



SPOT Intake Entry Form: School Fields

Key Point of Contact for Location

Once approved by your local health department, this person will be granted access to SPOT to enter information about the exposure on behalf of the organization.

- First Name - Key *
- Last Name - Key *
- Email - Key *
- Phone - Key *
- Title / Role - Key

Additional Point of Contact for Location

If there is a person (different than above) who should be contacted about this exposure, enter their information here.

- First Name - Alternate
- Last Name - Alternate
- Email - Alternate
- Phone - Alternate
- Title / Role - Alternate

Location of the Exposure

Name and address of the school facility or site where the exposure took place.

- Location Name - Exposure *
- Location Type - Exposure *
- Address - Exposure *
- Street - Exposure
- City - Exposure
- Zip/Postal Code - Exposure
- State - Exposure

Main Location Information

Details of the main school location (if different than above).

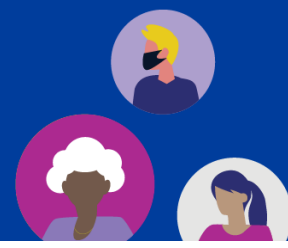
- Location Name - Main Location
- Location Type - Main Location
- Address - Main Location
- Street - Main Location
- City - Main Location
- Zip/Postal Code - Main Location
- State - Main Location



SPOT Intake Entry Form: School Fields

Exposure Information

- Start Date of Exposure *
- Specific Place in the Location *
- Number of COVID-19 Positive Cases *
- Number of Close Contacts
- Total Number of People at the Location
- NAICS Code of the Workplace
- Industry of the Workplace
- Reason for Report
- Reason for Report - Other
- Notes



SPOT Intake Entry Form: Workplace Fields

Key Point of Contact for Location

Once approved by your local health department, this person will be granted access to SPOT to enter information about the exposure on behalf of the organization.

- First Name - Key *
- Last Name - Key *
- Email - Key *
- Phone - Key *
- Title / Role - Key

Additional Point of Contact for Location

If there is a person (different than above) who should be contacted about this exposure, enter their information here.

- First Name - Alternate
- Last Name - Alternate
- Email - Alternate
- Phone - Alternate
- Title / Role - Alternate

Location of the Exposure

Name and address of the business facility or site where the exposure took place.

- Location Name - Exposure *
- Location Type - Exposure *
- Address - Exposure *
- Street - Exposure
- City - Exposure
- Zip/Postal Code - Exposure
- State - Exposure

Main Business Information

Details of the main business location (if different than above).

- Location Name - Main Business
- Location Type - Main Business
- Address - Main Business
- Street - Main Business
- City - Main Business
- Zip/Postal Code - Main Business
- State - Main Business



SPOT Intake Entry Form: Workplace Fields

Exposure Information

- Start Date of Exposure *
- Specific Place in the Location *
- Number of COVID-19 Positive Cases *
- Number of Close Contacts
- Total Number of People at the Location
- NAICS Code of the Workplace
- Industry of the Workplace
- Reason for Report
- Reason for Report - Other
- Notes