## **EXHIBIT 1**





### Carle, Sarah - OSHA

| From:        | Giguere, Susan - OSHA   |
|--------------|---|
| Sent:        | Wednesday, April 15, 2020 1:42 PM   |
| То:          | Carle, Sarah - OSHA   |
| Subject:     | FW: OSHA RESPONSE   |
| Attachments: | OSHA RESPONSE.doc; Exhibit A.pdf; Exhibit B.pdf; Exhibit C-1.jpg; Exhibit C-2.jpg; Exhibit<br>D-1.pdf; Exhibit D-2.pdf; Exhibit E.pdf |
|              |   |

Importance:

High

From: OSHA Area Office Wilkes-Barre <OSHAWilkesBarre@DOL.GOV> Sent: Wednesday, April 15, 2020 1:15 PM To: Giguere, Susan - OSHA <Giguere.Susan@dol.gov> Subject: FW: OSHA RESPONSE Importance: High

From: David Hollander <<u>dhollander@mr-specialty.com</u>> Sent: Wednesday, April 15, 2020 1:09 PM To: OSHA Area Office Wilkes-Barre <<u>OSHAWilkesBarre@DOL.GOV</u>> Cc: 'David Hollander' <<u>dhollander@mr-specialty.com</u>> Subject: OSHA RESPONSE Importance: High

Dear Director Stelmack,

Attached, please find our response regarding OSHA Complaint # 1568454. Please let me know if there is any other information I can provide to help. Can you please confirm that you received this? Stay safe.

### Regards, Dave

David Hollander Director of Human Resources and Corporate Procurement

Maid-Rite Specialty Foods, LLC 105 Keystone Industrial Park Dunmore, PA 18512



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April 15, 2020

<u>By E-Mail to OSHAWilkesBarre@dol.gov</u> Mark Stelmack, Area Director Occupational Safety and Health Administration Wilkes-Barre Area Office 7 North Wilkes-Barre Boulevard, Suite 410 Wilkes-Barre, PA 18702-5241

### Re: OSHA Complaint # 1568454

Dear Mr. Stelmack:

Please accept this letter as the response to Complaint No. 1568454 for Maid-Rite Specialty Foods, LLC ("Maid-Rite").

The alleged hazards stated in your letter are:

- 1) Employees working in the facility have tested positive for covid-19 and the employer is not sanitizing common areas.
- 2) The employer is not enforcing social distancing within the facility.
- 3) Personal protective equipment, including as facemasks, are not being provided to employees.

Our response to each of these allegations is set forth below:

## Allegation 1: Employees working in the facility have tested positive for COVID-19 and the employer is not sanitizing common areas.

Maid-Rite has never knowingly allowed any employee to continue working when he/she exhibits COVID-19 symptoms – any employee showing COVID-19 symptoms in the workplace is sent home immediately. To the best of our knowledge, no employee (or any other individual) has entered a Maid-Rite facility after receiving a positive test result for COVID-19.

Regarding the Company's sanitation efforts: As a facility that is subject to daily USDA inspection, Maid-Rite maintained a strong sanitation process even before the COVID-19

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pandemic. When COVID-19 began to spread in the United States, Maid-Rite took steps to enhance sanitation throughout its facility even before the first COVID-19 case was confirmed in Lackawanna County. Specifically, the following cleaning steps are currently in place:

- 1. As required by the USDA, all production areas are cleaned and sanitized on a daily basis. This is accomplished by a designated team on a specific shift utilizing high pressure hoses / hot water and multiple chemicals (Quat. Bleach and caustic acid) to clean all food contact and non-contact surfaces.
- 2. During each daily production shift, all employees are required (at a minimum) to wash their hands prior to entering the production floor. A series of sinks with hot water, soap and paper towels are strategically positioned throughout the facility in order to accomplish this.
- 3. Additionally, during the daily "clean-up" shift, Maid-Rite has all support areas cleaned including the break room, locker room, bathrooms and office areas.
- 4. During operations, Maid-Rite has designated individuals re-clean the support areas and focus on high touch surfaces such as doorknobs, vending machines, tables, chairs, etc. A Quat Sanitizer (200-300ppm) throughout the day to clean these surfaces.
- 5. On the weekend of April 4-5, Maid-Rite hired an industrial cleaning firm to apply Rely + Multipurpose Disinfectant Cleaner that kills norovirus. During this timeframe, 60,000 sq. ft. of our facility was cleaned and sanitized (a copy of the receipts for this service, and a slide show for employees demonstrating the areas of the plant that were fogged, are attached as Exhibit A).

More generally, Maid-Rite has postings throughout its plants reminding employees about the importance of hand washing, and has provided hand sanitizer stations throughout its plants.

### Allegation 2: The employer is not enforcing social distancing within the facility.

The structure of Maid-Rite's production line does not always permit employees to stand six feet apart. However, Maid-Rite has worked to extend spacing between employees on the line where possible. It has also taken each of the following steps to encourage social distancing:

- Instituted a staggered schedule for lunch and breaks, to better allow for social distancing in common areas.
- Restricted all office staff from leaving their areas for breaks/lunches, thus limiting interaction between office and line workers in common areas.



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- Limited transfers of employees between plants;
- Restricted outside delivery drivers from entering the plant;
- Restricting non-essential vendors and visitors from entering the plant;
- Shut down its main production floor of the Cooked Plant from the night of April 3 through April 15, 2020; and
- Shut down its main production floor of the Raw Plant from April 10 through April 15, 2020.

Maid-Rite also engaged Cocciardi and Associates, Inc. ("Cocciardi"), an outside safety firm, to conduct an analysis of its facility earlier this month (Cocciardi's COVID-19 Environmental Health & Safety Preparedness Assessment Checklist for Maid-Rite is attached as Exhibit B).

### Allegation 3: Personal protective equipment, including as facemasks, are not being provided to employees.

Maid-Rite has always provided employees with all personal protective equipment required by OSHA for a facility of its type. With regard to masks specifically, the CDC and Pennsylvania Department of Health guidance for employers regarding COVID-19-related personal protective equipment have been evolving, and masks were not initially recommended for non-healthcare employers. When public health authorities broadened their recommendations regarding use of masks, Maid-Rite immediately procured and issued masks to employees in all plants, and mandated that employees wear those masks (photographs of masked employees on the line are attached as Exhibits C-1 and C-2). Maid-Rite has also ordered clear plastic face shields for all employees, which will be issued as soon as they arrive, and will be used in conjunction with the masks.

### **Other COVID-19 Mitigation Measures**

Although not directly related to the allegations cited in your letter, Maid-Rite also received forehead thermometers this week, and began taking the temperatures of all individuals before they enter Maid-Rite's plants on Tuesday, April 14 (receipts for the thermometers is attached as Exhibits D-1 and D-2).

Maid-Rite has also been very communicative regarding its COVID-19 mitigation measures – both with public health authorities and with its employees. When employees have reported potential COVID-19 exposure, or positive COVID-19 results, Maid-Rite has immediately contacted the Pennsylvania Department of Health to solicit instructions, and has followed those





instructions to the letter. Employees who show COVID-19 symptoms are sent home and instructed to contact their physicians, and employees who report COVID-19 diagnoses or exposure are instructed not to come to work. Maid-Rite then looks back to determine who those infected / potentially infected employees may have come into contact with, and confidentially informs those employees about potential exposure, all as recommended by the Pennsylvania Department of Health.

### **Conclusion**

Maid-Rite places a strong emphasis on workplace safety and has taken the threat posed by COVID-19 very seriously. We are continuously monitoring guidance for employers related to COVID-19, and have been proactive in terms of adopting COVID-19 mitigation measures. A copy of our signed Certificate of Posting is attached as Exhibit E.

Please do not hesitate to contact me with any questions or concerns. Thank you.

Sincerely,

### David Hollander

David Hollander Director of Human Resources



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|   | PO# 25,233                                    | DSH   |
|---|---|---|
| StainAway H 35 2054<br>P.O. Box 125<br>Lattimer Mines, PA 18234 US<br>5709562855<br>stainaway@live.com  |   |   |
| INVOICE   |   |   |
| BILL TO<br>Maid-Rite<br>105 Keystone Industrial Park<br>Dunmore, PA 18512   |   | 04/07/2020<br>04/22/2020  |
| PO#<br>Emergency Service  |   |   |
| ACTIVITY<br><b>Rely+On</b><br>Bio-safety security solution:<br>- SARS- CoV-2- Disinfectant;   | QTY<br>60,000                                 | RATE AMOUNT<br>0.50 30,000.00   |
| Method: Dual treatments   |   |   |
| Disbursements:<br>Floor: Backpack Sprayers (wet & heavy)<br>Machines & Tools: ULV Misting (wet fogging)   | 670 99 240<br>* at- General-<br>* at- beneral | PUN 15K   |
| The Chemical applied was Rely+On by LanXess.<br>There were 4 team members on-site doing the work. The project<br>took roughly 15 hours. We applied Rely+On at the rate of 400<br>SF per gallon over 60,000 SF of your Facility. We used | * at- beneral                                 | - POLAR ISK   |
| approximately 155 gallons of Rely+On.   | ОК<br>ТО Р/                                   |   |
| Photographic updates were provided.<br>We worked back in such a way that There was no entry Into a  | APR 1 4                                       |   |
| space that just completed.  | DSH   | - Alexandrian Alexandrian Alexandrian Alexandrian Alexandrian Alexandrian Alexandrian Alexandrian Alexandrian A |
| Thank you very much for Relying on us to help you through this unprecedented situation.   |   |   |
|   | NCE DUE                                       | \$30,000,00<br>APR 1.0 20 205   |
|   |   | -   |

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Purchase O Jer 251233-A

Order Date 04/09/20

MAID-RITE SPECIALTY FOODS, LLC 105 Keystone Industrial Park PO Box 509 Dunmore, PA 18512 Telephone: 570/343-4748

