



# 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) \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_