CMRA COVID-19 INCIDENT REPORT FORM

IF ANY STAFF HAVE COVID-19 SYMPTOMS, CALL* CMRA IMMEDIATELY --- BEFORE COMPLETING THIS REPORT, AND SEND THIS REPORT WITHIN ONE DAY

	REPORTE	ED BY		
ubcontractor/Agency:	Locatio	on/Building/County:		
ate of Report: Phone Number of Person Completing Report:				
eport Completed by (print):		(sign):		
ame(s) of other staff present:				
	CIRCUMST	ANCES		
Did the employee call-in	sick; or report to work and	then go home sick?		
Date:	Time when employee called or left work:		AM PM	
	SYMPTOMS - please check	or circle all that apply		
Common Symptoms				
Fever or chills	New loss of taste	Cough	Fatigue	
(Temp:°F)	or smell			
Less Common Symptoms				
Shortness of breath or	Muscle or body aches	Congestion or runny	Diarrhea	
difficulty breathing	Headache	nose	Sore throat	
Nausea or vomiting			00.004.	
	ADDITIONAL INF	FORMATION		

*PROCEDURE FOR REPORTING

- 1. **Immediately, before filling out this form**, call CMRA Covid Officer Robyn Smith at 615-251-5468.
- 2. If no answer, leave a message and then call your CMRA Contracts Manager:

Reggie Parkerson (TDOT), 615-674-0111 or rparkerson@cmraonline.org

Marc Jenkins (JLL & Other), 615-308-8588

mjenkins@cmraonline.org

3. Within 1 day of the incident, send this form to CMRA by fax 615-736-6095, or e-mail it to Robyn Smith, rsmith@cmraonline.org and to your contracts manager, Reggie or Marc, at their email address above.