**EMPLOYEE EXPOSURE CHECKLIST**It is important that a community keeps track of its residents/ employees when they are exposed to an infectious disease or come in contact with someone who has symptoms of infection.

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| **#** | **Description** | **Response** |
| 1 | Involved Employee Name  |  |
| 2 | Involved Employee Tracking ID |  |
| 3 | Age |  |
| 4 | Department  |  |
| 5 | Worker Type |  |
| 6 | Married / Single |  |
| 7 | Project  |  |
| 8 | Area |  |
| 9 | Client  |  |
| 10 | District |  |
| 11 | Office or Field |  |
| 12 | Date of Incident  |  |
| 13 | Time of Incident  |  |
| 14 | Incident Type |  |
| 15 | Has the employee been in closed contact (6 feet or less for 15 minutes or longer) with someone that was having symptoms (dry cough, fever (100.4F/38C or greater), shortness of breath or chills / body aches) or positive for Coronavirus? |  |
| 16 | Has the employee traveled to an area that is known as high risk for Coronavirus?  |  |
| 17 | Does the employee have symptoms, or has the employee had symptoms recently of possible Coronavirus (dry cough, fever (100.4F/38C or greater), shortness of breath, or chills/body aches)?  |  |
| 18 | Has the employee been hospitalized (currently or previously) due to the virus? |  |
| 19 | Is the employee quarantined by Country / Government? |  |
| 20 | Did employee voluntarily self-quarantine? |  |
| 21 | Potential / Actual Exposure   |  |
| 22 | Email Address of Affected Employee  |  |
| 23 | Phone Number of Affected Employee |  |
| 24 | Was a Vehicle Involved? |  |
| 25 | Was an employee or directly managed contractor injured or experience an illness? |  |
| 26 | Was a Non-Employee, Unmanaged contractor or a 3rd party injured experience an illness? |  |
| 27 | Was Property Damage Involved? |  |
| 28 | Was This Incident Work Related? |  |
| 29 | Initial Incident Description |  |
| 30 | Country |  |
| 31 | Submitter  |  |
| 32 | Submitter Phone |  |