



This form to be completed on all incidents of reported, potential, or confirmed COVID-19 cases within all agencies, boards, and commissions under the jurisdiction of the Governor. All Reports are to be submitted as soon as possible after the potential exposure. Send completed form to: CMS.COVID-19.IncidentReports@Illinois.gov.

## INFORMATION

Date:	Location:	Address:	
Division:			
Number of Staff in Office/Facility:		Number of Guards in Office/Facility:	
Bargaining Unit(s) Affected:			
County:	Date Incident Reported:	Time Incident Reported:	
Office Manager Name:	Personal Cell:	Work Cell:	Email:
Secondary Contact Name:	Personal Cell:	Work Cell:	Email:
Number of Bathrooms:	Number of Conference Rooms:	Number of Break Rooms/Kitchens:	

## INCIDENT INFORMATION

Employee     Non-Employee

Description of individual exposed (include name and contact information if individual has given permission):

- Employee/Non-Employee has COVID-19 confirmed diagnosis testing.
- Employee/Non-Employee has exhibited signs and symptoms of COVID-like illness, including fever, new or worsening cough or shortness of breath.

Were other Non-Agency individuals present at office at time of incident (Vendors, Contractors, DoIT, Clients)?     Yes     No

If Yes, describe: \_\_\_\_\_

Were local Emergency Medical Services involved?     Yes     No



Who/how reported the potential exposure to the agency? \_\_\_\_\_

Did a lab test confirm COVID-19 diagnosis?  Yes  No

Date of onset (first day of symptoms)? \_\_\_\_\_

Did they work prior to the onset date?  Yes  No      Did they work while symptomatic?  Yes  No

What is the employee/non-employee's working title and role within the agency?

Does he/she provide direct care for other individuals?  Yes  No

If so, are those individuals in the vulnerable population (over 60+, immunocompromised, pregnant)?  Yes  No

Describe the area of the office or facility exposed (be as specific as possible, listing specific building(s), wing(s) and floor(s):

Was the exposure high risk (household)?  Yes  No

Was the exposure medium risk (within 6 feet for 10+ minutes)?  Yes  No

Were there other employees/vendors in the location(s)?  Yes  No

If yes, explain:

Is the building leased, managed or owned by CMS?  Yes  No

If yes, which?  Leased  Managed  Owned

Who currently cleans the exposed area? \_\_\_\_\_

Date last cleaned: \_\_\_\_\_

Can they immediately clean the location?  Yes  No

If no, are there other services available to clean the location?  Yes  No

Identify (if applicable) any area designated for potentially exposed residents, inmates, or patients: