



PERSONAL EXPOSURE RECORDING SYSTEM



EXPOSURE REPORT FORM Name _____ (1) Social Security Number _____
 (1A) Local Union # _____ (2) Incident Date _____ (3) Alarm Time _____ (4) Incident Time _____

I. (5) INCIDENT OR EXPOSURE TYPE (check one)

- (1) Residential Fire (2) Industrial Fire (3) Vehicle Fire (4) Commercial Fire (5) Wildland Fire
 (6) Trash/Dumpster (7) Marine Fire (8) Explosion (9) Medical Aid/Rescue (10) Haz-Mat
 (11) Other (describe in one or two words) _____
 (6) More detail on type of structure (single family, firehouse, etc...) _____

II. LENGTH OF EXPOSURE BY FIRE STAGE / ACTIVITY

Fire Stage:	Mins/Hrs exposed (Please Write In)
(7) Incipient	
(8) Free Burning	
(9) Smoldering	
(10) Non-Fire Incident	

Activity:	Mins/Hrs exposed (Please Write In)
(11) Extinguishment	
(12) Entry/Ventilation	
(13) Rescue/Extrication	
(14) Light Overhaul	
(15) Heavy Overhaul	
(16) E.M.S.	
(17) Investigation	

III. SMOKE/CHEMICAL/MEDICAL EXPOSURE

(18) Smoke condition: (L) Light (H) Heavy (N) None (19) Smoke Colors _____

	Chemicals Present							Comments
	Vapor/Gas	Dust	Heavy Mist	Light Mist	Combust. Prod	Solid Powder		
(20)								
(21)								
(22)								
(23)								

(24) Medical Exposure: HIV Hepatitis B Blood Other: _____
 (25) Route of Exposure: (1) Inhaled (2) Ingested (3) Skin Contact (4) Eye Contact (5) OPR

IV. SYMPTOMS

	At Incident	Symptom	After Incident
(26)		Eyes Burn	
(27)		Cough	
(28)		Cough Blood/Nose Bleed	
(29)		Nose/Lung Irritation	
(30)		Nausea/Queasiness	
(31)		Dizzy	

	At Incident	Symptom	After Incident
(32)		Ears Ringing	
(33)		Headache	
(34)		Skin Irritated/Rash	
(35)		Unconscious	
(36)		Other:	

V. MEDICAL DIAGNOSIS

(37) Did you receive medical evaluation or treatment from a medical professional after exposure? Yes No
 Official Medical Diagnosis: (38) Smoke Inhalation (39) Contact Dermatitis (40) Respiratory Tract Irritation
 (41) Other: _____
 Name of Doctor/Treatment Facility: _____

VI. PROTECTIVE EQUIPMENT / DECONTAMINATION

Were you provided with protective equipment for this incident other than that required by OSHA? (SCBA is required) (42) Yes No
 Chemical Protective Suit Overhaul Mask Other: _____
 Were decontamination procedures followed after the exposure? (43) Yes No
 Describe: _____

VII. CO-WORKERS AT TIME OF EXPOSURE

Please list names of other firefighters working close to you at time of exposure. (44) _____

VIII. ADDITIONAL INFORMATION: Were you asleep at the time of alarm? (45) Yes No

Other information: (46) _____