#### Vendor:

STAIN AWAY P.O. BOX 125 LATTIMER MINES, PA 18234 USA

### Ship To: MAID-RITE DUNMORE 105 KEYSTONE INDUSTRIAL PARK DUNMORE, PA 18512 USA

### THIS IS A CLOSED PURCHASE ORDER

| Vend    | or Vendor F       | ax Number V  | endor Telephone Number   | Carrier           | F.O,I      | <b>B,</b>                    |                  |
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| 21      |                   |  |  |                   |            | [<br>                        | <u>N</u>         |
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|         | 4.000             | 1 1 5 1  |  | *QA_GENERAL       |            | 15000.00000                  | 0.00             |
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| All pri | ces, amounts, and | d totals are in USD  | - US Dollars   |                   | Total Orde | er                           | 0.00             |

Page 1



MAID-RITE SPECIALTY FOODS, LLC 105 Keystone Industrial Park PO Box 509 Dunmore, PA 18512

Telephone: 570/343-4748

### Vendor:

STAIN AWAY P.O. BOX 125 LATTIMER MINES, PA 18234 USA

## Purchase C.der 251233-A

Order Date 04/09/20

Ship To:

MAID-RITE DUNMORE 105 KEYSTONE INDUSTRIAL PARK DUNMORE, PA 18512 USA

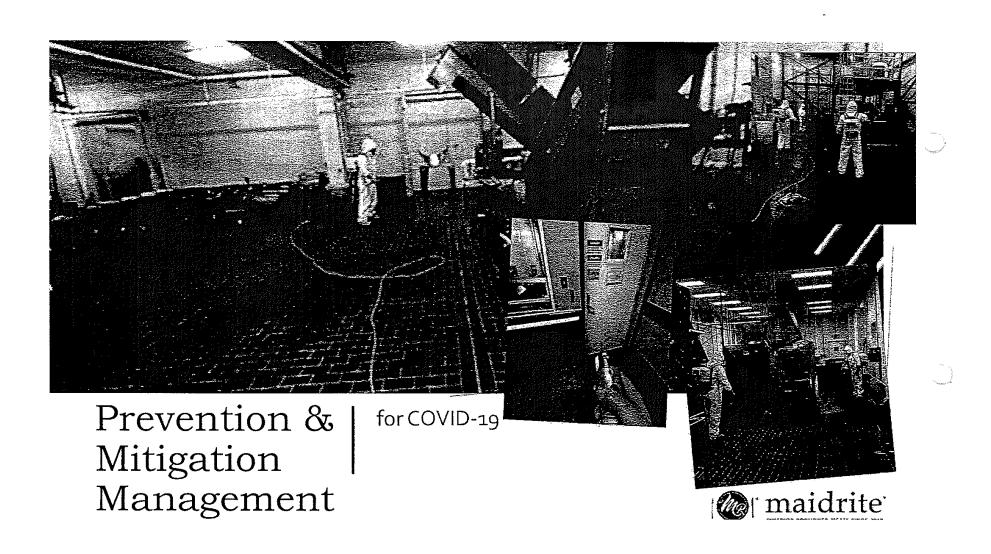
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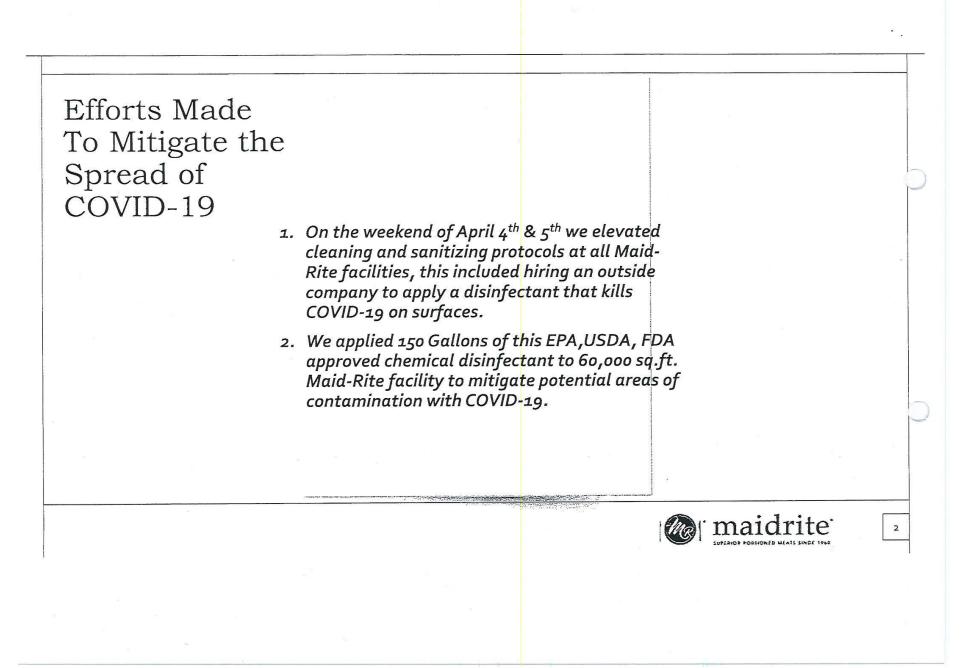
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| 21     |                               |                              | 20 Provide and 10 Pro |                               |                               |                             | N                        |
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| 1      | 1.000<br>0.000                | UN<br>1.000                  | QUALITY CONTROL-G  | *QA_GENERAL<br>GENERAL-DUNMOR |                               | 15000.00000<br>04/09/20     | 15000.00                 |
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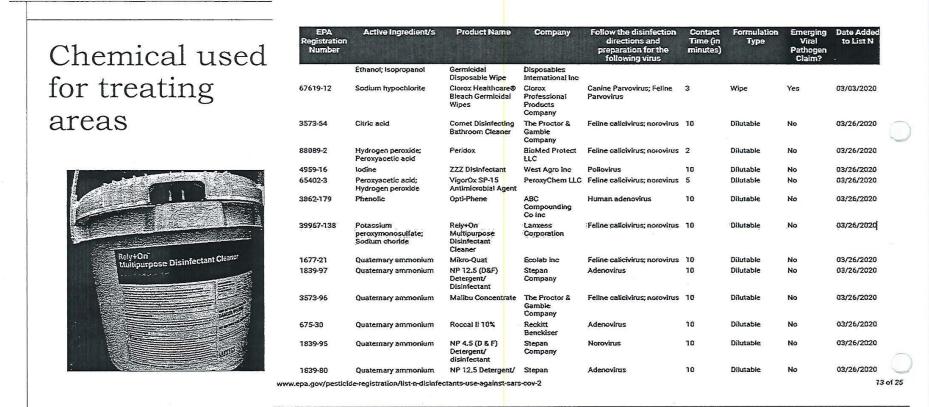
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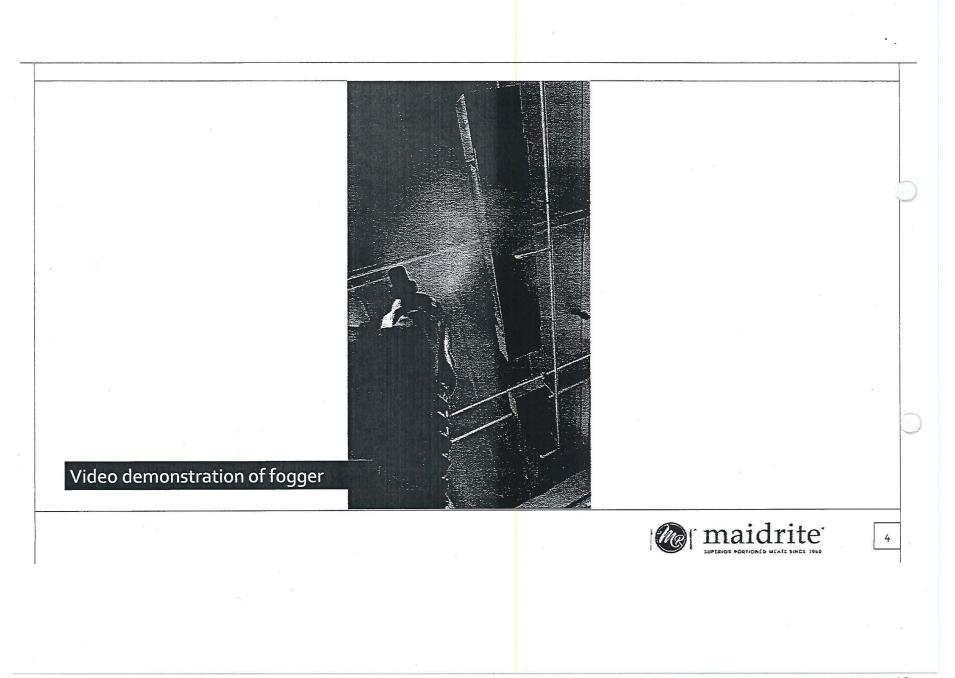
•EPA, FDA, USDA, NSF, and California Reg. / CDC Approved

