister of Health, the Provincial Member of the Executive Committee or the Mayor of a Metropolitan or District Council to enforce the Act.
- b) Trained and appointed as Peace Officers in terms of the Criminal Procedures Act 1977 (Act No. 51 of 1977).

1.11.3 The Director-General and the Provincial Head of Department of Health must ensure that environmental health legislation is accessible to all environmental health practitioners electronically and/or manually for use and reference purposes.

1.11.4 Staff must be trained and capacitated to implement and enforce legislation.

1.11.5 There must be a legal support system or unit within the Municipality and Border Management Authority to support environmental health law enforcement.

1.11.6 The Required law enforcement documents must be in place (legal notice books, Section 56 notices) for utilisation by environmental health practitioners in cases of non-compliance.

1.11.7 A law enforcement coordinator must be nominated by the relevant authority to coordinate environmental health law enforcement matters.

1.11.8 Environmental Health Practitioners may be trained and appointed as Environmental Management Inspectors in terms of the National Environmental Management Act No. 107 of 1998, as amended, amongst others, to implement other environmental health-related legislation outside the portfolio of the Ministry of Health.

1.12 Cooperative governance

Governance structures must be in place at national, provincial, district and point-of-entry levels to cooperate and collaborate with various stakeholders on environmental health through the following means:

- a) Official working structures, arrangements, memoranda of understanding, and/or official mechanisms.
- b) Trans-provincial, district boundary relations, and cross-border relations.
- c) Sharing environmental health reports outlining compliance rates and areas requiring urgent attention with various relevant stakeholders.

SECTION 2:**ACCEPTABLE MONITORING STANDARDS FOR ENVIRONMENTAL HEALTH PRACTITIONERS****2.1 Monitoring standards for health surveillance of premises**

- 2.1.1 Environmental health practitioners must conduct inspections periodically to monitor conditions that may constitute a health hazard or a nuisance.
- 2.1.2 Inspections of premises must adopt a risk management approach to ensure that interventions are directed at achieving maximum impact and resources are utilised where there is a greater need.
- 2.1.3 Premises must be risk profiled and classified as high, medium or low risk.
- 2.1.4 Records of risk profiles should be kept and updated where necessary.
- 2.1.5 The following are recommended inspection frequencies for premises, however inspection frequencies are determined based on levels of risk.

Type of premises	Inspection frequency
a) Childcare centres	At least once every quarter (4)
b) Children's care centres: homes/orphanages	At least once every quarter (4)
c) Old age homes/homes for the aged	At least twice a year (2)
d) Schools	At least twice a year (2)
e) Accommodation establishments	At least twice a year (2)
f) Beauty salons/hairdo and tattoo parlours	At least once a year (1)
g) Public swimming pools and spa baths	At least twice a year (2)
h) Laundry establishments	At least once a year (1)
i) Health establishments (as per the definition in the National Health Act 2003 (Act No. 61 of 2003))	At least once a month (4)

j) Funeral undertaker's premises/mortuaries/crematorium	At least once a quarter (4)
k) Places for keeping animals, e.g., poultry farms, kennels, catteries	At least once a year (1)
l) Food handling premises (risk-based approach)	at least once every quarter (4)
m) Public gathering places:	
(i) Stadia (ii) Religious gathering establishments (iii) Community halls (iv) Make-shift gathering establishments	As and when necessary and prior to, during and after major events
n) Offensive trades	At least twice a year (2)
o) Prisons/police stations holding cells	At least twice a year (2)
p) Vacant land	As and when necessary
q) Office accommodation	As and when necessary
r) Initiation schools	Once every initiation season
s) Aircrafts	On arrival
t) Ships	On arrival
u) Other point-of-entry conveyances	On arrival
v) Point-of-entry facility	At least once a month (12)
w) Hazardous substances dealers (Group 1, Category A and B and manufacturers, wholesalers and retailers that ONLY supply household detergents, disinfectants, cosmetics, industrial chemicals and paint).	At least twice a year (2)

2.1.6 Inspections must be conducted in a structured manner, and formal documentation should be utilised as follows:

- Inspection checklists are designed and utilised to inspect premises.
- Inspection report is issued to the premises owner or person in charge after every inspection, outlining inspection findings and recommendations or areas requiring action.
- Compliance notices are issued where conditions exist that may pose a health hazard and risk, in line with Sections 82 and 83 of the National Health Act 2003 (Act No. 61 of 2003).
- Databases of all premises are kept electronically and maintained for control purposes.
- Databases referred to in paragraph (d) are consolidated at sub-district, district and provincial levels.

- f) Records of premises and all other relevant information are kept and maintained manually and/or electronically, including a record of compliance notices and legal actions.
- g) Health education forms an integral part of all environmental health inspections.

2.2 Monitoring standards for food safety monitoring

- 2.2.1 The municipality is authorised, in terms of Section 23 (1) of the Foodstuffs, Cosmetics and Disinfectants Act 1972 (Act No. 54 of 1972), as amended, to enforce food control provisions of the Act.
- 2.2.2 Inspections must be conducted in accordance with the provisions of Regulations Relating to the Powers and Duties of Inspectors and Analysts conducting inspections and Analysis on Foodstuffs and at Food Premises, R328 of 20 April 2007 published in terms of the Foodstuffs, Cosmetics and Disinfectants Act 1972 (Act No. 54 of 1972), as amended.
- 2.2.3 Food samples are periodically conducted as follows, and records are kept:
 - a) Bacteriological food analysis is conducted at least once a quarter.
 - b) Chemical food analysis is conducted at least twice annually.
 - c) Historiological sampling is to be conducted where necessary.
- 2.2.4 Food-related public complaints must be investigated within 24 hours of receipt.
- 2.2.5 Food-borne outbreaks and or community incidences must be investigated within 24 hours, and reports are sent to the province and national office. A record of outbreaks and incidences is kept.
- 2.2.6 Environmental health practitioners may provide food safety training to informal food handlers as and when needed, and records are kept.
- 2.2.7 An updated database for all the food premises (certified and uncertified) is kept, including all the food manufacturing plants/production facilities, including their risk rating.

2.3 Monitoring standards for vector control

- 2.3.1 Premises must be monitored for the breeding of vectors to prevent conditions that may contribute to disease transmission and spread.
- 2.3.2 Inspections referred to in 2.3.1 must be structured as follows:
 - (a) Rodent proofing inspections on premises are guided by requirements outlined in the SANS Code 080: 1972, Code of Practice for the Rodent Proofing of Premises.
 - (b) Inspection checklists are designed and utilised for every vector control-related inspection and the checklists highlight the analysis of risk areas.
 - (c) Documentation of premises must be verified, including:
 - Records of chemical applications and quantities.
 - (i) Records of the name of chemicals utilised, the active ingredients, and their poison category.
 - (ii) Qualifications and skills of pest controllers, all the people applying chemicals.
 - (iii) Records of any other vector/rodent control methods utilised other than chemicals.
 - (d) Inspection records are kept and maintained.

2.4 Monitoring standards for environmental pollution control

- 2.4.1 Key potential environmental hazards, polluting agents, critical points, populations at risk and infection pathways must be identified and mapped at a district level, and information therefrom utilised to plan for environmental health interventions.
- 2.4.2 Environmental health data must be monitored to detect changes in the environment and related health outcomes, including:
- a) Emission inventories (records of the permitted or actual level of emissions from specified sources).
 - b) Ventilation and indoor air quality assessment.
 - c) Exposures to hazardous substances, e.g., chemical spillages.
 - d) Health data of exposed populations, including infectious disease monitoring data; healthcare utilisation data (hospital admissions, primary care consultations); births, congenital anomalies, and related data; cancer registrations; and mortality statistics.
 - e) Environmental health-related public complaints are recorded/registered and investigated within 72 (seventy-two) hours of receipt.
- 2.4.3 Complaints regarded as urgent or pose an immediate danger to human health must be investigated within 24 hours of receipt.
- 2.4.4 Feedback on the outcome of every complaint investigated must be provided to a complainant within seven days of receiving the complaint.

2.5 Monitoring standards for conveyances and consignment in points of entry

- 2.5.1 Environmental health services are provided at a point of entry, and the following systems must be in place to ensure the protection of the public and travellers:
- a) Conveyances and consignments are inspected on arrival at the point of entry.
 - b) Inspection checklists are designed and utilised for every inspection conducted.
 - c) Free pratique is granted for:
 - (i) A ship to enter a port, embark or disembark, discharge or load cargo or stores.
 - (ii) An aircraft to land, embark or disembark, discharge or load cargo or stores.
 - (iii) A ground transport vehicle upon arrival, embark or disembark, discharge or load cargo or store.
 - d) Inspection records are kept electronically and manually, including the outcome is recorded.
 - e) A port health official issues inspection reports outlining reasons for non-compliance to the importer/client/agent or conveyance operator for non-complying products or conveyances.
 - f) Health documentation from conveyance operators is monitored for availability and validity.
 - g) A register is kept of all conveyances and consignments inspected or granted free pratique.
 - h) Protocols for the application of health measures on conveyances and consignments are in place (i.e., disinfection, disinsection, decontamination).
 - i) All conveyances from yellow fever and malaria endemic areas are monitored to determine the implementation of vector control measures.

- j) All conveyances intentionally transporting a sick passenger are granted permission if all the requirements are met.
- k) All conveyances intentionally transporting sick passengers are monitored, and a register is kept.
- l) Inspections of conveyances for the purposes of issuing ship sanitation certificates are conducted.
- m) High-risk products are sampled upon arrival and before release.
- n) Adequate inspection equipment is available and utilised for the inspection of consignments and conveyances.
- o) A database of conveyance operators and agents is kept and regularly updated.

2.6 Monitoring standards for preventing the importation and exportation of communicable diseases through points of entry

The following measures must be in place and implemented at the point of entry for communicable disease control:

- a) Simulation exercises on the public health contingency plan are conducted at least once every 18 to 24 months.
- b) Travellers from listed countries are monitored for yellow fever certification, which is in line with the yellow fever policy.
- c) All arriving travellers are screened for any signs and symptoms consistent with communicable diseases.
- d) Travellers screened and presenting with elevated temperature are referred to a health facility for further assessment, and records of such are kept.
- e) Travellers placed under quarantine surveillance are monitored.
- f) Records of all travellers placed under quarantine surveillance are kept and maintained.
- g) All suspected cases of communicable disease are reported to the Provincial Communicable Diseases Control Coordination and International Health Regulations focal point.
- h) A plan for the implementation of entry and exit controls for the prevention and early detection of sick travellers is available for points of entry.
- i) Contact details of stakeholders involved in the notification, surveillance, detection and response to suspect cases are kept and regularly updated.

2.7 Monitoring standards for point-of-entry facilities

2.7.1 Routine inspections of point-of-entry facilities must be conducted to prevent, identify and respond to health risks that may be detrimental to public health:

- (a) Waste management activities at the point of entry are monitored to ensure associated health risks are detected timeously, and control measures are implemented.
- (b) Monitoring point-of-entry facilities to ensure vector control measures are implemented and inclusive of a 400 m perimeter.

- (c) Inspections of ablution facilities to ensure they are maintained in good condition and regularly cleaned.
- (d) Water quality monitoring is implemented within the point-of-entry facility in line with health-related water quality monitoring standards.
- (e) Inspection checklists are developed and utilised for all inspections conducted to guide and ensure complete assessment.
- (f) Records of inspections, findings, and recommendations for all inspections conducted on waste are kept.
- (g) After every inspection, inspection reports with recommendations are provided to the person in charge.
- (h) Joint inspections with municipal environmental health practitioners, where required, are conducted, and records of such inspections and reports are kept.

2.8 Monitoring standards for waste management

2.8.1 Waste management activities must be monitored to prevent conditions that may constitute a health hazard in the district, as follows:

- (a) Waste management practices are monitored at health facilities and by the general public to ensure acceptable waste minimisation methods, segregation, labelling, colour coding, packaging, collection, storage, transportation, treatment and disposal of waste are adopted.
- (b) General and hazardous landfill sites are inspected at least twice per year.
- (c) The landfill sites referred to in sub-section (2) are inspected during the commissioning and decommissioning stages in conjunction with relevant competent authorities.
- (d) All required licences, waste management plans, waste information records and environmental impact assessment reports are analysed during audits.
- (e) Building and site plans of premises generating business, industrial, and hazardous waste, including healthcare risk waste, are evaluated for conformance with relevant legislation specifying requirements for waste storage areas.
- (f) The management of waste during events (festivals, sports, etc.) is monitored throughout the event.
- (g) Records of inspections, findings, and recommendations for all inspections conducted on premises generating waste, particularly hazardous waste, are kept.
- (h) Inspection reports with recommendations are provided to the person in charge of the premises after every inspection.
- (i) Joint multidisciplinary inspections with relevant stakeholders are established and strengthened on premises with waste management challenges.
- (j) Health facilities are audited twice a year on waste management practices.

2.9 Monitoring standards for health-related water quality monitoring

2.9.1 Water must be sampled and analysed for its microbiological, physical, and chemical quality to protect public health as follows:-

- (a) Domestic water is sampled routinely for bacteriological quality at a point-of-entry, with 120 samples to be taken for every 100,000 people in the population (every quarter).
- (b) Domestic water is sampled at least once a year for the full SANS (chemical and microbiological) determinants.
- (c) Recreational waters are sampled at least once every six months.
- (d) Bottled water and refilled water is sampled at least once a quarter.
- (e) Water is sampled monthly at the distribution points.
- (f) Water-related disease surveillance is conducted at least monthly.

2.9.2 Analysis of drinking water samples for compliance auditing is conducted at SANAS-accredited laboratories, especially where legal action is expected to be taken for non-compliance.

2.9.3 Untreated water sources, rural water supplies and temporary water supplies are monitored as part of water quality monitoring.

2.9.4 Adequate water quality sampling equipment must be available as follows:

- (a) For microbiological water sampling at point of use, including (lakes, streams, rivers and dams):

- (i) Sterile sample bottles.

Sealed container or cooler box and ice to keep the samples cooled.

A map showing sampling locations or GPS coordinates must be included when gathering sampling equipment.

A gas burner.

Field notebook/data sheet(s).

Latex gloves are used to prevent hand contamination of samples.

- (b) For microbiological sampling at the treatment works and reservoirs:

- (i) Clean laboratory glass beaker or any well-cleaned container, large enough in volume for the probes of the instruments to be lowered in (at least 250 ml in volume).

Electrical conductivity meter.

PH field instrument.

Nephelometric turbidity meter (if required) or Secchi disk.

Temperature meter: electronic or field thermometer (if required).

Distilled water for cleaning the probes.

Field notebook/data sheet(s).

Instrument for free available chlorine measurements.

A map showing sampling locations and GPS coordinates must be included when gathering sampling equipment.

- (c) For chemical sampling:

- (i) Correct, clean sample bottles.

Cooler box with ice packs.

A map showing sampling locations or GPS coordinates must be included when gathering sampling equipment.

Data sheet (s).

- 2.9.5 There must be water supplies at health facilities with additional building-specific water sources to augment the external supply, e.g., boreholes and/or temporary water storage tanks, are monitored/sampled at least once every quarter.
- 2.9.6 Communities without municipal water supplies must be educated on the dangers of untreated water supplies, the use or application of household emergency water treatment methods, safe storage of domestic water and health and hygiene practices at the point of use regularly – as part of the water quality monitoring plan.
- 2.9.7 Wastewater systems must be monitored as part of disease surveillance.
- 2.9.8 Diarrhoeal disease clinic records must be monitored for possible linkages to water supplies.

2.10 Monitoring standards for hazardous substances control

The Systems must be in place at the provincial level to monitor Group 1, Categories A and B hazardous substance dealers for the protection of public health, as follows:

- (a) Environmental health practitioners are authorised as Inspectors in terms of the Hazardous Substances Act 1973 (Act No. 15 of 1973) to enforce the provisions of the Act.
- (b) Inspections of Group 1, Category A and B hazardous substances dealers' premises are conducted at least twice a year.
- (c) Inspection checklists are designed and utilised for all inspections conducted to guide and ensure complete assessment.
- (d) An Inspection report indicating the conditions of the premises and the recommendations applicable is issued to the owner or person in charge after every inspection.
- (e) Inspections of dealers' premises include the assessment of aspects such as ventilation, indoor air quality, lighting, moisture-proofing, thermal quality, storage, labelling, conditions of sale and structural safety.
- (f) Records of stock, invoices, or other appropriate documents for substances imported or acquired are checked, verified, and signed off during every inspection.
- (g) A database of hazardous substances dealers and premises (both registered and unregistered) is kept and maintained for monitoring and control purposes.
- (h) Group 1 hazardous substances consignments are inspected by authorised environmental health practitioners at a point of entry and released only to Group 1 licenced premises.
- (i) Health and safety education is integral to all environmental health compliance monitoring inspections.
- (j) Multidisciplinary monitoring of problematic hazardous and chemical substance dealers is coordinated with all other relevant stakeholders, such as DEL, SAPS, and other relevant institutions, to ensure the comprehensive provision of services and effective law enforcement and compliance where necessary.

