

## Agent COVID-19 Reporting Form

Pursuant to the Cannabis Control Commission’s (Commission) [Amended Cease and Desist Order](#), licensees shall report to the Commission any instance of an employee work-related illness resulting in a confirmed COVID-19 (Coronavirus) case. Licensees shall submit this form to the Commission immediately after obtaining actual knowledge of a confirmed case, but in no event later than twenty-four (24) hours.

Please send the completed form to [Inspections@CCCMass.com](mailto:Inspections@CCCMass.com) with the subject line “Agent COVID-19 Confirmed Positive Result (License Number).”

### 1. Immediate Notice (within 24 hours)

Date: \_\_\_\_\_

Date licensee was notified of positive test: \_\_\_\_\_

Last date employee was on site: \_\_\_\_\_

Employee role: [REDACTED] \_\_\_\_\_

Date of notification to staff (if applicable): \_\_\_\_\_

Licensee name and license number: [REDACTED] \_\_\_\_\_

Licensee address: [REDACTED] City: [REDACTED] \_\_\_\_\_



Please describe the licensee’s notification method (e.g., email, bulletin, verbal meeting) to facility staff and the contact tracing steps taken to identify individuals in close contact with the affected employee:

**2. Additional Reporting (within 10 days)**

Within 10 days, please provide an incident report to your assigned Investigator or Compliance Officer with the following information:

- Circumstances of the event
- Action taken under facility Standard Operating Procedures (SOPs)
- Changes to facility SOPs in response (if any)
- Communication with state and local health officials
- Description and results of contact tracing steps to identify individuals in close contact with affected employee.

**Notwithstanding the foregoing, no licensee shall submit any personally identifiable information regarding any employee or individual. Please direct questions to your assigned Investigator or Compliance Officer.**