One Step Cleaning and Disinfecting / Eliminate BioFilm

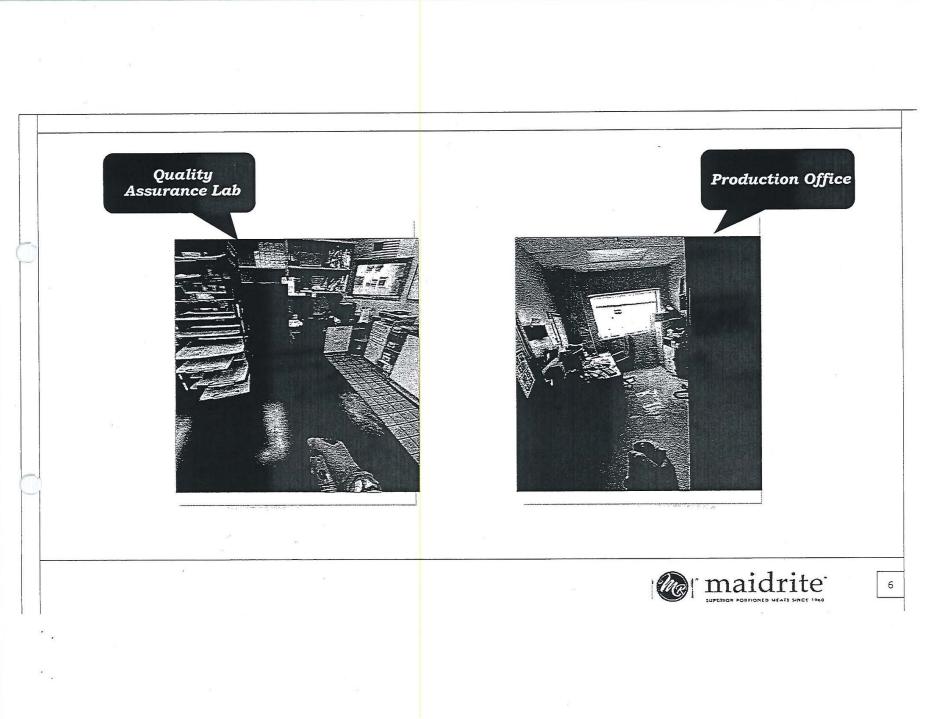
•100% Non-Toxic / Safe for Humans / No PPE Required

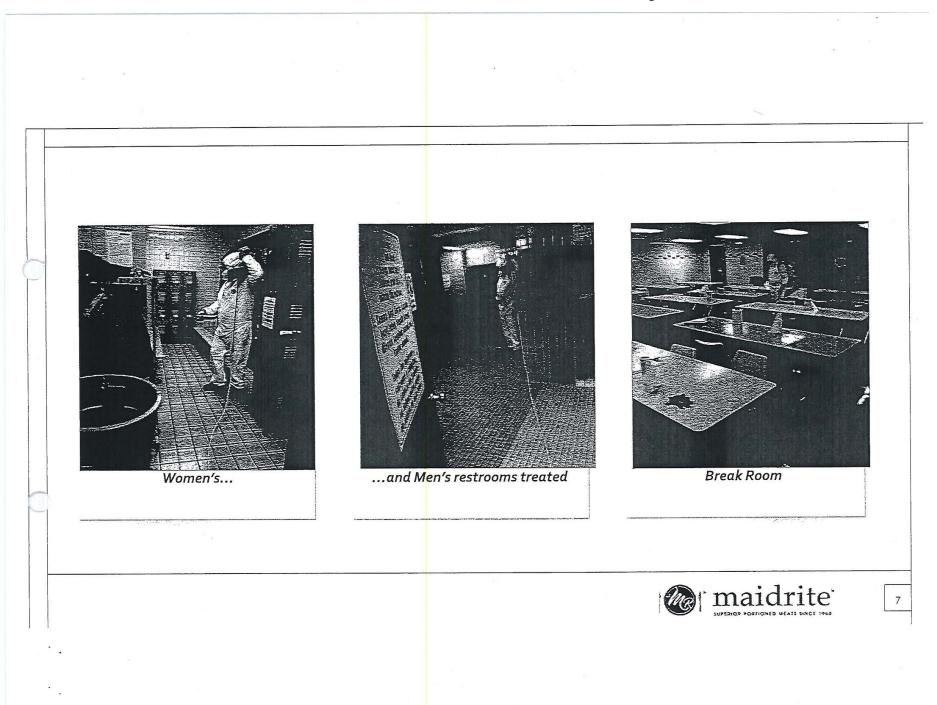


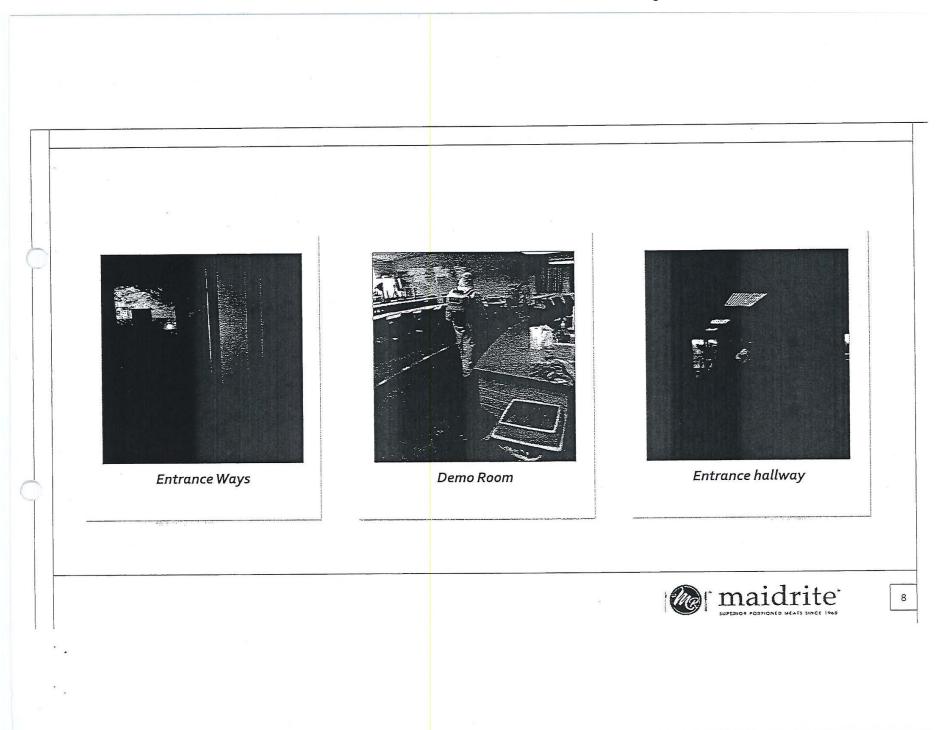




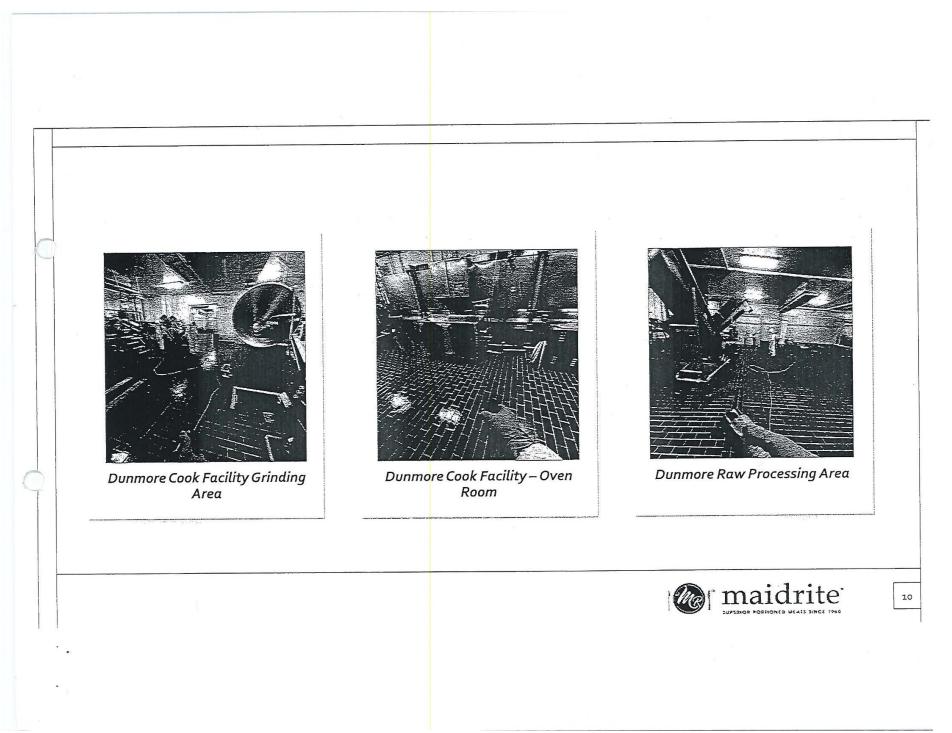




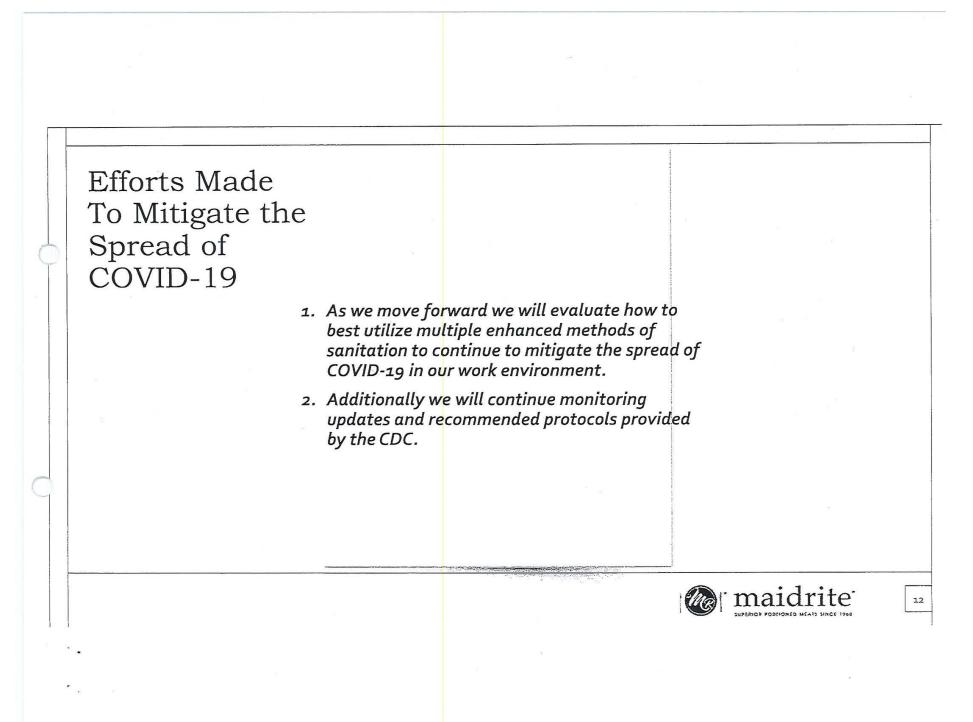














Risk & Safety Management + Environmental Health Emergency Preparedness + Safety Engineering Consulting and Training COVID-19 Environmental Health & Safety Preparedness Assessment Checklist (April 2020)

| Organization/Facility Name: | Maid Rite Specialty Foods, LLC                  |      |                  |       |            |        |  |
|-----------------------------|---|------|------------------|-------|------------|--------|--|
| Address:                    | 105 Keystone Industrial Park, Dunmore, PA 18512 |      |                  |       |            |        |  |
| Type of Facility:           | Food Processing                                 |      |                  | Size: | ~110,000 f | ťt²    |  |
| Employees:                  | 460   |      | Shifts:          | 3     |            |        |  |
| Maintenance:                | ⊠ In-House                                      |      | □ Contracted     |       |            | ] Both |  |
| Custodial:                  | □ In-House                                      |      | Contracted       |       | ⊠ Both     |        |  |
| Safety Committee:           | 🗵 Yes   | □ No | State Certified: |       | □ Yes      | 🗵 No   |  |
| Business Continuity Plan:   | X Yes   | 🗆 No |                  |       |            |        |  |

| Item  | YES                                  | NO | In Progress | Comment |
|---|--------------------------------------|----|-------------|---------|
| A multidisciplinary planning team has been created specifically for COVID-19  | $\boxtimes$                          |    |             |         |
| The facility's Business Continuity Plan has been reviewed for possible impact by COVID-19 (supply chain, financial, staffing, temporary close of operations)  | X                                    |    |             |         |
| A written COVID-19 Preparedness Plan has been developed specific to the facility  | $\mathbf{X}$                         |    |             |         |
| The plan includes the following elements<br>Responsibilities:<br>Modification of Sick Leave Policies:<br>Communications:<br>Monitoring of CDC//DOH/WHO Guidance:<br>Risk Reduction Strategies:<br>Housekeeping: | X<br>X<br>X<br>X<br>X<br>X<br>X<br>X |    |             |         |
| An individual and backup has been identified to monitor changes to current guidance (CDC/DOH) and regulations (OSHA).   | X                                    |    |             |         |
| The plan and all elements are regularly reviewed to ensure optimal protection of staff  | x                                    |    |             |         |

| SECTION 2: Communication Item  | YES  | NO | In Progress | Comment |
|--|------|----|-------------|---------|
| Communications to employees has been implemented, including fact sheets, posters, meetings   | X    |    |             |         |
| Communication measures are ongoing/routine   | X    |    |             |         |
| Communication measures include:<br>COVID-19 Information (signs & symptoms)<br>Recommendation to self-monitor for COVID-19 signs and symptoms<br>Sick Leave Policy Reminders/Changes<br>Respiratory Etiquette<br>Hand Washing Instructions<br>Social Distancing<br>Guidance for reporting symptoms and seeking medical advice | 医医闭关 |    |             |         |
| Communication to vendors has been implemented  | X    |    |             |         |
| Postings are at all entrances for staff, visitors and vendors  | X    |    |             |         |
| Employees have the opportunity to ask questions relating to COVID-19   | X    |    |             |         |

COVID-19 Environmental Health & Safety Preparedness Assessment Checklist (April 2020) Page 2

| SECTION 3: Supply Management   |                                       |    |             |         |  |  |
|--|---------------------------------------|----|-------------|---------|--|--|
| Item   | YES                                   | NO | In Progress | Comment |  |  |
| Inventories of critical supplies are available and current   | X                                     |    |             |         |  |  |
| Alternate suppliers/sister facilities have been contacted  | X                                     |    |             |         |  |  |
| A plan has been developed to address supply shortages, including strategies for conserving critical supplies impacted by supply chain limitations  | X                                     |    |             |         |  |  |
| Critical supplies are secured and tracked  | $\boxtimes$                           |    |             | 3       |  |  |
| A set supply of the following supplies are available:<br>Gloves (nitrile, neoprene, rubber)<br>Personal Sanitizer<br>Cleaning Agents<br>Disinfecting Agents<br>Housekeeping Disposables (towels, mop heads, etc.)<br>Restroom Soap<br>Restroom Towels<br>Tissues | X X X X X X X X X X X X X X X X X X X |    |             |         |  |  |

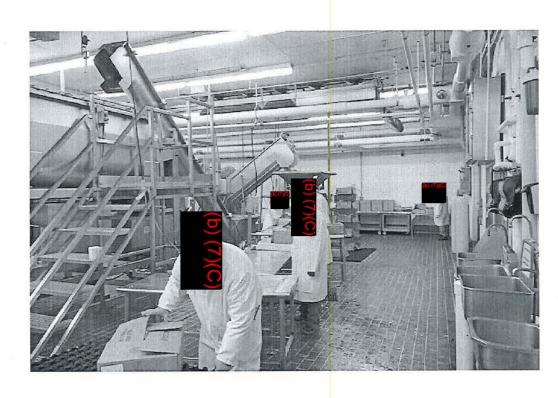
| Item   | YES | NO | In Progress | Comment |
|--|-----|----|-------------|---------|
| A plan to track/monitor COVID-19 related employee absences has been implemented  | X   |    |             |         |
| Call-off procedures include requests to employees to report COVID-19 symptoms  | X   |    |             |         |
| Supervisors are required to report COVID-19 related call-offs to management  | X   |    |             |         |
| In the event of a potential/confirmed COVID-19 case, employees who may have had close contact with the individual are notified   | X   |    |             |         |
| Procedures are in place to record employee schedules, meetings, locations in an effort to identify individuals contacted in the event of a COVID-19 diagnosis in the future                            | X   |    |             |         |
| Procedures are in place to maintain confidentiality for potential or confirmed COVID-19 cases  | X   |    |             |         |
| Procedures are in place to reduce stigma for an employee with a potential or confirmed COVID-19 diagnosis  | X   |    |             |         |
| In the event of a potential or confirmed COVID-19 case, the individual's office, work area, tools, equipment, belongings are secured to the best extent possible until cleaning/disinfecting can occur | ×   |    |             |         |

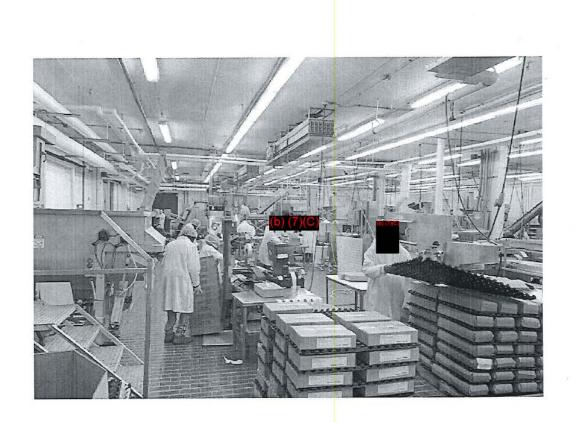
| Item  | YES         | NO | In Progress | Comment |
|---|-------------|----|-------------|---------|
| Housekeeping procedures have been reviewed and updated as necessary   | $\boxtimes$ |    |             |         |
| Procedures include both cleaning and disinfecting practices   | $\boxtimes$ |    |             |         |
| Disinfecting products have been reviewed for effectiveness against COVID-19 or<br>human coronavirus                               | $\boxtimes$ |    |             |         |
| Staff use disinfecting products in accordance with manufacturer instructions, including<br>application method and contact time    | X           |    |             |         |
| Electronic devices that are not able to be disinfected are provided with another suitable means of protection (e.g. barrier film) | X           |    |             |         |
| Staff have been trained in the proper use of products and all safety requirements,<br>including PPE                               | X           |    |             |         |

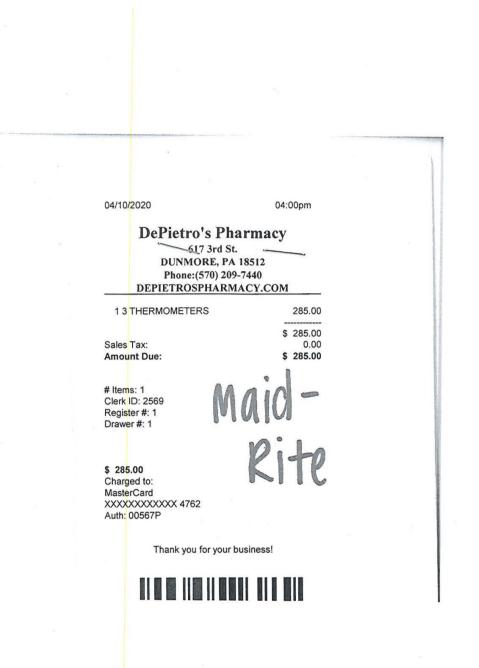
# <u>COVID-19 Environmental Health & Safety Preparedness</u> Assessment Checklist (April 2020) Page 3