- (k) A monitoring system is in place to manage and ensure that all pesticide and chemical poisonings are investigated by an environmental health practitioner and reported on the pesticide/chemical incident report form.
- (l) Records of all poisoning cases investigated are kept for reference purposes.

2.11 Monitoring standards for chemical safety management

The Systems must be in place to monitor chemical safety management, as follows:

- (a) Inspection checklist of manufacturers, wholesalers and retailers that ONLY supplies household detergents, disinfectants, cosmetics and industrial chemicals are designed and utilised to ensure a complete assessment.
- (b) A database of importers, manufacturers, wholesalers and retailers that ONLY supplies household detergents, disinfectants, cosmetics and industrial chemicals is kept and maintained for monitoring and control purposes.
- (c) A database of importers, manufacturers, wholesalers and retailers that ONLY supply paints is kept and maintained.
- (d) Sampling of cosmetics is conducted as and when the need arises.
- (e) Resources for sampling packaged cosmetics are available as follows:
 - (i) Sample lid sealant.
 - Labelling stickers.
 - Sample storage containers are used to ensure appropriate sample temperatures per the manufacturer's instructions.
- (f) A monitoring system is in place to manage and ensure that all pesticide and chemical poisonings are investigated by an environmental health practitioner and reported on the pesticide/chemical incident report form.
- (g) All investigated chemical poisoning cases are captured on a database, and quarterly analysis reports with interventions are compiled and disseminated to relevant stakeholders.
- (h) Joint law enforcement operations on the sale of cosmetics or chemicals containing illegal or banned substances are conducted at least once a year in conjunction with relevant stakeholders.
- (i) Records (incident investigation report forms, databases and surveillance reports) of all poisoning cases investigated are kept for reference purposes.
- (j) Community awareness and education campaigns on chemical safety issues (chemical poisoning, lead poisoning, household chemicals, pharmaceuticals, poisonous plants, mercury and other public health concerns) are conducted at least once per year in conjunction with the relevant stakeholders.
- (k) International Lead Poisoning Prevention Week is observed in October of each year.

2.12 Monitoring standards for surveillance and prevention of communicable diseases

- 2.12.1 An environmental health surveillance plan must be in place at all levels to monitor diseases circulating in the environment, such as cholera, typhoid and other notifiable medical conditions.
- 2.12.2 An information system must be in place to monitor data relating to environmental health and communicable diseases surveillance (clinical data, etc.), including monitoring of water quality trends (drinking, recreational, etc.).
- 2.12.3 Protocols must be in place for environmental health measures for epidemics, outbreaks, diseases and migration of populations.
- 2.12.4 Environmental health-related disease trends should be monitored, and information regarding the trends is kept for use.
- 2.12.5 Water-borne, vector-borne, and food-borne disease outbreaks and other health emergencies, such as chemical-related incidences, must be investigated in geographic locations based on the occurrence, and reports are kept.

2.13 Monitoring standards for climate change and health adaptation

- 2.13.1 The Systems must be in place to strengthen environmental health to address climate change for health adaptation, prevention, management and control:
- (a) A heat and health guideline is in place and implemented.
 - (b) There is formalised collaboration with the South African Weather Services (SAWS) on an early warning system for a proactive response to climate change-associated challenges at the provincial level.
 - (c) There are structured collaborative mechanisms with relevant stakeholders to address climate change challenges in provinces and districts.
 - (d) Champions are coordinating the implementation of climate change and health adaptation strategic plans in provinces and districts.

2.14 Monitoring standards for malaria control

- 2.14.1 The provinces must implement a malaria control programme to lower parasite levels in the population and prevent deaths through rapid diagnosis and prompt treatment as follows:-
- (a) A malaria surveillance programme is in place and implemented.
 - (b) House-to-house surveys are conducted to actively detect malaria cases.
 - (c) A programme is in place to conduct blood smears on foreigners and people who have visited malaria-endemic countries for malaria parasitaemia screening.
 - (d) Screen the population randomly by conducting blood sampling for testing during seasonal changes in high-risk malaria areas.
 - (e) Epidemiological surveys are conducted to research the extent of transmission and gather data on the infected population.

- (f) A vector control programme is in place to apply residual insecticides on inner wall surfaces, roofs, and dwelling eaves in malaria areas.
- (g) Malaria health education and awareness programmes are conducted.
- (h) Collaborative mechanisms are in place with SAWS on Early Warning Systems for planning purposes and possible movement of malaria vectors.

2.15 Non-compliance records

2.15.1 Records or data must be kept and maintained for:

- (a) Compliance notices issued.
- (b) Court cases and their outcomes are kept and maintained.
- (c) Number of inspections and related adherence/compliance rates are kept.
- (d) Environmental health-related complaints and the resolution rate.
- (e) Rate of seizure of items/goods that pose a risk to human health.

SECTION 3: APPLICABLE GENERAL PROVISIONS

3.1 Assessment of performance

- 3.1.1 The National Department of Health or any other external organisation acting on its behalf may assess points of entry, provinces, district and metropolitan municipalities, and any other entity rendering environmental health services for adherence to these norms and standards, and issue a report to the accounting officers.
- 3.1.2 A quality improvement plan must be developed by points of entry, provinces, district and metropolitan municipalities, and any other entity rendering environmental health services to address identified gaps during assessments.

**CHAPTER 3:
NORMS AND STANDARDS FOR USE ON THE PREMISES**

**SECTION 1
STANDARDS FOR CHILDCARE CENTERS**

1.1 Standards for childcare centres

Children and staff must be protected from any physical, chemical or biological hazards in the environment.

1.2 Structural facilities

Premises are of a location, design, construction, and finish must enables children to be cared for hygienically and safely, and:

- (a) The yard where the children are kept is enclosed and access-controlled for the safety of children on the premises.
- (b) Where children in wheelchairs are cared for, the premises have a ramp and rails to enable access.
- (c) Spaces used for indoor and outdoor activities are constructed to provide maximum protection against permeation by wind, sunlight, rain, or other adverse environmental conditions.
- (d) The indoor play area:
 - (ii) Provides at least 1 to 1.5 m² free of unobstructed floor space for each child to prevent any overcrowding of children, and is adequately ventilated and illuminated.
 - (iii) Floors and interior walls have a smooth surface that is easily cleanable and prevents the permeation of dampness.
 - (iv) The roof is dust proof.
 - (v) Equipment used indoors is free from structural hazards, such as sharp corners, stairs, protruding nails, rust, slippery surfaces, or any conditions that may pose a danger to children on the premises, including entrapment or strangulation.
- (e) The outdoor play area is safe and free from hazards, and the play equipment is safe, free from sharp edges, loose nails, unstable structures, structural hazards, sharp corners, protruding nails or any condition that may constitute a hazard to the children.

1.3 Water, sanitation and hygiene

- 1.3.1 An adequate potable water supply must be available for cooking, drinking, cleaning, and maintaining hygiene standards on the premises.
- 1.3.2 Where water is temporarily stored for use, it must be stored in clean containers that are always protected from contamination by dust, animals, flies, and people. Narrow-opening containers are recommended.

- 1.3.3 Toilet facilities must be provided and are appropriate for use by children, ventilated, illuminated, maintained in good working order and always kept clean:
- (a) At least 1 (one) toilet is provided for every 20-30 children, not exceeding 30 children, and a constant supply of toilet paper is provided.
 - (b) Where ventilated pit toilets are utilised, they are positioned at least 200 m from any habitable facility in the premises and constructed to provide safety for children.
 - (c) Potties are provided for use only by children between 0-2 years, and at least 1 (one) potty is provided for every 5 (five) children.
 - (d) Excreta from potties are only emptied hygienically in a toilet facility and washed and disinfected properly.
 - (e) A clearly demarcated nappy changing area equipped with an easily cleanable surface and water-proof mattress is provided, and this area shall be located away from the food preparation area.
- 1.3.4 Handwashing facilities must be available to enable good hand hygiene practices:
- (a) One (1) handwashing basin is for every 20-30 children, not exceeding 30 children, equipped with running water and a constant supply of soap.
 - (b) Portable handwashing stations or functional Tippy Tap/s are provided in low-cost settings where running water is not available.
 - (c) Handwashing facilities are positioned near the toilet facilities and in food preparation areas.
 - (d) Alcohol-based hand sanitisers are provided and used in case of water failures or interruptions.
- 1.3.5 Where possible and practical, separate toilet and handwashing facilities may be provided for the staff.

1.4 General health and safety measures

The following measures must be in place to protect the health and safety of the children on the premises:

- (a) Water-proof mattresses or cots are provided for sleeping purposes and adequately spaced to enable free movement by caregivers to monitor the children.
- (b) Children are protected from fires, burns, injuries, dangerous fumes, gases, poisonous substances, animals, offensive smells, choking and drowning hazards.
- (c) Good housekeeping practices are always implemented, and adequate storage facilities are provided.
- (d) The premises are kept clean and free from pests, vectors, long grass, debris, litter, stagnant water, redundant equipment and other miscellaneous waste or dangerous goods or articles.
- (e) Waste bins are available for the disposal of waste, and equipment is kept clean.
- (f) Where artificial grass surfaces are used in outdoor and indoor play areas, measures are taken to keep them clean and free from offensive odours and high surface temperatures.
- (g) Where a sandpit is provided, measures are taken to ensure the hygienic maintenance of the sandpit.

1.5 Medical care for children

- 1.5.1 Children who fall ill must be separated from other children, and a separate area must be provided for their isolation where possible.
- 1.5.2 The isolation area must be adequately ventilated and illuminated, and a caregiver must monitor the sick child.
- 1.5.3 Where a child is suspected of being infected with a communicable disease, the centre must immediately notify the parent, environmental health practitioner or nearest health facility.
- 1.5.4 Children suspected or diagnosed with an infectious or communicable disease must be closely monitored, and where possible, parents may be advised to temporarily exclude the child from attending childcare until the condition or the illness has been cleared.
- 1.5.5 Children's medical records must include basic medical information about a child (allergies, immunisation, etc.).
- 1.5.6 Emergency telephone numbers list shall be available and easily accessible on the premises, including the fire brigade, ambulance, outbreak response, clinic, hospital, doctor and police.
- 1.5.7 Adequate provision must be made for disposable gloves and disinfectants to protect staff and children and to disinfect contaminated areas and surfaces when dealing with illnesses or injuries where blood or bodily fluids have been excreted.
- 1.5.8 All areas and surfaces where treatment of a child or caregiver for an illness or injury has taken place shall be disinfected immediately.
- 1.5.9 A basic first aid kit shall be kept on the premises, and caregivers should be trained in basic first aid.
- 1.5.10 Medicines, cleaning substances and any dangerous substances must be kept in locked spaces and kept out of reach of children.

1.6 Safe and hygienic preparation of food

- 1.6.1 A food preparation area must be provided on the premises where food is prepared and handled.
- 1.6.2 Facilities are available for hygienic preparation, refrigeration, and storage of foodstuffs.
- 1.6.3 Facilities for washing of hands and washing of equipment and utensils must be available all the times.
- 1.6.4 Floors and walls must have a smooth finish and are easily cleanable.
- 1.6.5 The area must always be kept clean.

**SECTION 2
STANDARDS AND REQUIREMENTS FOR CHILDREN'S HOMES**

2.1 Enclosure of the premises

Premises are of location, design, and constructed to ensure that children are cared for hygienically and safely and protected from any physical, chemical or biological hazards in the environment.

2.2 Indoor and outdoor facilities

- 2.2.1 Adequate living and sleeping accommodations must be provided for children and staff members, and there is no overcrowding.
- 2.2.2 Outdoor areas must be free from physical hazards, excavations and other objects that may pose health and safety hazards.

2.3 Water, sanitation and hygiene facilities

- 2.3.1 An adequate potable water supply must be available for cooking, drinking, cleaning, and maintaining hygiene standards on the premises.
- 2.3.2 Where water is temporarily stored for use, it must be stored in clean containers that are always protected from contamination by dust, animals, flies, and people. Narrow-opening containers are recommended.
- 2.3.3 Toilet facilities must be provided and are appropriate for use by children, ventilated, illuminated, maintained in good working order and always kept clean.
- 2.3.4 At least 1 (one) toilet must be provided for every 20-30 children, not exceeding 30 children, and a constant supply of toilet paper is maintained.
- 2.3.5 Where Ventilated Pit toilets are utilised, they must be positioned at least 200 meters from any habitable facility in the premises and constructed to provide safety for children.
- 2.3.6 Potties must be provided for use only by children between 0-2 years, and at least 1 (one) potty must be provided for every 5 (five) children.
- 2.3.7 Excreta from potties must only be emptied hygienically in a toilet facility and washed and disinfected properly.
- 2.3.8 A clearly demarcated nappy changing area equipped with an easily cleanable surface and water-proof mattress must be provided, and this area shall be located away from the food preparation area.
- 2.3.9 Handwashing facilities must be available to enable good hand hygiene practices:
- (a) One (1) handwashing basin is for every 20-30 children, not exceeding 30 children, equipped with running water and a constant supply of soap.
 - (b) Portable handwashing stations or functional Tippy Tap/s are provided in low-cost settings where running water is not available.
 - (c) Handwashing facilities are positioned near the toilet facilities and in the food preparation area.
 - (d) Alcohol-based hand sanitisers are provided and used in case of water failures or interruptions.
- 2.3.10 Where possible and practical, separate toilet and handwashing facilities may be provided for the staff.

2.4 Medical care for children

- 2.4.1 Measures must be taken to ensure that children on the premises have access to medical care when required.

2.5 General health and safety measures

2.5.1 The following measures must be in place to protect the health and safety of the children on the premises:

- (a) Water-proof mattresses or cots are provided for sleeping purposes, and adequately spaced to enable free movement by caregivers to monitor the children.
- (b) Children are protected from fires, burns, injuries, dangerous fumes, gases, poisonous substances, animals, offensive smells, choking and drowning hazards.
- (c) Good housekeeping practices are always implemented, and adequate storage facilities are provided.
- (d) The premises are kept clean and free from pests, vectors, long grass, debris, litter, stagnant water, redundant equipment and other miscellaneous waste or dangerous goods or articles.
- (e) Waste bins are available for the disposal of waste, and equipment is kept clean.

2.6 Safe and hygienic preparation of food

2.6.1 The premises must operate under a valid Certificate of Acceptability issued by the local authority to certify that the premises comply with the Regulations Governing General Hygiene Requirements for Food Premises, the Transport of Food, and related matters, R638 of 22 June 2018.

SECTION 3**MINIMUM STANDARDS FOR OLD AGE HOMES****3.1 Structural requirements**

- 3.1.1 The location, design, construction, and finish of the premises must be in such a condition that they enable service users to be cared for safely and hygienically and protect the users from any physical, chemical, or biological hazards.
- 3.1.2 The building structures meet the following requirements:
- (a) Walls are constructed of brick, stone, concrete or other impervious material, plastered and brought to a smooth finish, and covered with a light-coloured paint, adequate plastic finish or other approved material.
 - (b) Floors are constructed of concrete, hardwood or other durable materials and brought to a smooth finish.
 - (c) Ceilings are constructed so as not to attract dust, and in the case of operating theatres, labour wards, sterilising rooms and wash-up rooms, the ceiling must have a hard, smooth and washable surface.
 - (d) Rooms are adequately and individually ventilated; the design must allow for cross-ventilation.
 - (e) The rooms are adequately illuminated.
- 3.1.3 Suitable accommodation is provided for residence service users, which meets the requirements of adequate floor space for all users to prevent overcrowding. At least 7.5 m² of floor space must be provided for every in-house patient.

