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Iowa Premium, LLC



1476163

G6516

**Iowa OSHA**

150 Des Moines Street  
Des Moines, IA 50309  
Phone: (515) 242-5870  
Fax: (515) 281-7995  
www.iowaosha.gov  
osha@iwd.iowa.gov

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## Citation and Notification of Penalty

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<b>To:</b> Iowa Premium, LLC and its successors 3337 L Ave Tama, IA 52339	<b>Inspection Number:</b> 1476163 <b>Case File Number:</b> 20915 <b>CSHO:</b> G6516 <b>Inspection Date(s):</b> 05/21/2020-05/21/2020 <b>Issuance Date:</b> 08/12/2020
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**Inspection Site:**  
3337 L Ave  
Tama, IA 52339

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This Citation and Notification of Penalty (Citation) alleges violations of the Iowa Occupational Safety and Health Act and proposes penalties. Fifteen working days after you receive this Citation, the allegations and proposed penalties will become final unless you reach a settlement agreement with Iowa OSHA or contest the Citation. After 15 working days have passed, there will be no further chance to challenge these allegations and penalties.

Each violation described in this Citation is alleged to have occurred on or about the days the inspection was made unless another date is noted.

**Contest.** You may contest in writing all or part of the Citation. You may file a notice of contest yourself or hire an attorney to help you at your own expense.

**Notice to employees.** A copy of the Citation must be posted immediately in a prominent place near the location where each violation occurred. If posting near the site of each violation is not feasible, the Citation must be posted where it will be easily seen by all affected employees. The Citation must remain posted until the violation is corrected or for 3 working days, whichever is longer.

**Payment.** In the absence of a contest or settlement agreement, the penalties must be paid within 15 working days. Make your check or money order payable to "Iowa OSHA" and note the inspection number on it. Iowa OSHA does not agree to any restriction, condition, or endorsement put on any check or money order, and will cash the check or money order as if the restriction, condition or endorsement does not exist.

**Working days.** Working days are Monday through Friday excluding State and Federal holidays.

**Hazard correction.** In the absence of a contest or settlement agreement, each violation must be corrected by the date set in the Citation. You are required to provide documentation of abatement to your employees and to Iowa OSHA. The enclosed form and booklet will help you with this process.

**Employee right to contest.** An employee or employee representative may contest an abatement date set in the Citation. The contest must be mailed to Iowa OSHA within 15 working days of the employer's receipt of this Citation.

**Whistleblower protection.** An employer may not retaliate against an employee for cooperating with an OSHA inspector, filing an OSHA complaint, or exercising other rights under the OSHA law. An employee may file a complaint within 30 days after retaliation occurred.

**Guide to Iowa OSHA Citations.** *The Guide to Iowa OSHA Citations* covers topics related to this Citation in more detail. Please review it carefully.

**Informal conference.** You may request an informal conference or meeting to discuss any part of this Citation. Frequently, citations are settled at informal conferences. Call the number above right away if you wish to schedule an informal conference because after 15 working days an informal settlement agreement is not possible. If you schedule an informal conference you must complete the form on page 3 and post it where affected employees can see it.



## NOTICE OF INFORMAL CONFERENCE

An informal conference has been scheduled with Iowa OSHA to discuss the citation(s) issued on 08/12/2020. Employees and/or representatives of employees have a right to attend an informal conference.

Employer: Check and complete one of the following\*

The informal conference will be held at Iowa OSHA,

The informal conference will be held at Iowa OSHA:

150 Des Moines Street

Des Moines, IA 50309 on \_\_\_\_\_ at \_\_\_\_\_.

The informal conference will be held by phone. To participate call:

\_\_\_\_\_

\*This must be completed and posted by the employer *only* if an informal conference is scheduled.



Inspection Number: 1476163  
Inspection Date: 05/21/2020-05/21/2020  
Issuance Date: 08/12/2020

**Citation and Notification of Penalty**

**Company Name:** Iowa Premium, LLC  
**Inspection Site:** 3337 LAve Tama, IA 52339

Citation 1 Item 1 Type of Violation: **Other-than-Serious**

IAC 875 - Chapter 4

1904.29(b)(1): A Log of all recordable work-related injuries and illnesses (OSHA Form 300 or equivalent) was not completed in the detail as required by the regulation:

(a) 3337 LAve Tama, IA - The employer's 2020 OSHA 300 log did not contain the following information: a description of the injury/illness for cases 16 and 17; and the object/substance that directly injured or made the person ill for cases 3, 6, 7, 8, 9, 10, 15, 17, 18. This condition may result in the employer not identifying injury/illness trends and was noted on or about 5/22/2020.

