

Appendix D: PROACTIVE CONTACT TRACING FORMS

EMPLOYEE PROACTIVE CONTACT TRACING RECORD

Date:	INSTRUCTIONS: <ul style="list-style-type: none"> Use this form to record your Close Contacts* while working in the office or conducting field activities. Submit this form DAILY to HSSE or HR via Email, WhatsApp or drop this in the HSSE Contact Tracing Box. <i>*Close Contact: Contact with any person within 1 meter distance or less for at least 10 minutes.</i>
Employee Name:	
Department:	

TIME	NAME OF PERSON/s IN CONTACT	COMPANY	LOCATION

VISITOR CONTACT TRACING FORM	
Date & Time	
First Name	
Last Name	
Company	
Phone Number	
Email Address	
Office/Facility Previously Visited	
Purpose of Visit/Activity Done	