CITY OF FAIRBANKS

COVID-19 ON THE JOB EXPOSURE REPORT

This form is to be used to report ONLY COVID-19 exposure and will accompany all other Exposure forms filed, Including Workman's Compensation.

EMPLOYEE SECTION

Employee Name: (last, first, MI)	Position Title:	Date & Time of Exposure:
Department Name:	Supervisor Exposure Reported To:	Date & Time Exposure Reported:
Employee Supervisor at time of Injury:	Estimated Length of Exposure (in minutes):	Time Employee left work on day of Exposure:
Shift:	Case/Run# (if applicable):	Name of Presumptive Positive or Laboratory Confirmed Positive Patient/Employee:
Did Employee receive a COVID-19 Test: ◯ Y ◯ N	Type of Body Fluid(s) Exposed to: ☐ Blood ☐ Sputum/Mucus ☐ Sneeze/Cough ☐ Saliva ☐ Vomit ☐ Other: _____	Body Part (s) Exposed to: ☐ Eye(s) ☐ Skin ☐ Airway ☐ Nose ☐ Mouth ☐ Clothing/PPE ☐ Other: _____
Name & Address where test was obtained:		
Have you received your test results? ◯ N ◯ Y ± _____		
Personal Protective Equipment Worn on this Incident: ☐ N95 Mask ☐ Surgical Mask ☐ Face Shield ☐ Cloth Mask ☐ Gloves ☐ Gown ☐ Other: _____ ☐ No PPE was used	Employee Narrative of Suspected COVID-19 Exposure:	
EMPLOYEE SIGNATURE:		

DIRECT SUPERVISOR SECTION

Confirm CAUSE of the exposure?	
Were UNSAFE acts or conditions contributing factors to the exposure?	
Were all recommended safeguards used/not used?	
Was employee sent home to quarantine? ◯ Y ◯ N	**SUPERVISOR SIGNATURE:**

Administration Section:

ADMINISTRATION SECTION

Checklist:
- ☐ Discharge Slip
- ☐ Return to Work Slip
- ☐ Documentation of Test Results (if available)
- ☐ State Workman's Comp Form
- ☐ Other _____

Routing		
Date To	Department	Initials/Date
	Department Head	
	Human Resources ☐ Does this qualify for FFCRA? ☐ Pay code added	
	Risk Management ☐ How many days away from work?	