- 3.1.4 For frail care patients, additional floor space must be provided to allow free movement within wards.
- 3.1.5 Separate residential accommodations must be provided for staff required to reside on the premises.
- 3.1.6 The accommodation referred to in 3.1.4) is:
- (a) Kept clean and hygienic at all times, free from offensive odours or smells.
 - (b) The dining, lounge and posh areas are constructed to allow free movement of service users, especially for those with morbidity challenges.
 - (c) All floor surfaces must be equipped with a non-slip surface, and all carpets, mats and other loose coverings must be suitably and tightly secured to the floors and adequately illuminated.

3.2 Water, sanitation and hygiene facilities

- 3.2.1 Adequate and accessible toilet, bathing and wash-up facilities must be provided to meet the needs of service users.
- 3.2.2 At least one toilet facility, one bath and one handwash basin must be provided for not more than 20 service users, and at least one handwash basin is provided for not more than 20 service users.
- 3.2.3 Facilities referred to in clause 3.2.2 must be within close proximity of service user's private accommodation and where they are cared for.
- 3.2.4 Additional toilet facilities must be provided, accessible and clearly marked next to the lounge and dining areas for use by service users.
- 3.2.5 Additional toilet facilities must be maintained in good working order at all times and kept clean and hygienic.
- 3.2.6 Facilities referred to in clause 3.2.2 must be fitted with porcelain, enamel or cast-iron enamel baths with a constant supply of potable hot and cold running water.
- 3.2.7 Facilities referred to in clause 3.2.2 must be adequately illuminated and ventilated.
- 3.2.8 Facilities referred to in clause 2.2 must be separated by gender.
- 3.2.9 Facilities referred to in clause 2.2 must have floors covered with a non-slip, non-shining surface.
- 3.2.10 Adequate potable water supplies must be provided on the premises for drinking, washing, cooking and other uses.
- 3.2.11 Hygiene products, such as handwashing soaps and toilet paper, should be provided for use at all times by service users, staff and visitors.

3.3 Facilities for the provision of healthcare services on the premises

- 3.3.1 Where healthcare services are provided on the premises, the premises must meet the standards for health establishment with regard to examination rooms, sluice rooms, healthcare waste management, general hygiene and infection control measures.

3.4 Infection control and safety measures

- 3.4.1 Measures must be taken to prevent and control the transmission of infections and communicable diseases on the premises.
- 3.4.2 All areas of the premises must be maintained in good condition, including the kitchen equipment, laundry machinery, outdoor steps, pathways and gardening equipment, to ensure a safe environment for the service users.
- 3.4.3 Emergency standby electrical equipment must be provided, which is adequate to provide an immediate alternative supply of electricity to any part of the old age home to ensure the continued operation throughout the failure of all electrically operated appliances and equipment, which are or may be lifesaving in the opinion of an environmental health practitioner of any relevant professional.
- 3.4.4 Appropriate first aid emergency equipment must be available on the premises at all times.
- 3.4.5 Measures must be in place to control the breeding of vectors or pests.
- 3.4.6 A laundry area must be provided for laundering contaminated linen or other soiled articles on the premises.
- 3.4.7 Separate linen rooms for storing dirty and clean linen, with separate and adequate cupboards or shelves for storing clean linen, must be provided on the premises.
- 3.4.8 Where an outside contractor is utilised for laundry purposes, it must be done in an approved laundry by a qualified or registered service provider, especially for laundering highly contaminated linen.
- 3.4.9 Adequate and separate storage facilities must be available for the storage of medicines and drugs, storage of poisons, habit-forming drugs and potentially dangerous drugs and for each resident's personal items

3.5 General hygiene measures

- 3.5.1 Measures must be taken to ensure hygienic conditions are maintained on the premises at all times.
- 3.5.2 Alcohol-based hand-rubs (60-70% alcohol content) must be made available to all staff and service users to utilise where water is not closely available.
- 3.5.3 Alcohol-based hand rubs must be provided on all entrances and exits of the premises for visitors to use when entering the premises to protect service users from outside germs.
- 3.5.4 The premises must always be kept clean and sanitary.
- 3.5.5 Solid and healthcare waste must be managed in accordance with relevant legislation.

3.6 Food safety standards

- 3.6.1 The premises are operated under a valid Certificate of Acceptability issued by the local authority to certify that the premises comply with the Regulations Governing General Hygiene Requirements for Food Premises, the Transport of Food, and related matters, R638 of 22 June 2018.

SECTION 4
STANDARDS AND REQUIREMENTS FOR SCHOOL PREMISES

4.1 Structural and physical facilities

- 4.1.1 The building structure should pose no hazard or risk to the children and staff on the premises and protects them against physical, chemical or biological hazards in the environment.
- 4.1.2 The premises must be enclosed with an adequate means of enclosure and provided with a gate to protect learners on the premises, and an entrance and exit are provided to control unauthorised entry to the school premises.
- 4.1.2 Adequate floor space must be provided for each child to prevent overcrowding and to prevent the easy spread of communicable diseases among learners.
- 4.1.3 Walls and roofs must be free of cracks, floors and walls are plastered, brought to a smooth finish, rendered easily cleanable, and ceilings are constructed to not attract dust.
- 4.1.4 Classrooms should be adequately illuminated and ventilated using natural or artificial ventilation.

4.2 Water, sanitation and hygiene facilities

- 4.2.1 An adequate supply of potable water must be provided on the premises for domestic use.
- 4.2.2 Where temporary storage tanks are utilised for water supply, an adequate supply of water must be available for all purposes (drinking, personal hygiene, cleaning and cooking) and protected from contamination.
- 4.2.3 Sanitation and handwash facilities that meet the needs of learners and staff members must be provided.
- 4.2.4 At least one toilet facility and one handwash basin is provided for every 25 learners on the premises, and one urinal for every 50 boys, and provided with a constant supply of toilet paper.
- 4.2.5 Hand wash basins are located in close proximity to toilet facilities and equipped with soap and running water.
- 4.2.6 Separate toilets and wash-up facilities are provided for use by staff members.
- 4.2.7 Toilet facilities must be kept in good working order and are kept clean and sanitary at all times.
- 4.2.8 Toilet facilities must be designated by gender, and facilities for girls must be provided with facilities for menstrual management and containers made of a durable and impervious material equipped with a close-fitting lid are provided.
- 4.2.9 Toilet facilities must be properly illuminated and ventilated.
- 4.2.10 Facilities must be accessible to staff and children with disabilities.
- 4.2.11 Toilets must provide privacy and security for children and staff.
- 4.2.12 Facilities must be kept operational and unlocked at all times during school hours, only toilets that are out of order must be locked, and a sign must be placed outside to indicate such.
- 4.2.13 A cleaning schedule and maintenance plan must be in place for the cleaning and maintenance of facilities.

4.3 Non-waterborne sanitation technologies**4.3.1 Where non-waterborne toilets are utilised:-**

- (a) Ventilated pit toilets or other approved technologies must be used.
- (b) Floors of the pit toilets should be constructed of concrete to provide a safe floor surface.
- (c) Toilets used for smaller children must be of reduced pot size and height, and young children must always be supervised when using pit toilets.
- (d) Doors to pit toilets must be openable from the outside.
- (e) The toilets must be maintained in good order and cleaned regularly to prevent smells and flies from entering and exiting the toilet facilities.

4.4 Washroom facilities for boarders/residential learners and staff

- 4.4.1 Where boarding accommodation is provided, facilities for bathing and showering must be provided for residential students and staff on the premises:
- 4.4.2 Water closets and/or hand wash basins, bathtubs and/or showers are provided and easily accessible from the sleeping accommodation.
- 4.4.3 At least one bath or shower must be provided for every 20 learners or staff members on the premises at a ratio 1:20, and or at least one shower is available for every 20 learners or staff members.
- 4.4.4 Separate facilities must be provided for staff.
- 4.4.5 A supply of cold and hot running water is maintained in the washrooms.

4.5 Accommodation for learners and staff members in boarding schools

- 4.5.1 Adequate sleeping, living and accommodation facilities must be provided for boarders with adequate ventilation and lighting.
- 4.5.2 Separate sleeping accommodation must be provided for male and female learners, as well as staff.
- 4.5.3 Adequate space shall be provided for sleeping purposes, with no overcrowding.
- 4.5.4 Sleeping accommodation must be kept clean and in good repair.
- 4.5.6 Adequate storage facilities must be provided for the storage of equipment, personal belongings of residential learners and staff, and other consumables.

4.6 Medical care for learners

- 4.6.1 Adequate, timely and appropriate medical attention is accessible for learners requiring medical care.
- 4.6.2 An adequate and equipped room must be provided to isolate a learner/s who falls ill and/or is suspected to be infected with a communicable disease.
- 4.6.3 The area referred to in clause 4.6.2 must be provided or equipped with a hand wash basin and a supply of running water.

- 4.6.4 An approved, lockable and adequately equipped first aid kit must be available to treat minor injuries or illnesses.
- 4.6.5 The medical room must be equipped with a bed or water-proof mattress.
- 5.6.6 Proper supervision must always be provided for a learner placed in the room.
- 4.6.7 For any learner who becomes ill and is suspected of being infected with a communicable disease, an environmental health practitioner of the relevant municipality or local health facility must be notified; a telephone must be readily available for such a purpose or to summon medical assistance where necessary.
- 4.6.8 A list of emergency telephone numbers, which must include fire brigade, ambulance, outbreak response, clinic, hospital, doctor and police, must be available and easily accessible on the premises.
- 4.6.9 Adequate provision must be made for disposal of gloves and disinfectants to protect staff and children and to disinfect contaminated areas and surfaces when dealing with bodily fluids or blood-related illnesses or injuries.

4.7 General health and safety measures

- 4.7.1 The following health and safety measures must be taken in relation to learners on the premises:
- (a) Learners are protected from fires, burns, injuries, dangerous fumes, gases, poisonous substances, animals, offensive smells, choking and drowning hazards.
 - (b) Good housekeeping practices are always implemented, and adequate storage facilities are provided.
 - (c) The premises are kept clean and free from pests, vectors, long grass, debris, litter, stagnant water, redundant equipment and other miscellaneous waste or dangerous goods or articles.
 - (d) Waste bins are available for the disposal of waste, and equipment is kept clean.

4.8 Food safety standards

- 4.8.1 The premises must be operated under a valid Certificate of Acceptability issued by the local authority to certify that the premises comply with the Regulations Governing General Hygiene Requirements for Food Premises, the Transport of Food, and related matters, R638 of 22 June 2018.

4.9 Standards and requirements for accommodation establishments

- 4.9.1 Guests and staff must be protected from any physical, chemical or biological hazards in the environment through the following measures:

4.10 Water, sanitation and hygiene

- 4.10.1 Water supply, toilet and wash-up facilities are available to meet guests' needs.
- 4.10.2 An adequate hot and cold potable running water supply is provided for all uses.
- 4.10.3 Baths and or showers are provided and suitably placed in each room, or they are otherwise easily accessible and designated by gender.

- 4.10.4 Suitable and effective means of drainage and sewage disposal connected to the municipal sewer must be in place.
- 4.10.5 A waterborne sewage system connected to the municipal sewer, a septic tank or other approved disposal system must be available for sewage disposal in compliance with the local authority's relevant by-laws.
- 4.10.6 Drainages and sewage disposal systems or private sewage disposal systems are maintained in proper operating condition, free from defects, and comply with relevant by-laws of a specific local authority.
- 4.10.7 Toilet and handwashing facilities are available for guests to use.
- 4.10.8 Separate toilet and handwashing facilities are available for staff and visitors.
- 4.10.9 An adequate supply of toilet paper and handwashing soap is maintained for use by guests, staff and visitors.
- 4.10.10 All sanitary, ablution and water supply fittings must always be kept clean and in good working order.
- 4.10.11 A container made of a durable and impervious material, equipped with a close-fitting lid, should be provided in every toilet used by female persons for the disposal of sanitary towels.

4.11 Swimming pools and hot baths

4.11.1 Where swimming pools/hot baths facilities are provided, frequent monitoring of the quality of the swimming pool water, with regard to microbiological and chemical parameters, is in place to ensure the safety of guests, which include:

- (a) The pH of swimming pool water is controlled to ensure efficient disinfection and coagulation, to avoid damage to the pool fabric and to ensure user comfort, the pH is maintained between 7.2 and 7.8 for chlorine disinfectants and between 7.2 and 8.0 for bromine-based and other non-chlorine processes.
- (b) Heterotrophic plate counts of *E. coli*, *Pseudomonas aeruginosa*, and *Legionella* spp are taken.
- (c) Children shall be accompanied by an adult at all times when utilising the facilities.

4.12 General hygiene and safety requirements

- 4.12.1 The premises and any other facility used in connection with the operation of an accommodation establishment are kept in a clean and sanitary condition at all times.
- 4.12.2 Sleeping beds, pillows, and other sleeping facilities must be maintained in a clean and sanitary condition at all times and are free from dust mites.
- 4.12.3 Sheets, towels and pillowcases provided must be laundered before each new guest or at least once weekly for long-term guests.
- 4.12.4 A laundry facility must be available on the premises, equipped with facilities for washing, drying, and ironing linen and other materials; otherwise, the facility has access to an external contracted laundering service.
- 4.12.5 Separate storage facilities must be provided for clean and soiled laundry storage.

- 4.12.6 The premises and all equipment used in connection with the operation of the facility must be maintained in a clean and sanitary condition at all times.
- 4.12.7 Measures must be in place to prevent and control the breeding of rodents or pests on the premises.
- 4.12.8 An adequate number of refuse bags and or refuse bins with close-fitting lids must be provided for the collection of waste from the premises.
- 4.12.9 All the refuse bags must be collected, stored, and disposed of in an environmentally acceptable manner that is in line with the relevant by-laws of the local authority concerned.
- 4.12.10 Fire protection equipment, approved by the relevant authority of the local authority concerned, must be in place and complies with the relevant by-laws.
- 4.12.11 Adequate changing facilities must be made available and provided to non-resident employees, and individual lockers should be provided for the storage of each staff member's personal belongings.

4.13 Food safety standards

4.13.1 The premises are operated under a valid Certificate of Acceptability issued by the local authority to certify that the premises comply with the Regulations Governing General Hygiene Requirements for Food Premises, the Transport of Food, and related matters, R638 of 22 June 2018.

SECTION 5

STANDARDS AND REQUIREMENTS FOR BEAUTY PARLOURS

5.1 Structural and physical facilities

- 5.1.1 Customers, visitors and staff must be protected from any physical, chemical or biological hazards in the environment through the following measures.
- 5.1.2 The premises must be adequately ventilated and illuminated.
- 5.1.3 Toilet and handwashing facilities must be provided for staff and clients, and the facilities must be equipped with a constant supply of running water and soap.
- 5.1.4 Toilet facilities must be designated by gender, and the toilets for female persons must provide for effective menstrual management.
- 5.1.5 Suitable and effective means of drainage and sewage disposal connected to the municipal sewer must be in place and approved by the local authority.
- 5.1.5 A waterborne sewage system connected to the municipal sewer, a septic tank or other approved disposal system must be utilised for sewage disposal in compliance with the local authority's relevant by-laws.
- 5.1.6 Drainages and sewage disposal systems or private sewage disposal systems must be maintained in proper operating condition, free from defects, and comply with relevant by-laws of the specific local authority.
- 5.1.7 Adequate wash-up facilities with constant hot and cold running water must be provided for hair washing.

- 5.1.8 Where five or more persons of the same gender are employed on the premises, adequate, separate change facilities must be provided to store personal belongings.
- 5.1.9 All working surfaces, including shelves, fixtures and tabletops, must be constructed of a durable, non-absorbent and easily cleanable material.
- 5.1.10 Adequate storage facilities must be provided for the storage of articles in connection with the services provided.

5.2 Waste management

- 5.2.1 Measures are in place to ensure that the collection, storage, disposal and management of waste on the premises complies with relevant legislation.
- 5.2.2 All sharp instruments and bloodied instruments must be regarded as infectious waste and are disposed of accordingly, including razors, blades, needles and other sharp instruments.
- 5.2.3 Approved methods of waste collection, storage, transportation and disposal must be adopted for the management of waste, and any sharps and blood-contaminated products shall be regarded as infectious waste and must be handled in line with the SANS 10248.
- 5.2.4 An approved first aid kit shall be available on the premises at all times for the treatment of minor injuries, which should be equipped with the following:
 - (a) Adhesive bandages.
 - (b) Sterile gauzes.
 - (c) Medical tape.
 - (d) Scissors.
 - (e) Liquid soap.
 - (f) First aid instruction book.
 - (g) Disposable gloves.
- 5.2.5 Containers used for the storage of waste must be equipped with close-fitting lids.
- 5.2.6 Employees must be trained in the handling of infectious waste.
- 5.2.7 Sharps must not be disposed of with general waste, and measures shall be taken to ensure that a registered service provider removes the sharps from the premises.

