**COVID-19 INCIDENT REPORT**

Person Completing Form: Enter text.

Project: Enter text. Date: Enter a date.

1. What is the employee’s name? Enter text.

(We will keep this information confidential when possible, but if they don’t mind sharing their name, we will be able to notify and identify the people who may have been in close contact with this individual more accurately.)

1. Did the employee go home to quarantine? Yes/No If yes, when? Enter a date.
2. What is the employee’s position (i.e. foreman, apprentice, etc.)? Enter text.
3. What are the employee’s symptoms?

Enter text.

1. When did the employee first have the symptoms? Enter a date.
2. What are the dates this employee has been on the project site?

Enter text.

1. Is the employee working on any other Snyder Langston project sites? Yes/No
2. Has the employee been in contact with anyone at your company who is working at any other Snyder Langston job sites? Yes/No
3. Do you have a doctor’s note from this employee? Yes/No If yes, what did the note say?

Enter text.

1. Did the employee say they were tested for COVID-19? Yes/No
   1. Where did the test occur and who did the testing?

Enter text.

1. Do you have a medical certification stating that the employee tested positive for COVID-19? Yes/No
2. What area of the job-site did the employee work at or occupy? For example, elevator, restroom, break area, SL job trailer, etc.

Enter text.

1. Whom or what trades did the employee come in close contact with at the job-site?

Enter text.

1. Do you know if the employee has traveled recently? Yes/No
2. Is there any other information you want to share with me in regards to this sick employee?

Enter text.

1. Who recognized the symptoms and what was the person’s exposure to the employee?

Enter text.

1. Is the employee a member of a union or labor group? Yes/No
2. Has that union or labor group been notified? Yes/No
3. Has Enter County Name. County Health Department been notified of the testing? Yes/No

The following people have been notified: (check box and write date of notification)

Enter a date. Human Resources

Enter a date. Project Executive/Vice President

Enter a date. Subcontractors

Enter a date. Client