**Date by Which Violation Must Be Abated:** **September 08, 2020**  
**Proposed Penalty:** **\$957.00**

Citation 1 Item 2 Type of Violation: **Other-than-Serious**

IAC 875 - Chapter 4

1904.40(a): The employer did not provide an authorized government representative copies of requested records kept under Part 1904 within four (4) business hours:

(a) 3337 LAve Tama, Iowa - The employer did not provide OSHA 300 logs within four hours. The OSHA logs were requested in person at 10:40 am on 5/21/2020 and the email response from the employer at 4:27 pm on 5/21/2020 did not contain the requested records. A second request was made by email at 12:39 pm on 5/22/2020 and the OSHA logs were provided at 12:47 pm on 5/22/2020.

**Date by Which Violation Must Be Abated:** **Corrected During Inspection**  
**Proposed Penalty:** **\$957.00**

  
\_\_\_\_\_  
Russell Perry  
Iowa OSHA Administrator

**Iowa OSHA**

150 Des Moines Street  
Des Moines, IA 50309  
Phone: (515) 242-5870  
Fax: (515) 281-7995  
www.iowaosha.gov  
osha@iwd.iowa.gov

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**PENALTY SUMMARY**

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**Company Name:** Iowa Premium, LLC  
**Inspection Site:** 3337 L Ave Tama, IA 52339  
**Issuance Date:** 08/12/2020

**Penalty Summary of Inspection Number:** 1476163

Citation 1 Item 1, Other-than-Serious	\$957.00
Citation 1 Item 2, Other-than-Serious	\$957.00
<b>TOTAL PENALTIES:</b>	<b>\$1,914.00</b>

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Make check or money order payable to **"IOWA OSHA."** Please indicate the inspection number and DBA, if company name is different, on the remittance.

USPS Tracking Number: [9414814926183001014888](#) Automatically Open Carrier Tracking Page Link

Date	Time	Description	Location	Signed
08/17/2020	11:15	Delivered to Agent for Final Delivery	TAMA, IA 52339	
08/17/2020	08:23	Out for Delivery	TAMA, IA 52339	
08/17/2020	08:12	Arrived at Unit	TAMA, IA 52339	
08/17/2020	02:10	Departed USPS Regional Facility	CEDAR RAPIDS IA DISTRIBUTION CENTER	
08/16/2020	00:44	Arrived at USPS Regional Facility	CEDAR RAPIDS IA DISTRIBUTION CENTER	
08/15/2020	09:33	Departed USPS Regional Facility	DES MOINES IA DISTRIBUTION CENTER	
08/14/2020	21:40	Arrived at USPS Regional Facility	DES MOINES IA DISTRIBUTION CENTER	
08/14/2020	20:25	Accepted at USPS Origin Facility	DES MOINES, IA 50319	
08/14/2020	16:07	Shipment Received, Package Acceptance Pending	DES MOINES, IA 50318	
08/14/2020	00:00	Pre-Shipment Info Sent to USPS, USPS Awaiting Item		



IOWA OSHA  
Expedited Informal Settlement Agreement (EISA)


In the Matter of:     Iowa Premium, LLC  
                                  and its successors  
                                  3337 L Avenue  
                                  Tama, IA 52339

Inspection #: 1476163     C.F. #: 20915

The Employer and the Iowa Occupational Safety and Health Administration (Iowa OSHA) agree to settle this matter as follows:

