



**Reporting Requirements for 3212.88**  
**(Employers subject to a civil penalty of up to \$10,000 for failure to report)**

**POSITIVE TEST ON OR AFTER 9-18-2020**

Employer must report to administrator within 3 days.

For each separate location employee worked in the 14 days prior to the test date, provide the address and the highest number of employees who reported to the work location on any given day during the 45-day period preceding the employee's last day at the location. Claims examiner shall use information to determine if an outbreak occurred.

- Report must be sent via fax or email.
- Include the test date of when the specimen was collected.
- Omit personally identifiable information unless the employee is filing a claim.

**COVID Positive Testing Reporting 9/18/20 & Forward**

The following reporting must be emailed or faxed, within 3 days of the Employers knowledge of a positive COVID testing, to:

**Norma Wallace, Executive Director -Tuolumne JPA – email [nwallace@tcsos.us](mailto:nwallace@tcsos.us) & [covid@lwpclaims.com](mailto:covid@lwpclaims.com) or fax (209) 533-9513**

COVID Test Date: \_\_\_\_\_ Last Date Work \_\_\_\_\_ Employee Initials: \_\_\_\_\_  
(not the test result date) (We are including employee initials to avoid duplication)

Locations the Employee worked in the last 14 days, prior to COVID test date:  
(District Sites/exact locations)

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Location Address and highest number of Employees for the last 45 days preceding the employees last day at this location:

\_\_\_\_\_  
(Location Address) (Highest number of Employees)

Is the site related to the COVID case ordered to close by a local public health department, the State Department of Public Health, the Division of Occupational Safety and Health, or a school superintendent due to a risk of infection with COVID-19? No ☐ Yes ☐ If yes, date of closure \_\_\_\_\_

Superintendent or Designee Name: \_\_\_\_\_

District: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_, CA Zip: \_\_\_\_\_

Number of district employees: \_\_\_\_\_