Employee Health and Food Safety Checklist for Human and Animal Food Operations During the COVID-19 Pandemic

U.S. FOOD & DRUG ADMINISTRATION

OSHA Occupational Safety and Health Administration

Food and Drug Administration (FDA) and Occupational Safety and Health Administration (OSHA)

Purpose: The Food and Drug Administration (FDA) and the Occupational Safety and Health Administration (OSHA) are providing this checklist for FDA-regulated human and animal food operations to use when assessing operations during the COVID-19 pandemic, especially when re-starting[1] operations after a shut down or when reassessing operations because of changes due to the COVID-19 public health emergency caused by the virus SARS-CoV-2. Some or all of this checklist may be useful to persons growing, harvesting, packing, manufacturing, processing, or holding human and animal food regulated by FDA. This includes produce, seafood, milk, eggs, grains, game meat, and other raw materials or ingredients, as well as their resulting human or animal food products[2]. This checklist is not exhaustive of all things human and animal food operations may do for employee health and food safety during the COVID-19 pandemic and can be used in conjunction with additional information from the Centers for Disease Control and Prevention (CDC), OSHA, and other federal, state, local, tribal, and territorial authorities. Not all of the items are relevant to all types of food operations; there is additional sector-specific information available e.g., guidance from CDC and the U.S. Department of Labor for Agriculture Workers and Employers [5], Seafood Processing Workers (developed in consultation with FDA) [6], and Meat and Poultry Processing Workers and Employers [7]. Some human and animal food operations producing food subject to FDA regulations are located in foreign countries, though these operations are not subject to OSHA requirements discussed in this document.[3] This checklist provides information useful for foreign facilities that manufacture, process, pack, or hold food for consumption in the United States.

Employee Health and Social Distancing Checklist

This checklist includes considerations for employee health, screening, and operation configuration for social distancing to prevent or minimize the spread of COVID-19. More information about what practices or steps might be appropriate within your operation can be found in FDA's document titled "What to Do if You Have COVID-19 Confirmed Positive or Exposed Workers in Your Food Production, Storage, or Distribution Operations Regulated by FDA" [8], as well as in the CDC and OSHA guidance for manufacturing workers and employers [9], agriculture workers and employers [5], seafood processing workers and employers [6], and meat and poultry processing workers and employers [7].

1. If you are resuming operations after a shutdown, guidance on reopening is available from entities such as CDC and OSHA [1,2,3, 4].
2. Animal food means food for animals other than man and includes pet food, animal feed, and raw materials and ingredients (21 CFR 507.3).
3. The OSH Act covers most private sector employers and their workers, in addition to some public sector employers and workers, in the 50 states and certain territories and jurisdictions under federal authority. Those jurisdictions include the District of Columbia, Puerto Rico, the Virgin Islands, American Samoa, Guam, Northern Mariana Islands, Wake Island, Johnston Island, and the Outer Continental Shelf Lands as defined in the Outer Continental Shelf Lands Act.

Employee Health

Ensuring employees remain healthy is key to maintaining continuity of operations and, under the Occupational Safety and Health Act of 1970, employers must provide a safe and healthful working environment free of serious recognized safety and health hazards. If you have an on-site occupational health (OH) service or OH consultant, please seek their advice for managing your workforce health during the COVID-19 pandemic. Any employee who has COVID-19, regardless of whether the employee has signs and/or symptoms, should be isolated away from the facility, per CDC and OSHA recommendations [9]. Employers should consider the following questions when assessing operations during the COVID-19 pandemic.

General:

☐	Have you developed a COVID-19 assessment and control plan[4], as recommended by CDC and OSHA [9]?
☐	Have you identified a workplace coordinator to coordinate COVID-19 employee health and social distancing activities, as recommended for such a plan?
☐	Have you provided employees a clear point of contact (e.g., the workplace COVID-19 coordinator) to (1) report symptoms or illness [11] and (2) consult with when an employee who has been sick with COVID-19 symptoms meets the CDC criteria to end a home isolation period [12]?
☐	Have you established practices to assess employee health and minimize the spread of COVID-19 in accordance with recommendations from federal agencies such as CDC, FDA, OSHA, and any applicable state, local, tribal and/or territorial authorities?
☐	Do these practices cover: • assessing employee health (e.g., assessing symptoms) prior to and/or upon arrival to work; • what to do when an employee is symptomatic (has symptoms of COVID-19) or has tested positive for the virus that causes COVID-19; • what to do when an employee has been exposed to co-workers or other people (e.g., family or friends) who have symptoms consistent with COVID-19 or who have tested positive for the virus that causes COVID-19; • practices to protect workers at increased risk of severe illness, such as older adults and people of any age with a chronic medical condition (addressed based on consultation with occupational medicine and human resource professionals) [9]?
☐	Have you reached out to state and/or local public health officials and occupational safety and health professionals to establish ongoing communications to make sure you are getting relevant and up-to-date information concerning COVID-19 [9]?

4. CDC has developed a Manufacturing Facility Assessment Toolkit that includes a facility assessment checklist intended for use by facility management and/or occupational safety and health professionals to assess a facility's COVID-19 control plan and determine whether control measures in place align with CDC/OSHA guidance [10].

Facilities:	
☐	Have you ensured that the work environment is generally free of recognized safety and health hazards, e.g., as described by OSHA [13]?
☐	Particularly when re-starting operations after a shut down, have you taken steps to ensure the temporary shutdown or reduced operation of a facility, including reductions in normal water use, have not created hazards, including those related to mold in the facility and Legionella in water systems, for returning occupants [2]?
For all personnel:	
☐	Have personnel (workers and supervisors) been provided basic COVID-19 infection prevention information and training in a language and at a literacy level they understand, as recommended by CDC and OSHA [9]?
☐	Have you posted flyers (e.g., by lockers, in break rooms) with simplified messages in multiple languages that use infographics to facilitate employee understanding of COVID-19 infection control practices [9]?
☐	Have you displayed simple posters in the languages that are common in the worker population that encourage staying home when sick (or after testing positive for the virus that causes COVID-19), cough and sneeze etiquette, and proper hand hygiene practices, as recommended by CDC and OSHA [9]?
☐	Have you considered using CDC videos on COVID-19 [14] to provide prevention information to your workers?
☐	Have you made available enough facilities (e.g., handwashing stations), materials (e.g., soap, paper towels, hand sanitizer with at least 60 percent alcohol), and trash receptacles (preferably no-touch) so workers can implement CDC- and OSHA-recommended handwashing practices [15] and, to the extent feasible, social distancing while implementing hygiene practices [9]?
☐	Have you enhanced (i.e., increased the scope and frequency of) cleaning and disinfecting (using disinfectants from EPA's list of disinfectants for use against SARS-CoV-2 [16]) of frequently touched surfaces such as timeclocks, door handles, faucets, control panels, vending machine touchpads, and handles on refrigerators and microwave ovens in break rooms, as recommended by CDC and OSHA [9]?
☐	Have you reduced the surfaces that employees touch by adding "no touch" features to otherwise frequently touched surfaces, such as clock in/out stations, hand sanitizer stations, doors, trash cans, and faucets, where feasible [9]?
☐	Do you have procedures for social distancing as described by CDC and OSHA[9]?
☐	Have you done an assessment to determine whether personal protective equipment (PPE) is necessary to protect workers [9]?

☐	Do you have procedures for when and how to wear face masks or cloth face coverings as described in FDA's fact sheets [17] and by CDC[5] [18], or PPE (such as respirators and face shields) as recommended by CDC and OSHA [9], and policies for complying with applicable religious accommodation laws?
☐	If practices include the use of PPE and/or masks/cloth face coverings, or changes to these uses, have you provided training on proper wearing, removal, and cleaning (if applicable) of PPE and face coverings, as recommended by CDC and OSHA [9]?
☐	Have you analyzed your sick leave policies as described by CDC and OSHA to make sure that ill workers, including asymptomatic workers infected with SARS-CoV-2, are not in the workplace and to ensure employees are not penalized for taking sick leave if they have COVID-19 [9]?
☐	Does your plan consider whether you are able to offer vulnerable workers (older adults and people of any age who have certain underlying medical conditions [19]) roles that minimize their contact with others [20]? • Have you consulted the Equal Employment Opportunity Commission's guidance regarding compliance with the Americans with Disabilities Act during the pandemic [21]?
☐	Do your procedures include situations in which you provide shared transportation to workers, e.g., between establishments or to the fields, when appropriate [5]? As recommended by CDC and OSHA [5, 6, 9], if shared transportation such as carpooling or using company shuttle vehicles is a necessity for workers: • Have you limited the number of people per vehicle to provide as much space as feasible between riders (which may mean using more vehicles or making more frequent trips)? • Is everyone in the vehicle required to wear a mask or face covering and use hand sanitizer on entry/exit? • Are windows open to increase air flow, when feasible? • Are commonly touched surfaces, such as door handles, handrails, and seatbelt buckles, cleaned and disinfected after each carpool or shuttle trip? • Have you provided workers with information on how to protect themselves when using shared transportation [22]?
☐	If workers live in shared/communal housing facilities (e.g., seasonal farm workers) have you developed measures on COVID-19 infection prevention, including personal preventive measures and approaches for social distancing (particularly in shared rooms such as kitchens, bathrooms, and sleeping quarters), as described by CDC [5, 6, 23]?

5. CDC recommends wearing cloth face coverings as a protective measure in addition to social distancing (i.e., staying at least 6 feet away from others), and notes that they may be especially important when social distancing is not possible or feasible based on working conditions [9].

For persons who are symptomatic or develop symptoms at work:	
☐	Are procedures in place that require symptomatic workers to stay home or go home if they develop symptoms during the work day [6, 9]?
☐	Are procedures in place to physically isolate a symptomatic person from others, including identifying a designated isolation area, prior to the sick person being transported from the facility [9, 20]?
☐	Are procedures in place to provide alternate transportation in a manner that does not expose others if an employee that develops symptoms arrived via shared transportation [5]?
☐	Are procedures in place to collect information about the sick person's contacts (up to 2 days prior to symptom onset) to identify other workers who could be considered exposed (e.g., people who were in close contact with [less than 6 feet from] the symptomatic worker for at least 15 minutes)? (A close contact is defined in CDC's Public Health Guidance for Community-Related Exposure [24].)
☐	Are procedures in place to inform fellow workers of their possible exposure to COVID-19 when a sick person is confirmed infected (maintaining confidentiality as required by the Americans with Disabilities Act [20, 21])?
☐	Do your procedures instruct exposed workers about how to proceed based on the CDC Public Health Guidance for Community-Related Exposure [24]?
☐	Do you have workers' home contact information to facilitate contact about health status and/or sharing information about their potential contact with a symptomatic or diagnosed individual?
☐	Do you have procedures to clean and disinfect surfaces using disinfectants from EPA's list of disinfectants for use against SARS-CoV-2 [16] in all areas used by a sick person, as recommended by CDC [25]? • Do these procedures include closing off areas used by the sick person (before cleaning and disinfecting) for at least 24 hours whenever feasible, and opening outside doors and windows to increase air circulation in the area (as recommended by CDC)? • Do these procedures include measures to protect the person doing the cleaning, such as wearing skin protection and, where needed, eye protection for potential splash hazards [1]? • Do the measures address cleaning and disinfecting the vehicles in which the sick person arrived at and departed from work, when feasible [5]?
☐	Do you know how to contact your state, local, tribal, and/or territorial health department [26] should you have questions or suspect an outbreak in your operation?

Employee Exposure Investigation & Testing

Have you decided how you will determine when an employee should be tested for COVID-19? This is an important consideration for your COVID-19 assessment and control plan. CDC provides a summary of considerations and current recommendations regarding SARS-CoV-2 testing in its Overview of Testing for SARS-CoV-2 [27]. In addition, CDC has developed two additional guidance documents on testing: (1) "SARS-CoV-2 Testing Strategy: Considerations for Non-Healthcare Workplaces" [28], which presents considerations for use of a strategy and categories of people for SARS-CoV-2 testing; and (2) "Testing Strategy for Coronavirus (COVID-19) in High-Density Critical Infrastructure Workplaces after a COVID-19 Case is Identified" [29], which presents options for testing strategies for exposed coworkers for use when public health organizations and employers determine testing is needed to help support existing disease prevention measures. A strategy aimed at reducing introduction of SARS-CoV-2 into the work setting through early identification could reduce the risk of widespread transmission. CDC has recommended guidelines for testing for asymptomatic individuals without known or suspected SARS-CoV-2 exposure for early identification in special settings [27, 28]. High-density critical infrastructure workplaces, such as food processing facilities where continuity of operations is a high priority, are settings for which these approaches could be considered.

Note that CDC advises that critical infrastructure workers may be permitted to continue work at their regular duties following potential exposure to COVID-19 [30], provided they remain asymptomatic and additional precautions are implemented to protect themselves, their coworkers, and the community, including continued screening for symptoms [20, 30]. However, if tested, their results must be negative for them to continue working (see CDC's Interim Guidance for Implementing Safety Practices for Critical Infrastructure Workers Who May Have Had Exposure to a Person with Suspected or Confirmed COVID-19 [30]). These additional precautions are necessary because those exposed to individuals with COVID-19 may develop symptoms of the disease anywhere from 2–14 days later (or may be infected but remain asymptomatic, shed virus, and transmit SARS-CoV-2 to other individuals). CDC recommends that, for critical infrastructure workers who have had an exposure to COVID-19 but remain asymptomatic, employers measure employees' temperatures and assess symptoms prior to their starting work [30]. CDC also recommends that exposed employees wear a face mask or employer-approved cloth face coverings (these are described by FDA [17]) at all times while in the workplace for 14 days after last exposure and practice social distancing. According to CDC, as long as the employee doesn't have a fever or symptoms, they should self-monitor for symptoms and fever under the supervision of their employer's occupational health program. In addition, any employee who becomes sick during their work shift should immediately be sent home and/or seek further care from a healthcare provider [30].

☐	Does your COVID-19 assessment and control plan include procedures to identify close contacts of those exposed to a person with confirmed COVID-19 through case investigation and contact tracing, typically conducted by state or local health departments [31]?

