

COVID-19 Workplace Reporting Tool - Preview

1. Place select your type of workplace.

- Long-Term Care & Retirement Homes
- Acute Care Facilities (e.g., Hospitals), Complex Continuing Care , Rehabilitation Hospitals and Reactivation Care Centres
- Shelters
- Correctional Facilities
- Congregate Settings (e.g. Group Home)
- Drop-in Facilities
- Childcare Settings & Day Camps
- Schools – Elementary, Middle, Secondary
- TCHC buildings
- Adult Learning/Post-Secondary Education (e.g., College or University Campus)
- Event venues (e.g., Wedding, Funeral, Large Party), and Religious Facilities
- Bar, Restaurant, Nightclub, Adult Entertainment and other Entertainment Venues
- Medical Health Services (e.g., Doctor’s Offices, Physiotherapy/Chiropractic Clinics, Dental Settings, and Wellness Clinics)
- Community Healthcare agencies (e.g., PSW Agency)
- Warehouses, Shipping & Distribution, Manufacturing, Factories (e.g., Clothing, Furniture, Windows & Doors)
- Construction (e.g., Home Builder, Public Infrastructure Construction Site)
- Recreational Fitness Facilities (e.g., Group Fitness Classes, Team Sports and Related Events)
- Personal Service Settings (e.g., Hair Salons, Tattoo Parlours, Nail Salons and Spas)
- Retail Settings (e.g., Grocery Stores, Pharmacies, Malls and Independent Stores)
- Residential/Condo Buildings
- Office Environments (e.g., Banks, Call Centres)
- Food Processing Plants (e.g. Meat Processing, Bakery)
- Other workplaces and community settings not captured in any of the categories above
- Unknown

2. Please select one option:

- This is the first time I am completing the COVID-19 Workplace Reporting Tool
- I am making an update to a previous report/I want to report new cases of COVID-19 at a previously reported workplace

3. Has your workplace previously been investigated by Toronto Public Health?

Yes/ No/ I do not know

4. Please complete the information below.

Employer/Company Name: _____
Employer/Company Address: _____
Employer/Company City: _____
Employer/Company Province: _____
Employer/Company Postal Code: _____

5. Employer/Company Phone Number: _____

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6. Please complete the information below.

For example, the City of Toronto is an employer/company and the workplace is City Hall.

Workplace Name: _____
Workplace Address: _____
Workplace City: _____
Workplace Province: _____
Workplace Postal Code: _____

7. Please complete the information below.

First Name of Person Completing this Report: _____
Last Name of Person Completing this Report: _____
Title of Person Completing this Report: _____
Phone Number of the Person Completing this Report: _____

8. Email of the Person Completing this Report: _____

9. Are you reporting on behalf of a subcontractor OR third party? Yes/ No

10. Please provide us with the following information:

Subcontractor/Third Party Employer Name: _____
Subcontractor/Third Party Contact Phone Number: _____
Subcontractor/Third Party Contact Email: _____

11. Would you like to add additional an subcontractor or third party? Yes/ No

12. Please provide us with the following information:

Subcontractor/Third Party Employer Name: _____
Subcontractor/Third Party Contact Phone Number: _____
Subcontractor/Third Party Contact Email: _____

13. Workplace COVID-19 Reporting

What is the total number employees who work at this workplace? _____
How many employees (on average) typically work at the workplace each day? _____
How many employees tested positive for COVID-19 within a 14-day period at your workplace? _____

14. Based on the information above and to the best of your knowledge, how many of the employees who tested positive for COVID-19 attended the workplace while infectious? _____

15. Unsure/Do Not Know

I am unsure/do not know the answer to this question.

16. Are you aware that any of the cases you are reporting are related to a variant of concern? (i.e. UK, Brazil, South Africa)

Yes
No
I don't know

17. To the best of your knowledge, what is the last day that an employee who tested positive for COVID-19 attended work while they were infectious? _____

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18. Are you aware of other employees who acquired COVID-19 due to spread in the workplace? Yes/ No / I don't know

19. If yes, please describe. _____

20. If yes, have you reported these cases to the Ministry of Labour, Training and Skills Development? Yes/ No/ If yes, please enter the event number if available: _____