5.3 Use of ultra-violet radiation for tanning

- 5.3.1 Where ultra-violet radiation equipment is used on the premises, the following requirements shall apply:
 - (a) Persons under the age of 18 are not allowed to use, operate, or be in contact with any operations of the sun bed business on the premises.
 - (b) Users of sunbeds are provided with all relevant health information in relation to the use of sunbeds, which are placed in a conspicuous place on the premises for easy access by the users.
 - (c) Adequate protective eyewear is available for use by the users at all times during tanning, and if not disposable, the eyewear is cleaned and disinfected after each use.
 - (d) Records must be kept of the following:

- (e) Clients who used the services, including contact details and residential addresses.
- (f) Incidence reports, including the effects experienced by clients during sunbed usage.
- (g) Maintenance, service and inspection monitoring reports should all be kept for a period of at least 3 (three) years before discarding.

5.4 Use of dyes, pigments, stencils and tattoo procedures

5.4.1 Measures must be in place to ensure that sound management practices are applied in the use of materials and equipment for tattooing:

- (a) All dyes and pigments manufactured for the purpose of tattooing are used according to the manufacturer's specifications.
- (b) Non-toxic materials are used to prepare dyes or pigments.
- (c) Single-use, sterile, individual containers for dyes or pigments are used for each patron.
- (d) The stencil, unless composed of acetate, should be used for a single tattoo procedure only. Acetate stencils may be disinfected and reused.
- (e) Tattooing is done in such a manner as to prevent the transmission of communicable diseases from client to client and from artist to client.

5.4.2 The following minimum standards are maintained:

- (a) The area of the body is to be tattooed, and all visible parts of the body are examined for signs of intravenous drug use, open sores, lesions, oozing wounds and skin diseases. If such are found or suspected, the person should not be tattooed.
- (b) A tattoo artist wears water-proof and clean aprons at all times during tattooing. If the apron is contaminated with blood, the apron is changed between clients and washed.
- (c) Storage facilities are provided for all instruments, dyes, pigments, stencils and other equipment used in tattooing. When not in use, equipment, especially sharps, shall be stored in an orderly manner within the facilities provided.
- (d) Equipment used for tattooing and body piercing and the clippers are sterilised accordingly, utilising approved sterilisation methods.
- (e) Good sanitary and hygiene practices are always applied.

5.5 General hygiene requirements

- 5.5.1 Measures must be taken to ensure that general hygiene is maintained on the premises.
- 5.5.2 An approved system for wastewater disposal must be in place on the premises.
- 5.5.3 The change rooms provided must have an individual locker for every employee, a hand wash basin with hot and cold running potable water, and an adequate supply of soap and disposable towels.
- 5.5.4 The salon premises must not be used for food preparation or for sleeping unless a separate food preparation area is provided for such different purposes.
- 5.5.5 The premises and all equipment used in connection must be maintained in good, clean and sanitary condition at all times.
- 5.5.6 Employees on the premises must be equipped with adequate protective clothing, water-proof aprons, gloves and masks are utilised where necessary.
- 5.5.7 Animals are not permitted on the premises unless in the case of a guide dog.
- 5.5.8 Instruments used in the salon must be kept clean and disinfected after each use.
- 5.5.9 All instruments that come into contact with blood must be sterilised after each use.
- 5.5.10 Plastic, cloth towels, aprons and caps must be washed daily and after each use.

- 5.5.11 Disposable gloves and wipes must be disposed of after each use.
- 5.5.12 Adequate numbers of towels must be provided for various uses associated with the running of the business and must be kept clean.
- 5.5.13 Laundry facilities for washing all linen and towels must be provided on the premises.
- 5.5.13 If beverages are provided on the premises, a separate area must be provided, equipped with a facility for cleaning crockery and utensils.

SECTION 6

STANDARDS AND REQUIREMENTS FOR PUBLIC SWIMMING POOLS AND SPA BATHS

6.1 Structural and physical facilities

- 6.1.1 All structural and physical facilities of a public swimming pool must be designed to ensure the health and safety of users.
- 6.1.2 The surface of the floor area surrounding the spa bath or swimming pool must be constructed of an approved, impervious, non-slip material.
- 6.1.3 Toilet facilities (flush water closets and urinals) and showers must be provided, and separate toilets and showers must be provided for male and female persons.
- 6.1.4 Toilet facilities must be accessible to disabled persons.
- 6.1.5 At least one water closet must be provided for every 50 people and one urinal for every 50 male swimmers expected at the time of full capacity.
- 6.1.6 At least one shower must be provided for every 20 swimmers on the premises.
- 6.1.7 Floors, walls, and ceilings in the toilet and shower facilities must be constructed of an approved material which are not adversely affected by steam or water.
- 6.1.8 Toilet and shower facilities must be properly ventilated in accordance with the National Building Regulations to prevent the existence of odour nuisances.
- 6.1.9 Toilet and shower facilities must be kept clean and sanitary at all times.
- 6.1.10 The floors of toilets and shower rooms must be constructed of a non-slippery finish, which is impervious to moisture and easily cleanable.
- 6.1.11 Readily accessible change rooms must be provided for the convenience of users and must be separated for each gender.
- 6.1.12 Water used to fill swimming pools or to keep the level of the pool or spa baths must be from a treated water source.

6.2 Water quality

- 6.2.1 The bacteriological, physical and chemical quality of the swimming pool water must be safe for human use and does not pose any health risk to users.
- 6.2.2 The spa bath or swimming pool must be frequently monitored for turbidity, residual disinfectant and pH values.

- 6.2.3 The pH of swimming pool water must be controlled to ensure efficient disinfection and coagulation, to avoid damage to the pool fabric and to ensure user comfort.
- 6.2.4 The pH must be maintained between 7.2 and 7.8 for chlorine disinfectants and between 7.2 and 8.0 for bromine-based and other non-chlorine processes:
- (a) Where chlorine-based disinfectants are used, a minimum free available chlorine residual of 0.5 mg/l, with a maximum free available chlorine residual of 3 mg/l, is maintained;
 - (b) A high disinfectant concentration shall be maintained in hot tubs, and free chlorine should always be at least 1 mg/1 litre.
- 6.2.5 Measures must be taken to ensure that chlorate levels do not build up in stored hypochlorite disinfectants, therefore, exposure levels must be minimised with frequent dilution of pool water with fresh water.
- 6.2.6 The total viable bacteriological count of any sample submitted for analysis must not exceed 100 organisms per ml of water.
- 6.2.7 Heterotrophic plate count of *E. coli*, thermotolerant coliforms, *Pseudomonas aeruginosa* and *Legionella* spp must be monitored on a three-monthly basis.
- 6.2.8 *Escherichia coli* type 1 bacteria may not be detected in any 100 ml of spa bath or swimming pool water.
- 6.2.9 Surfaces are physically cleaned to control the growth of *Legionella* in hot tubs and natural spas.

6.3 Duties of public swimming pool and hot tub operators

- 6.3.1 A water safety plan must be in place and implemented, which consists of a description of the system, its monitoring and maintenance, normal operating procedures, a set of procedures for specified incidents, an emergency evacuation procedure and a generic emergency plan.
- 6.3.2 Swimming pool and spa bath operators shall ensure that a programme is implemented to verify control measures, including checking and adjusting residual disinfectant levels and pH (several times a day) and inspection and maintenance of cleaning operations (daily to weekly). Where microbial testing for *Legionella* is undertaken, ensure that *Legionella* levels are <1/100 ml.
- 6.3.3 Swimming pool water must be sampled/monitored for microbiological quality as follows per the following recommended frequencies:

Pool type	Heterotrophic plate count	<i>E. coli</i>	<i>Pseudomonas aeruginosa</i>	<i>Legionella</i> spp
Disinfectant public swimming pools	Weekly	Weekly	As and when necessary	Quarterly
Disinfectant pools – semi-public	Monthly	Monthly	As and when necessary	Quarterly
Natural spas	n/a	Weekly	Weekly	Monthly
Hot tubs	n/a	Weekly	Weekly	Monthly

- 6.3.4 Sampling frequency must be increased if operational parameters (i.e., turbidity, pH, residual disinfectant concentration) are not maintained within target ranges.
- 6.3.5 Sample numbers are determined based on pool size and complexity and include point(s) representative of general water quality and likely problem areas.
- 6.3.6 The sewer line serving the backwash for the filter shall be 1-1½ times the size of the backwash line or provide a containment vessel capable of holding a minimum of five minutes' volume of backwash water at the backwash design rate:
- (a) Constant water circulation in the hot tub is done, and programming 'rest periods' during hot tub operation is done to discourage excessive use and allow disinfectant levels to 'recover'.
 - (b) Filters, including backwash filters, are cleaned frequently.
 - (c) Swimming pool surroundings are kept clean at all times.
 - (d) Hot tubs are completely drained and thoroughly cleaned at least weekly.
 - (e) Heating, ventilation and air-conditioning systems serving the room/s in which hot tubs are located are maintained and physically cleaned monthly.
 - (f) Sand filters are inspected quarterly.
 - (g) Features such as water sprays, etc., in pool facilities are periodically cleaned and flushed with a level of disinfectant adequate to eliminate *Legionella* spp (using a solution of at least 5 mg of hypochlorite per litre).
 - (h) There must be no direct physical connection between the sewer system and any drain from the swimming pool or reticulation system.
 - (i) Any swimming pool or gutter drain overflow from the recirculation system when discharged to the sewer system is connected through a suitable air gap so as to preclude the possibility of backflowing sewage or waste into the swimming pool piping system.
- 6.3.7 The facility and its surroundings must be kept clean and sanitary at all times.
- 6.3.8 The pool must be kept clean at all times to remove biofilms from surfaces, sediments from the pool floor, and particulates absorbed to filter material, and it shall not pose a health risk to the users.
- 6.3.9 In the case of an accidental faecal release or vomit, the operator shall ensure that:
- (a) The facility is closed for use, all bathers are removed, and contaminants are removed and inactivated.
 - (b) The water chemistry is checked.
 - (c) If disinfection levels are within the required parameters, the pool remains closed for at least 60 minutes and then re-opened.
 - (d) If disinfection levels are not within the required parameters, the pool is closed, and disinfection levels are restored. The facility may re-open 60 minutes after acceptable disinfectant levels have been attained.
 - (e) If faeces are in the form of diarrhoea, the pool is closed for 24 hours. Remedial action is taken to remove the contaminants, disinfect the facility and attain acceptable quality standards before re-opening the facility.

- 6.3.10 A properly maintained, approved and fully resourced first aid box is kept on the premises for the treatment of minor injuries.
- 6.3.11 A qualified and proficient life saver/s is available on the premises and is competent in life-saving, first aid, and the operation of the swimming pool.

6.4 Food safety standards

The premises are operated under a valid Certificate of Acceptability issued by the local authority to certify that the premises comply with the Regulations Governing General Hygiene Requirements for Food Premises, the Transport of Food, and related matters, R638 of 22 June 2018.

SECTION 7 STANDARDS AND REQUIREMENTS FOR HEALTH ESTABLISHMENTS

7.1 Structural facilities

- 7.1.1 The internal physical structure in clinical wards, kitchens, and bathrooms must be constructed to enable and facilitate easy cleaning.
- 7.1.2 Internal walls must be constructed of an impervious material brought to a smooth finish, are easily cleanable, and are painted with light-coloured paint.
- 7.1.3 Ceilings must be constructed of dust-proof material, are smoothly finished, and are painted with light-coloured washable paint.
- 7.1.4 Floor surfaces must be constructed of impervious material, brought to a smooth finish and properly drained.

7.2 Water, sanitation and hygiene

- 7.2.1 An improved water supply piped into the facility must be available.
- 7.2.2 Adequate and potable water must be available on the premises in sufficient quantities for all uses.
- 7.2.3 A risk management plan must be in place when a health establishment has additional building-specific water sources to augment the external supply or specific purposes that increase potential risk.
- 7.2.4 Water supply must continuously be tested for fitness of consumption, and where on-site water storage facilities are utilised, the storage capacity shall be sufficient for two days.
- 7.2.5 Water storage facilities, e.g., reservoirs and tanks, must adequately be protected from contamination.
- 7.2.6 Designated health facility staff shall continuously monitor the water in reservoirs and tanks for fitness for use.
- 7.2.7 The water in the storage facilities must be tested for compliance and fitness for consumption.
- 7.2.8 If a borehole is the main water source, it must be effectively protected from contamination by humans, animals and other environmental factors.

- 7.2.9 To prevent organisms that grow in temperatures between 25°C and 50°C, e.g., *Legionella* spp, hot water temperatures must especially be kept above 50°C and cold water below 20 °C.
- 7.2.10 Taps and pipes containing water unsuitable for human consumption must be clearly marked.
- 7.2.11 Water quality records must be kept and made available to an environmental health practitioner on request.
- 7.2.12 Where temporary water storage tanks are provided for potable water storage, such tanks must be constructed of an approved material, rust-free, durable, fit for purpose, protected from contamination and kept clean at all times.
- 7.2.13 Adequate toilet and ablution facilities must be provided on the premises that meet the needs of patients, staff and visitors:
- (a) At least one functioning toilet facility and one handwash basin is provided for not more than 20 in-patients.
 - (b) At least one functioning toilet facility and one handwash basin is provided for not more than every 50 visitors.
 - (c) Separate toilet and hand washing facilities must be provided for staff members.
 - (d) At least one bath or shower is provided for every 40 patients.
 - (e) Staff required to sleep on the premises must be provided with adequate wash-up facilities, including a shower or bath.
 - (f) Toilet and bathing facilities referred to in paragraphs (a-e) must be designated by gender.
 - (g) Toilet facilities for female persons must be provided with the means to manage menstrual hygiene needs.
 - (h) Toilet facilities must meet the needs of people with reduced mobility.
 - (i) All facilities must adequately be ventilated and illuminated.
 - (j) A drainage system must be in place, and approved measures must be utilised for the removal of wastewater.
 - (k) An adequate supply of toilet paper, liquid soap and or alcohol-based hand rubs must be maintained at every wash hand basin in the facility.

7.3 Reception of dead bodies on the premises

7.3.1 Facilities used in connection with the handling, preparation, storage and transportation of dead bodies on the premises must be operated under a Certificate of Competence issued by an environmental health practitioner of the relevant municipality to certify that the premises comply with the Regulations relating to the Management of Human Remains, R363 of 22 May 2013, published in terms of the National Health Act 2003 (Act No. 61 of 2003).

7.4 Food safety standards

7.4.1 The premises must be operated under a valid Certificate of Acceptability issued by the local authority to certify that the premises comply with the Regulations Governing General Hygiene Requirements for Food Premises, the Transport of Food, and related matters, R638 of 22 June 2018.

7Waste management

- 7.5.1 The management of healthcare risk waste must be in line with the SANS:10248.
- 7.5.2 Waste must be correctly segregated at all waste generation points.
- 7.5.3 Functional waste collection containers for general waste, infectious waste and sharps must be provided in close proximity to all waste generation points.
- 7.5.4 Effective means must be in place for the proper disposal of healthcare risk waste.
- 7.5.5 A protocol or standard operating procedure must be in place for the safe management of healthcare waste.
- 7.5.6 Only licenced waste management contractors must be contracted to render treatment and disposal of healthcare waste in a health establishment.
- 7.5.7 Contractual requirements between the health establishment and the waste management contractor include, but are not limited to:
 - (a) The specification or description of the types (categories) and volume of healthcare risk waste to be collected for treatment or disposal (or both).
 - (b) Where relevant, the treatment or disposal process is to be used, taking into account any special requirements.
 - (c) A method to account for the number of different healthcare risk waste units collected by the appointed waste management contractor.
 - (d) The verification of the physical condition of the healthcare risk waste packages received.
 - (e) The responsibility to sort, count and collect the healthcare risk waste packages.
 - (f) A timed collection schedule is designed to ensure the waste is timeously collected and transported.
 - (g) The personal and environmental health and safety measures to be implemented, including immunisation, personal protective equipment and management of spillage measures to be used for infection risks and other hazards associated with the waste.
 - (h) The transitional arrangements during mobilisation and termination of services, including interfaces with the current appointed waste management contractor and the succeeding appointed waste management contractor.
 - (i) The acceptable behaviour of personnel when collecting the waste at the health establishment.
 - (j) The reporting requirements, including the parameters, format and frequency.
 - (k) Emergency backup response measures in terms of service delivery challenges.

7.6 Classification of healthcare risk waste

- 7.6.1 All healthcare waste must be classified in accordance with the hazard and risk involved as per SANS 10234, Globally Harmonised System of Classification and Labelling of Chemicals.
- 7.6.2 Healthcare waste must be segregated correctly at the point of generation, containerised, and the correct liners must be used.

- 7.6.3 Containers must be labelled with colour codes and the international biohazard symbol for healthcare risk waste as prescribed in the SANS 10248-1, Management of Healthcare Waste, Part 1: Management of healthcare risk waste from a healthcare facility.

7.7 Packaging of healthcare risk waste (HCRW)

- 7.7.1 The packaging of healthcare risk waste, infectious waste pathological (excluding sharps), sharps, and chemical waste must be as prescribed in the SANS 10248-1, Management of Healthcare Waste, Part 1: Management of healthcare risk waste from a healthcare facility.
- 7.7.2 Healthcare facilities and healthcare providers in rural and remote settings may use alternative measures as prescribed in the SANS 10248-2, Management of Healthcare Waste, Part 2: Management of healthcare risk waste for healthcare facilities and healthcare providers in rural and remote settings, for the packaging of infectious healthcare risk waste, anatomical waste and sharps in case of emergency situations when there is a delay in the delivery of correct containers or bags.
- 7.7.3 Healthcare providers travelling to rural areas must be provided with healthcare waste containers as prescribed in the SANS 10248-2, Management of Healthcare Waste, Part 2: Management of healthcare risk waste for healthcare facilities and healthcare providers in rural and remote settings, for the collection of sharps waste and other infectious waste such as used cottons, gloves and bandages.
- 7.7.4 Healthcare facilities and healthcare providers in rural and remote settings may use alternative methods to close plastic bags provided they are securely closed and do not cause any injury or negative effect on the environment or in any other way.
- 7.7.5 All sharps' containers utilised must be manufactured according to SANS 452, Non-reusable and reusable sharps containers.
- 7.7.6 Spilled mercury waste and waste from the dental amalgam must be handled as prescribed in the SANS 10248-3, Management of Healthcare Waste, Part 3: Management of healthcare risk waste from minor generators – Registered healthcare professionals and non-healthcare professionals.
- 7.7.7 Healthcare risk waste containers or bags, including alternative containers or bags used for the packaging of healthcare risk waste, and must be labelled and colour coded as per the standards.

7.8 Loading, storage, transportation and disposal of healthcare risk waste (HCRW)

- 7.8.1 Internal loading and transportation of healthcare risk waste within a facility must be conducted as follows:
- (a) Wheeled trolleys, containers or carts with sufficient storage space are designed to avoid spillages.
 - (b) Waste at all major generators is collected and removed from the wards and departments daily and stored in a locked central storage area.
 - (c) The manual lifting of and carrying of waste is avoided and minimised.

- (d) Access to transportation vehicles is easy, safe and unobstructed.
 - (e) Containers are tightly closed and are secured when loaded.
 - (f) No waste container is left unattended during loading and transportation.
 - (g) The container, trolley, or cartwheel is always locked when not in motion.
 - (h) The equipment used for transportation is:
 - (i) Easy to load and unload.
 - (ii) Free from sharp edges that could damage containers during loading or unloading.
 - (iii) Easy to clean and disinfect.
 - (i) The mode of transport to treatment and final disposal site must be labelled with the appropriate pictogram as prescribed in SANS 10229-1, Transport of Dangerous Goods, Packaging and Large Packaging for Road and Rail Transport, Part 1: Packaging.
 - (j) The following information must be recorded for offsite collection of healthcare risk waste:
 - (i) Signatures of both the person in charge of the central storage facility and the waste management officer or team member responsible for effective waste management.
 - (ii) Time and date of collection.
 - (iii) The volume of waste collected for different categories of waste.
- 7.8.2 The designated temporary storage for healthcare risk waste in all healthcare facilities must be located so that there is minimal risk of contamination to main operations of that area, medicines, foodstuffs, textiles, employees, patients and visitors.
- 7.8.3 All healthcare risk waste stored at minor generators must be removed to the final storage area regularly to prevent the occurrence of any nuisances.
- 7.8.4 Healthcare risk waste storage areas must always be locked and not easily accessible to the public, patients and unauthorised personnel.
- 7.8.5 The temporary healthcare risk waste storage area should be adequately ventilated and illuminated, have nonporous floor surfaces, be equipped with a spill kit as prescribed in the waste management plan and be marked with international hazard signs on or adjacent to the exterior doors or lids.

7.9 Storage area for radioactive waste, infectious waste, anatomical waste, chemical and pharmaceutical waste and general healthcare waste

- 7.9.1 All radioactive waste, infectious waste, anatomical waste, chemical and pharmaceutical waste and general healthcare waste must comply with the storage requirements provisions outlined in the SANS 10248-1, Management of Healthcare Waste, Part 1: Management of healthcare risk waste from a healthcare facility.
- 7.9.2 All storage areas for healthcare risk waste streams must be appropriately marked and display the appropriate international hazard label per Table 1 in SANS 10248-1.

7.10 Central storage areas

- 7.10.1 The central storage area must clearly be demarcated and marked.
- 7.10.2 Bio-hazardous warning signs must be placed on or adjacent to the exterior doors or gates.

7.10.3 The storage area must be:

- (a) Adequately ventilated and illuminated.
- (b) Protected from direct sunlight and be vermin-proofed.
- (c) Floors and walls must be smooth, slip-resistant, and non-porous, and the floor surface is equipped with an appropriate drainage system connected to the council sewer.
- (d) Containers are locked away at all times and are regularly monitored by security guards to prevent unauthorised entry.
- (e) Has the name of the person in charge of the storage facility and contact numbers displayed on or adjacent to the exterior doors or gates.

7.10.3 Refrigeration facilities must be provided for storage of waste that requires storage at low temperatures.

7.10.4 Healthcare risk waste storage period between generation and treatment or disposal and the required storage temperature must be kept as prescribed in SANS 10248-1.

7.10.5 Healthcare risk waste may not be stored for more than 90 days in the central storage area:

- (a) If an offensive odour emanates before 90 days, measures are taken to expedite the collection and disposal of the healthcare risk waste.
- (b) In the event of a lack of electricity, a suitable backup supply of electricity or propane or kerosene freezers is available.
- (c) If the refrigeration or a backup source supply is unavailable in rural and remote settings, alternative measures prescribed in the SANS 10248-2, Management of Healthcare Waste, Part 2: Management of healthcare risk waste for healthcare facilities and healthcare providers in rural and remote settings, for the storage of placenta, are taken.
- (d) Measures prescribed in the SANS 10248-2, Management of Healthcare Waste, Part 2: Management of healthcare risk waste for healthcare facilities and healthcare providers in rural and remote settings are adhered to in terms of placentas given for traditional home burial. The central storage area is equipped with a fire extinguisher and a spill kit, as prescribed in the waste management plan.
- (e) Temperatures of healthcare risk waste refrigerators are closely monitored.

7.10.6 Refrigerators used for storing healthcare risk waste are marked and used solely for that purpose.

7.11 Treatment and disposal of healthcare risk waste (HCRW)

7.11.1 All healthcare risk waste must be treated before disposal by a licenced treatment facility and only disposed of at a licenced disposal facility.

7.12 Storage facilities

7.12.1 Separate storage facilities are provided on the premises for the storage of:

- (a) Medicines and drugs.
- (b) Cleaning equipment, pesticides and other potentially dangerous hazardous substances.
- (c) Expired medications, pending removal for disposal.

- (d) Clean linen and dirty linen, containing adequate cupboards or shelves.
 - (e) Personal belongings of employees if five or more staff members are employed.
 - (f) Food items.
- 7.12.2 Storage rooms must contain adequate moveable shelving made of impervious material.
- 7.12.3 Every shelf in any storeroom must have a minimum height of 225 mm above the floor.
- 7.12.4 All storerooms and store facilities must always be kept clean and cleaned routinely at least once every week.
- 7.12.5 Hazardous substances must be stored and disposed of in a safe manner, separate from other non-hazardous materials.
- 7.12.6 Expired medicines must be stored separately and disposed of in a safe manner.
- 7.12.7 Adequate storage facilities must be provided for the storage of any spare equipment, including particularly heavy equipment and gas cylinders.
- 7.12.8 The equipment must be stored in a manner so as not to obstruct any passages, entrances or exits to the premises.
- 7.12.8 Adequate storage facilities for articles that are reasonably necessary to store on the premises for the day-to-day running of the facility must be provided.

7.13 Laundry services

- 7.13.1 A health establishment has access to laundry facilities for the effective laundering of linen.
- 7.13.2 If on-site laundry facilities are provided, the location must be such that it allows for easy access by various departments within the health establishment and prevents possible contamination of clinical areas.
- 7.13.3 Internal walls of the laundry must be constructed of a material that enables easy cleaning.
- 7.13.4 Floors must be constructed of impervious material, are non-slip in wet areas, and are adequately drained.
- 7.13.5 Ceilings must be constructed of a dust-proof material.
- 7.13.6 The facility must adequately be ventilated by natural or artificial ventilation and is adequately illuminated.
- 7.13.7 Drainage systems must be available and designed without open drains, with lockable inspection or rodding eyes, and with a flow from clean to dirty areas and not connected to stormwater drainage.
- 7.13.8 Areas receiving soiled linen must physically be separated from areas handling clean linen.
- 7.13.9 Adequate ablution and toilet facilities must be provided, including an emergency shower or eye-wash facility in the washroom where chemicals are handled.
- 7.13.10 Suitable and hazard-free storage facilities for the storage of chemicals must be provided.
- 7.13.11 The capacity and the condition of the equipment used for laundering meet the hospital's laundering needs.
- 7.13.12 Vehicles, containers, trolleys or other manually operated equipment for transporting linen must be operated to ensure prevention of contamination.

7.13.13 All dirty linen and hospital clothes regarded as infectious waste must be removed from wards, passages or any other place where patients are treated and must be stored only in the designated storage area.

7.13.14 Laundry staff must be provided with appropriate personal protective equipment.

7.13.15 Where coal and fuel-burning equipment such as boilers are utilised for heating purposes, such boilers must be operated effectively to minimise emissions of pollutants into the atmosphere.

7.14 Operational requirements for linen handling

7.14.1 A policy for the management of linen must be in place.

7.14.2 Adequate resources must be provided to ensure the effective laundering of linen, including for proper maintenance of buildings and equipment.

7.14.3 A quality management system must be established incorporating:

- (a) Work instructions and procedures.
- (b) Process control procedures.
- (c) Quality control procedures.
- (d) Control of linen (clean/soiled) procedures.

7.14.4 A procedure specifically for infection/contamination control must be made available to staff handling linen.

7.14.5 The procedure includes control measures through differentiation between categories of soiled linen, i.e., of high-risk to normal soiled linen; containers are colour coded in accordance with SANS 10248-1 (as amended):

- (a) Category A (red bag) = high-risk infection for immediate incineration.
- (b) Category B (yellow bag) = infectious/contaminated linen for loading in washing machines.
- (c) Category C (white bag) = normal linen of no risk during handling.

7.14.6 Measures must be in place to prevent air pollution, improve occupational and environmental hygiene and manage hazards.

7.14.7 Procedures for the use of protective clothing and personal hygiene where staff is in contact with high-risk areas or linen must be documented to include precautionary measures.

7.14.8 The laundry management or controller and other designated staff must be trained and be competent to:

- (a) Carry out their functions effectively.
- (b) Handle hazardous goods in the laundry service.
- (c) Follow procedures (including first aid) with regard to prevention and control of infection.
- (d) Use protective clothing and follow procedures for decontamination.
- (e) Operate laundry machines to ensure optimum results, including general safety procedures.

7.14.9 Laundry staff must be tested and pass the appropriate medical examinations on appointment, followed by routine health monitoring prescribed by occupational health and safety legislation.

7.15 General hygiene standards

- 7.15.1 The premises must be maintained to be clean and free from offensive odours, unsightly accumulation of debris, litter and miscellaneous waste at all times.
- 7.15.2 Cleaning staff are trained and competent in cleaning techniques and processes to be utilised for various areas in the health facility.
- 7.15.3 Cleaning materials and detergent must be available and properly stored at all times, the materials are required to ensure a hygienic environment in the health facility.
- 7.15.4 A cleaning schedule must be kept for all maintained areas in the facility.
- 7.15.5 Appropriate cleaning materials and equipment must be utilised.
- 7.15.6 All toilet facilities on the premises must be kept clean and in good repair at all times.
- 7.15.7 All hand wash facilities are consistently supplied with potable running water.
- 7.15.8 Measures are taken to prevent the spread of infection in the facility.

SECTION 8
STANDARDS AND REQUIREMENTS FOR COMMUNITY RESIDENTIAL MENTAL
HEALTHCARE FACILITIES

8.1 Structural facilities

- 8.1.1 The internal physical structure in clinical wards, kitchens, and bathrooms must be constructed to enable and facilitate easy cleaning.
- 8.1.2 Internal walls must be constructed of an impervious material brought to a smooth finish, easily cleanable, and painted with light-coloured paint.
- 8.1.3 Ceilings are must be constructed of dust-proof material, smoothly finished, and painted with light-coloured washable paint.
- 8.1.4 Floor surfaces should be constructed of impervious material, brought to a smooth finish and properly drained.

8.2 Water, sanitation and hygiene

- 8.2.1 An improved water supply piped into the facility must be available.
- 8.2.2 Adequate and potable water must be available on the premises in sufficient quantities for all uses.
- 8.2.3 A risk management plan must be in place when a health establishment has additional building-specific sources of water used to augment the external supply or have specific purposes that increase potential risk.
- 8.2.4 Water supply must continuously be tested for fitness for consumption, and where on-site water storage facilities are utilised, the storage capacity shall be sufficient for two days.
- 8.2.5 Water storage facilities, e.g., reservoirs and tanks, must adequately be protected from contamination.

- 8.2.6 Designated health facility staff shall continuously monitor the water in reservoirs and tanks for fitness for use, the water in the storage facilities must be tested for compliance and fitness for consumption.
- 8.2.7 If a borehole is the main water source, it must be effectively protected from contamination by humans, animals and other environmental factors.
- 8.2.8 To prevent organisms that grow in temperatures between 25°C and 50°C, e.g., *Legionella* spp, hot water temperatures must especially be kept above 50°C and cold water below 20°C.
- 8.2.9 Taps and pipes containing water unsuitable for human consumption must clearly be marked.
- 8.2.10 Water quality records must be kept and made available to an environmental health practitioner on request.
- 8.2.11 Where temporary water storage tanks are provided for potable water storage, such tanks must be constructed from an approved material, be rust-free, durable, fit for purpose, protected from contamination and kept clean at all times.
- 8.2.12 Adequate toilet and ablution facilities must be provided on the premises that meet the needs of patients, staff and visitors:
- (a) At least one functioning toilet facility and one handwash basin is provided for not more than 20 in-patients.
 - (b) At least one functioning toilet facility and one handwash basin is provided for not more than every 50 visitors.
 - (c) Separate toilet and hand washing facilities are provided for staff members.
 - (d) At least one bath or shower is provided for every forty patients.
 - (e) Staff required to sleep on the premises are provided adequate wash-up facilities, including a shower or bath.
 - (f) Toilet and bathing facilities referred to in sub-regulations (a-e) are designated by gender.
 - (g) Toilet facilities for female persons are provided with means to manage menstrual hygiene needs.
 - (h) Toilet facilities meet the needs of people with reduced mobility.
 - (i) All facilities are adequately ventilated and illuminated.
 - (j) A drainage system is in place, and approved measures are utilised to remove wastewater.
 - (k) An adequate supply of toilet paper, liquid soap and/or alcohol-based hand rubs is provided at every wash hand basin in the facility.

