

APPENDIX A

Workplace Reporting of COVID-19 Outbreak Information Collection Form

This form is to collect information for three or more employees that have a positive COVID-19 test result within 14 calendar days, as well as additional cases that occur after the outbreak is reported. The information on this form will need to be reported on the COVID-19 Workplace Case and Contact Reporting at: <https://www.plumascounty.us/2755/COVID-19-Workplace-Case-and-Contact-Repo>

CHECK THIS BOX IF THESE ARE CASE(S) ASSOCIATED WITH A PREVIOUSLY REPORTED OUTBREAK IN THE PAST 14 DAYS.

FACILITY INFORMATION	
Facility Name:	Industry type:
Facility Address:	
Point of Contact:	
Point of Contact Phone #:	
Point of Contact Email:	

CONFIRMED COVID-19 CASE INFORMATION	
CASE #1	
<input type="checkbox"/> Employee <input type="checkbox"/> Other _____	
Name:	DOB:
Address:	Gender:
Last Day of Work:	Phone:
Job Description:	
Work Area/Location Within Facility:	NAICS Code:
Work Schedule/Shift:	
Symptoms at the time: <input type="checkbox"/> No <input type="checkbox"/> Yes: _____	
First Day of Symptoms:	Test Result Date:
Testing Facility or Provider Information (Name and Phone Number):	

CASE #2	
<input type="checkbox"/> Employee <input type="checkbox"/> Other _____	
Name:	DOB:
Address:	Gender:
Last Day of Work:	Phone:
Job Description:	
Work Area/Location Within Facility:	NAICS Code:
Work Schedule/Shift:	
Symptoms at the time: <input type="checkbox"/> No <input type="checkbox"/> Yes: _____	
First Day of Symptoms:	Test Result Date:
Testing Facility or Provider Information (Name and Phone Number):	
CASE #3	
<input type="checkbox"/> Employee <input type="checkbox"/> Other _____	
Name:	DOB:
Address:	Gender:
Last Day of Work:	Phone:
Job Description:	
Work Area/Location Within Facility:	NAICS Code:
Work Schedule/Shift:	
Symptoms at the time: <input type="checkbox"/> No <input type="checkbox"/> Yes: _____	
First Day of Symptoms:	Test Result Date:
Testing Facility or Provider Information (Name and Phone Number):	

Additional CONFIRMED COVID-19 CASE INFORMATION
<p>Are there other confirmed cases in the past 14 calendar days? <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>If yes, how many _____. Please complete Exposure Line List (Appendix B).</p>

COVID-19 EXPOSURE
<p>Did reported COVID-19 Cases expose others in the facility: <input type="checkbox"/> Yes <input type="checkbox"/> No, end form.</p>
<p>Will you be reporting more than 6 individual exposures?</p> <p><input type="checkbox"/> Yes (Please send Appendix B – Exposure Line List to by email to cdreporting@countyofplumas.com or fax to (530) 283-6110.</p> <p><input type="checkbox"/> No, complete form electronically through the portal for up to nine individuals who may have been exposed to the case.</p>

LIST OF EXPOSED				
	Name of Person Exposed	DOB	Occupation / Shift / Days Worked	Exposed to Case #
1				
2				
3				
4				
5				
6				