1.     The Employer agrees to correct the violations as cited in the above citation or as amended below.
2.     The Employer agrees to complete the abatement form provided with the citation.
3.     The Employer will send the completed abatement form to Iowa OSHA. The Employer agrees to post a copy of the completed abatement form for 3 working days in the place where the citations were posted as described in paragraph 6 of this agreement.
4.     The Employer agrees to pay the reduced penalties totaling \$957.00 and send the payment to Iowa OSHA with this agreement. The employer agrees that failure to comply with the terms of this Agreement shall cause the penalty to revert to the initially proposed penalty of \$1,914.00.
5.     The Employer waives its right to contest the citations pursuant to Section 88.8(3) of the Iowa Occupational Safety and Health Act. It is understood and agreed that the citations as amended by this agreement shall be deemed a final order not subject to review by any court or agency.
6.     The Employer agrees to immediately post a copy of this Settlement Agreement in a prominent place at or near the location of the violation(s). This Settlement Agreement must remain posted until the violations cited have been corrected, or for 3 working days (excluding weekends and State and Federal Holidays), whichever is longer.
7.     The Employer agrees to continue to comply with the applicable provisions of the Iowa Occupational Safety and Health Act, and the applicable safety and health standards.

  
\_\_\_\_\_  
Russell Perry,  
Iowa OSHA Administrator

For the Employer:		
<u>Hermon J. Monks</u> Print Name	<u>Safety Manager</u> Title	<u>641-484-7404</u> Phone
<u></u> Signature	<u>9/2/2020</u> Date	

# Occupational Safety and Health Administration

## Referral Report

Reporting ID	UPA Number	Receipt Date	Receipt Time	Receipt Type
0751910	1592832	20-MAY-2020	11:00 AM	Media
Electronic Complaint Number				

Establishment Name	Iowa Premium, LLC	Doing Business As (DBA)	Iowa Premium Beef	
Related Inspections				
Industry & Ownership	Primary NAICS	311612 - Meat Processed from Carcasses	Ownership	Private Sector
Type Of Business				

## Site Information

Street Address 1:	3337 L Ave				
Street Address 2:					
County:	TAMA				
City	TAMA	State	IOWA	Zip	52339
Management Official:	Herman Marks	E-Mail:	hmarks@iowapremium.com		
Phone Number:	(641)-484-2220	Fax Number:	6414847484		

## Business Address

Street Address 1:	3337 L Ave				
Street Address 2:					
County:	TAMA				
City	TAMA	State	IOWA	Zip	52339
Country	UNITED STATES OF AMERICA				

## Mailing Address

Street Address 1:	3337 L Ave				
Street Address 2:					
County:	TAMA				
City	TAMA	State	IOWA	Zip	52339
Country	UNITED STATES OF AMERICA				

**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.

May 20, 2020

Health:

1. Employees are exposed to the COVID-19 pandemic. Employees tested positive for COVID-19. Employees have become ill from COVID-19.

Location: throughout the facility

<b>Source 1</b>			
<i>Referred by:</i>		Media	
<i>Source Name</i>		<i>Telephone</i>	
<i>Source Address</i>		UNITED STATES OF AMERICA	
<i>Source E-mail Address</i>			
<i>Send Referral Results?</i>	No	<i>If no results sent, why?</i>	

Referral Actions					
Action Date	Action Type	Date Response Due	Communication Method	Type of Letter/Reason	Other – Status
05/20/2020	Do Inspection = Y			AD Discretion	
05/20/2020	Valid = Y				

Referral Responses				
Date Response Received	Type Response Received	Evaluation	Evaluated By	Other



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**RRI Investigation Information**

# Hospitalizations	# of Amputations	# of Eye Injuries	Event Date	Event Time
Has this happened before?		Is the hazard still present?		Date employer's response sufficient to close investigation

What was employee doing just before incident occurred?	
What happened?	
What was the injury or illness?	
What was the object or substance that directly harmed the employee?	

RRI Corrective Actions	
Corrective Action Keywords	
Additional Relevant Information	
Inadequate Employer Response Description	

Strategic Initiatives	
National Emphasis	
Local/State Emphasis	

Additional Codes			
Type	ID	Value	Description
N	16	COVID-19	Response activities related to the COVID-19 Coronavirus

