T3144 Specialized Microbial Cleaning, Employee Health Based Cleaning - Statewide

Cleaning Response Sheet

Name of Employee Completing this Response Sheet:

Department:

Division:

Address of workplace location:

Last day staff member was in the workplace:

Type of Transmissible Viral or Bacterial Disease:

What locations in the workplace has the staff member visited (be as specific and inclusive as possible)?

Contact Information for Site (Name and contact number of person who will meet the Contractor on site at your location).

Additional Information: