|  |  |  |  |
| --- | --- | --- | --- |
| COVID-19 Incident/Exposure Report | | | |
| **Particulars of Incident/Exposure event:** | | | |
| Date: | Time: | Location: | |
| **Reported by:** | | | |
| Name: | | Address: | |
| Phone: | |  | |
| Email: | |  | |
|  | |  | |
|  | | Customer  Employee  Contractor  Visitor | |
| **The Incident:** *Details of the incident or exposure:* | | | |
|  | | | |
|  | | | |
|  | | | |
|  | | | |
| **Infection Control Measures in place at the time:** | | | |
|  | | | |
|  | | | |
| **Analysis of Incident:** | | | |
|  | | | |
|  | | | |
|  | | | |
| **Preventative actions required:** | | | |
|  | | | |
|  | | | |
|  | | | |
|  | | | |
|  | | | |
|  | | | |
| Have all preventative actions been reviewed by management and implemented?  Yes  No | | | |
| Manager Sign: | | Worker Sign: | |
| **Test:** | | | |
| Test Date: | | Result: Positive / Negative | |
| Requirements to isolate: | | | |
|  | | | |
| **Notification and Investigation** | | | |
| Ministry of Health advised by: | | | Date/Time: |
| WorkSafe advised by: | | | Date/Time: |
| Investigation conducted by: | | | Date/Time: |
| Hazard/Risk Register updated by: | | | Date/Time: |
| Toolbox Meeting held for: | | | Date/Time: |

In the event of a COVID-19 breach, this information must be reported to WorkSafe