## Violation Worksheet

Print Date : 06/25/2020

<b>Inspection Number</b>	1476163
<b>Opt. Insp. Number</b>	20915

<b>Establishment Name</b>	Iowa Premium, LLC				
<b>DBA Name</b>	Iowa Premium Beef				
<b>Type Of Violation</b>	Other-than-Serious	<b>Citation Number</b>	1	<b>Item/Group</b>	1 /
<b>Number Exposed</b>	1	<b>No. Instances</b>	1	<b>REC</b>	
<b>Special Enforcement?</b>		<b>Employer's Relationship to Hazard</b>	All		
<b>Standard</b>	1904.29(b)(1)				
<b>Substance Codes</b>		<b>Photo/Video Number</b>			
<b>Alleged Violation Description</b>	<p>IAC 875 - Chapter 4                      1904.29(b)(1): A Log of all recordable work-related injuries and illnesses (OSHA Form 300 or equivalent) was not completed in the detail as required by the regulation:</p> <p>(a) 3337 L Ave Tama, IA - The employer's 2020 OSHA 300 log did not contain the following information: a description of the injury/illness for cases 16 and 17; and the object/substance that directly injured or made the person ill for cases 3, 6, 7, 8, 9, 10, 15, 17, 18. This condition may result in the employer not identifying injury/illness trends and was noted on or about 5/22/2020.</p>				
<b>Recommended Abatement Action</b>	Amend 300 logs to contain the necessary information.				

### Penalty

<b>Severity</b>	Minimal		
<b>Severity Justification</b>			
<b>Probability</b>	Greater		
<b>Probability Justification</b>	May not be able to identify injury/illness trends.		
<b>Number of Times Repeated</b>			
<b>Gravity</b>	Moderate	<b>Gravity based Penalty</b>	1063.00
<b>Multiplier</b>		<b>Size</b>	0%
<b>Good Faith</b>	0%	<b>History</b>	10%
<b>Quick Fix</b>	0%		
<b>Calculated Penalty</b>	957.00	<b>Proposed Penalty</b>	957.00
<b>Proposed Penalty Justification:</b>	Per Iowa "FOM".		

### Abatement Details

<b>Days to Abate</b>	15 Wkg Days	<b>Abatement Status</b>	
<b>User-entered Abatement Due Date</b>		<b>Date Abated</b>	
<b>Abatement Documentation Required?</b>	Yes	<b>Date Verified</b>	
<b>Abatement Completed Description:</b>			

### MultiStep Abatement

Type/Other Type	Days to abate	User entered Abatement Due Date	Completed(status)	Verify Date

### Employee Exposure

Exposure Instance	No. Exposed	Employer	Name and Address Telephone Numbers	Duration	Frequency	Proximity
a	1	Iowa Premium, LLC	Herman Marks 3337 L Avenue TAMA IA 52339 Home: Work: 641-484-7404 Personal Mobile: 816-260-5851 Fax:	6.00 month	once	employee

20. **Instance Description:** A. Hazard B. Equipment C. Location D. Injury/Illness E. Measurements

a) **Hazards-Operation/Condition-Accident:** The employer's 2020 OSHA 300 logs did not contain adequate information in column F.

b) **Equipment:** 2020 OSHA 300 logs.

c) **Location:** 3337 L Ave Tama, Iowa.

d) **Injury/Illness (and Justifications for Severity and Probability):** May not be able to identify injury/illness trends.

e) **Measurements:**

23. **Employer Knowledge:** Employer fills out OSHA 300 logs.

24. **Comments:**

25. **Other Employer Information:**



## Violation Worksheet

Print Date : 07/06/2020

<b>Inspection Number</b>	1476163
<b>Opt. Insp. Number</b>	20915

<b>Establishment Name</b>	Iowa Premium, LLC				
<b>DBA Name</b>	Iowa Premium Beef				
<b>Type Of Violation</b>	Other-than-Serious	<b>Citation Number</b>	1	<b>Item/Group</b>	2 /
<b>Number Exposed</b>	1	<b>No. Instances</b>	1	<b>REC</b>	
<b>Special Enforcement?</b>		<b>Employer's Relationship to Hazard</b>	All		
<b>Standard</b>	1904.40(a)				
<b>Substance Codes</b>		<b>Photo/Video Number</b>			
<b>Alleged Violation Description</b>	<p>IAC 875 - Chapter 4                      1904.40(a): The employer did not provide an authorized government representative copies of requested records kept under Part 1904 within four (4) business hours:</p> <p>(a) 3337 L Ave Tama, Iowa - The employer did not provide OSHA 300 logs within four hours. The OSHA logs were requested in person at 10:40 am on 5/21/2020 and the email response from the employer at 4:27 pm on 5/21/2020 did not contain the requested records. A second request was made by email at 12:39 pm on 5/22/2020 and the OSHA logs were provided at 12:47 pm on 5/22/2020.</p>				
<b>Recommended Abatement Action</b>	Provide OSHA 300 logs within four hours of being requested.				