8.3 Food safety standards

8.3.1 The premises must be operated under a valid Certificate of Acceptability issued by the local authority to certify that the premises comply with the Regulations Governing General Hygiene Requirements for Food Premises, the Transport of Food, and related matters, R638 of 22 June 2018.

8.4 Waste management

- 8.4.1 The management of healthcare risk waste must be in line with the SANS 10248.
- 8.4.2 Waste must be correctly segregated at all waste generation points.

- 8.4.3 Functional waste collection containers for general waste, infectious waste and sharps must be provided in close proximity to all waste generation points.
- 8.4.4 Effective means must be in place for the proper disposal of healthcare risk waste.
- 8.4.5 A protocol or standard operating procedure must be in place for the safe management of healthcare waste.
- 8.4.6 Only licenced waste management contractors must be contracted to render treatment and disposal of healthcare waste in a health establishment.
- 8.4.7 Contractual requirements between the health establishment and the waste management contractor include, but are not limited to:
- (a) The specification or description of the types (categories) and volume of healthcare risk waste to be collected for treatment or disposal (or both).
 - (b) Where relevant, the treatment or disposal process is to be used, taking into account any special requirements.
 - (c) A method to account for the number of various healthcare risk waste units collected by the appointed waste management contractor.
 - (d) The verification of the physical condition of the healthcare risk waste packages received.
 - (e) The responsibility to sort, count and collect the healthcare risk waste packages.
 - (f) A timed collection schedule is designed to ensure that the waste is timeously collected and transported.
 - (g) The personal and environmental health and safety measures to be implemented, including immunisation, personal protective equipment and management of spillage measures to be used for infection risks and other hazards associated with the waste.
 - (h) The transitional arrangements during mobilisation and termination of services, including interfaces with the current appointed waste management contractor and the succeeding appointed waste management contractor.
 - (i) The acceptable behaviour of personnel when collecting the waste at the health establishment.
 - (j) The reporting requirements, including the parameters, format and frequency.
 - (k) Emergency backup response measures in terms of service delivery challenges.

8.5 Classification of healthcare risk waste (HCRW)

- 8.5.1 All healthcare waste must be classified in accordance with the hazard and risk involved as per SANS 10234, Globally Harmonised System of Classification and Labelling of Chemicals.
- 8.5.2 Healthcare waste must be segregated correctly at the point of generation, containerised, and the correct liners are used.
- 8.5.3 Containers must be labelled with colour codes and the international biohazard symbol for healthcare risk waste as prescribed in the SANS 10248-1, Management of Healthcare Waste, Part 1: Management of healthcare risk waste from a healthcare facility.

8.6 Packaging of healthcare risk waste (HCRW)

- 8.6.1 The packaging of healthcare risk waste, infectious waste pathological (excluding sharps), sharps, and chemical waste must be as prescribed in the SANS 10248-1, Management of Healthcare Waste, Part 1: Management of healthcare risk waste from a healthcare facility.
- 8.6.2 Healthcare facilities and healthcare providers in rural and remote settings may use alternative measures as prescribed in the SANS 10248-2, Management of Healthcare Waste, Part 2: Management of healthcare risk waste for healthcare facilities and healthcare providers in rural and remote settings, for the packaging of infectious healthcare risk waste, anatomical waste and sharps in case of emergency situations when there is a delay in the delivery of correct containers or bags.
- 8.6.3 Healthcare providers travelling to rural areas must be provided with healthcare waste containers as prescribed in the SANS 10248-2, Management of Healthcare Waste, Part 2: Management of healthcare risk waste for healthcare facilities and healthcare providers in rural and remote settings, for the collection of sharps waste and other infectious waste such as used cottons, gloves and bandages.
- 8.6.4 Healthcare facilities and healthcare providers in rural and remote settings may use alternative methods to close plastic bags provided they are securely closed and do not cause any injury or negative effect on the environment or in any other way.
- 8.6.5 All sharps' containers utilised must be manufactured according to SANS 452: Non-reusable and reusable sharps containers.
- 8.6.6 Spilled mercury waste and waste from the dental amalgam must be handled as prescribed in the SANS 10248-3, Management of Healthcare Waste, Part 3: Management of healthcare risk waste from minor generators – Registered healthcare professionals and non-healthcare professionals.
- 8.6.7 Healthcare risk waste containers or bags, including alternative containers or bags used for packaging healthcare risk waste, must be labelled and colour-coded per the standards.

8.7 Loading, storage, transportation and disposal of healthcare risk waste (HCRW)

- 8.7.1 Internal loading and transportation of healthcare risk waste within a facility must be conducted as follows:
- (a) Wheeled trolleys, containers or carts with sufficient storage space are designed to avoid spillages.
 - (b) Waste at all major generators is collected and removed from the wards and departments on a daily basis and stored in a locked central storage area.
 - (c) The manual lifting of and carrying of waste is avoided and minimised.
 - (d) Access to transportation vehicles is easy, safe and unobstructed.
 - (e) Containers are tightly closed and are secured when loaded.
 - (f) No waste container is left unattended during loading and transportation.
 - (g) The container, trolley, or cartwheel is always locked when not in motion.
 - (h) The equipment used for transportation is:

- (i) Easy to load and unload.
- (ii) Free from sharp edges that could damage containers during loading or unloading.
- (iii) Easy to clean and disinfect.
- (i) The mode of transport to treatment and final disposal site is labelled with the appropriate pictogram as prescribed in SANS 10229-1, Transport of Dangerous Goods, Packaging and Large Packaging for Road and Rail Transport, Part 1: Packaging;
- (j) The following information is recorded for offsite collection of healthcare risk waste:
 - (i) Signatures of both the person in charge of the central storage facility and the waste management officer or waste management team member responsible for the effective management of waste.
 - (ii) Time and date of collection.
 - (iii) The volume of waste collected for different categories of waste.
- 8.7.2 The designated temporary storage for healthcare risk waste in all healthcare facilities is located so that there is minimal risk of contamination to main operations of that area, medicines, foodstuffs, textiles, employees, patients and visitors.
- 8.7.3 All healthcare risk waste stored at minor generators must be removed to the final storage area regularly to prevent the occurrence of any nuisances.
- 8.7.4 Healthcare risk waste storage areas must always be locked and not easily accessible to the public, patients and any unauthorised personnel.
- 8.7.5 The temporary healthcare risk waste storage area must adequately be ventilated and illuminated, has nonporous floor surfaces, is equipped with a spill kit as prescribed in the waste management plan, and is marked with international hazard signs on or adjacent to the exterior doors or lids.

8.8 Treatment and disposal of healthcare risk waste (HCRW)

8.8.1 All healthcare risk waste must be treated before disposal by a licenced treatment facility and is only disposed of at a licenced disposal facility.

8.9 Storage facilities

- 8.9.1 Separate storage facilities are provided on the premises for the storage of:
 - (a) Medicines and drugs.
 - (b) Cleaning equipment, pesticides and other potentially dangerous hazardous substances.
 - (c) Expired medications, pending removal for disposal.
 - (d) Clean linen and dirty linen, stored on adequate cupboards or shelves.
 - (e) Personal belongings of employees if five or more staff members are employed.
 - (f) Food items.
- 8.9.2 Storage rooms must contain adequate moveable shelving made of impervious material.
- 8.9.3 Every shelf in any storeroom must have a minimum height of 225 mm above the floor.

- 8.9.4 All storerooms and store facilities must always be kept clean and cleaned routinely at least once every week.
- 8.9.5 Hazardous substances must be stored and disposed of in a safe manner, separate from other non-hazardous materials.
- 8.9.6 Expired medicines must be stored separately and are disposed of in a safe manner.
- 8.9.7 Adequate storage facilities must be provided for the storage of any spare equipment, including particularly heavy equipment and gas cylinders.
- 8.9.8 The equipment must be stored in a manner that does not obstruct any passages, entrances, or exits to the premises.
- 8.9.9 Adequate storage facilities must be provided for articles that are reasonably necessary to store on the premises for the day-to-day running of the facility.

8.10 Laundry services

- 8.10.1 A health establishment has access to laundry facilities for the effective laundering of linen:
- 8.10.2 If on-site laundry facilities are provided, the location should be such that it allows for easy access by various departments within the health establishment, but it also prevents possible contamination of clinical areas.
- 8.10.3 Internal walls are constructed of a material that enables easy cleaning.
- 8.10.4 Floors are constructed of impervious material, are non-slip in wet areas, and are adequately drained.
- 8.10.5 Ceilings are constructed of a dust-proof material.
- 8.10.6 The facility is adequately ventilated by natural or artificial ventilation and is adequately illuminated.
- 8.10.7 Drainage systems are available and designed without open drains, with lockable inspection or rodding eyes, and with a flow from clean to dirty areas and not connected to stormwater drainage.
- 8.10.8 Areas receiving soiled linen are physically separated from areas handling clean linen.
- 8.10.9 Adequate ablution and toilet facilities are provided, including an emergency shower or eye-wash facility where chemicals are handled in the washroom.
- 8.10.10 Suitable and hazard-free storage facilities for the storage of chemicals are provided.
- 8.10.11 The capacity and the condition of the equipment used for laundering meet the hospital's laundering needs.
- 8.10.12 Vehicles, containers, trolleys or other manually operated equipment for transporting linen must be operated to ensure prevention of contamination.
- 8.10.13 All dirty linen and hospital clothes regarded as infectious waste must be removed from wards, passages or any other place where patients are treated and are stored only in the designated storage area.
- 8.10.14 Laundry staff are provided with appropriate personal protective equipment.
- 8.10.15 Where coal and fuel-burning equipment such as boilers are utilised for heating purposes, such boilers must be operated effectively to minimise emissions of pollutants into the atmosphere.

8.11 Operational requirements for linen handling

- 8.11.1 A policy for the management of linen must be in place.
- 8.11.2 Adequate resources must be provided to ensure the effective laundering of linen, including for proper maintenance of buildings and equipment.
- 8.11.3 A quality management system must be established incorporating:
- (a) Work instructions and procedures.
 - (b) Process control procedures.
 - (c) Quality control procedures.
 - (d) Control of linen (clean/soiled) procedures.
- 8.11.4 A procedure specifically for infection or contamination control must be made available to staff handling linen.
- 8.11.5 The procedure includes control measures through differentiation between categories of soiled linen, i.e., of high-risk to normal soiled linen; containers must be colour coded in accordance with SANS 10248-1 (as amended):
- (a) Category A (red bag) = high-risk infection for immediate incineration.
 - (b) Category B (yellow bag) = infectious/contaminated linen for loading in washing machines.
 - (c) Category C (white bag) = normal linen of no risk during handling.
- 8.11.6 Measures must be in place to prevent air pollution, improve occupational and environmental hygiene, and manage hazards.
- 8.11.7 Procedures for the use of protective clothing and personal hygiene where staff is in contact with high-risk areas or linen must be documented to include precautionary measures.
- 8.11.8 The laundry management or controller and other designated staff must be trained and be competent to:
- (a) Carry out their functions effectively.
 - (b) Handle hazardous goods in the laundry service.
 - (c) Follow procedures (including first aid) with regard to prevention and control of infection.
 - (d) Use protective clothing and follow procedures for decontamination.
 - (e) Operate laundry machines to ensure optimum results, including general safety procedures.
- 8.11.9 Laundry staff must be tested and pass the appropriate medical examinations on appointment, followed by routine health monitoring as prescribed by occupational health and safety legislation.

8.12 General hygiene standards

- 8.12.1 The premises must be maintained to be clean, free from offensive odours, unsightly accumulation of debris, litter and miscellaneous waste at all times.
- 8.12.2 Cleaning staff must be trained and competent in cleaning techniques and processes to be utilised for various areas in the health facility.
- 8.12.3 Cleaning material and detergent are required to ensure that a hygienic environment in the health facility is available and properly stored at all times.

- 8.12.4 A cleaning schedule maintained maintained to clean all areas in the facility.
- 8.12.5 Appropriate cleaning materials and equipment must be utilised.
- 8.12.6 All toilet facilities on the premises must be kept clean and in good repair at all times.
- 8.12.7 All hand wash facilities must consistently be supplied with potable running water.
- 8.12.8 Measures must be taken to prevent the spread of infection in the facility.

SECTION 9

STANDARDS AND REQUIREMENTS FOR LAUNDRY FACILITIES OR ESTABLISHMENTS

9.1 Structural facilities

- 9.1.1 Internal walls of the laundry must be easily cleanable.
- 9.1.2 Floors must be constructed of impervious material, are non-slip in wet areas, and are adequately drained.
- 9.1.3 Ceilings must be constructed of a dust-proof material.
- 9.1.4 The facility must adequately be ventilated by natural or artificial ventilation and is adequately illuminated.
- 9.1.5 Drainage systems must be designed without open drains, with lockable inspection or rodding eyes, with a flow from clean to dirty areas, and not connected to a stormwater drainage system.
- 9.1.6 Areas receiving soiled linen are physically separated from areas handling clean linen.
- 9.1.7 Any room or area's minimum height from floor to ceiling is at least 2.4 m.

9.2 Water supply and sanitation facilities

- 9.2.1 Adequate water supply, sanitation and handwashing facilities must be provided on the premises for use by staff members, with a constant supply of toilet paper and soap.
- 9.2.2 Where five or more persons of the same gender are employed on the premises, toilet facilities must be segregated by gender.
- 9.2.3 Change rooms must be provided for staff members and equipped with a hand wash basin and a supply of running hot and cold potable water.
- 9.2.4 An approved, suitable and effective means of drainage must be in place on the premises and is approved by the local authority.

9.3 Storage, work areas and facilities

- 9.3.1 Facilities, work areas and equipment used in connection with the operation of a laundry facility provided.
- 9.3.2 A workroom or area used for housing dry-cleaning machines, washing machines, and all other fixed or movable equipment used for the operation of a dry cleaning or laundry facility must be provided on the premises.
- 9.3.3 In the case of receiving depots, a separate area with a minimum width of not less than 2 m is provided, and 50% (fifty per cent) of that area must be unobstructed.

- 9.3.4 A floor area of not less than 2.5 m² per person must be provided in the work area for persons employed on the premises.
- 9.3.5 A separate area with separate designated counters and an impervious surface must be provided for receiving and dispatching articles.
- 9.3.6 A separate area must be provided for receiving and marking of soiled and dirty articles, and the area is equipped with:
- (a) Working tables are constructed of a durable material with an impervious surface.
 - (b) Adequate containers constructed of washable material are used for the storage of dirty articles.
 - (c) Hanging rails and shelves constructed of impervious material in the area to mark clean articles.
- 9.3.7 A storage room with facilities for packaging material and other articles must be provided and equipped with adequate packing shelves for clean linen.
- 9.3.8 Suitable and separate hazard-free lockable storage for chemicals must be provided.
- 9.3.9 All packaging shelves should be a height of at least 250 mm above floor level.
- 9.3.10 A separate room or area with separate designated counters or with an impervious surface must be provided for the receipt and dispatch of articles.
- 9.3.11 All machinery and equipment must be equipped with adequate suction fans to remove any noxious gas, steam and hot air from any room and to release it in the open air in an adequate manner.
- 9.3.12 If reusable nappies are laundered on the premises, a separate pre-rinsing area must be provided for rinsing nappies before washing.

9.4 General requirements

- 9.4.1 Measures must be in place to ensure compliance with the local authority and fire department requirements.
- 9.4.2 Suitable and hazard-free storage facilities for the storage of chemicals must be provided.
- 9.4.3 Laundry staff must be provided with appropriate personal protective equipment.
- 9.4.4 Where coal and fuel-burning equipment such as boilers are utilised for heating purposes, such boilers must be operated effectively to minimise emissions and pollutants into the atmosphere.
- 9.4.5 The premises must be well maintained, cleaned and free from offensive odours, unsightly accumulation of debris, litter and miscellaneous waste at all times.
- 9.4.6 Cleaning material and detergents are required to ensure a hygienic environment is available and stored at all times.
- 9.4.7 The premises, as well as all fittings, equipment, appliances, and machinery, are kept clean and hygienic must be in good repair at all times.

SECTION 10

STANDARDS AND REQUIREMENTS FOR SEASONAL TRADITIONAL SCHOOLS

10.1 General requirements for Seasonal Traditional Schools

- 10.1.1 Seasonal traditional initiations must be provided with a permit/authorisation by the relevant municipality and/or local traditional leaders.
- 10.1.2 Facilities used for housing initiates must protect initiates from extreme/adverse environmental conditions (i.e., heat, cold and rain).
- 10.1.3 Only safe food that is suitable for human consumption is served to initiates.
- 10.1.4 The area where the school is established must allow easy access in cases of emergency.
- 10.1.5 Means must be made to ensure an adequate supply of potable water, and sanitation facilities must be provided for the use by initiates.
- 10.1.6 Care is taken to ensure that the circumcision process is safe, and measures are taken to provide medical care for initiates as and when necessary:
- (a) Care is taken to ensure that initiates are in good health and fit for circumcision.
 - (b) The medical officer has a right of access to any area where circumcision is performed or an initiate is treated.
 - (c) Initiates are not exposed to any potential harm or danger.
 - (d) Circumcisions are only conducted by a certified traditional surgeon or any other person authorised by a traditional surgeon.
 - (e) All instruments, especially sharps used in connection with the circumcision procedures, are cleaned and disinfected.
 - (f) An approved and adequately equipped first aid kit is available, and traditional surgeons are trained in basic first aid.
 - (g) Initiates are taken to the nearest health facility when it is suspected that wounds are infected.
- 10.1.7 The environment where initiates are kept is reasonably clean and free from debris.

SECTION 11

STANDARDS AND REQUIREMENTS FOR CONSTRUCTION SITES

11.1 General Standards and requirements for construction sites

- 11.1.1 Construction sites adhere to the following standards:
- (a) Water, sanitation and hygiene facilities are provided for workers to use.
 - (b) If more than 5 (five) employees of the same gender are working on site, separate toilet facilities are provided for each gender, and toilet facilities intended for female workers enable effective menstrual management.
 - (c) Toilet facilities are adequately ventilated and illuminated.
 - (d) An adequate supply of toilet paper and handwash soap is always provided in the toilet facilities.
 - (e) Wash-up facilities equipped with hot and cold running water are provided for employees, especially employees engaged in applying paints, coating, pesticides, etc.
 - (f) Toilet and washing facilities are maintained in a sanitary condition at all times.
 - (g) The toilet and shower facilities are adequately ventilated and illuminated.
 - (h) A suitable, effective and approved drainage and sewage disposal system is in place on the premises in compliance with the relevant municipal by-laws of a specific local authority.

11.1.2 Measures are taken to ensure that the construction does not pose a risk to neighbouring properties or the public:

- (a) The site is properly fenced off, and no unauthorised entry is permitted.
- (b) Construction areas, ramps, runways, corridors, offices, shops, and storage areas are adequately lit while any work is in progress.
- (c) Where food is prepared and served on the premises, facilities used for handling, preparing, and serving foodstuffs are kept clean.
- (d) Whenever employees are required to wear protective clothing when engaged in work, especially because of the possibility of contamination with toxic materials, change rooms and showers are provided on-site and designated by gender.
- (e) Change rooms are equipped with separate lockers for storage of each employee's personal belongings.

11.1.3 Waste is managed to prevent a nuisance from occurring on the premises:

- (a) Waste material and debris is removed to a disposal area, and reusable material is sorted and moved to a storage area at least once daily to prevent a hazardous condition from arising;
- (b) The building rubble generated is temporarily stored in a designated area on-site, and access to the area must be strictly controlled prior to removal for disposal.

SECTION 12

STANDARDS AND REQUIREMENTS FOR PUBLIC GATHERING PLACES

12.1 General standards and requirements for public gathering places

12.1.1 The management of waste on the premises complies with the by-laws of the relevant local authority:

- (a) Refuse bins with close-fitting lids are provided at strategic points throughout the premises for collection or disposal of litter.
 - (a) A central refuse area is provided on the premises where the storage of waste is pending removal.
 - (b) The central refuse area is maintained in such a manner to prevent the occurrence of a nuisance.
 - (c) Access control is available at all times in the central refuse area.
 - (d) In the case of stadia, on-site waste management is available on the premises during public events to manage overflowing, spillages, and littering and prevent a nuisance from occurring.

12.2 Adequate potable water supply is available on the premises-

- (a) In the case of public events, water points are made available at strategic points throughout the premises.
- (b) Where water tankers are utilised as drinking water points, the water is potable, fit for human consumption and protected from contamination.

12.3 Adequate ablution facilities are provided on the premises to meet the needs of the public:

- (a) For a population of up to 50 (fifty) people, 1 (one) toilet facility/water closet and 1 (one) wash hand basin are provided for every 50 (fifty) male persons.

- (b) One (1) urinal is provided for every 50 (fifty) male persons.
 - (c) One (1) toilet facility/water closet and 1 (one) wash hand basin are provided for every 25 (twenty-five) female persons.
 - (d) Toilet facilities for women enable the management of menstrual hygiene.
 - (e) A suitable, effective drainage and sewage disposal system is in place on the premises to satisfy and comply with the by-laws of the relevant local authority.
 - (f) The use of non-waterborne sanitary services on the premises complies with the specifications of the SANS 10400.
 - (g) At least 5% of the total number of toilets to be provided is accessible by persons with mobility challenges.
- 12.4 Where chemical closets are used to augment toilets in a public gathering place for the purpose of an event, an on-site maintenance team shall be available on the premises for the duration of the event to deal with blockages and leakages and prevent the creation of a nuisance and health hazard from occurring.
- (a) A site plan detailing the location and type of sanitary facilities to be utilised for an event is submitted to an environmental health practitioner of the relevant local authority for consideration before the event.
- 12.5 The premises are operated under a valid Certificate of Acceptability issued by the local authority to certify that the premises comply with the Regulations Governing General Hygiene Requirements for Food Premises, the Transport of Food, and related matters, R638 of 22 June 2018.

SECTION 13

STANDARDS AND REQUIREMENTS FOR AIRCRAFT, SHIPS AND POINT OF ENTRY PREMISES

13.1 Structural facilities

13.1.1 The aircraft and ship design must comply with the international standards and recommendations for traveller health and safety and facilitates proper cleaning and disinfection, and that the interior is made of a material that reduces the risk of harbouring insects, rodents and other vectors.

13.2 Waste management

- 13.2.1 The collection, storage and disposal of general waste generated by on-board conveyances and in the Point of Entry facility comply with national legislation and by-laws of the relevant local authority.
- 13.2.2 The management of waste on board the aircraft must adhere to the requirements as specified in the WHO Guide to Hygiene and Sanitation in Aviation and IATA Cabin Waste Handbook.
- 13.2.3 The management of waste on board vessels adheres to the requirements as specified in the WHO Guide to Ship Sanitation.

- 13.2.4 Sufficient waste containers must be provided for on-board conveyances for storage of all types of waste.
- 13.2.5 Waste containers must promptly emptied from the conveyances upon arrival, and waste management procedures must be implemented for disposal.
- 13.2.6 The collection, storage and disposal of general waste at any land, sea or airport must be managed in accordance with the by-laws of the relevant local authority.

13.3 Water, sanitation and hygiene

- 13.3.1 A potable water supply and adequate toilet and wash-up facilities are provided on board the aircraft and ship.
- 13.3.2 Hot and cold running water is provided at every hand wash basin.
- 13.3.3 Toilet facilities are maintained in good working order and in good repair at all times.
- 13.3.4 Floors of the toilets are constructed of a durable surface that is easily cleanable.
- 13.3.5 Sanitary waste on board the aircraft is, upon arrival, discharged into a municipal-approved sewerage system by a designated service provider.
- 13.3.6A potable water supply and adequate toilet and wash-up facilities are provided at all air, sea and land borders for use by travellers and staff members:
- 13.3.7 The toilet facilities are separated by gender.
- 13.3.8 Facilities for female persons enable the management of menstrual hygiene.
- 13.3.9 Always kept in good repair and clean and sanitary, with an adequate supply of toilet paper and soap.
- 13.3.10 Sewage disposal systems on board the ship conform to the specifications per the WHO Guide to Ship Sanitation and the Handbook for Inspection of Ships and Issuance of Ship Sanitation Certificates.

13.4 Accommodation establishments on board the ship

- 13.4.1 Accommodation establishments on board conform to the specifications as per the Handbook for Inspection of Ships and Issuance of Ship Sanitation Certificates:
- 13.4.2 Adequate ventilation and heating systems, with adequate natural or artificial lighting, must be provided.
- 13.4.3 Adequate water supply, sanitation and wash-up facilities must be provided for accommodation establishments.
- 13.4.4 An adequate supply of soap and toilet paper is maintained in sanitation facilities.
- 13.4.5 Accommodation establishments must be kept clean at all times.
- 13.4.6 The waste management on board adheres to the requirements specified in the WHO Guide to Ship Sanitation and the Handbook for Inspection of Ships and Issuance of Ship Sanitation Certificates.
- 13.4.7 Ships must be equipped with facilities for storage and managing wastes generated from all areas within the ship.
- 13.4.8 Waste containers must be designed appropriately to facilitate proper cleaning.

- 13.4.9 Waste holding rooms must be well ventilated, and humidity and temperature must be controlled.
- 13.4.10 Waste holding areas must have accessible hand washing facilities, and hot and cold running water must be provided.
- 13.4.11 Healthcare waste must be stored and treated in a safe manner.
- 13.4.12 Facilities for treating and/or storing healthcare waste must be available on board.
- 13.4.13 Ships must be equipped with facilities for managing waste from toilets and urinals, medical facilities and food sources.
- 13.4.14 Ships discharging waste at the port must do so in compliance with National Environmental Management, Waste Act 2008 (Act No. 59 of 2008) and the specific by-laws of the relevant local authority.

13.5 Food safety and hygiene

- 13.5.1 Food safety and hygiene on board the aircraft and on board the ship conforms to the specifications as per the WHO Guide to Hygiene and Sanitation in Aviation:
- 13.5.2 All food on board must be stored and maintained at safe temperatures before and during serving.
- 13.5.3 On-board storage compartments must be made of a material that is easily cleanable and is cleaned and disinfected regularly.
- 13.5.4 All equipment must be maintained in a serviceable condition and must be kept clean at all times.
- 13.5.5 Containers used for serving food can only be used for the intended purpose.
- 13.5.6 All utensils and equipment intended for single use shall not be re-used.
- 13.5.7 Food waste must be removed from the aircraft as soon as possible after arrival and must be disposed off appropriately.
- 13.5.8 Only food that is fit for human consumption is supplied on board.

13.6 General requirements

- 13.6.1 Engine rooms, recreational water environments, cargo holds, medical facilities, childcare and all other facilities on board the ship conform to the specifications as per the WHO Guide to Ship Sanitation and the Handbook for Inspection of Ships and Issuance of Ship Sanitation Certificates.
- 13.6.2 A cleaning and maintenance programme must be in place for all areas of a ship.
- 13.6.3 Aircraft and ships must be kept free of any vectors/pests and flies.
- 13.6.4 Aircraft cargo holds must be kept in a clean condition and free of infectious materials, vectors/pests, and rodents and the holds are constructed of a material that facilitates easy cleaning.
- 13.6.5 Adequate sanitation and hand washing facilities must be provided on board the vessel.
- 13.6.6 Hot and cold running water must be provided at every hand wash basin.
- 13.6.7 Toilet facilities must be kept clean at all times, and adequate supplies of toilet paper, soap, and drying towels are provided.

13.6.8 Cargo holds must be kept free of any infectious materials, vectors and rodents.

13.6.9 Integrated vector control programmes must be in place to control the breeding of vectors on board ships, aircraft, and point-of-entry environments.

SECTION 14

STANDARDS AND REQUIREMENTS FOR VACANT LANDS

14.1 Standards for vacant land

14.1.1 No owner or person in charge of any undeveloped/vacant land causes or allows to occur on any such land:

- (a) Accumulation of refuse and debris, including glass, paper, rags, tins, trash, ash and coal, and dead animals.
- (b) Overgrown weeds, trees, long grass, and existence of undergrowth, shrubs or any poisonous plants; accumulation of wrecked motor vehicles, chassis, engine or other part of a motor vehicle which is unsightly and may pose a health nuisance.
- (c) Offensive smells; stagnant waters.
- (d) Burning of refuse/waste material.
- (e) Any conditions that result in the breeding of flies, mosquitoes or other insects and the harbourage of rodents and other vermin.

SECTION 15

STANDARDS FOR CARAVAN PARKS AND CAMPING SITES

15.1 Standards and requirements for caravan parks and camping sites

15.1.1 Caravan parks and camping sites are only operated under a valid permit/licence issued by the relevant local authority.

15.1.2 The entrance to the caravan park or camping ground, roadways, paths, water closets, urinals, ablution and other facilities, and firefighting and first aid points are adequately illuminated during the hours of darkness.

15.2 Water and sanitation facilities

15.2.1 An adequate and constant supply of potable water, toilet and wash-up facilities is available on the premises:

- (a) One permanent standpipe is available in a convenient position for every 4 (four) caravan or camping sites, and under every standpipe tap, there is a gully trap set in a dished and properly rendered surround and connected to an approved drainage system.
- (b) At least 1 (one) toilet and 1 (one) urinal are provided for every 8 (eight) caravans or camping sites or part thereof. The bucket and channel of the urinal are made of stainless steel or other approved material.
- (c) At least 2 (two) toilet facilities are provided for every 6 (six) caravans or camping sites or part thereof in excess of 12 (twelve) sites.
- (d) Handwashing facilities and an adequate supply of soap are provided.
- (e) Toilets for female persons enable menstrual hygiene management.
- (f) All baths, showers, and hand wash basins are provided with an adequate and constant supply of hot and cold running water and fitted with waste pipes suitably trapped and discharging over and into an external gully connected to an approved drainage system.
- (g) The internal wall surfaces of all bathrooms, shower cubicles, and water closets are painted with light-coloured oil paint and are provided with a wall covering of an approved material.
- (h) All water closets, urinals, ablution and other facilities are suitably designated, and the entrances to ablution facilities are screened from public view.
- (i) An approved slop sink unit with an adequate and constant supply of cold running water is provided for caravanners and campers where chemical toilet receptacles are emptied and

cleaned. The unit is installed within a separate compartment adjacent to an ablution block with access for both genders. The floor of such a compartment is graded and drained to an approved drainage system.

- (j) Every 20 (twenty) caravan sites or part thereof and every 10 (ten) camping sites or part thereof are provided under a roofed area on an approved impervious floor, which is graded and drained to an approved drainage system with a double compartment washup sink unit for the washing of caravanners or camper's culinary utensils.

SECTION 16

STANDARDS FOR PROSONS, INCLUDING POLICE TATTION HOLDING CELLS

3.1 Standards and requirements for prisons, including police station holding cells

16.1.1 Prisons, including police station holding cells, comply with the following standards:

- (a) The building structure promotes the health and safety of inmates: walls are constructed of an approved material, brought to a smooth finish and painted with a light-coloured paint.
- (b) Prisoners are not overcrowded in cells to prevent the spread of communicable diseases.
- (c) Cells are kept clean at all times, free from debris, litter and other miscellaneous rubbish and are maintained in good repair.
- (d) Adequate storage facilities are provided for the storage of personal belongings of each occupier.
- (e) An adequate water supply, sanitation and hygiene facilities are provided to meet the needs of prisoners.
- (f) A potable water supply is provided on the premises for drinking, cooking, and other uses.
- (g) At least 1 (one) toilet facility and 1 (one) hand wash basin are provided for every 50 (fifty) male inmates. At least 1 (one) urinal must be provided for every 50 (fifty) prisoners.
- (h) At least 1 (one) toilet facility and 1 (one) hand wash basin are provided for every 25 (twenty-five) female prisoners.
- (i) Toilet facilities for women enable the management of menstrual hygiene.
- (j) Toilet and wash-up facilities are adequately illuminated and ventilated.
- (k) At least 1 (one) shower is provided for every 50 (fifty) inmates on the premise.
- (l) Toilet facilities provide privacy and security.
- (m) Potable running hot and cold water is available at all wash-up sinks and showers.
- (n) Toilet facilities are kept clean at all times, and an adequate supply of toilet paper, soap and drying towels is provided.
- (o) Toilet facilities are maintained in good working order and in good repair at all times.
- (p) Floors and walls of the toilet and wash-up facilities are constructed of an easily cleanable material.
- (q) Prisons have access to a well-managed laundry facility for effectively laundering bedding and clothing.

