Please respond to all questions in as much detail as possible.

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| **Health Security Program Section** | |
| 1. **Is there a dedicated staff member accountable for your COVID-19 health security program?** | Yes/No |
| **2. Are you following current federal, state and local guidance regarding COVID-19?** | Yes/No |
| **If no, please explain.** Explain | |
| **3. Is basic information and training about infection prevention provided to all workers in languages that they understand? NOTE: Information should be available in multiple languages as some employees may not understand or read English or Spanish.** | Yes/No |
| **4. Do you mandate that all employees be vaccinated unless an accommodation has been approved?** | Yes/No |
| **5. Have all employees been told not to come to work when sick?** | Yes/No |
| **6. Do you perform daily screening of employees before they are allowed to work?** | Yes/No |
| **If yes, please explain your screening protocol.** Explain | |
| **7. Are employees required to wear masks at all times?** | Yes/No |
| **8. Is alcohol-based hand sanitizer, with greater than 60% ethanol or 70% isopropanol, provided?** | Yes/No |
| **9. What PPE, if any, are you providing to your employees to assist in protecting them from COVID-19? Please explain.** Explain | |
| **10. Do employees have to notify employer of any international travel including where traveled?** | Yes/No |
| **If yes, are employees required to quarantine at least two weeks prior to returning to work?** | Yes/No |
| **11. Is there a designated quarantine area in which an employee will stay, if reporting in ill, until someone can  pick them up?** | Yes/No |
| 12. What are your requirements for those who test positive before they can return to work? Please explain. Explain | |

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| **Field Workers** | |
| 1. **Please describe what physical distancing controls are in place in fields, group transportation and group housing.** Explain | |
| 1. Are workers who house together grouped together for travel to fields to limit exposure to other workers? | Yes/No |
| 1. Are workers grouped together in smaller groups to minimize the number of different individuals exposed to each other over the course of time? | Yes/No |
| 1. Please describe toileting and hand sanitizing stations available for use. Explain | |
| a. Is there a requirement and is it posted that employees wash their hands after each use? | Yes/No |
| b. Are these areas sanitized at regular intervals during the day? | Yes/No |

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| **Packaging/Processing Operations** | |
| 1. How have you configured your facility to accommodate proper social distancing? (ie: staggered shifts, repositioning workers or equipment, installing plexiglass shields) Please Explain. Explain | |
| 1. Describe physical distancing controls in breakrooms, restrooms, elevators, and other common areas where employees/students/visitors congregate? Explain | |
| 1. **How frequently are these common areas disinfected?** Explain | |
| 1. Are disinfecting supplies available to all employees? | Yes/No |
| 1. Has environmental cleaning of your facility, increased or changed? | Yes/No |
| **Please Elaborate**. Explain | |
| 1. Are you involving the local public health department if you suspect you have an employee with COVID-19? | Yes/No |
| 1. Do you discourage workers from using the other workers tools & equipment? | Yes/No |

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| **Administrative Office Exposures** | | |
| 1. What protocols are in place for social distancing when workers come into the office to pick up schedules, paychecks, etc. (ie: physical distancing, barrier guarding at transaction points) | |  |
| **Please Explain.** Explain | | |
| 1. Are high touch areas frequently sanitized (doorknobs, chairs, counters, bathroom, etc.)? | Yes/No | |
| **How often?** Explain | | |