☐	Do you have a procedure for establishing priority for testing (for example, CDC's tiered approach) based on an assessment of risk in the workplace and other factors, such as high rates of COVID-19 transmission in the surrounding community or workers' households [29]?
☐	Does your COVID-19 assessment and control plan include procedures for workers who have had an exposure [30]?
☐	Does your plan provide for exposed workers (i.e., workers who have had close contact with a person confirmed as positive for COVID-19) that are asymptomatic to be pre-screened and to self-monitor daily for onset of symptoms related to COVID-19, as CDC recommends [30]?
☐	Does your plan include procedures for when to test workers, as described by CDC [27, 28 29,]?
☐	Does your plan address the specific procedures for testing workers (e.g., the type of test, who will conduct the tests, and where they will be conducted) when testing is warranted, and what actions might be taken based on test results? (If you have a worker that has been confirmed as positive for COVID-19, consult with your local health agency and/or CDC for current recommendations on using test-based strategies as part of your strategy to identify and/or prevent workplace transmission.)
☐	Do you have procedures for reintegration of workers who have tested positive for COVID-19, including those workers who have remained asymptomatic, as described in CDC's interim guidance titled "Discontinuation of Isolation for Persons with COVID-19 Not in Healthcare Settings" and "Duration of Isolation and Precautions for Adults with COVID-19"[6, 7] [12, 32]?

Work Environment Configuration

The configuration of the work environment can help mitigate the risk of spread of COVID-19 among workers.

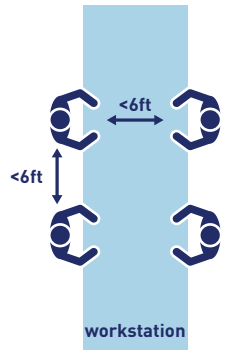
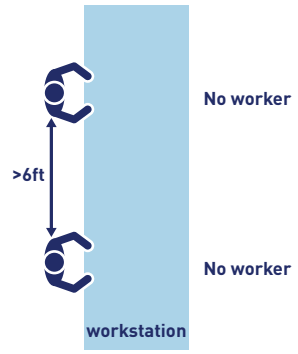
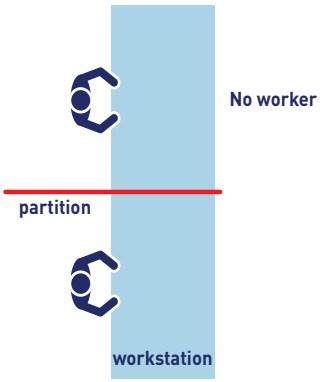
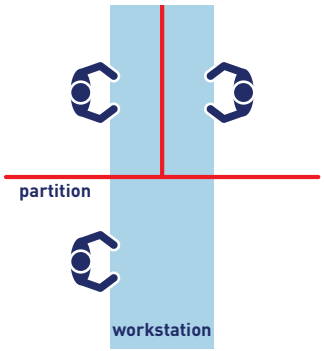
☐	Have you identified and addressed conditions where social distancing may be compromised, such as: near timeclocks; in hallways; at handwash stations, entrances and exits, vending machines, and microwaves; and in cafeterias, restrooms, common areas/breakrooms, and outdoor gathering areas?
☐	Can you configure the work environment in your operation so that the workers are spaced at least 6 feet apart, wherever feasible? For example, as described in CDC and OSHA guidance, • Can you modify the alignment of work stations (e.g., for harvesting [5] or along production lines [9]) so that workers are at least 6 feet apart in all directions (e.g., side-to-side and when facing one another)?

6. According to CDC, evidence supports a symptom-based strategy to determine when to discontinue home isolation or precautions. For persons who are severely immunocompromised, a test-based strategy could be considered in consultation with infectious diseases experts. For all others, a test-based strategy is no longer recommended except to discontinue isolation or precautions earlier than would occur under the symptom-based strategy [28].
7. CDC recommends that for most persons with COVID-19 illness, isolation and precautions can generally be discontinued 10 days after symptom onset and resolution of fever for at least 24 hours, without the use of fever-reducing medications, and with improvement of other symptoms [32].

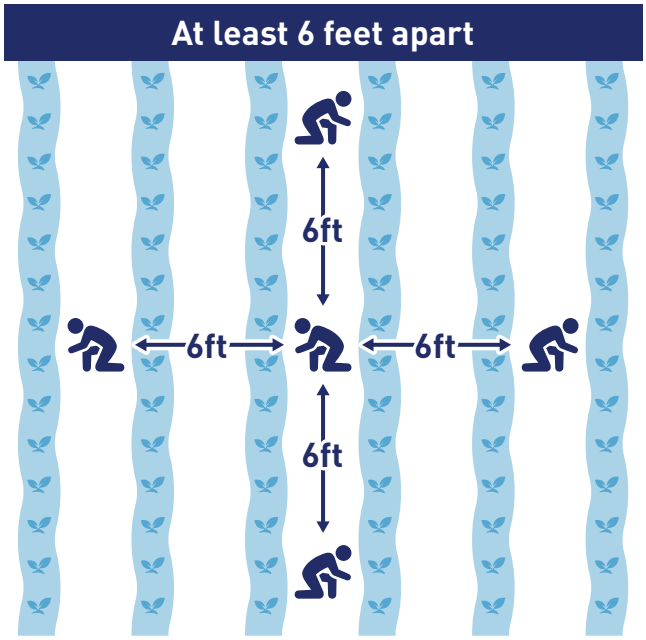
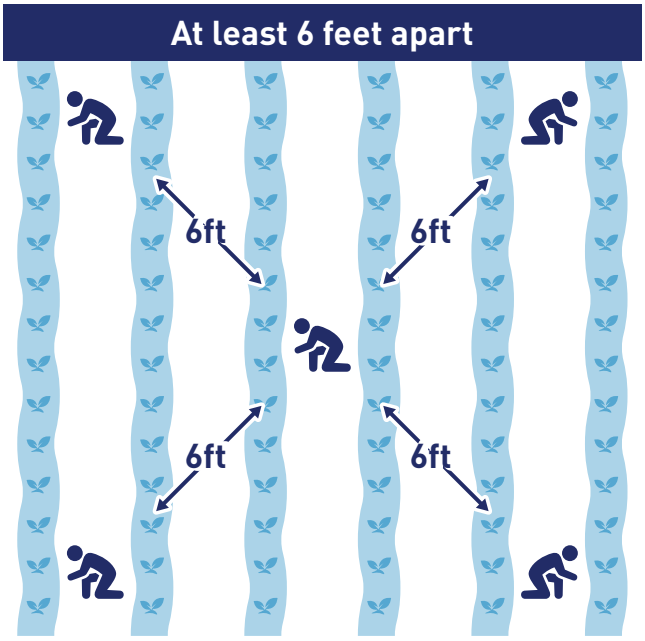
☐	• Can the workstations be modified to achieve an ideal alignment in which workers do not directly face one another? • If it is not feasible to maintain a 6-foot distance between workers, can you use physical barriers, such as plexiglass or other impermeable, easily cleanable, dividers or partitions, to separate workers from each other? • Can you provide unidirectional paths through the operation, where feasible, including stairs, hallways, and cafeterias, to reduce contact in narrow areas? • Is it feasible to use floor markings to show proper distancing and floor traffic directions?
☐	Can you consult with a heating, ventilation, and air conditioning engineer to ensure adequate ventilation and/or adjust ventilation in work areas to help increase circulation of outdoor air as much as feasible to minimize workers' potential exposure without compromising food safety [9, 20]?
☐	If pedestal fans or hard-mounted fans are used in the facility, can you take steps to minimize air from fans blowing from one worker directly at another worker, as recommended by CDC and OSHA [9]?
☐	Have you removed personal cooling fans from the workplace to reduce the potential spread of any respiratory droplets, as recommended by CDC and OSHA? • Have you accounted for the effect of this change on workers' risk of heat illness [37]?
☐	Have you adopted practices to encourage social distancing outside of production areas (e.g., entry at the operation, break rooms, restrooms, locker rooms, changing rooms, and other areas where people may congregate or form lines)? For example, as recommended by CDC and OSHA: • Can you remove or rearrange chairs and tables, or add partitions to tables, in breakrooms and other areas workers may frequent to increase worker separation? • Can you identify alternative areas to accommodate overflow volume, such as training and conference rooms, or use outside tents for break and lunch areas?
☐	Can you adopt personnel practices that limit the exposure of individuals to other individuals by, for example, staggering work times, staggering break times, assigning the same personnel to the same shift, or placing farmworkers residing together in the same workgroups ("cohorting" workers), as recommended by CDC and OSHA [5, 9]?
☐	Have you provided instructions for work configuration or social distancing in common languages, using infographics to facilitate employee understanding, and at a literacy level appropriate for your personnel, as recommended by CDC and OSHA [9]?

Work Space Configuration Examples

The following diagram, based on one developed by OSHA [9], is one example of a way to align workstations (e.g., manufacturing/processing lines, sorting operations, packing lines) to include social distancing practices. You may have to make adjustments based on your particular establishment/operation layout.

How to align workstations, if feasible	
Not Protective– Workers are within six feet of one another (without a partition), including at side-by-side and/or facing workstations.	
Good – Workers are spaced at least six feet apart, not facing one another. Another setup may be used to achieve similar distancing between workers.	
Good – Physical barriers, such as partitions, separate workers from each other.	
Good – Physical barriers, such as partitions, separate workers from each other, including where workers need to perform tasks in tandem across from one another.	

Similarly, examples of ways to create social distancing during operations in fields (e.g., harvesting, weeding) are shown below.

A. Good	
B. Good	

Food Safety Checklist

Currently there is no evidence of food or food packaging being associated with transmission of COVID-19. However, according to CDC and OSHA, the work environments—processing lines and other areas in busy plants where workers have close contact with coworkers and supervisors—may contribute substantially to potential worker exposures [9]. This checklist provides questions for human and animal food operations to consider when re-starting operations after a shut down or when reassessing operations to make changes due to COVID-19. It includes questions intended to help you consider potential impacts of changes, such as those to personnel, suppliers, and incoming ingredients, on your food safety or Hazard Analysis and Critical Control Points (HACCP) plan, as well as current good manufacturing practices (CGMPs).

Some of these questions may not be applicable to operations such as those growing, harvesting, or packing raw agricultural commodities (e.g., produce, grains, milk, or eggs). However, these questions may still assist those types of operations in thinking through disruptions to their operations that may have food safety implications.

