



EWGLI Form A

Two Week Post-Cluster Report

EWGLI Cluster No: _____ (if complex, site code: _____)

Name of hotel/accommodation site:

Town/ Region:

Country:

Date cluster alert was issued by coordinating centre (dd/mm/yyyy):

Date cluster alert was received by collaborator (dd/mm/yyyy):

STATEMENT

The above named accommodation site has been visited and an immediate risk assessment (without results from environmental investigations) has been made. Based on the report received from the investigator, I confirm the following:

	YES	NO
A risk assessment has been carried out	<input type="checkbox"/>	<input type="checkbox"/>
Control measures have been started*	<input type="checkbox"/>	<input type="checkbox"/>
The hotel or other accommodation site remains open	<input type="checkbox"/>	<input type="checkbox"/>

*If "No", please specify reason why control measures have not yet been started

Date of this report to coordinating centre (dd/mm/yyyy):

Name of person sending this report:

on behalf of (if relevant):

Additional comments: