

CMRA COVID-19 INCIDENT REPORT FORM

**WHEN A COVID-19 INCIDENT OCCURS, CALL* CMRA IMMEDIATELY BEFORE COMPLETING THIS REPORT,
AND SEND THIS REPORT WITHIN ONE DAY**

Subcontractor/Agency: _____ Today's Date: _____

Worksite Name/Location: _____

Location(s) [bldg name/addr] where employee works: _____

Name of Person Completing Report: _____ Phone Number: _____

This report relates to employee (give the employee's initials) : _____

CIRCUMSTANCES

Employee called-in; left work sick; other _____

Last Day Worked (date): _____ Time Left Work : _____ AM PM

Has employee been fully vaccinated against Covid-19? Yes No

Has employee been tested for Covid-19? Yes No Test results: Positive Negative Waiting

If tested, date the test sample was taken _____ Date the test results were received _____

SYMPTOMS - please check or circle all that apply

Fever or chills (Temp: _____ °F) New loss of taste or smell Cough Fatigue

Shortness of breath or difficulty breathing Muscle or body aches Congestion or runny nose Diarrhea

Nausea or vomiting Headache Sore throat

DESCRIBE WHAT HAPPENED

*PROCEDURE FOR REPORTING

1. **Immediately, before filling out this form**, call Robyn Smith, Covid Consultant, at 615-251-5468.
2. If no answer, leave a message and then call your CMRA contact:
 Reggie Parkerson (TDOT), 615-674-0111 or John Bissell (JLL & Other), 615-646-0238
rparkerson@cmraonline.org *jbissell@cmraonline.org*
3. Within 1 day of the incident, send this form to CMRA by fax 615-736-6095, or e-mail it to Robyn Smith, *rsmith@cmraonline.org* and to your CMRA contact, Reggie or John, at their email address above.