Food Safety or HACCP Plan

For operations required to have a food safety plan under 21 CFR Part 117 or Part 507 (Current Good Manufacturing Practice, Hazard Analysis, and Risk-Based Preventive Controls) or a HACCP plan (i.e., 21 CFR Part 123 (Seafood) and 21 CFR Part 120 (Juice)), your plan is key to ensuring you are producing and handling food safely. Some FDA regulations require firms to evaluate whether changes have an impact on the safety of the food they produce. For example, 21 CFR §§117.170(b)(1) and 507.50(b)(1) require a reanalysis of the food safety plan as a whole, or the applicable portion of the food safety plan, whenever a significant change in the activities conducted at a facility creates a reasonable potential for a new hazard or creates a significant increase in a previously identified hazard; 21 CFR §123.8(a)(1) requires a reassessment of the adequacy of the HACCP plan whenever any changes occur that could affect the hazard analysis or alter the HACCP plan in any way; and 21 CFR §120.11(b) requires validation that the HACCP plan is adequate to control food hazards that are reasonably likely to occur whenever any changes in the process occur that could affect the hazard analysis or alter the HACCP plan in any way.

☐	Have there been changes to your ingredient suppliers or ingredients that may require you to consider new hazards, or reconsider your evaluation of your hazards, and whether you need to make changes as a result?
☐	Have there been any changes to the food products you make and/or your customers that would require you to consider whether there are new hazards, or reconsider your evaluation of your hazards, and whether you need to make changes as a result?
☐	Have there been changes to your operations or processes that require changes to your procedures or the timing of your procedures? For example, do changes to the frequency of shifts or number of personnel impact control measures, monitoring, or verification procedures?

Personnel

Your personnel are key to carrying out safe food manufacturing, processing, packing, and holding. Certain FDA regulations require that individuals be qualified to perform their assigned duties (e.g., 21 CFR §§117.4, 507.4) and that individuals that develop food safety plans and HACCP plans have specific knowledge obtained through experience or an FDA-recognized training curriculum (21 CFR §§ 117.180, 507.53, 120.13, 123.10).

☐	Have there been changes to who performs key roles and responsibilities that impact food safety, such as the Preventive Controls Qualified Individual, HACCP-trained individual, or persons who perform monitoring, verification, or other duties?
☐	Have you planned how to operate and produce safe food with a reduced workforce if employees are sick? Do you have backups if your key people are unable to come to work?
☐	Have there been personnel changes, such as new personnel or personnel serving in different roles, that require training in food hygiene and food safety (as required by 21 CFR §§117.4 and 507.4), or other training to ensure that personnel are qualified to perform their job duties?
☐	Have there been changes in operations (e.g., assigning additional activities to an employee to reduce personnel in an area) or procedures (e.g., increased frequency of handwashing and hand sanitizing) that require training, as necessary to produce clean and safe food and to ensure individuals are qualified to perform their job duties?

Suppliers and Incoming Ingredients

Your incoming ingredients and the food safety practices of your suppliers are an important part of food safety at your operation.

☐	Do you need to reconsider your incoming ingredient or receiving procedures to address changes to your suppliers or incoming ingredients? For example, do new ingredients or ingredients from different suppliers have a different look or label that needs to be reviewed during receiving to ensure the correct ingredient has been received, and, as appropriate, received from an approved supplier (as required by 21 CFR §§117.420 and 507.120)?
☐	Do you need to reconsider your formulation, ingredient addition or substitution, batching, and/or mixing procedures to account for the use of different ingredients, or ingredients with different concentrations?
☐	Do you need to implement new supplier controls, or make changes to your existing supplier controls (e.g., when needed for compliance with subpart G of 21 CFR Part 117 or subpart E of 21 CFR Part 507)? For example, do you need to temporarily approve new suppliers?

☐	If you are temporarily suspending onsite audits of your supplier, what other verification activities do you need to implement to ensure your incoming ingredients are safe? For audits related to FDA's preventive controls requirements for human and animal food, see Temporary Policy Regarding Preventive Controls and FSVP Food Supplier Verification Onsite Audit Requirements During the COVID-19 Public Health Emergency [33].
☐	*For human food facilities:* Do you need to consider/reconsider practices or procedures related to addressing allergens with current good manufacturing practices (CGMPs) or preventive controls in 21 CFR Part 117 because of changes to your suppliers or ingredients?
☐	*For animal food facilities:* Do you need to consider/reconsider practices or procedures related to addressing nutrient toxicities or deficiencies with CGMPs or preventive controls in 21 CFR Part 507 because of changes to your suppliers or ingredients?

Current Good Manufacturing Practice (CGMP) Requirements

Your CGMPs provide basic sanitation and food safety protections to ensure food is not contaminated or adulterated.

