

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 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: _____

Date of notification to staff (if applicable): _____

Licensee name and license number: _____

Licensee address: _____ City: _____



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.