| tem  | YES   | NO | In Progress | Comment  |
|--|---|----|-------------|--|
| Risk reduction and occupational health strategies are in accordance with principles<br>outlined by OSHA's Hierarchy of Hazard Control  | $\boxtimes$   |    |             |  |
| Remote work is encouraged where possible   | X   |    |             |  |
| The sick leave policy has been reviewed regarding the COVID-19 situation   | X   |    |             |  |
| Sick leave policies are non-punitive, flexible   | $\mathbf{X}$  |    |             |  |
| Employee screening practices are implemented (health, temperature screening)   |   |    | X           |  |
| If implemented, temperature screening uses an established procedure to protect all<br>employees  |   |    | X           |  |
| Temperatures are collected using a non-contact thermometer (preferred), or a<br>temporal thermometer that is cleaned and disinfected after each use  |   |    | X           |  |
| Temperatures are not recorded, or data is maintained in accordance with facility<br>medical recordkeeping policy   |   |    | X           |  |
| Hygiene stations are placed strategically throughout the facility  |   |    |             |  |
| Plans for visitor/vendor access to the facility have been reviewed and amended   | $\boxtimes$   |    |             |  |
| Employees have been trained on any new duties associated with COVID-19, such as<br>safe use of cleaning chemicals, PPE, etc.   |   |    |             | ÷  |
| The facility has an OSHA-compliant PPE and/or Respiratory Protection Program   | X   |    |             | Not reviewed by CA   |
| Administrative controls have been reviewed/implemented, including<br>Staggered start times<br>Staggered break times<br>Restricting occupancy of certain areas (break rooms, cafeterias, locker rooms)<br>Reducing employees in work areas<br>Providing dedicated tools and equipment (production, office)<br>Relocating employees to maintain social distancing recommendations<br>Soft items are secured in or replaced with sealed containers<br>Reduction of high touch points<br>Alternative staff allocation, curtailment, adding/reducing shifts | X<br>X<br>X<br>X<br>X<br>X<br>X<br>X<br>X<br>X<br>X<br>X<br>X<br>X<br>X<br>X<br>X<br>X<br>X |    |             | Social distancing is<br>not feasible in some<br>areas. Alternative<br>measures are<br>recommended. |
| Where social distancing is not feasible, additional precautions are implemented  | ×   |    |             | Guarding, PPE  |

| Conducted By: | Cocciardi and Associates, Inc. |       | 0             |
|---------------|--------------------------------|-------|---------------|
| Name:         | (b) (7)(C)                     |       |               |
| Title:        | Senior Professional            | Date: | April 2, 2020 |







04/09/2020

03:30pm

#### DePietro's Pharmacy 617 3rd St. DUNMORE, <u>PA-18512</u> Phone:(570) 209-7440 DEPIETROSPHARMACY.COM

| 1 4 THERMOMETERS | 380.00    |
|------------------|-----------|
| 5 C              |           |
|                  | \$ 380.00 |
| Sales Tax:       | Ú.00      |
| Amount Due:      | \$ 380.00 |

# Items: 1 Clerk ID: 2568 Register #: 1 Drawer #: 1

### Maid-Rite

\$ 380.00 Charged to: MasterCard XXXXXXXXXXX 4762 Auth: 00778P

Thank you for your business!



Attachment A

#### CERTIFICATE OF POSTING OSHA NOTIFICATION OF ALLEGED HAZARD(S)

Employer Name: Maid-Rite Specialty Foods, LLC Complaint Number: 1568454

Date of Posting: 4115 120

Date Copy Given to an Employee Representative: \_\_\_\_\_\_

On behalf of the employer, I certify that a copy of the complaint letter received from the Occupational Safety and Health Administration (OSHA) has been posted in a conspicuous place, where all affected employees will have notice, or near such location where the violation occurred, and such notice has been given to each authorized representative of affective employees, if any. This notice was or will be posted for a minimum of ten (10) days or until any hazardous conditions found are corrected.

Signature

DIAECTO OF HUMAN RESOURCES

mans-MTE SPECIALY FOURS, U.C. Employer/Establishment name **U.S. Department of Labor** 

Occupational Safety and Health Administration Wilkes-Barre Area Office 7 North Wilkes-Barre Boulevard, Suite 410 Wilkes-Barre, Pennsylvania 18702-5241



Phone: (570) 826-6538 Fax: (570) 821-4170 Email: oshawilkesbarre@dol.gov

April 9, 2020

Dave Hollander Maid-Rite Specialty Foods, LLC 105 Keystone Industrial Park Dunmore, PA 18512

RE: OSHA Complaint No. 1568454

Dear Employer:

On April 9, 2020 the Occupational Safety and Health Administration (OSHA) received a notice of alleged workplace hazard(s) at your worksite at:

105 Keystone Industrial Park Dunmore, PA 18512

We notified you, by telephone, of these alleged hazards on April 9, 2020. The specific nature of the alleged hazards are as follows:

1) Employees working in the facility have tested positive for covid-19 and the employer is not sanitizing common areas.

2) The employer is not enforcing social distancing within the facility.

3) Personal protective equipment, including as facemasks, are not being provided to employees.

We have not determined whether the hazards, as alleged, exist at your workplace and we do not intend to conduct an inspection at this time. However, since allegations of violations and/or hazards have been made, we request that you immediately investigate the alleged conditions and make any necessary corrections or modifications. Please advise me in writing, no later than **April 16, 2020** of the results of your investigation and please provide us with your 9 digit employer ID number. You must provide supporting documentation of your findings, including any applicable measurements or monitoring results, and photographs/video which you believe would be helpful, as well as a description of any corrective action you have taken or are in the process of taking, including documentation of the corrected condition.

If you email your response to <u>OSHAWilkesBarre@dol.gov</u> an additional copy does not need to be sent by traditional mail.

This letter is not a citation or a notification of proposed penalty which, according to the Occupational Safety and Health Act, may be issued only after an inspection or investigation of

the workplace. It is our goal to assure that hazards are promptly identified and eliminated. Please take immediate corrective action where needed.

If we do not receive a response from you by April 16, 2020 indicating that appropriate action has been taken or that no hazard exists and why, an OSHA inspection will be conducted. An inspection may include a review of the following: injury and illness records, hazard communication, personal protective equipment, emergency action or response, blood borne pathogens, confined space entry, lockout, and related safety and health issues.

Please note, however, that OSHA selects for inspection some cases where we have received letters in which employers have indicated satisfactory corrective action. This is to ensure that employers have actually taken the action stated in their letters.

If you need assistance to help resolve the issues of this complaint, the State of Pennsylvania offers a free OSHA consultation service. If required, a consultant will visit your workplace and assess the validity of the complaint item(s). In addition, you will be provided with methods of correcting the hazard, if necessary. This service is provided on a priority basis to small, high hazard employers. To discuss or request their services, call the consultation project at the following address:

PA/OSHA Consultation Program Indiana University of Pennsylvania 57 South Ninth Street, Third Floor Indiana, Pennsylvania 15701 1-800-382-1241 http://www.iup.edu/pa-oshaconsultation

You are requested to post a copy of this letter where it will be readily accessible for review by all of your employees and return a copy of the signed Certificate of Posting (Attachment A) to this office. In addition, you are requested to provide a copy of this letter and your response to it to a representative of any recognized employee union or safety committee if these are at your facility. Failure to do this may result in an on-site inspection. The complainant has been furnished a copy of this letter and will be advised of your response. Section 11(c) of the Occupational Safety and Health Act provides protection for employees against discrimination because of their involvement in protected safety and health activity.

If you have any questions regarding this matter, please contact Assistant Area Director Sarah Carle at 570-826-6538. Your personal support and interest in the safety and health of your employees is appreciated.

Sincerely,

f/ Sarah T Carle

Mark Stelmack Area Director

Attachment A

### CERTIFICATE OF POSTING OSHA NOTIFICATION OF ALLEGED HAZARD(S)

Employer Name: Maid-Rite Specialty Foods, LLC Complaint Number: 1568454

Date of Posting:

Date Copy Given to an Employee Representative: \_\_\_\_\_

On behalf of the employer, I certify that a copy of the complaint letter received from the Occupational Safety and Health Administration (OSHA) has been posted in a conspicuous place, where all affected employees will have notice, or near such location where the violation occurred, and such notice has been given to each authorized representative of affective employees, if any. This notice was or will be posted for a minimum of ten (10) days or until any hazardous conditions found are corrected.

Signature

Title

Employer/Establishment name

**U.S. Department of Labor** 

Occupational Safety and Health Administration Wilkes-Barre Area Office 7 North Wilkes-Barre Boulevard, Suite 410 Wilkes-Barre, Pennsylvania 18702-5241



Phone: (570) 826-6538 Fax: (570) 821-4170 Email: oshawilkesbarre@dol.gov

April 9, 2020

VIA email: (b) (7)(C)

Dear (b) (7)(C)

In response to your nonformal complaint of health and/or safety hazards at:

Maid-Rite Specialty Foods, LLC 105 Keystone Industrial Park Dunmore, PA 18512

the Occupational Safety and Health Administration (OSHA) has sent a letter to Maid-Rite Specialty Foods, LLC requesting that the appropriate action be taken to correct the situation. Enclosed is a copy of that letter for your information. As the letter indicates, the employer has been given 5 days to correct the hazards.

Please notify me if no correction has been made by April 16, 2020. We have not revealed your identity to the employer. When we receive additional information from the employer, we will notify you of their response.

Section 11(c) of the OSH Act provides protection for employees against discrimination because of their involvement in protected safety and health related activity. If you believe you are being treated differently or action is being taken against you because of your safety or health activity, you may file a complaint with OSHA. You should file this complaint as soon as possible, since OSHA normally can accept only those complaints filed within <u>30 days of the alleged</u> discriminatory action.

Your continued interest in workplace safety and health is appreciated.

