<< FARM NAME >> COVID-19 COMMUNICATION Checklist

Covid-19 is a respiratory illness that is capable of spreading from person to person. As such, << FARM NAME >> is committed to preventing the spread of COVID-19 on the farm. The checklist below is used to ensure all resources have been communicated to workers and contractors before starting work on the Farm. Place a checkmark by the items discussed and resources provided.

Trainer: \_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |
| --- | --- | --- | --- |
| A. | INTRODUCTION | E. | IF YOU ARE SICK |
|  | 1. COVID-19 Fact Sheet |  | 1. Sick with COIVD-19 Fact Sheet |
|  | 2. COVID-19 Screening Form |  | 2. Self-Isolation |
|  | 3. COVID-19 Daily Screening Form |  | 3. Managing Respiratory Symptoms at Home |
| B. | PERSONAL HYGIENE |  | 4. Contacting 8-1-1 or Local Health Care |
|  | 1. Hand Washing |  |  |
|  | 2. Hand Washing Stations in the Field | F. | SAFETY TRAINING PROCEDURES |
|  | 3. Removing Gloves |  | 1. Safety Orientation Procedures |
|  | 4. Wearing a Mask |  | 2. Online Safety Training |
|  | 5. Stopping the Spread |  | 3. On-the-Job Training |
|  | 6. Social Distancing | G. | GOVERNMENT IMPOSED RESTRICTIONS |
| C. | FACILITY HYGIENE |  | 1. Crossing Borders for Work on the Farm |
|  | 1. Cleaning & Disinfecting |  | 2. When to Self-Isolate |
|  | 2. Disinfectants |  | 3. Social Distancing |
|  | 3. Product Drop-Off to Customers |  | 4. Staying at Home |
|  | 4. On-Farm Deliveries | H. | BUSINESS CONTINUITY |
| D. | LEGISLATION |  | 1. Primary Contact |
|  | 1. The Right to Refuse Unsafe Work |  | 2. Secondary Contact |
|  | 2. Work Refusal Procedures |  | 3. Suspending Farm Operations |
|  | 3. Work Refusal Report Form |  | 4. Contracted Help on the Farm |
|  | 4. Meetings & Meeting Minutes |  |  |

This is to acknowledge that I understand the information provided and agree to actively participate in the prevention of the spread of COVID-19 by following all procedures outlined.

Worker Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Worker Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_