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COVID-19 Positive Case Incident Investigation Form

SECTION 1					
Site					
COVID-19 Manager Details	Name		Surname		
	Email		Contact No.		
Employee Type	Own Employee	Sub-Contractor	Gender	Male	Female
Contractor Details (if applicable)					
Infected Employee Address					
Infected Employee Contact Details	Telephone No.		Alternate No.		
Date of Screening		Date of Test		Date of Positive Test Information Received	
Details of Testing Facility					
Location of First Contact	Off-site / Accommodation	Site access screening area	Toolbox area	On site working area	
Detailed description of incident					
Immediate Actions Taken					
Any symptoms* or signs at time of screening that resulted in testing?					
Fever		Cough		Sore Throat	
Shortness of Breath		Difficulty in Breathing			
Other					
Dept. of Health informed?		Dept. of Employment & Labour informed?			
Was the infected employee referred to hospital?		Hospital Details			
		[if NO, refer to Section 4]		Name of Hospital	
				Contact No.	

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SECTION 2

Exposure risk in the 14 days prior to symptom onset (prior to testing if asymptomatic)

Details of persons who had contact directly or were in close proximity with a confirmed case in the 14 days prior to symptom onset

No.	Full Name	ID Number	Name of Company	Contact Details
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				



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SECTION 3

Immediate action regarding exposed persons affected directly or by close proximity

No.	Full Name	ID Number	Name of Company	Contact Details
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
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19				
20				

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SECTION 4

Isolation details if required for Infected and or affected persons

1	Full Name				
	Isolation Facility Type	Private Home	Govt. Provided	Company Provided	Other
	Isolation Address				
	Isolation Start Date		Isolation End Date		Return to Work

2	Full Name				
	Isolation Facility Type	Private Home	Govt. Provided	Company Provided	Other
	Isolation Address				
	Isolation Start Date		Isolation End Date		Return to Work

3	Full Name				
	Isolation Facility Type	Private Home	Govt. Provided	Company Provided	Other
	Isolation Address				
	Isolation Start Date		Isolation End Date		Return to Work

4	Full Name				
	Isolation Facility Type	Private Home	Govt. Provided	Company Provided	Other
	Isolation Address				
	Isolation Start Date		Isolation End Date		Return to Work

5	Full Name				
	Isolation Facility Type	Private Home	Govt. Provided	Company Provided	Other
	Isolation Address				
	Isolation Start Date		Isolation End Date		Return to Work

6	Full Name				
	Isolation Facility Type	Private Home	Govt. Provided	Company Provided	Other
	Isolation Address				
	Isolation Start Date		Isolation End Date		Return to Work

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SECTION 4 (continued)

Isolation details if required for Infected and or affected persons

7	Full Name				
	Isolation Facility Type	Private Home	Govt. Provided	Company Provided	Other
	Isolation Address				
	Isolation Start Date		Isolation End Date		Return to Work

8	Full Name				
	Isolation Facility Type	Private Home	Govt. Provided	Company Provided	Other
	Isolation Address				
	Isolation Start Date		Isolation End Date		Return to Work

9	Full Name				
	Isolation Facility Type	Private Home	Govt. Provided	Company Provided	Other
	Isolation Address				
	Isolation Start Date		Isolation End Date		Return to Work

10	Full Name				
	Isolation Facility Type	Private Home	Govt. Provided	Company Provided	Other
	Isolation Address				
	Isolation Start Date		Isolation End Date		Return to Work

11	Full Name				
	Isolation Facility Type	Private Home	Govt. Provided	Company Provided	Other
	Isolation Address				
	Isolation Start Date		Isolation End Date		Return to Work

12	Full Name				
	Isolation Facility Type	Private Home	Govt. Provided	Company Provided	Other
	Isolation Address				
	Isolation Start Date		Isolation End Date		Return to Work

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SECTION 5

Preliminary Investigation Details

Name of Investigator or Team	
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Investigation Start Date	
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Infected off site, System Failure, Causes, and Contributing factors

Contracted COVID-19 off-site (provide details)	
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Confirmed System Failure	
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Unsafe Acts	
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Unsafe Conditions	
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Job Related Factors	
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Personal Related Factors	
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Other Contributing Factors	
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Prevention of Recurrence

Actions required to prevent recurrence and improve controls (learnings)	
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Evaluation remarks by Investigator / Team

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Name		Signature		Date	
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COVID-19 Manager (Actions taken or will be taken to prevent the recurrence of a similar incident)

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Name		Signature		Date	
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Remarks by Health and Safety Committee

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Name		Signature		Date	
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SECTION 6

Investigation Information

Date of Preliminary Investigation

Date for Formal Investigation (if required)

Reported by

Name		Signature		Mobile No.	
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