☐	*Personnel (21 CFR §§ 117.10 and 507.14):* Have you reviewed your procedures to determine if you need to modify instructions or increase the frequency of employee handwashing and hand sanitizing?
☐	*Plants and Grounds (21 CFR §§ 117.20 and 507.17):* • If you are reopening operations, have you reviewed your plants and grounds to ensure that buildings and areas surrounding buildings are appropriately maintained to protect against the contamination of human and animal food? For example, have you reviewed structures and roofs for holes that may cause leaks or allow for the entrance of pests and reviewed surrounding grounds for pest harborages? • Are services or vendors you typically use to maintain your plants and grounds operational and actively providing services, or do you need to consider alternative ways to maintain your plant and grounds? • Are the persons providing services able to conduct their activities while following appropriate COVID-19 infection prevention procedures?
☐	*Pest Control (21 CFR §§ 117.35 and 507.19):* • Are services or vendors you typically use for pest control operational and actively providing services, or do you need to make alternative arrangements for pest control? • If you are resuming operations, have you performed a walkthrough of your operation to check traps or bait stations and look for other evidence of active pest infestation and taken any necessary steps to remove or exclude pests from your operation?
☐	*Water and Plumbing (21 CFR §§ 117.37 and 507.20):* If you are resuming operations after a prolonged closure, have you performed a review of your water and plumbing to ensure that it is functional prior to beginning operations [2]? For example, have you checked water temperature and pressure, flushed lines if needed, checked plumbing for potential leaks, checked ice manufacturing equipment, and checked that water treatment systems are operational?

☐	*Sanitary Facilities (21 CFR §§ 117.37 and 507.20):* • Do you need to increase the number of handwashing stations and hand sanitizer stations to ensure more frequent handwashing/hand sanitizing by employees? • Is installing touchless handwashing sinks, soap dispensers, sanitizer dispensers, paper towel dispensers, or trash receptacles feasible?
☐	*Sanitation (21 CFR §§ 117.35 and 507.19):* • Do you have the necessary cleaning, sanitizing[8], and disinfection[9] supplies to restart or continue your operations? • Do you need to identify alternatives to your usual sanitation chemicals (e.g., to use a disinfectant for high-touch surfaces where you previously used a sanitizer)? • Do you need to make changes to your cleaning, sanitizing, and disinfecting procedures for certain areas or to the frequency of conducting them (e.g., see CDC's Reopening Guidance for Cleaning and Disinfecting Public Spaces, Workplaces, Businesses, Schools, and Homes [1])? For example: - Are you using products that meet EPA's criteria for use against SARS-CoV-2 (i.e., Disinfectants for Use Against SARS-CoV-2 [16]) where necessary (e.g., for high-touch surfaces) and are they appropriate for the surface? (Check the product label guidelines for if and where these disinfectant products are safe and recommended for use in food manufacturing areas or food establishments.) - Do you have or need to use different cleaning, sanitizing, or disinfecting products (approved for food surface contact when used on them) that require different mixing procedures or concentrations? - Do you need updated instructions/training for the use of new cleaning, sanitizing, or disinfecting chemicals? - Do you need to perform cleaning, sanitizing, and disinfection of certain areas/surfaces more frequently? - Do you need to clean, sanitize, and disinfect additional surfaces? For example, have you considered, as recommended by CDC and OSHA [9], cleaning and disinfecting non-food contact surfaces such as equipment controls, wall switches, hand rails, door pulls, tools, plastic partitions, and other frequently-touched surfaces that may not impact food safety, but may be important to minimize the spread of COVID-19?

8. FDA defines "sanitize" for purposes of 21 CFR Part 117 as "to adequately treat cleaned surfaces by a process that is effective in destroying vegetative cells of pathogens, and in substantially reducing numbers of other undesirable microorganisms, but without adversely affecting the product or its safety for the consumer" (21 CFR §117.3). EPA indicates that sanitizers are used to reduce, but not necessarily eliminate, microorganisms from the inanimate environment to levels considered safe as determined by public health codes or regulations [34]. Sanitizing may be accomplished by proper use of a sanitizer or a disinfectant (since disinfectants are more effective than sanitizers [35]).
9. EPA indicates that disinfectants are used on nonliving surfaces and objects to destroy or irreversibly inactivate infectious fungi and bacteria but not necessarily their spores [34]. According to EPA [35], surface disinfectant products are subject to more rigorous EPA testing requirements and must clear a higher bar for effectiveness than surface sanitizing products. There are no sanitizer-only products with approved virus claims. For this reason, sanitizer-only products do not qualify for inclusion on EPA's List N: Disinfectants for Use Against SARS-CoV-2 [16]. There are many products registered with EPA as both sanitizers and disinfectants because they have been tested using both standards. These products are eligible for inclusion on EPA's List N because of their disinfectant claims [35].

