

LAC DPH COVID-19 High Priority Investigations Summary Log: Entry Form

| | | | |
|---|--|--|--|
| • Update Date: | | | |
| • Status : | | | |
| • Updates provided by (#1): | | | |
| • Updates provided by (#2): | | | |
| • Outbreak number(s): | | | |
| • Facility Name: | | | |
| • Product the facility produces and/or stores (<i>If applicable</i>): | | | |
| • Outbreak setting: | | | |
| • Outbreak district/SPA: | | | |

Dates

| | | | Notes |
|---------------------------------|--|--|-------|
| • Outbreak Opened: | | | |
| • First Site Visit: | | | |
| • Most Recent Site Visit: | | | |
| • EHS Notified: | | | |
| • Board Notified: | | | |
| • Facility Closed: | | | |
| • Facility Re-opened: | | | |
| • Last confirmed case: | | | |
| • Summary removed from the log: | | | |

Numbers

| | | | | Notes |
|---|----------------|-----------------|----------|-------|
| • Exposed: | | | | |
| • Employees (if applicable): | | | | |
| • Tested: | | | | |
| • Symptomatic (total, with/without confirmatory testing): | | | | |
| ○ Fully Vax: | Partially Vax: | Not Vax: | Unknown: | |
| • Confirmed: | | | | |
| ○ Fully Vax: | Partially Vax: | Not Vax: | Unknown: | |
| • Hospitalized to date: | | | | |
| • Currently Hospitalized: | | | | |
| ○ Fully Vax: | Partially Vax: | Not Vax: | Unknown: | |
| • Deaths: | | Date of deaths: | | |

Sequencing

| | | Notes |
|---|--|-------|
| <ul style="list-style-type: none"> Sequencing Requested? (Explain in notes any reasons for not requesting sequencing or any important factors limiting sequencing) | | |
| <ul style="list-style-type: none"> Date Sequencing Requested? | | |
| <ul style="list-style-type: none"> Status: | | |
| <ul style="list-style-type: none"> <ul style="list-style-type: none"> Reason for delay if any: | | |
| <ul style="list-style-type: none"> Number of specimens sent to PHL: | | |

Comments

New Comments