

PROTECTION OF PUBLIC HEALTH ORDINANCE, 1999
PROTECTION OF PUBLIC HEALTH (MEASURES ON THE CARRYING OUT OF ACTIVITIES IN INFECTED
LOCAL AREAS) ORDER, 2020

(Paragraph 3)

Date:

**To: Chairman,
State Disaster Management Committee (SDMC),
(Attention: Chairman, Sarikei Divisional Disaster Management Committee)**

NOTIFICATION TO CARRY OUT ACTIVITY OR BUSINESS

1.(State name of person/firm/company) of(state address where the activity or business to be carried out), hereby give notice that I intend to carry out (state nature of activity or business).

2. I/We have taken the following plan of action taken to protect public health and to prevent spread of the disease:-

- (a);
- (b);
- (c);
- (d);
- (e);

3. I/We undertake to comply with all laws applicable in the state and also to comply with any guidelines or standard operating procedures issued from time to time by the State Disaster Management Committees with the approval of the Minister.

.....
(Signature of person/for and on behalf of the firm/for and on behalf the company)

Name:
Contact No.:
Fax No.:

PROTECTION OF PUBLIC HEALTH ORDINANCE, 1999
PROTECTION OF PUBLIC HEALTH (MEASURES ON THE CARRYING OUT OF ACTIVITIES IN INFECTED
LOCAL AREAS) ORDER, 2020

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Date:

**To: Chairman,
State Disaster Management Committee (SDMC),
(Attention: Chairman, Sarikei Divisional Disaster Management Committee)**

NOTIFICATION TO CARRY OUT ACTIVITY OR BUSINESS

1. **Nasi Lemak Mak Nani** of **Lot 192, Jalan Repok, 96100 Sarikei**, hereby give notice that I intend to carry out (state nature of activity or business).
2. I/We have taken the following plan of action taken to protect public health and to prevent spread of the disease: -
 - (a) **To record the workers body temperature before the work started**
 - (b) **1 meter social distancing**
 - (c) **The usage of face mask**
 - (d) **Hand sanitizer is provided at the entrance and ensure to be applied to the staff, supplier and customers**
 - (e) **the body temperature screening process.**
3. I/We undertake to comply with all laws applicable in the state and also to comply with any guidelines or standard operating procedures issued from time to time by the State Disaster Management Committees with the approval of the Minister.

.....
(Signature of person/for and on behalf of
the firm/for and on behalf the company)

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