SECTION 17

STANDARDS FOR OFFICE ACCOMMODATION

17.1 Standards and requirements for office accommodation

17.1.1 Office buildings and accommodations must comply with the following environmental health standards.

- (a) The building structure is structurally safe and promotes the health and safety of occupants, and it is adequately ventilated and illuminated. Where an artificial ventilation system is utilised, it is maintained in good working order and enables adequate air circulation.
- (b) Adequate toilet and hand washing facilities are available on the premises for use by occupants-
- (c) At least 1 (one) toilet facility and 1 (one) hand wash basin are provided for every 30 (thirty) male employees on the premises, equipped with running water, and 1 (one) urinal is provided for every 30 (thirty) male employees on the premises.

- (d) At least 1 (one) toilet facility and 1 (one) hand wash basin are provided for every 20 (twenty) female employees, equipped with potable running water on the premises and toilets for female persons enable menstrual hygiene management.
- (e) Toilet facilities are properly illuminated and ventilated.
- (f) Floors of the toilet facilities are constructed of a smooth finish and easily cleanable surface.
- (g) An adequate supply of toilet paper is available in all toilet facilities, and soap is provided at all handwash basins.
- (h) Toilet facilities are kept clean at all times and maintained in good repair.
- (i) An adequate potable drinking water supply is provided on the premises at all times for use by occupants:
- (j) In high-rise buildings, where water is pumped into gravity-feed tanks, the water quality in the tanks is continuously monitored for possible contamination and fitness for consumption.
- (k) The management of waste on the premises is in line with the by-laws of the relevant local authority:
- (l) Refuse bins with close-fitting lids are provided at strategic points throughout the premises for collection or disposal of litter.
- (m) A central refuse area is available on the premises for storage of waste pending removal.
- (n) The central refuse area is maintained in such a manner as to prevent the occurrence of a nuisance.
- (o) Access control is available and is maintained.

SECTION 18 STANDARDS FOR KEEPING OF ANIMALS

18.1 Standards and requirements for keeping animals on premises

- 18.1.1 Premises used in connection with the keeping of breeding animals are operated under a permit issued by the relevant local authority.
- (a) Cattle, horses, mules, donkeys, goats, sheep, poultry, rabbits, pigs, dogs and bees are kept in structures or enclosures designed for the purpose of keeping such animals.
 - (b) Lighting and ventilation are provided by openings or glazed opening windows or louvres.
 - (c) The walls, partitions, and floors are designed with materials that will keep the structures clean and free from debris, odours, and other unsightly conditions.
 - (d) Enclosures or structures are not situated within the boundaries of any land, dwelling or other structure used for human habitation.
 - (e) Adequate space is provided for each animal kept on the premises.
 - (f) The height of the enclosures is adequate to prevent any nuisance and hazards.
 - (g) Animal feed is stored in a rodent-proof storeroom, and the manure storage area has a roofed platform constructed of concrete or other impervious material. The platform is graded and drained.
 - (h) A potable water supply for drinking and cleaning is provided and situated in or next to every aviary.
 - (i) Adequate washing facilities are available to clean structures, enclosures or shelters.
 - (j) Structures, enclosures and shelters are kept clean to eliminate pests.

18.2 General hygiene requirements for keeping animals and poultry

- 18.2.1 The premises and any equipment, apparatus, container or receptacle used in connection with keeping animals are maintained in a clean and sanitary condition and in good repair:
- (a) Portable storage receptacles of impervious material with close-fitting lids are provided for the storage of manure and/or animal waste.
 - (b) A potable drinking water supply is provided and situated next to or in every stable, pigsty, stable structure, container or any enclosure used to accommodate animals, including poultry.
 - (c) Manure storage receptacles are kept on a platform that enables the surface underneath the receptacle to be cleaned.
 - (d) Manure is removed at least once every three (3) days, or as and when necessary, and placed in the manure storage receptacles.
 - (e) The contents of the manure storage receptacles are removed from the premises at least once every 7 (seven) days, and the manure is disposed of in a way that will not create a public health nuisance.

- (f) All feed is stored in a rodent-proof storeroom, and all loose feed is stored in rodent-proof receptacles with close-fitting lids in the storeroom.
- (g) Adequate measures are taken to keep the premises free of pests and to prevent offensive odours due to keeping such animals.
- (h) All bedding is removed from the stables and enclosures at least once a week and shall be stored in the manure receptacles or manure container or area until it is removed from the premises.
- (i) All saddles, bridles, harnesses and other equipment or articles used in connection with the keeping of the animals are stored in a storeroom or other adequate storage facility provided for that purpose.
- (j) Animals that die are removed from the premises within 24 hours of death to prevent a health hazard from occurring and disposed of in line with municipal by-laws.
- (k) Disposal of dead animals is conducted in an acceptable manner and in compliance with the relevant by-laws of the local authority concerned.
- (l) Wild animals may not be kept on residential premises without prior approval of the relevant nature conservation authorities and/or without a permit by the relevant local authority authorising the keeping of such animals on the premises.
- (m) Premises used as pet shops and parlours have washing facilities, clipping or grooming of pets, a bathroom fitted with a bath or similar fitting, and a wash hand basin supplied with running water is provided on the premises:
 - (i) A clipping and grooming room fitted with impervious topped tables and an adequate number of portable storage receptacles of an impervious durable material with close-fitting lids for the storage of cut hair pending removal is provided.
 - (ii) Measures are taken to control the breeding of rodents.
- (n) The slaughtering of any animal for one's own consumption and religious purposes is only done in an open area:
- (o) The meat from the slaughtered animals is only utilised for one's own consumption or religious or ceremonial purposes and may not be sold to any person.
- (p) The meat is always handled in a hygienic manner.
- (q) Blood and other waste products from the carcass are disposed of in a manner that does not become a public health hazard or nuisance.

SECTION 19 STANDARDS OFFENSIVE TRADES
--

19.1 Standards for offensive trades on premises
--

19.1.1 The owner or occupier of such premises ensures that:

- (a) The operation of such activity in or on such premises is conducted in such a manner as not to create or cause a public health nuisance or hazard or, injury or danger to health.
- (b) The premises used in connection with such activity are maintained in a clean, hygienic and good condition at all times.
- (c) The accumulation of any waste on or in such premises is avoided, and all walls and floors of such premises are maintained in a manner and condition as to prevent the absorption of any waste or wastewater; maintain all machinery, plant, apparatus, furniture, fittings, tools, implements, vessels, containers, receptacles and vehicles in a clean, hygienic and good condition at all times.
- (d) No emissions of noxious, injurious or offensive gases, fumes, vapours or dust matter are emitted due to the operations of such activities.

DEFINITION OF TERMS

Any definition in the Act and the Regulations shall have the same meaning.

Accommodation establishment	Means a hotel, guest house, lodge or boarding house, bed and breakfast and any other establishment where accommodation is provided to people temporarily or semi-permanently.
Aircraft	Means an aircraft making an international voyage.
Chemical	Means a substance, whether by itself or in a mixture or preparation and whether manufactured or obtained from nature, but does not include any living organism.
Childcare centre	Means partial care facility as categorised in terms of Section 76 to 90 of the Children's Act and shall include partial care: ECD and after-school care, hostel and respite care, child and youth care centres as well as drop-in centres.
Community residential mental healthcare facilities	Means mental health halfway houses, residential facilities/care and rehabilitation facilities.
Determinants	Refers to microorganisms, physical or aesthetic property or chemical substance of which the risk posed is classified as chronic health -1, chronic health -2, aesthetic, chronic health or operational category.
Disinfectant	Means any article or substance used or applied or intended to be used or applied as a germicide, preservative or antiseptic, or as a deodorant or cleansing material which is not a cosmetic or a chemical agent that kills most vegetative forms of pathogenic and other micro-organisms (but not necessarily all bacterial and fungal spores, mycobacteria, rickettsiae or viruses) on inanimate surfaces.
Disinfection	Means the procedure whereby health measures are taken to control or kill infectious agents on human diseases in baggage, cargo, containers, conveyances, goods and postal parcels.
Environmental health practitioner	Means, subject to the provisions of the Health Professions Act, 1974 (Act No. 56 of 1974) as amended, any person registered with the Health Professions Council of South Africa, including environmental health practitioners doing compulsory community service as health officers are described under the Act.
Hazard	Means an intrinsic potential or ability of an agent, equipment, material, activity or process to cause harm.
Healthcare general waste	Means healthcare general waste as defined in the SANS 10248, Management of Healthcare Waste.
Healthcare professional	Means a healthcare professional as defined in the SANS 10248-3, Management of Healthcare Waste, Part 3: Management of healthcare risk waste from minor generators – Registered healthcare professionals and non-healthcare professionals.
Healthcare risk waste (HCRW)	Means to healthcare risk waste as defined in SANS 10248, Management of Healthcare Waste.
Health certificate	Means a health certificate is issued to certify that the premises comply with the relevant norms and standards.
Health establishments	Refer to a "health establishment" and "military health establishment" as defined in the National Health Act.
Improved water sources	Includes water sources that, by nature of their construction or through active intervention, are protected from outside contamination, particularly

	faecal matter. Such sources comprise piped water, public taps or standpipes, tube wells or boreholes, protected dug wells, protected springs and rainwater collection.
Industrial waste	Refers to waste generated as a result of industrial activities such as manufacturing, maintenance, fabricating, processing or dismantling activities, mining activities or the operation of power stations.
Integrated pest management	Refers to an approach to managing pests that seeks to maximise the effectiveness of biological and cultural control factors, utilising chemicals only as needed and with minimal application. Such management is designed to place stress on the pest population through a series of processes that reduce breeding areas and pest entry points.
Major generator	Means a generator that generates more than 20 kg per day of healthcare risk waste, including the container, calculated monthly as a daily average.
Microbiological quality	Refers to the presence of micro-organisms such as protozoa, bacteria and viruses in water.
Minor generator	Means a generator that generates up to 20 kg per day of healthcare risk waste, including the container, calculated monthly as a daily average, but does not include domestic generators:
Monitoring	Refers to the long-term, standardised measurement and observation of the aquatic environment to define status and trends.
Non-healthcare professional	Means non-healthcare professionals as defined in the SANS 10248-3, Management of Healthcare Waste, Part 3: Management of healthcare risk waste from minor generators – Registered healthcare professionals and non-healthcare professionals.
Normal	Means the desired status.
Nursing home	Means a place of residence for people who require constant nursing care, as well as people who might have significant deficiencies with activities of daily living. These may include rest homes and care homes and exclude homes for the aged.
Operational	Refers to a determinant essential for assessing the efficient operation of treatment systems and risks to infrastructure.
Pathological waste	Refers to diseased animals or animal parts infected with zoonotic diseases. Human and animal tissues, organs, body parts, blood, fluid blood products and body fluids. Containers or equipment containing blood that is fluid or blood from animals known or suspected to be infected with any zoonotic disease and human fetuses.
Pest	Means any animal, which includes insects and rodents, that may transmit disease.
Pest control programme	Means a written programme that outlines activities to be conducted for the control of pests on a premises.
Pesticide	Refers to any substance or mixture of substances of chemical or biological ingredients intended for repelling, destroying or controlling any pest or regulating plant growth.
Pharmaceutical waste	Refers to pharmaceutical products and medical chemicals that are no longer usable in human or animal treatment, have become outdated or contaminated or are no longer required and items contaminated with cytotoxic pharmaceuticals.
Physical quality	Refers to turbidity, colour, taste, odour and other physical aspects of water.
Point of delivery	Physical fixed interface between a water services provider or a water services authority and a customer.

Point of entry	Means a passage for international entry or exit of travelers, baggage, cargo, containers, conveyances, goods and postal parcels, as well as agencies and areas providing services to travellers on entry or exit.
Point of use	Refers to taps, buckets, tanks or drums from where people utilise the water.
Potable water	Refers to water from treated sources, taps, jojo storage tanks, standpipes, and reservoirs.
Public gathering places	Refers to public places, such as shopping malls, airports, cinemas, stadia, public events, including government-owned or occupied premises.
Radioactive waste	Means liquid, solid or gaseous materials that contain or are contaminated, with radio nuclides.
Recreational water	Refers to public and private swimming pools and spa baths.
Risk	Refers to the probability and severity of an adverse health or environmental effect occurring as a function of a hazard and the likelihood and extent of exposure to a pesticide.
Risk management	Refers to the process of identifying and documenting all hazards and risks within the water supply system.
Routine monitoring programme	An ongoing monitoring programme is intended to validate the effectiveness of control measures at critical control points and assess the quality of water based on the location of routine sampling points, sampling frequency, and determinants.
Rural and remote settings	Means rural and remote settings as defined in SANS 10248-2, Management of Healthcare Waste, Part 2: Management of healthcare risk waste for healthcare facilities and healthcare providers in rural and remote settings.
Scrapping or recovery facility	Means scrapping or recovery facility as defined in the National Standards for the Scrapping or Recovery of Motor Vehicles, No. 925 of 29 November 2013.
Segregation	Means the separation of healthcare waste into different categories.
Ship	Means a seagoing or inland navigation vessel on an international voyage.
Standard	Means a qualitative statement that describes what constitutes acceptable or adequate performance, resources or services.
Surface water	Refers to untreated water sources like streams, rivers, springs and boreholes.
Surveillance	Refers to the continuous, specific measurement and observation for water quality management and operational activities.
Toxicity	Means a physiological or biological property which determines the capacity of a chemical to do harm or produce injury to a living organism by other than mechanical means.
Traveller	Means a natural person undertaking an international voyage.
Unimproved water sources	Include unprotected dug well, unprotected spring, cart with small tank/drum, tanker truck, and surface water (river, dam, lake, pond, stream, canal, irrigation channels).
Vacant land	Refers to private or public unoccupied or empty stands or any land without a structure on it, a pavement or open field.
Water safety plan	A systematic process that aims to consistently ensure acceptable drinking water that does not exceed the numerical limits within SANS 241 by implementing an integrated water quality management plan, which utilises

	a risk assessment and risk management approach from catchment to point of delivery.
Water services authority (WSA)	Any municipality that has the executive authority to provide water services within its area of jurisdiction in terms of the relevant national legislation or the ministerial authorisations made in terms of the relevant national legislation.
Water services provider	Any person who has a contract with the water services authority or water services provider to sell water to that authority or provider. or any person who has a contract with a water services authority to assume operational responsibility for providing water services to one or more consumers within a specific geographic area.

APPENDICES

Appendix A:
Database for food premises

Province	District	Sub-district	Name of business	Street number and name	Suburb, town, area	Ward	Contact number	Person in charge	Type of premises (e.g., general dealer, café, restaurant, butchery, etc.)	Certificate of Acceptability Number	Date/s of inspection

Appendix B:
Database for other premises

Province	District	Sub-district	Name of premises	Street number and name	Suburb, town, area	Ward	Contact number	Person in charge	Type of premises (e.g. guest house, ECD, funeral undertakers)	Health Certificate Number, where applicable	Date/s of inspection

Appendix C:
Record of fines/prosecutions

Province	District	Sub-district	Name of offender	Name of business premises	Address of business premises	Ward	Offence description (name of legislation and sections)	Penalty fee (if applicable)	Penalty paid (Yes/No)	Imprisonment (Yes/No/N/A)

Appendix F:
Record notifiable medical conditions investigations

Province	District	Sub-district	Name of patient	Residential address	Suburb, town, area	Ward	Contact number	Medical condition	Source and cause	Confirmed/suspected	Date of notification	Date of investigation	Environmental health intervention

Appendix G:
Database for paint suppliers

Province	District	Sub-district	Name of business	Street number and name	Suburb, town, area	Contact number	E-mail address	Person in charge	Type of business (e.g. importer, manufacturer, distributor, retailer)	Names of supplied paint products	Comply with labelling requirements (Yes/No)	Samples taken in paint (Yes/No)	Samples comply with lead in paint standard (Yes/No)	Names of non-compliant products with lead in paint standard	Date/s of inspection

Appendix H:
Database of retailers specialising in disinfectants, detergents, cosmetics and industrial chemicals

Province	District	Sub-district	Name of businesses	Street no and name	Suburb, town, area	Ward	Contact number	E-mail address	Person in charge	Type of products sold (e.g. disinfectants, detergents, cosmetics and industrial chemicals)	Comply with labelling requirements (Yes/No)	Samples taken (Yes/No)	Samples comply with chemical standards (Yes/No)	Names of non-compliant products with chemical standard	Date/s of inspection