Due to the COVID-19 emergency, new rules were adopted to address employer-provided labor housing. This checklist is intended to be a supplement to the current Labor Housing Inspection checklist and to be an aid and not as a substitute for full compliance with OAR 437-004-1115.

<table>
<thead>
<tr>
<th>Labor housing facility name, or employer’s LOC #</th>
<th>Name of Owner or Operator</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Site Address</th>
<th>City</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Zip Code</th>
<th>Phone</th>
<th>Most Current Registration</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Present # of Occupants</th>
<th>Maximum # of Occupants</th>
<th>ALH Open Date(s)</th>
<th>H2A Flags?</th>
</tr>
</thead>
</table>

### EMPLOYER PROVIDED LABOR HOUSING REGISTRATION INFORMATION

<table>
<thead>
<tr>
<th>Scope and Application OAR 437-004-1115</th>
<th>Y</th>
<th>N</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>All housing, whether already registered as agricultural labor housing for 2021 or not must comply with the requirements of the rule.</td>
<td>☐</td>
<td>☐</td>
<td></td>
</tr>
<tr>
<td>If needed, Oregon OSHA will consider an expedited housing registration for the 2021 season for quarantined workers.</td>
<td>☐</td>
<td>☐</td>
<td></td>
</tr>
</tbody>
</table>

### VENTILATION

<table>
<thead>
<tr>
<th>Ventilation OAR 437-004-1115(3)</th>
<th>Y</th>
<th>N</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Has the operator ensured the existing ventilation system(s) are optimized in accordance with subsection OAR 437-001-0744(3)(f)</td>
<td>☐</td>
<td>☐</td>
<td></td>
</tr>
<tr>
<td>Has the operator increased air circulation and ventilation by opening windows and doors if the conditions are safe to do so</td>
<td>☐</td>
<td>☐</td>
<td></td>
</tr>
</tbody>
</table>

### DENSITY MEASURES

<table>
<thead>
<tr>
<th>Physical Distancing Measures OAR 437-004-1115(6)</th>
<th>Y</th>
<th>N</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Has the operator selected either the “Air Purification Method”, or “Additional Capacity Reduction Method”</td>
<td>☐</td>
<td>☐</td>
<td></td>
</tr>
</tbody>
</table>
### Air Purification Method:
- Operators must ensure at least six-foot distancing from center point of single occupant beds.
- Do air purifiers provide for at least four CADR (Clean Air Delivery Rate) per hour and do not produce ozone as a byproduct or as the primary method of cleaning the air.
- Double bunks for individuals who are neither related nor part of the same household are not allowed.

<table>
<thead>
<tr>
<th>CLEANING AND SANITATION</th>
<th>Y</th>
<th>N</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Cleaning and Sanitation OAR 437-004-1115(7)</strong></td>
<td>Y</td>
<td>N</td>
<td></td>
</tr>
<tr>
<td>Have all common areas, share equipment, and high-touch surfaces under the operator’s control and that are used by employees or the public been sanitized regularly.</td>
<td>☐</td>
<td>☐</td>
<td></td>
</tr>
<tr>
<td>Have the following facilities been sanitized at least daily?</td>
<td>☐</td>
<td>☐</td>
<td></td>
</tr>
<tr>
<td>- Bathing facilities; bathing, hand washing, and laundry facilities. Sanitize all door handles, controls, and adjustable shower heads daily?</td>
<td>☐</td>
<td>☐</td>
<td></td>
</tr>
<tr>
<td>- Hand washing facilities; do not use single common towels. Is there a waste container present. Does the facility have paper towels?</td>
<td>☐</td>
<td>☐</td>
<td></td>
</tr>
<tr>
<td>- Toilet facilities; has the operator provided one toilet per 15 occupants? Are exhaust fan left on for continual use, when equipped? Do toilets provide privacy? Are portable and chemical toilets serviced at last weekly?</td>
<td>☐</td>
<td>☐</td>
<td></td>
</tr>
<tr>
<td>Have mattresses or pads been fumigated, or treated with an effective insecticide before each season’s</td>
<td>☐</td>
<td>☐</td>
<td></td>
</tr>
<tr>
<td>Requirement</td>
<td>Yes</td>
<td>No</td>
<td>Comments</td>
</tr>
<tr>
<td>-----------------------------------------------------------------------------</td>
<td>-----</td>
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<td>----------</td>
</tr>
<tr>
<td>Occupancy and when ever pad is assigned to a new user.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>If covers have been provided, have they been cleaned before each season’s occupancy and whenever the cover is assigned to a new user.</td>
<td>☐</td>
<td>☐</td>
<td></td>
</tr>
<tr>
<td>Has the operator provided adequate cleaning supplies at no cost allowing occupants to clean and sanitize their living areas regularly.</td>
<td>☐</td>
<td>☐</td>
<td></td>
</tr>
<tr>
<td><strong>COVID-19 RESPONSE PLAN</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>COVID-19 Response Plan OAR 437-004-1115(8)</td>
<td>Y</td>
<td>N</td>
<td></td>
</tr>
<tr>
<td>Has the operator created a COVID-19 Response Plan to handle suspected, and confirmed COVID-19 cases.</td>
<td>☐</td>
<td>☐</td>
<td></td>
</tr>
</tbody>
</table>