



Scarborough Fire Department

Scarborough, Maine



Standard Operating Procedures

Book:	Organization
Chapter:	Forms, Records & Reports
Subject:	Carbon Monoxide Detector Run Sheet
Revision Date:	6/19/2008
Approved by:	<i>draft</i>

FIELD EVALUATION

1. Building evacuated on arrival? Yes ____ No ____ Why Not? ____
2. Check occupants for symptoms? Yes ____ No ____
3. Were Occupants treated? Yes ____ No ____
4. Location of detector sounding? _____
5. Age of detector sounding? _____
6. Manufacturer of detector? _____
7. Type of detector? Battery ____ AC _____
8. Was an aerosol propelled product used near the detector? Yes ____ No _____
9. Was, or is there, an open flame near the detector? Yes ____ No _____
10. Is detector near a cook stove? Yes ____ No ____
11. When was the detector last cleaned? _____
12. When was the heating system last cleaned and checked? _____
13. Has any fuel-burning appliance been recently worked on? Yes ____ No ____
14. Was the source of CO found? Yes ____ No ____

15. What was the source? _____
16. Was the occupant informed of the source? Yes _____ No _____
17. Was a service company notified? Yes _____ No _____ Who? _____

INCIDENT INFORMATION

1. Address of Incident: _____
2. Occupant's Name: _____
3. Date of Incident: _____

CO METER READING

1. CO level reading: _____ PPM. What meter was used to obtain reading? _____
2. The occupant was checked for carbon monoxide levels this date. The level was found to be:
_____ 15 PPM or below, safe for inhabitation at the time of monitor
_____ 35 PPM or above, CO is at dangerous level

BY SIGNING THIS DOCUMENT, THE OCCUPANT UNDERSTANDS THAT HE/SHE IS RESPONSIBLE TO CALL A SERVICE TECHNICIAN TO IDENTIFY AND CORRECT THE CARBON MONOXIDE PROGRAM, BEFORE REOCCUPYING THE OCCUPANCY, TO DO OTHERWISE MAY PRESENT A LIFE THREATENING SITUATION.

Signed: _____ Date: __/__/__

Fire Department Officer: _____ Date: __/__/__