


U. S. Department of Labor
Occupational Safety and Health Administration
Notice of Alleged Safety or Health Hazards

		Complaint Number	
Establishment Name	JBS		
Site Address	800 N. 8th Ave Greeley CO 80631		
	Site Phone		Site FAX
Mailing Address			
	Mail Phone		Mail FAX
Management Official	Matthew Lovell	Telephone	(720) 937-4338
Type of Business			
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.			
<p>The Company has not created an environment that allows workers to social distance, workers are close together in the locker rooms, the Cafeteria and throughout the entire plant, this is contrary to CDC guidelines and OSHA recommendations;</p> <p>Employees throughout the plant do not have access to drinking water;</p> <p>The Company is not requiring supervisors to wear appropriate PPE;</p> <p>The Company has tied incentive pay to perfect attendance, this is increasing the risk of COVID19;</p> <p>The Company is not recording COVID19 cases.</p> <p>This is a formal complaint, JBS has had over 200 confirmed cases of COVID19, and 7 deaths, there is a new outbreak with interns.</p> <p>The Hazards are located throughout the entire plant. The Drinking water seems to be a bigger issue in the Fab and Kill/Harvest department</p>			
Has this condition been brought to the attention of: <input checked="" type="checkbox"/> Employer <input type="checkbox"/> Other Government Agency(specify)			
Please Indicate Your Desire: <input type="checkbox"/> Do NOT reveal my name to my Employer <input checked="" type="checkbox"/> My name may be revealed to the Employer			
The Undersigned believes that a violation of an Occupational Safety or Health standard exists which is a job safety or health hazard at the establishment named on this form. (Mark "X" in ONE box) <input type="checkbox"/> Former Employee <input type="checkbox"/> Current Employee <input checked="" type="checkbox"/> Representative of Employees <input type="checkbox"/> Federal Safety and Health Committee <input type="checkbox"/> Other (specify) _____			
Complainant Name	Ramon Zuniga	Telephone	720 391
Address(Street, City, State, Zip)	7760 W. 38th Ave #400 Wheat Ridge CO 80033		8207
Signature		Date	07/14/2020
If you are an authorized representative of employees affected by this complaint, please state the name of the organization that you represent and your title:			
Organization Name:	Your Title: Director UFCW Local 7		