### Penalty

<b>Severity</b>	Minimal		
<b>Severity Justification</b>			
<b>Probability</b>	Greater		
<b>Probability Justification</b>	Did not provide injury/illness logs within four hours.		
<b>Number of Times Repeated</b>			
<b>Gravity</b>	Moderate	<b>Gravity based Penalty</b>	1063.00
<b>Multiplier</b>		<b>Size</b>	0%
<b>Good Faith</b>		<b>History</b>	10%
<b>Quick Fix</b>	0%		
<b>Calculated Penalty</b>	957.00	<b>Proposed Penalty</b>	957.00
<b>Proposed Penalty Justification:</b>	Per Iowa "FOM".		

### Abatement Details

<b>Days to Abate</b>		<b>Abatement Status</b>	Corrected During Inspection
<b>User-entered Abatement Due Date</b>		<b>Date Abated</b>	05/22/2020
<b>Abatement Documentation Required?</b>	No	<b>Date Verified</b>	05/22/2020
<b>Abatement Completed Description:</b>	Employer provided OSHA 300 logs.		

### MultiStep Abatement

Type/Other Type	Days to abate	User entered Abatement Due Date	Completed(status)	Verify Date
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### Employee Exposure

Exposure Instance	No. Exposed	Employer	Name and Address Telephone Numbers	Duration	Frequency	Proximity
a	1	Iowa Premium, LLC	Herman Marks 3337 L Avenue TAMA IA 52339 Home: Work: 641-484-7404 Personal Mobile: 816-260-5851 Fax:	10.75 hour	once	employee

20. **Instance Description:** A. Hazard B. Equipment C. Location D. Injury/Illness E. Measurements

a) **Hazards-Operation/Condition-Accident:** The employer did not provide OSHA 300 logs within four hours. The OSHA logs were requested in person at 10:40 am on 5/21/2020 and by email at 12:39 pm on 5/22/2020. The OSHA logs were provided at 12:47 pm on 5/22/2020.

b) **Equipment:** OSHA 300 logs.

c) **Location:** 3337 L Ave Tama, Iowa.

d) **Injury/Illness (and Justifications for Severity and Probability):** The employer did not provide injury/illness logs within four hours.

e) **Measurements:** 26 hours

10.75 business hours (based on 8:00-4:30)

23. **Employer Knowledge:** The employer was informed by the CSHO that the 300 logs or their equivalent were required to be provided within four business hours.

Herman Marks stated that he wanted to review the logs before sending them couldn't provide them to CSHOs during the inspection due to participating in the inspection.

24. **Comments:**

**25. Other Employer Information:**

## SAFETY NARRATIVE

Inspection Number	1476163
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On May 21, 2020, CSHOs representing the Iowa Division of Labor traveled to 3337 L Ave Tama, IA 52339 to perform an inspection of Iowa Premium, LLC. CSHOs arrived at the facility at 9:50 am and spoke with a security guard at 9:53 am. CSHOs presented credentials and asked to speak with the highest management official in charge of occupational safety and health. CSHOs were instructed that they would need to wear masks to enter the facility and donned N95 masks. CSHOs completed a questionnaire about their health and had their temperatures taken by a forehead thermometer before entering. CSHOs were met by Herman Marks and brought to a conference room. Mark Jellison phoned in to the opening conference.

CSHOs initiated the opening conference at 10:09 am with the following people:

Herman Marks	- Health and Safety Manager
Jon Surman	- General Manager
Mark Jellison	- Corporate Safety Manager
Shawn Allison	- Maintenance Manager
Brad Reed	- Slaughter Manager
Arnulfo Garcia	- Fabrication Manager

The opening conference was conducted per the "FOM" up to and including stating the purpose of the inspection in regards to a referral that was received on May 20, 2020. CSHOs stated that the inspection will include a review of any written safety programs, employee interviews, and a walk around inspection of the areas addressed in the referral. Permission to conduct the inspection was requested and received at 10:15 am by Jon Surman and Herman Marks stating "yes".