Respectfully,

fl Sarah T Carle

Mark Stelmack Area Director

Enclosure

### U.S. Department of Labor

Occupational Safety and Health Administration



### Notice of Alleged Safety or Health Hazards

|                     |   | Complaint N       | Number 15684  | 154                      |
|---------------------|---|-------------------|---------------|--------------------------|
| Establishment Name  | Maid-Rite Spec                                    | eialty Foods, LLC |               |                          |
| Site Address        | 105 Keystone I<br>Dunmore, PA                     | 9                 |               |                          |
|                     | Site Phone  | 570-343-4748      | Site FAX      | 570-343-4710             |
| Mailing Address     | 105 Keystone Industrial Park<br>Dunmore, PA 18512 |                   |               |                          |
|                     | Mail Phone  | 570-343-4748      | Mail FAX      | 570-343-4710             |
| Management Official | Dave Hollande                                     | ľ                 | Telephone     |                          |
| Type of Business    |   |                   |               |                          |
| Primary SIC         |   | Primary NAICS     | 311612 - Meat | Processed from Carcasses |

HAZARD DESCRIPTION/LOCATION. Describe briefly the hazard(s) which you believe exist. Include the approximate number of employees exposed to or threatened by each hazard. Specify the particular building or worksite where the alleged violation exists.

1) Employees working in the facility have tested positive for covid-19 and the employer is not sanitizing common areas.

2) The employer is not enforcing social distancing within the facility.

3) Personal protective equipment, including as facemasks, are not being provided to employees.

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|                          |                            |                      | FINAL                     |                         |              |                     |  |
|--------------------------|----------------------------|----------------------|---------------------------|-------------------------|--------------|---------------------|--|
| رز<br>م                  |                            |                      | FINAD                     |                         |              |                     |  |
| Activity Number: 1       | 568454 Esta                | blishment/D<br>Name: | BA Maid-Rite<br>Foods, Ll |                         | RID: 0       | 317700              |  |
| Establishment Infor      | mation                     |                      |                           |                         |              |                     |  |
| Establishment I          | information                |                      |                           |                         |              |                     |  |
| Establishment<br>Name:   | Maid-Rite Specialty Food   |                      |                           | 1025133888              |              |                     |  |
| Ownership:               | Private Sector             | Prir                 | nary NAICS:               | 311612 - Meat           | Processed    |                     |  |
| Type of Business:        | Corporation                |                      |                           | from Carcasses          |              |                     |  |
|                          |                            |                      |                           |                         |              | ୍କ Inju             | iry Illness  |
| <b>Business Addre</b>    | ss                         |                      |                           |                         |              |                     |  |
| Street Address 1         | : 105 Keystone Industria   | al Park              |                           | County:                 | LACKAWANN    | 4                   |  |
| Street Address 2         | .5                         |                      |                           | Zip Code:               | 18512        |                     |  |
| Country                  | UNITED STATES OF A         | MERICA               |                           | E-mail Address:         |              |                     |  |
| State                    | PENNSYLVANIA               |                      |                           | Phone Number:           | 5703434748   |                     |  |
| City                     | DUNMORE                    | - h                  |                           | Fax:                    | 570-343-471  | )                   |  |
| Mailing Address          | 5                          |                      |                           |                         |              |                     |  |
| Street Address 1         | : 105 Keystone Industria   | al Park              |                           | City                    | DUNMORE      |                     |  |
| Street Address 2         | :                          |                      |                           |                         | DUNMORE      | ۵                   | ouanaeu.   |
| Country                  | : UNITED STATES OF A       | MERICA               |                           | Zip Code:               |              | n                   | -  |
| State                    | : PENNSYLVANIA             |                      |                           | Lip couci               | 10512        |                     |  |
| Site Address             |                            |                      |                           |                         |              |                     |  |
| Street Address 1:        | 105 Keystone Industrial    | Park                 |                           | Phone Number:           | 570-343-4748 |                     |  |
| Street Address 2:        |                            |                      | Phon                      | e Number Extn:          |              |                     | and the second   |
| City:                    | DUNMORE                    |                      |                           | Fax:                    | 570-343-4710 |                     | and the second se  |
| State:                   | PENNSYLVANIA               |                      |                           | Number of<br>Employees: |              |                     | Tak to be  |
|                          | LACKAWANNA                 |                      |                           | Employees.              |              |                     |  |
| Zip Code:                | 18512                      |                      |                           |                         |              |                     |  |
| Management/Bus           | iness Type                 |                      |                           |                         |              |                     |  |
| Management Of            | ficial First Dave<br>Name: |                      |                           | Last Name:              | Hollander    |                     | and the second   |
| Type of                  | Business:                  |                      |                           |                         |              | Processed from Carc | asses  |
|                          | al Phone:                  |                      |                           | Type of Site            |              |                     |  |
| Official Phone E         |                            |                      |                           | Activity:               |              |                     | and a second sec |
|                          |                            |                      |                           |                         |              |                     |  |
| Receipt Information      |                            |                      |                           |                         |              |                     |  |
| Receipt Informati        |                            | D 1                  | Online                    |                         | Aphiette     | Complaint           | a de la composition de la comp |
| Received By :            |                            | Receipt<br>Type :    | Unine                     |                         | Type :       | Complaint           |  |
| Receipt 04/09,<br>Date : | /2020                      |                      | 08:51 AM                  |                         | Formality:   | Nonformal           |  |

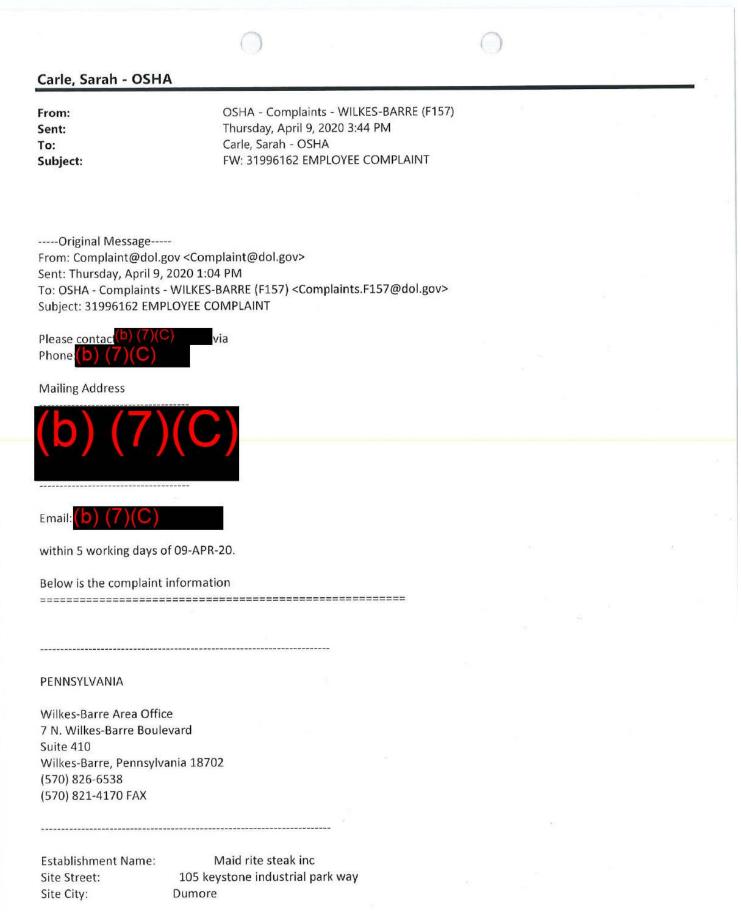
Case 1:02-at-06000-UN Document 668-2 Filed 07/22/20 Page 37 of 41

| Programmed Activity                 | $\bigcirc$    |                      |                                     | $\bigcirc$  | Page 2 of 4   |
|-------------------------------------|---------------|----------------------|-------------------------------------|---|---|
| Safety                              |               |                      |                                     |   |   |
| Imminent No Serio<br>Danger:        | ous: No O     | Other: No            |                                     |   | 2   |
| Health                              |               |                      |                                     |   |   |
| Imminent No Serio<br>Danger:        | ous: Yes (    | Other: No            |                                     |   |   |
| Hazard Description And<br>Location: | common areas. | 2) The employer is r | not enforcing social                | e for covid-19 and the<br>distancing within the<br>eing provided to emp | e employer is not sanitizing<br>facility. 3) Personal<br>bloyees. |
| No. of Alleged Hazards:             |               |                      | No. Employees<br>moved from Alleged | Exposed 350   |   |
| urce Information                    |               |                      |                                     |   |   |
| Source : 1                          |               |                      |                                     |   |   |
|                                     |               |                      |                                     |   |   |
| Source : 2                          |               |                      |                                     |   |   |
|                                     |               |                      |                                     | (b) (7)(C)  |   |
|                                     |               |                      |                                     |   |   |

https://ois.osha.gov/portal/server.pt/gateway/PTARGS\_0\_0\_223\_201\_0\_43/servlet/execut... 4/15/2020

