

Checklist for Reporting Occupational Illnesses

Related to Cases of COVID-19

PART I: IS THE ILLNESS COVID-19?

QUESTION 1:	YES	NO
<p>Does your employee have a confirmed case of COVID-19?</p> <p>If the answer to this question is "No," then the company does not need to report the employee's illness on its OSHA log. If the answer is "Yes," then proceed to Part II.</p>	<input type="checkbox"/>	<input type="checkbox"/>

PART II: IS IT WORK-RELATED?

QUESTION 2:	YES	NO	UNCERTAIN
<p>2(A): Does the employee believe that the COVID-19 illness was contracted at work?</p> <p>If "Yes" or "Uncertain" have the employee identify any factors that support the employee's conclusion. List those factors here:</p> <p>_____</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>2(B): Without an alternative explanation, did several cases develop among employees who work closely together?</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>2(C): Without an alternative explanation, did the employee contract the COVID-19 illness shortly after having lengthy or close exposure to a customer or coworker who has a confirmed case of COVID-19?</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>2(D): Does the employee have frequent or close exposure to the general public?</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>2(E): Does the employee work in a locality with ongoing community transmission?</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>2(F): Did a medical provider or public health official suggest that the employee's illness arose from/in the workplace?</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
QUESTION 3:	YES	NO	UNCERTAIN
<p>Did the employee engage in off-duty activities that may have led to the illness?</p> <p>If the answer is "Yes" or "Uncertain," have the employee identify the off-duty activities that may have led to the COVID-19 illness. List those activities here:</p> <p>_____</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
QUESTION 4:	YES	NO	UNCERTAIN
<p>Was the employee the only worker to contract COVID-19 in the work vicinity?</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
QUESTION 5:	YES	NO	UNCERTAIN
<p>Does the employee frequently associate with someone (e.g., a family member, significant other, or close friend) who has COVID-19, and that person is not a coworker?</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PART III: IS IT A RECORDABLE ILLNESS?

QUESTION 6:	YES	NO
<p>Does the employee's illness involve one or more of the general recording criteria set forth in 29 CFR § 1904.7 (i.e., death, days away from work, restricted work or transfer to another job, medical treatment beyond first aid, or loss of consciousness or significant injury or illness diagnosed by a physician or other licensed health care professional)?</p> <p>If the answer to Question 6 is "No," then the company does not need to report the employee's illness on its OSHA log.</p>	<input type="checkbox"/>	<input type="checkbox"/>

PART IV: DETERMINATION

QUESTION 7:	YES	NO
<p>While there is no set formula for determining work-relatedness, Questions 2(A) through 2(F) are factors that, if present, weigh in favor of a finding of work-relatedness. Questions 3, 4 and 5 are factors that, if present, can weigh against a finding of work-relatedness. If factors are present that suggest the workplace played a causal role in the case of COVID-19, and the company answered "Yes" to question 6, then it should report it on OSHA Form 300 as a respiratory illness (excluding the employee's name, if requested by the employee).</p> <p>Did the company report this illness on its OSHA Form 300 log?</p>	<input type="checkbox"/>	<input type="checkbox"/>

FORM COMPLETED BY _____

DATE _____