The employer stated that their first employee with a positive COVID-19 case was reported to the plant on 4/1. The employer also stated that they have implemented the following measures to protect their workers from exposure to COVID-19:

- Began restricting visitors to the plant on 3/16.
- Began testing employees' temperatures upon entering the facility at the end of March and installed a thermal imaging camera to check employees' temperatures.
- Conducted plant-wide testing of all employees from 4/9-4/10.
- Plant shutdown for cleaning and installing engineering controls to separate workers 4/6-4/20.
- Allowed employees to wear personal cloth masks 4/2.
- Began supplying surgical-style masks to employees and requiring employees to wear them 4/20.
- Added additional seating for employees during lunch breaks, staggered lunch breaks, and gave employees longer lunch breaks.
- Installed plastic barriers on tables in break areas to separate employees.
- Installed barriers between employees on the production floor where possible.
- Added sanitation throughout the day in common areas.
- Added weekly fogging of non-production areas during sanitation shift for last 4-5 weeks.

Various documents were requested including the OSHA 300 logs and 300A forms for the current year and last five calendar years, a copy of the hazard communication program, employee roster, plant diagram, and any programs, procedures, or policies concerning protecting workers from COVID-19.



CSHOs were informed that a hard hat, hearing protection, safety glasses, and a hair net would be required to tour the establishment.

The walk around inspection began at 11:07 am and included Herman Marks. The walk around inspection was of areas employees were currently working in. The walk around began in the fabrication breakroom. Plastic barriers had been set up on the tables to separate up to six workers eating at one time. The next area was the Fabrication floor, in which there is a raised walkway that allows view of most of the floor. In some areas of the floor the employer had set up barriers between workers in the form of two-foot metal squares hung from L-shaped metal bars spaced apart. Other areas of the floor used overlapping vinyl strips to act as a barrier. The employer stated that they use the vinyl over the metal barriers for flexibility. Some employees were working close together with no physical barrier between them.

The next area inspected was the International Room, where a lot of value added work is done. Employees in this area were spaced out and not working within six feet of each other. The inspection continued with the south side of the Fabrication Floor and the Grading Room, where typically six to eight people work moving meat not near other employees.

The next area inspected was the Slaughter side of the plant, starting with the Offal Room. Barriers were installed in the room in a similar manner as the Fabrication Floor. By the time the inspection got to the Kill Floor and Legging area the employees working on the Slaughter side had started their lunch break. The Slaughter Breakroom was being used by employees on their lunch break at the time the inspection went through.

The outside area with tables and the tent with extra seating in the parking lot were inspected next. The tables in the outside area did not have plastic barriers and were being used by employees on their lunch break. The tent in the parking lot had additional tables set up in it with plastic barriers and no employees were using at the time of the inspection.

Every employee observed during the inspection was wearing a surgical-style mask, except those seen on their lunch break. There were hand sanitizer pumps set up at the entrances to the production areas.

CSHOs conducted a brief closing conference at 11:51 am with the following people:

Herman Marks	- Health and Safety Manager
Jon Surman	- General Manager
Mark Jellison	- Corporate Safety Manager
Michael Gager	- QA Manager

During the brief closing conference, the initial findings were discussed. CSHOs stated that the full closing would be completed at a later date once employee interviews had been completed and all the documents had been received and reviewed.

CSHOs exited the facility at 12:03 pm.

Private employee interviews were conducted by phone at a later date and can be found in the case file.

On June 24, 2020 at 11:00 am CSHOs conducted a second closing over the phone with the following people:

Herman Marks	- Health and Safety Manager
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Jon Surman - General Manager  
Mark Jellison - Corporate Safety Manager  
Brad Reed - Slaughter Manager

During the closing CSHOs discussed the apparent violations found during the inspection. During the closing Goebel thoroughly explained the closing conference guide and addressed any concerns. Goebel explained their rights and responsibilities after receipt of the citation via certified mail. Goebel also explained the types of OSHA Violations, the employees' whistleblower protection rights, and the state consultation program. The employer was advised to follow future guidance from the CDC and OSHA as the situation evolves.

The inspection findings for the Alleged Safety or Health Hazard is listed below:

1. Employees are exposed to the COVID-19 pandemic. Employees tested positive for COVID-19. Employees have become ill from COVID-19.

Iowa Premium's employees have tested positive for COVID-19. The employer conducted plant-wide testing of all of their employees with Iowa Department of Public Health on 4/9 and 4/10. The testing found that 338 employees were COVID-19 positive, out of 850 employees. At the time of the inspection 4 employees were hospitalized due to being COVID-19 positive and the plant was running at 100% production. The plant shut down after testing until 4/20 to thoroughly clean the facility and install engineering controls to keep workers separated. After the plant resumed operations on 4/20 the employer began providing surgical-style masks to employees and requiring employees to wear them at all times unless they were eating or drinking. The employer has also been taking the temperature of everyone entering the facility since late March, with a forehead thermometer and later a thermal imaging camera.

Citations were issued for this inspection.

## NATURE AND SCOPE

Check Applicable Boxes and Explain Findings:

- Complaint Items
- Referral Items
- Accident Investigation Summary & Findings
- LEP
- Planned Inspection
- Follow-up Inspection

## NATURE AND SCOPE – UNUSUAL CIRCUMSTANCES

- None

- Denial of entry
- Delays in conducting the inspection
- Strikes
- Jurisdictional Issues
- Trade Secrets
- Other

Comments:

### **RECORDKEEPING PROGRAMS**

(Other than 29 CFR 1904 requirements)

Does the employer have a record keeping program relating to any occupational health issues (monitoring, medical, training, respirator fit tests, ventilation measurements, etc.)?

- Yes                       No

Are any programs required by OSHA health standards?

- Yes                       No

### **COMPLIANCE PROGRAMS**

(engineering controls, PPE, regulated areas, emergency procedures, compliance plans, etc.)

Address any relevant compliance efforts regarding potential health hazards covered by the scope of inspection.

### **PERSONAL HYGIENE FACILITIES AND PRACTICES**

(showers, lockers, change rooms, etc.)

Are any required by OSHA health standards?

- Yes                       No

What Standards:

### **HAZARD COMMUNICATION PROGRAM**

Written Program (complete)

- Yes                       No

SDS's (all)

Yes                       No

Labeling (adequate)

Yes                       No

Training (complete)

Yes                       No

Copy of SDS's/Program attached

Yes                       No

Comments:

**ACCESS TO EXPOSURE & MEDICAL RECORDS**

Yes             No             N/A

**FIRE PROTECTION AND EVACUATION PROCEDURES/EMERGENCY ACTION PLAN**

Yes             No             N/A

**EMERGENCY RESPONSE PLAN**

Yes             No             N/A

**RESPIRATOR PROGRAM**

Yes             No             N/A

**LOCKOUT TAGOUT / ELECTRICAL SAFE WORKPRACTICES**

Yes             No             N/A

**FIRST AID**

Yes             No             N/A

**ELECTRICAL SAFE WORKPRACTICES**

Yes             No             N/A



**BBP EXPOSURE CONTROL PLAN**

Yes       No       N/A

**LABORATORY STANDARD**

Yes       No       N/A

**ERGONOMIC PROBLEMS**

Yes       No       N/A

If yes, complete items 1 and 2 below.

1. Lifting (10% or more similarly exposed employees injured)

a. Total # of employees exposed to job:

b. Total # of cases for job:

2. CTD's (10% or more similarly exposed employees have CTD's; 5% or more CTS cases)

a. Total # of employees exposed to job:

b. Total # of cases for job:

Other significant injury/illness trends

Yes       No

If yes, explain:

**EVALUATION OF EMPLOYER'S OVERALL SAFETY AND HEALTH PROGRAM**

Yes       No      Employer has a Safety & Health Program

Yes       No      Written

Yes       No      Copy Attached

**Evaluation of Safety and Health Program**

(0=Nonexistent 1=Ineffective 2=Somewhat Effective 3=Completely Effective)

2 Written S&H Program

2 Communication to Employees

3 Enforcement

2 Safety Training Program

2 Health Training Program

- Accident Investigation Performed

- Preventive Action Taken

Comments:

**CLOSING CONFERENCE:**

Were any unusual circumstances encountered such as, but not limited to, abatement problems, expected contest and/or negative employer attitude? If yes, explain below:

Yes                       No

Closing Conference Checklist ("x" as appropriate)

- No Violations Observed
- Gave Copy Employer Rights
- Reviewed Hazards and Standards
- Discuss Employer Rights/Obligations
- Encouraged Informal Conference
- Offered Abatement Assistance
- Discussed Consultation Programs
- Employer/Employee Questionnaires

**Closing Conference held with Employee Representative**

Jointly       Separately