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

[INSERT BUSINESS NAME]

Date business/facility was notified of COVID-19 positive case(s): [INTERST NOTIFICATION DATE]

- Business/facility ceased operations to comply with the following actions:
- Business/facility has disinfected the workplace and/or facility in accordance with the *New Mexico COVID-19 Safe Practices for Individuals and Employers* handbook
 - Completed date: _____
- All employees have been tested for COVID-19 and a list of employees, with date of birth, has been provided to the NMDOH Public Health Division
 - Completed date: _____
- Business/facility has implemented industry-specific employee safety guidance detailed in the *COVID-19 Safe Practices for Individuals and Employers* handbook
 - Please attach any written guidance implemented at the business
- Business/facility has plan to re-test employees within 7-10 days, if warranted by NMDOH
 - Scheduled date: _____

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 [NAME] at [EMAIL].