

Contact tracing is a process to identify individuals and locations in the workplace that may have been exposed to a person who is infected by the COVID-19 virus.

DATES AND WORK LOCATION

COMPANY:	_____	FIRST NAME:	_____	LAST NAME:	_____
PHONE #:	_____	ALTERNATE PHONE :	_____		
PROJECT / LOCATION :	_____				
DATES :	_____				
SUPERVISOR:	_____				

AREAS VISTED: **Identify the entrances, work locations and lunch areas visited by the confirmed case individual within the last 48 hours.**

REASON FOR CONTACT TRACING

Check all that apply:	YES
This individual has tested positive for the COVID-19 virus and has been in a Maple Reinders' office.	<input type="checkbox"/>
This individual has tested positive for the COVID-19 virus and has been on a Maple Reinders' project.	<input type="checkbox"/>
This individual has tested positive for the COVID-19 virus and has driven with an employee from Maple Reinders.	<input type="checkbox"/>
	YES NO UNSURE
Did you maintain social distancing at all times over the last 48 hours while in the workplace?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Were you in CLOSE *or SECONDARY ** Contact with anyone in the workplace?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
If Yes or Unsure fill out each persons information on page 2	
<small>* defined below</small>	

Close Contact means-Working with, socializing with or caring for an individual with a confirmed case of COVID-19 for a prolonged period of time (greater than 15 minutes) within a 2 metre distance without the use of approved personal protective equipment (fitted N-95 mask) OR is living with someone who has COVID-19 OR has come in direct contact with bodily fluids of an infected person (e.g. was coughed on, sneezed on or shared food and/or drink).

Secondary Contact means-Working with or socializing with an individual with a confirmed case of COVID-19 at a distance greater than 2 metres OR within the 2 metre distance for less than 15 minutes OR has not come in direct contact with bodily fluids of an infected person (e.g. was coughed on or sneezed on or shared food and/or drink).

Confirmed COVID-19 Case means-An individual who has been tested for COVID-19 and has received a positive result (has the virus).

CONTACT HISTORY

Name	Company	Contact type		
		Close	Secondary	Unsure
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Describe the instances of contact and if barriers or PPE were worn/utilized.

Describe any circumstances where you were in vehicles or equipment, in the course of your work or commuting to/from work with others and if any barriers or PPE were worn/utilized.

Additional information to aid in contact tracing