



SCARBOROUGH FIRE DEPARTMENT

FIRE PERSONNEL TOXIC EXPOSURE FORM

(1) NAME:

(2) EMPLOYEE #:

(3) INCIDENT/RUN #:

(4) INCIDENT DATE:

(5) OCCUPANCY/BUSINESS TYPE OR NAME:

(6) INCIDENT ADDRESS:

(7) INCIDENT TYPE:

IF OTHER:

(8) ACTIVITY AT TIME OF EXPOSURE:

(To choose more than 1 option use the control key)

(9) SMOKE DENSITIES AT TIME(S) OF EXPOSURES:

(10) COLOR OF SMOKE:

(11) EXPOSED TO ANY KNOWN CHEMICAL, PRODUCT, OR SUBSTANCE:
(LEAVE BLANK IF UNKNOWN OR GENERAL CARCINOGENS.)

(12) POSSIBLE ROUTES OF EXPOSURES: (IF SKIN LIST AREA EXPOSED SEE 12a):
(To choose more than 1 option use the control key)

(12a) SKIN EXPOSED: (SPECIFIC AREA EXPOSED)

(13) LIST SYMPTOMS EXPERIENCED: (I.E SORE THROAT, EYES BURNING, LUNGS IRRITATED)

(14) PPE WORN AT TIME OF EXPOSURE (To choose more than 1 option use the control key)

(15) EXPOSURE DUE TO PPE MALFUNCTION/CLOTHING BREACH:

(16) LIST PPE INVOLVED AND DESCRIBE CIRCUMSTANCES OF MALFUNCTION:

(17) DECON COMPLETED:

(18) MEDICAL TREATMENT: