

# POSSIBLE COVID-19 EXPOSURE REPORT

## PART A | EMPLOYEE TO COMPLETE (*Supervisor to complete for tracing purpose*)

<b>1</b> Employee Name (First Name, Last Name): _____	<b>2</b> Department   Job Title _____
<b>3</b> Contact Phone Number _____	<b>4</b> Date of exposure: _____
<b>5</b> Time of exposure: _____	
<b>6</b> Exposure Location-Site of Incident: _____ _____ _____	<b>7</b> Exposure Occurred: ___ Occupational, Through a <input type="checkbox"/> Patient <input type="checkbox"/> Suspect <input type="checkbox"/> Citizen ___ Occupational, Through a Colleague Name of colleague: _____ ___ Personal, Off-Duty
<b>8</b> <b>Exposure Incident:</b> (Describe the activity you were performing when the exposure occurred) _____ _____ _____	
<b>9</b> <b>Personal Protective Equipment (PPE) Used:</b> (What protocol/procedures were being followed including all personal protective equipment being used, which was related to the exposure.) _____ _____ _____	
Employee's Signature: <del>X</del> _____	Date: _____
Supervisor Signature for tracing purpose: _____	Date: _____

## PART B | SUPERVISOR TO COMPLETE (*Discuss the occurrence in detail*)

<b>1</b> When did you find out about the incident: Date: _____ Time: _____	<b>2</b> How did you find out about the incident? _____
<b>3</b> Was this reported immediately? <input type="checkbox"/> Yes <input type="checkbox"/> No	If not, why not? _____
<b>4</b> Was exposure witnessed? <input type="checkbox"/> Yes* <input type="checkbox"/> No *If yes, please list witness names: _____	<b>5</b> Due to this exposure, was there an incident report? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, number: _____
<b>6</b> <b>Supervisor, review PART A   Exposure Incident (#8) and Personal Protective Equipment (#9)</b> What should be done or has been done to prevent recurrent of this exposure? E.g. employee training, change of procedures, purchasing of equipment, personal protective equipment etc.: _____ _____ _____	

Supervisor's Name – Print Name _____	Date _____	<b>7 Scan and Email FORM to:                  COVID19@cathedralcity.gov</b>
Supervisor's Signature _____ <span style="float: right;">→</span>		
**FOR HR USE ONLY** <input type="checkbox"/> Continues to work – Documentation Only <input type="checkbox"/> Off Work → → Type of Leave _____	<input type="checkbox"/> Delayed - Under Review <input type="checkbox"/> Admin Leave: Start Date: _____ Authorized by: _____ <input type="checkbox"/> Personal Sick Leave: Start Date: _____ <input type="checkbox"/> Teleworking – Authorized by: _____	