☐	*Equipment and Utensils (21 CFR §§ 117.40 and 507.22):* • Do you have enough utensils and tools to ensure employees do not need to share them during work shifts, or have a plan to regularly clean and disinfect utensils and tools between uses, as recommended by CDC and OSHA [9]? • Is your equipment operating properly to resume operations? For example, have you checked that coolers, freezers, conveyors, ovens, extruders, and other equipment important to food safety are operating as intended and in compliance with 21 CFR §§ 117.40 and 507.22? For facilities with ammonia refrigeration systems that may have been shut down, have you performed a pre-start up safety review as required by 29 CFR 1910.119(i) (OSHA's standard "Process safety management of highly hazardous chemicals" [36])?
☐	*Processes and Controls (21 CFR §§ 117.80 and 507.25):* Do you need to adjust your processes or controls because of changes to your operations, including because of changes in the number of people involved in specific operations?
☐	*Warehousing and Distribution (21 CFR §§ 117.93, 507.27, and 507.28):* • Are there delays in shipping that could impact the safety of your food, especially for refrigerated or frozen food? Do you have procedures to address delays or problems with your supply chain, contingency plans for the holding or storage of products, and instructions for situations that could affect the product safety of perishable foods? • If distributing in bulk, are there any changes to your shipping vessels that could introduce contaminants? • Do new employees or contractors need to be trained on adequate clean out procedures for bulk containers or shipping vessels?

Disclaimer

This checklist is not a standard or regulation, and it creates no new legal obligations. It describes existing recommendations as well as mandatory safety and health standards. The checklist is intended to assist employers in providing a safe and healthful workplace. The Occupational Safety and Health Act requires employers to comply with safety and health standards and regulations promulgated by OSHA or by a state with an OSHA-approved state plan. In addition, the Act's General Duty Clause, Section 5(a)(1), requires employers to provide their employees with a workplace free from recognized hazards likely to cause death or serious physical harm.

Resources

[1] CDC: Reopening Guidance for Cleaning and Disinfecting Public Spaces, Workplaces, Businesses, Schools, and Homes
[2] CDC: Guidance for Reopening Buildings After Prolonged Shutdown or Reduced Operation
[3] OSHA: Guidance on Returning to Work
[4] OSHA: Guidance on Preparing Workplaces for COVID-19
[5] Interim Guidance from CDC and the U.S. Department of Labor: Agriculture Workers and Employers
[6] Interim Guidance from CDC and the Occupational Safety and Health Administration (OSHA).

Developed in consultation with the Food and Drug Administration (FDA): Protecting Seafood Processing Workers from COVID-19
[7] Interim Guidance from CDC and the Occupational Safety and Health Administration (OSHA): Meat and Poultry Processing Workers and Employers
[8] FDA: What to Do If You Have a COVID-19 Confirmed Positive Worker or Workers Who Have Been Exposed to a Confirmed Case of COVID-19
[9] Interim Guidance from CDC and the Occupational Safety and Health Administration (OSHA): Manufacturing Workers and Employers
[10] CDC: Manufacturing Facility Assessment Toolkit
[11] CDC: Symptoms of Coronavirus
[12] CDC Interim Guidance: Discontinuation of Isolation for Persons with COVID -19 Not in Healthcare Settings
[13] OSHA: Recommended Practices for Safety and Health Programs. Hazard Identification and Assessment
[14] CDC: Covid-19 Videos
[15] CDC: When and How to Wash Your Hands
[16] EPA: List N: Disinfectants for Use Against SARS-CoV-2 (COVID-19)
[17] FDA: Use of Respirators, Facemasks, and Cloth Face Coverings in the Food and Agriculture Sector During Coronavirus Disease (COVID-19) Pandemic
[18] CDC: Use of Masks to Help Slow the Spread of COVID-19
[19] CDC: People with Certain Medical Conditions
[20] CDC: Interim Guidance for Businesses and Employers Responding to Coronavirus Disease 2019 (COVID-19), May 2020
[21] U.S. Equal Employment Opportunity Commission: Pandemic Preparedness in the Workplace and the Americans with Disabilities Act
[22] CDC: Protect Yourself When Using Transportation
[23] CDC: Shared and Congregate Housing
[24] CDC: Public Health Guidance for Community-Related Exposure
[25] CDC: Cleaning and Disinfecting Your Facility
[26] CDC: Health Department Directories
[27] CDC: Overview of Testing for SARS-CoV-2
[28] CDC: SARS-CoV-2 Testing Strategy: Considerations for Non-Healthcare Workplaces
[29] CDC: Testing Strategy for Coronavirus (COVID-19) in High-Density Critical Infrastructure Workplaces after a COVID-19 Case Is Identified
[30] CDC: Interim Guidance for Implementing Safety Practices for Critical Infrastructure Workers Who May Have Had Exposure to a Person with Suspected or Confirmed COVID-19
[31] CDC: Interim Guidance on Developing a COVID-19 Case Investigation & Contact Tracing Plan: Overview
[32] CDC: Duration of Isolation and Precautions for Adults with COVID-19
[33] FDA: Temporary Policy Regarding Preventive Controls and FSVP Food Supplier Verification Onsite Audit Requirements During the COVID-19 Public Health Emergency
[34] EPA: What are Antimicrobial Pesticides?
[35] EPA: What's the difference between products that disinfect, sanitize and clean surfaces?
[36] OSHA: 1910.119 - Process safety management of highly hazardous chemicals.
[37] OSHA: Water. Rest. Shade. Keep Workers Safe in the Heat