

COVID-19 Investigation Form

Prescient National Insurance Services created this worksheet to guide you through an investigation to determine recordability according to OSHA's latest COVID-19 directives and to help identify workers' compensation claims. OSHA requires an investigation to be completed for every COVID-19 case in your workplace. Prescient National Insurance Services requests that you submit a workers' compensation claim and email this completed form to claims@prescientnational.com unless you determine the infection occurred outside of the workplace.

Business Name: _____

COVID-19 Employee: _____

Ask the employee how they believe they contracted the COVID-19 illness:

While respecting their privacy, ask about the employee's work-related and out-of-work activities:

Describe the employee's work environment (include date employee started teleworking if applicable):

Are there any other COVID-19 cases in the workplace? Yes No
If yes, describe:

Date of first known interaction with COVID-suspected _____ : _____

Date of first known interaction with confirmed positive COVID individual (_____): _____

Date of first onset of COVID symptoms: _____

Confirmed COVID-19 diagnosis date: _____

Diagnosis method:

Date self-quarantine started: _____

Date of first day wage loss: _____ N/A

Date hospitalized: _____ N/A

Date released from hospital: _____ N/A

Date returned to work: _____ N/A

Date of death: _____ N/A

Other relevant information (include dates):

To comply with OSHA's Recordkeeping Standard, answer the questions below to determine if a COVID-19 illness is work-related and belongs on the OSHA 300 log.

- | | | |
|-----|----|---|
| Yes | No | Several cases of COVID-19 illnesses have developed among workers who work closely together with no alternative explanation. |
| Yes | No | The COVID-19 illness was contracted shortly after lengthy, close exposure to a particular customer or coworker who has a confirmed case of COVID-19 and there is no alternative explanation. |
| Yes | No | The employee's job duties include having frequent, close exposure to the general public in a locality with ongoing community transmission and there is no alternative explanation. |
| Yes | No | The COVID-19 illness is the only worker to contract COVID-19 in their vicinity and their job duties do not include having frequent contact with the general public (answering yes to this question most likely means it's <i>not</i> work-related). |
| Yes | No | Outside the workplace, the employee closely and frequently associates with someone who has COVID-19; is not a coworker; and likely exposed the employee during the period in which that individual was likely infectious (answering yes to this question most likely means it's <i>not</i> work-related). |

After conducting an investigation with the above-noted employee,

- ☐ It is likely that the COVID-19 case is work-related and must be recorded on the OSHA 300 log as an "illness." A claim will be reported to Prescient National Insurance Services.
- ☐ I cannot determine whether it is more likely than not that workplace exposure played a causal role to COVID-19 illness contraction. A claim will not be reported to Prescient National Insurance Services.

*****If you need guidance in making this work-related determination, contact your Prescient National Risk Manager*****

Employer Representative Signature

Employer Representative Printed Name

Date

Section II

Additional information that was made available to the employer at a later date:

Date additional information above was made available: _____

After conducting an investigation with the above-noted employee and taking into account the additional information made available in Section II,

- ☐ It is likely that the COVID-19 case is work-related and must be recorded on the OSHA 300 log as an "illness." A claim will be reported to Prescient National Insurance Services.
- ☐ I cannot determine whether it is more likely than not that workplace exposure played a causal role to COVID-19 illness contraction. A claim will not be reported to Prescient National Insurance Services.

Employer Representative Signature

Employer Representative Printed Name

Date