**VOLUNTEER FIREFIGHTERS ONLY**

**Exposure Report Form**

 Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Volunteer Company\_\_\_\_\_\_\_\_\_\_\_\_\_ LAST 4 SSI #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Incident Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dispatch Time\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Incident No.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**INCIDENT or EXPOSURE TYPE** (Check One)

\_\_\_\_\_Residental Fire \_\_\_\_\_\_Industrial Fire \_\_\_\_\_Vehicle Fire \_\_\_\_\_Commercial Fire \_\_\_\_\_Wildland \_\_\_\_\_Trash/Dumpster \_\_\_\_\_Marine Fire \_\_\_\_\_Explosion \_\_\_\_\_Medical/Rescue \_\_\_\_\_Spill

Other (describe in one or two words) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Description of Incident: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**LENGTH OF EXPOSURE BY FIRE STAGE / ACTIVITY**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Fire Stage:** | **# Hours exposed** |  | **Activity:** | **# Hours exposed** |
| Incipient |  |  | Extinguishment |  |
| Free Burning |  |  | Entry/Ventilation |  |
| Smoldering |  |  | Rescue/Extrication |  |
| Non-Fire Incident |  |  | Light Overhaul |  |
|  |  |  | Heavy Overhaul |  |
|  |  |  | E.M.S. |  |
|  |  |  | Investigation |  |

**SMOKE / CHEMICAL / MEDICAL EXPOSURE**

Smoke Conditions: \_\_\_\_\_Light \_\_\_\_\_Heavy \_\_\_\_\_None Smoke Color(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Chemical(s) Present | Vapor/Gas  | Dust | Liq/Heavy Mist | Light Mist | Combust Prod | Solid Powder | Comments |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |

Medical Exposure: Hep B Hep C Blood HIV Other

Route of Exposure: \_\_\_\_\_Inhaled \_\_\_\_\_Ingested \_\_\_\_\_Skin Contact \_\_\_\_\_Eye Contact \_\_\_\_\_CPR

**SYMPTOMS**

  **At Inc Symptom After Inc At Inc Symptom After Inc**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Eyes Burn |  |  |  | Ears Ringing |  |
|  | Cough |  |  |  | Headache |  |
|  | Cough Blood/Nose Bleed |  |  |  | Skin Irritated/Rash |  |
|  | Nose/Lung Irritation |  |  |  | Unconscious |  |
|  | Nausea/Queasiness |  |  | Other: |  |  |
|  | Dizzy |  |  |  |  |  |

**MEDICAL DIAGNOSIS**

Did you receive medical evaluation or treatment from a medical professional after exposure? Yes No

Official Medical Diagnosis: \_\_\_Smoke Inhalation \_\_\_Contact Dermatitis \_\_\_Respiratory Track Irritation \_\_\_Other

Name of Doctor/Treatment Facility: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PROTECTIVE EQUIPMENT / DECONTAMINATION**

Were you provided with protective equipment for this incident other than that required by OSHA?

(SCBA is required) \_\_\_\_Yes \_\_\_\_\_No

\_\_\_\_\_Chemical Protective Suit \_\_\_\_\_Overhaul Mask \_\_\_\_\_Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Were decontamination procedures followed after the exposure? \_\_\_\_\_Yes \_\_\_\_\_\_No

**CO WORKERS AT TIME OF EXPOSURE**

List names of other firefighters working close to you at time of exposure\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ADDITIONAL INFORMATION:** Were you asleep at time of alarm? \_\_\_\_\_Yes \_\_\_\_\_No

 Other information\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_