| Assign/Transfer Information Assigned CSHO's Login Name Classification Classification Classification Classification Classification Classification Cassification Consolidate Con | InProgrammed Act        | ivity                              | $\bigcirc$                      | Page 3 of 4  |
|--|-------------------------|------------------------------------|---------------------------------|--|
| Assigned Supervisor's Login Name Assigned Supervisor's Login Name Assigned Supervisor's Login Name Additional Fat Cat Information Classification Classification Classification: Employer Report Date: No. Hospitalized: Employer Report Date: No. Non-Hospitalized: Employer Report Date: No. Non-Hospitalized: Envoloper Report Date: No. Non-Hospitalized: Do Inspection?: No. Non-Hospitalized: Complaint/Referral Action Source 1 Action Date: 04/09/2020 Action Type: Contact with Employer Xethod: Days to Respond: 5 Date Responds: Complaint/Referral Action Source : 1 Action Date: 04/09/2020 Action Type: Valid = Y Complaint/Referral Action Source : 2 Action Date: 04/09/2020 Action Type: Valid = Y Complaint/Referral Action Source : 3 Action Date: 04/09/2020 Action Type: Contact with Employer Type of Letter: Initiate Inquiry by Phone/Email to be followed by Letter Computation Method: Days to Respond: 5 Date Respon | Assign/Transfer Infor   | mation                             |                                 |  |
| Additional Fat Cat Information         Classification         Classification:         Classification:         Classification:         Classification:         Employer Report Date:         No. Hospitalized:         Employer Report Date:         No. Hospitalized:         Event Date:         No. Non-Hospitalized:         Incident Type:         Do Inspection         Complaint/ Referral Information         Complaint/ Referral Action Source : 1         Action Date:       04/09/020         Action Type:       Context:         Complaint/ Referral Information         Complaint/ Referral Information         Complaint/ Referral Action Source : 1         Action Date:       04/09/020         Action Type:       Contact with Source         Type of Letter:       Notifications-Satisfactory Response to Inquiry         Complaint/Referral Action Source : 2       Action Date: 04/09/020         Action Date:       04/09/020         Action Date:       04/09/020         Action Type:       Contact with Employer         Type of Letter:       Notification-Satisfactory Response         Complaint/Referral Action Source : 3       Action Type: Contact with Employer </td <td>Assignment</td> <td></td> <td></td> <td></td>  | Assignment              |                                    |                                 |  |
| Classification       Employer Report Date:         No. Hospitalized:       Employer Report Time:         No. Hospitalized:       Event Time:         No. Non-Hospitalized:       Incident Type:         Do Inspection       Explanation:         Reason for No       Explanation:         Complaint/Referral Information       Explanation:         Complaint/Referral X-tion Source : 1       Complaint/Referral X-tion Source : 1         Action Date:       04/09/2020         Action Type:       Context with Source         Type of Letter:       Notif-You Source : 2         Action Date:       04/09/2020         Action Type:       Complaint/Referral Action Source : 2         Complaint/Referral Action Source : 2       Action Type: Valid = Y         Complaint/Referral Action Source : 3       Action Type:         Action Type:       Control = Yoo Point S         Date Response Due:       04/09/2020         Action Type:       Complaint/Referral Action Source : 2         Action Type:       Complaint/Referral Action Source : 3         Action Type:       Complaint/Referral Action Source : 3         Action Type:       Complaint/Referral Action Source : 4         Complaint/Referral Action Source : 4       Complaint/Referral Action Source : 4         Comp  | Assigned CSHO's L       | ogin Name                          | Assigned Supervisor's Login Nan | ne   |
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| No. Non-Hospitalized: Incident Type:<br>Do Inspection<br>Do Inspection?: No Explanation:<br>Reason for No<br>Inspection:<br>Complaint/Referral Information<br>Close No<br>Complaint/Referral Action Source : 1<br>Action Date: 04/09/2020<br>Action Type: Contact with Source<br>Type of Letter: Notification-Satisfactory Response to Inquiry<br>Communication Email Letter<br>Method:<br>Days to Respond: 5<br>Date Response Due: 04/16/2020<br>Action Type: Valid = Y<br>Complaint/Referral Action Source : 3<br>Action Date: 04/09/2020<br>Action Type: Contact with Employer<br>Type of Letter: Initiate Inquiry by Phone/Email to be followed by Letter<br>Communication Phone Discussion<br>Method:<br>Days to Respond: 5<br>Date Response Due: 04/16/2020<br>Action Type: Contact with Employer<br>Type of Letter: Initiate Inquiry by Phone/Email to be followed by Letter<br>Communication Phone Discussion<br>Method:<br>Days to Respond: 5<br>Date Response Due: 04/16/2020  | No. Unaccounted For:    |                                    | Event Date:                     |  |
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| Do Inspection?       No       Explanation:         Reason for No       Inspection:         Complaint/Referral Information       Complaint/Referral Provide Prov  | No. Non-Hospitalized:   |                                    | Incident Type:                  |  |
| Reason for No         Inspection:         Complaint/Referral Information         Close No         Complaint/Referral Action Source : 1         Action Date: 04/09/2020         Action Type: Contact with Source         Type of Letter: Notification-Satisfactory Response to Inquiry         Communication Email Letter         Method:         Days to Respond: 5         Date Response Due: 04/16/2020         Complaint/Referral Action Source : 2         Action Type: Valid = Y         Complaint/Referral Action Source : 3         Action Type: Contact with Employer         Type of Letter: Initiate Inquiry by Phone/Email to be followed by Letter         Communication Phone Discussion         Method:         Days to Respond: 5         Date Response Due: 04/16/2020   | Do Inspection           |                                    |                                 |  |
| Inspection:<br>Complaint/Referral Information<br>Close No<br>Complaint/Referral Action Source : 1<br>Action Date: 04/09/2020<br>Action Type: Contact with Source<br>Type of Lette: Notification-Satisfactory Response to Inquiry<br>Communication Email Letter<br>Method:<br>Days to Respond: 5<br>Date Response Due: 04/16/2020<br>Complaint/Referral Action Source : 2<br>Action Date: 04/09/2020<br>Action Type: Valid = Y<br>Complaint/Referral Action Source : 3<br>Action Date: 04/09/2020<br>Action Type: Contact with Employer<br>Type of Lette: Initiate Inquiry by Phone/Email to be followed by Letter<br>Compunication Phone Discussion<br>Method:<br>Days to Respond: 5<br>Date Response Due: 04/16/2020<br>Action Type: Contact with Employer<br>Type of Lette: Initiate Inquiry by Phone/Email to be followed by Letter<br>Communication Phone Discussion<br>Method:<br>Days to Respond: 5<br>Date Response Due: 04/16/2020   | Do Inspection?:         | No                                 | Explanation:                    |  |
| Close No<br>Complaint/Referral?:<br>Complaint/Referral Action Source : 1<br>Action Date: 04/09/2020<br>Action Type: Contact with Source<br>Type of Letter: Notification-Satisfactory Response to Inquiry<br>Communication Email Letter<br>Method:<br>Days to Respond: 5<br>Date Response Due: 04/16/2020<br>Complaint/Referral Action Source : 2<br>Action Date: 04/09/2020<br>Action Type: Valid = Y<br>Complaint/Referral Action Source : 3<br>Action Date: 04/09/2020<br>Action Type: Contact with Employer<br>Type of Letter: Initiate Inquiry by Phone/Email to be followed by Letter<br>Communication Phone Discussion<br>Method:<br>Days to Respond: 5<br>Date Response Due: 04/16/2020<br>Complaint/Referral Action Source : 4<br>Action Type: 04/16/2020<br>Action Type: 04/16/2020<br>Communication Phone Discussion   |                         |                                    |                                 |  |
| Complaint/Referral?:<br>Complaint/Referral Action Source : 1<br>Action Date: 04/09/2020<br>Action Type: Contact with Source<br>Type of Letter: Notification-Satisfactory Response to Inquiry<br>Communication Email Letter<br>Method:<br>Days to Respond: 5<br>Date Response Due: 04/16/2020<br>Complaint/Referral Action Source : 2<br>Action Date: 04/09/2020<br>Action Type: Valid = Y<br>Complaint/Referral Action Source : 3<br>Action Date: 04/09/2020<br>Action Type: Contact with Employer<br>Type of Letter: Initiate Inquiry by Phone/Email to be followed by Letter<br>Communication Phone Discussion<br>Method:<br>Days to Respond: 5<br>Date Response Due: 04/16/2020<br>Complaint/Referral Action Source : 4<br>Action Date: 04/09/2020<br>Action Type: Contact with Employer<br>Type of Letter: Initiate Inquiry by Phone/Email to be followed by Letter<br>Communication Phone Discussion<br>Method:<br>Days to Respond: 5<br>Date Response Due: 04/16/2020  | Complaint/ Referral I   | nformation                         |                                 |  |
| Action Date:04/09/2020Action Type:Contact with SourceType of Letter:Notification-Satisfactory Response to InquiryCommunicationEmail Letter<br>Method:Days to Respond:5Date Response Due:04/16/2020Complaint/Referral Action Source:2Action Date:04/09/2020Action Type:Valid = YComplaint/Referral Action Source:3Action Date:04/09/2020Action Type:Contact with EmployerType of Letter:Initiate Inquiry by Phone/Email to be followed by LetterCommunication<br>Method:Phone Discussion<br>Method:Date Response Due:04/16/2020Complaint/Referral Action Source:4Action Type:Contact with EmployerType of Letter:Initiate Inquiry by Phone/Email to be followed by LetterCommunication<br>Method:Phone Discussion<br>Method:Date Response Due:04/16/2020Complaint/Referral Action Source:4Action Date:04/09/2020Action Date:04/16/2020Complaint/Referral Action Source:4Action Date:04/09/2020Action Date:04/09/2020Action Type:Contact with Employer   |                         | No                                 |                                 |  |
| Action Type:Contact with SourceType of Letter:Notification-Satisfactory Response to InquiryCommunicationEmail Letter<br>Method:Days to Respond:5Date Response Due:04/16/2020Complaint/Referral Action Source : 2<br>Action Type:Valid = YComplaint/Referral Action Source : 3Action Date:04/09/2020<br>Action Type:Action Date:04/09/2020<br>Action Type:Complaint/Referral Action Source : 3Action Date:04/09/2020<br>Action Type:Action Date:04/09/2020<br>Date Response)Action Date:04/09/2020<br>Date Response)Action Date:04/09/2020<br>Date Response)Action Type:Contact with Employer<br>Type of Letter:Type of Letter:Initiate Inquiry by Phone/Email to be followed by Letter<br>Communication<br>Phone Discussion<br>Method:Date Response Due:04/16/2020Complaint/Referral Action Source : 4<br>Action Date:Action Date:04/09/2020<br>Action Type:Complaint/Referral Action Source : 4<br>Action Date:Action Date:04/09/2020<br>Action Type:Complaint/Referral Action Source : 4<br>Action Date:Action Date:04/09/2020<br>Action Type:Action Date:04/09/2020<br>Action Type:Action Date:04/09/2020<br>Action Type:Action Date:04/09/2020<br>Action Type:Action Date:04/09/2020<br>Action Type:Action Type:Contact with Employer  | Complaint/Referral      | Action Source : 1                  |                                 |  |
| Type of Letter:       Notification-Satisfactory Response to Inquiry         Communication       Email Letter         Method:       Days to Respond:         Days to Respond:       5         Date Response Due:       04/16/2020         Complaint/Referral Action Source :       2         Action Date:       04/09/2020         Action Type:       Valid = Y         Complaint/Referral Action Source :       3         Action Date:       04/09/2020         Action Type:       Contact with Employer         Type of Letter:       Initiate Inquiry by Phone/Email to be followed by Letter         Communication       Phone Discussion         Method:       5         Date Response Due:       04/16/2020         Complaint/Referral Action Source : 4       4         Action Date:       04/09/2020         Action Date:       04/09/2020         Action Date:       04/09/2020  | Action Date:            | 04/09/2020                         |                                 |  |
| Communication       Email Letter         Method:       5         Days to Response Due:       04/16/2020         Complaint/Referral Action Source : 2       2         Action Date:       04/09/2020         Action Type:       Valid = Y         Complaint/Referral Action Source : 3       3         Action Date:       04/09/2020         Action Type:       Contact with Employer         Type of Letter:       Initiate Inquiry by Phone/Email to be followed by Letter         Communication       Phone Discussion         Method:       5         Date Response Due:       04/16/2020         Complaint/Referral Action Source : 4       4         Action Date:       04/09/2020         Action Date:       04/09/2020         Action Date:       04/09/2020   | Action Type:            | Contact with Source                |                                 |  |
| Method:       Days to Respond:       5         Date Response Due:       04/16/2020         Complaint/Referral Action Source:       2         Action Date:       04/09/2020         Action Type:       Valid = Y         Complaint/Referral Action Source:       3         Action Date:       04/09/2020         Action Type:       Valid = Y         Complaint/Referral Action Source:       3         Action Date:       04/09/2020         Action Type:       Contact with Employer         Type of Letter:       Initiate Inquiry by Phone/Email to be followed by Letter         Communication       Phone Discussion         Method:       5         Date Response Due:       04/16/2020         Complaint/Referral Action Source:       4         Action Date:       04/09/2020         Action Date:       04/09/2020         Action Type:       Contact with Employer   | Type of Letter:         | Notification-Satisfactory Response | onse to Inquiry                 |  |
| Date Response Due:       04/16/2020         Complaint/Referral Action Source : 2         Action Date:       04/09/2020         Action Type:       Valid = Y         Complaint/Referral Action Source : 3         Action Date:       04/09/2020         Action Type:       Contact with Employer         Type of Letter:       Initiate Inquiry by Phone/Email to be followed by Letter         Communication       Phone Discussion         Method:       5         Date Response Due:       04/16/2020         Complaint/Referral Action Source : 4         Action Date:       04/09/2020         Action Date:       04/09/2020         Action Date:       04/09/2020         Action Date:       04/09/2020         Action Type:       Contact with Employer  |                         |                                    |                                 |  |
| Complaint/Referral Action Source : 2<br>Action Date: 04/09/2020<br>Action Type: Valid = Y<br>Complaint/Referral Action Source : 3<br>Action Date: 04/09/2020<br>Action Type: Contact with Employer<br>Type of Letter: Initiate Inquiry by Phone/Email to be followed by Letter<br>Communication Phone Discussion<br>Method:<br>Days to Respond: 5<br>Date Response Due: 04/16/2020<br>Complaint/Referral Action Source : 4<br>Action Date: 04/09/2020<br>Action Type: Contact with Employer  | Days to Respond:        | 5                                  |                                 |  |
| Action Date:       04/09/2020         Action Type:       Valid = Y         Complaint/Referral Action Source : 3         Action Date:       04/09/2020         Action Type:       Contact with Employer         Type of Letter:       Initiate Inquiry by Phone/Email to be followed by Letter         Communication       Phone Discussion         Method:       5         Date Response Due:       04/16/2020         Complaint/Referral Action Source : 4         Action Date:       04/09/2020         Action Type:       Contact with Employer   | Date Response Due:      | 04/16/2020                         |                                 |  |
| Action Type:       Valid = Y         Complaint/Referral Action Source : 3         Action Date:       04/09/2020         Action Type:       Contact with Employer         Type of Letter:       Initiate Inquiry by Phone/Email to be followed by Letter         Communication       Phone Discussion         Method:       5         Date Response Due:       04/16/2020         Complaint/Referral Action Source : 4         Action Date:       04/09/2020         Action Type:       Contact with Employer   | Complaint/Referral      | Action Source : 2                  |                                 |  |
| Action Type:       Valid = Y         Complaint/Referral Action Source : 3         Action Date:       04/09/2020         Action Type:       Contact with Employer         Type of Letter:       Initiate Inquiry by Phone/Email to be followed by Letter         Communication       Phone Discussion         Method:       5         Date Response Due:       04/16/2020         Complaint/Referral Action Source : 4         Action Date:       04/09/2020         Action Type:       Contact with Employer   | Action Date:            | 04/09/2020                         |                                 | -  |
| Action Date:       04/09/2020         Action Type:       Contact with Employer         Type of Letter:       Initiate Inquiry by Phone/Email to be followed by Letter         Communication<br>Method:       Phone Discussion         Days to Respond:       5         Date Response Due:       04/16/2020         Complaint/Referral Action Source:       4         Action Date:       04/09/2020         Action Type:       Contact with Employer  |                         |                                    |                                 |  |
| Action Date:       04/09/2020         Action Type:       Contact with Employer         Type of Letter:       Initiate Inquiry by Phone/Email to be followed by Letter         Communication<br>Method:       Phone Discussion         Days to Respond:       5         Date Response Due:       04/16/2020         Complaint/Referral Action Source:       4         Action Date:       04/09/2020         Action Type:       Contact with Employer  | - Complaint/Referral    | Action Source : 3                  |                                 |  |
| Action Type:       Contact with Employer         Type of Letter:       Initiate Inquiry by Phone/Email to be followed by Letter         Communication       Phone Discussion         Method:       Days to Respond:         Days to Respond:       5         Date Response Due:       04/16/2020         Complaint/Referral Action Source : 4         Action Date:       04/09/2020         Action Type:       Contact with Employer   |                         |                                    |                                 |  |
| Type of Letter:       Initiate Inquiry by Phone/Email to be followed by Letter         Communication<br>Method:       Phone Discussion         Days to Respond:       5         Date Response Due:       04/16/2020         Complaint/Referral Action Source : 4         Action Date:       04/09/2020         Action Type:       Contact with Employer  |                         | C CONTRACTOR CONTRACTOR            |                                 |  |
| Communication       Phone Discussion         Method:       Days to Respond:         Days to Response Due:       04/16/2020         Complaint/Referral Action Source : 4         Action Date:       04/09/2020         Action Type:       Contact with Employer   |                         |                                    | il to be followed by Letter     |  |
| Method:<br>Days to Respond: 5<br>Date Response Due: 04/16/2020<br>Complaint/Referral Action Source : 4<br>Action Date: 04/09/2020<br>Action Type: Contact with Employer  | 5.5                     |                                    |                                 | Sector and the sector |
| Date Response Due: 04/16/2020<br>Complaint/Referral Action Source : 4<br>Action Date: 04/09/2020<br>Action Type: Contact with Employer   | Method:                 |                                    |                                 |  |
| Complaint/Referral Action Source : 4<br>Action Date: 04/09/2020<br>Action Type: Contact with Employer  |                         |                                    |                                 |  |
| Action Date: 04/09/2020<br>Action Type: Contact with Employer  | Date Response Due:      | 04/16/2020                         |                                 |  |
| Action Type: Contact with Employer   | - Complaint/Referral    | Action Source : 4                  |                                 |  |
|  | Action Date:            | 04/09/2020                         |                                 |  |
| Type of Letter: Written Request for Employer Response to Complaint/Referral  | Action Type:            | Contact with Employer              |                                 |  |
|  | Type of Letter:         | Written Request for Employer       | Response to Complaint/Referral  |  |

