### COVID-19 Investigation Form

***Section A – The person diagnosed with/suspected to have COVID-19***

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| Name:  | Position/role within the company:  |
| Address:  |

***Section B – The person conducting this report/investigation***

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| Name:  | Position/role within the company:  |
| Address:  |

***Section C – The particulars of the incident***

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| When did the employee initially show symptoms of COVID-19? | Date:  | Time: |
| What was the date and time the employee was last on site?  | Date:  | Time: |
| What was the date and time the employee went for a COVID test? | Date:  | Time: |
| What was the date and time the COVID test results were received? | Date:  | Time: |
| When was management informed of the employee’s symptoms and what advice was given to them? |  |
| Has the employee received a positive diagnosis for COVID-19 or been tested? |  |
| Has the employee car shared with any other employees? If so, what action has been taken?  |  |
| Does the employee house share with any other employees? If so, what action has been taken? |  |
| Please provide details of the hospital/care provider who provided the positive diagnosis of COVID-19 and the date. |  |
| What healthcare provisions were provided for the illness, e.g. hospitalisation, isolation, medication, etc.?  |  |
| Was there any other person the employee encountered that had been confirmed as having or suspected of having COVID-19 prior to the employee experiencing symptoms? |  |
| Was the employee provided with relevant personal protective equipment (PPE)? Please provide details. |  |
| Was the employee given training and health and safety advice on COVID-19? Please provide details. |  |
| Was the employee given training and health and safety advice on COVID-19? Please provide details. |  |
| Please provide details of activities outside of work that the employee undertook in the seven days prior to the onset of symptoms. Please include shielding, isolating, holiday dates, shopping, exercise, weekends, etc. | Date:  | Location: | Activity: |
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| Please provide details of where the employee worked from the initial symptoms date to the seven days prior to them contracting or potentially contracting COVID-19. | Date: | Location / job number: | People the employee interacted with: | Have interacted people been informed? Please provide details. |
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As the person completing this record, please sign below to confirm that the information given above is accurate.

Signature: Date: / /

***Section D – For the employee only***

By ticking this box, I give my consent to my employer to disclose my personal information and details of the incident which appear on this form to safety representatives for them to carry out the health and safety functions given to them by law.

Signature: Date: / /

***Section E – For the employer only*** Complete this box if the incident is reportable under RIDDOR.

How was this reported? ………………………………………….………… Date reported: / /

Signature: ………………………………….… HSE Notification Number: