# APPENDIX III. COVID-19 POTENTIAL EXPOSURE REPORT

## COMPANY NAME

|  |  |  |
| --- | --- | --- |
| **Name of Person Involved:** (Last, First, Middle Initial) |  | **Title of Person Involved:** |
| Click or tap here to enter text. |  | Click or tap here to enter text. |
| **Occupation of Person Involved:** |  | **Worksite Location:** |
| Click or tap here to enter text. |  | Click or tap here to enter text. |
| **Name of Person Completing Form:** (Last, First, Middle) |  | **Title of Person Completing Form:** |
| Click or tap here to enter text. |  | Click or tap here to enter text. |
| **Department:** |  | **Contact Phone Number(s):** |
| Click or tap here to enter text. |  | Click or tap here to enter text. |
| **Date and Time of Incident:** |  | **Business Address of Worksite** |
| Click or tap here to enter text. |  | Click or tap here to enter text. |

## Exposure Occurred:

Occupational, through a patient or customer: Click or tap here to enter text.

Occupational, through a colleague, vendor or subcontractor: Click or tap here to enter text.

Personal, off-duty: Click or tap here to enter text.

**Exposure Location-Site of incident:** *(Bldg. name, address, give location in reference to nearest building, nearest street location, etc.).* Click or tap here to enter text.

**Exposure Incident:** *(Fully describe activity employee was involved with when exposure occurred).* Click or tap here to enter text.

**Personal Protective Equipment (PPE) Used:** *(What protocol/procedures were being followed, including all personal protective equipment being used, which was related to the exposure? Use additional sheets if necessary).* Click or tap here to enter text.

**Corrective Actions:** *(What should be done, or has been done, to prevent recurrence of this incident? e.g. - employee training, change of procedures, purchasing of equipment, personal protective equipment etc.).* Click or tap here to enter text.

**Additional Information:**Click or tap here to enter text.