Checklist for Business/Facility Compliance in Response to one or more COVID-19 Positive Employee(s) in the Workplace

Business Name: ___________________________________
Date business/facility was notified of COVID-19 positive case(s): ________________

☐ If required by NMDOH and/or NMED, Business/facility has ceased operations
  o Shut-down date: ______________
  o Reopen date: ______________

☐ Business/facility has disinfected the workplace and/or facility in accordance with the New Mexico COVID-19 Safe Practices for Individuals and Employers handbook
  o Completed date: ______________

☐ All exposed employees have been tested for COVID-19
  o Completed date: ______________

☐ All employees identified as close contacts per NMDOH Guidance are instructed to self-quarantine for 14 days after last date of exposure to positive case
  o Number of close contacts identified: __________
  o Return to work date(s): _______________________

☐ Business/facility has implemented industry-specific employee safety guidance detailed in the COVID-19 Safe Practices for Individuals and Employers handbook
  o Please attach any written guidance implemented at the business

I certify that the above actions have been completed in response to one or more positive cases of COVID-19 in the workplace.

_________________________________  _________________________________
Signature      Printed Name      Business

_________________________________  _________________________________
Position      Date

Upon completion, return this checklist to NMOSHA.COVIDTesting@state.nm.us.