| JnProgrammed Acti            | vity                                  | · · · · · ·                               | Page 4 of 4          |
|------------------------------|---------------------------------------|---|----------------------|
|                              | Communication Email Letter<br>Method: |   |                      |
| Days to Respond:             | 5                                     |   |                      |
| Date Response Due:           | 04/16/2020                            |   | ан на кулотика анало |
| Complaint/Referral /         | Action Source : 5                     |   |                      |
| Action Date:                 | 04/09/2020                            |   |                      |
| Action Type:                 | Do Inspection = N                     | *   |                      |
| Reason for No<br>Inspection: | non-formal complaint                  |   |                      |
| Program Information          |                                       |   |                      |
| National Emphasis P          | rograms                               |   |                      |
| Local Emphasis Prog          | rams                                  |   |                      |
| Federal Strategic Ini        | tiative :                             |   |                      |
| Migrant Farm Worker<br>Camp: | No                                    |   |                      |
| Additional Codes:            | Type Id Value                         | Description                               |                      |
|                              | N 16 COVID-19                         | Response activities related to the COVID- | 19 Coronav           |



Site State: Site Zip: Type of Business: Pennsylvania 18532 Meat factory

### Hazard Description:

About half the plant is out sick they hire more people and not taking care of the problem people keep coming n going getting sick there not cleaning not taking precautions and procedure of a pandemic illness I'm scared to go to work everyday I'm risking my life today on april 9 I was givin a mask for the first time it's sad and scary I'm sorry

#### Hazard Location:

The whole building

This condition has previously been brought to the attention of: \* The employer

### b) (7)(C)

Do NOT reveal my name to my employer.

Complainant Name:

[NOT SIGNED]

(Complainant did not check the electronic signature checkbox to indicate this submission shall be considered as having an authorized written signature.)

Complainant Telephone Number:



**Complainant Mailing Address** 



Complainant Email: