





A) Local Union # (2) Incident Date (3) Alarm Time (4) Incident Time	EXPOSURE REPORT FORM	Name		(1) S	ocial Security	Number	22:50:00
Commercial Fire (2) Industrial Fire (3) Whicie Fire (4) Commercial Fire (5) Whiciand Fire (7) Marine Fire (8) Explosion (9) Medical Ald/Rescue (10) Haz-Mat (1) Marine Fire (8) Explosion (9) Medical Ald/Rescue (10) Haz-Mat (1) Marine Fire (8) Explosion (9) Medical Ald/Rescue (10) Haz-Mat (1) Marine Fire (8) Marine F	No. of the Control of			Parties Director and Company	and the same of th		Time
Commercial Fire (2) Industrial Fire (3) Whicie Fire (4) Commercial Fire (5) Whiciand Fire (7) Marine Fire (8) Explosion (9) Medical Ald/Rescue (10) Haz-Mat (1) Marine Fire (8) Explosion (9) Medical Ald/Rescue (10) Haz-Mat (1) Marine Fire (8) Explosion (9) Medical Ald/Rescue (10) Haz-Mat (1) Marine Fire (8) Marine F	ID INCIDENT OR EVECOU						
			—				
Other (describe in one or two words) More detail on type of structure (single family, firehouse, etc)							
Blook detail on type of structure (single family, firehouse, etc) Fire Stage:	i) Trash/Dumpster (7)	Marine Fire (8)	Explosion (9)	Medical Aid/Rescue	(10) H	az-Mat	
ENOTH OF EXPOSURE BY FIRE STAGE / ACTIVITY Fire Stage:	1) Other (describe in one	or two words)					
Fire Stage: MinsiHrs exposed (Please Write In) (7) Incipient (8) Free Burning (9) Smoldering (11) Extinguishment (12) Entry/ventilation (13) Rescue*Extratation (14) Light Overhaul (15) Heavy Overhaul (16) Heavy Overhaul	i) More detail on type of st	tructure (single family,	firehouse, etc)				
Fire Stage: MinsiHrs exposed (Please Write In) (7) Incipient (8) Free Burning (9) Smoldering (11) Extinguishment (12) Entry/ventilation (13) Rescue*Extratation (14) Light Overhaul (15) Heavy Overhaul (16) Heavy Overhaul	I ENGTH OF EYROSIDE	DV EIDE STAGE / ACTI	MTV	The state of the s	A STATE OF THE STA		The same of the same
(7) Inciplent (Please Write In) (11) Extinguishment (12) Entry/Norhilation (13) RescueExtrictation (13) RescueExtrictation (13) RescueExtrictation (14) Light Overhaul (15) Rescue Extrictation (14) Light Overhaul (15) E.M.S. (17) Investigation (16) E.M.S. (17) Investig							
(11)	Fire Stage:			Activity:			
(12) Betry/Ventilation (13) ResureExtrication (14) Light Overhaul (15) Non-Fire Incident (16) E.M.S. (17) Investigation (16) E.M.S. (17) Investigation (16) E.M.S. (17) Investigation (16) E.M.S. (17) Investigation (19) Smoke Colors (20)	(7) Incinient	(Please Write	in)	(44) Extinguishment		lease write in)	
[9] Smoldering (10] Non-Fire Incident (13] Rescue/Extrication (14) Light Overhaul (15) East.3. (17) Investigation (17) Investigation (18) East.3. (18) East	THE RESERVE OF THE PERSON NAMED IN COLUMN 2 IS NOT THE PERSON NAME			Name of Street, or other Designation of the Owner, where the Park Street, which the Park St	_		
Comments	Name and Address of the Owner, where the Park of the Owner, where the Park of the Owner, where the Owner, which is the Own			Description of the Party of the	Name and Address of the Owner, where the Owner, while the		
SMOKE/CHEMICAL/MEDICAL EXPOSURE (19) EMS. (17) Investigation	with the party of the last the same of the last						
(16) E.M.S. (17) Investigation (18) E.M.S. (17) Investigation (19) Smoke Colors (17) Investigation (19) Smoke Colors (17) Investigation (19) Smoke Colors (19) Smoke Colors (19) Smoke	(10) Holl-I lie modell			THE RESIDENCE OF THE PARTY OF T			
Comments				THE RESIDENCE OF THE PARTY OF T			
SMOKE/CHEMICAL/MEDICAL EXPOSURE 8) Smoke condition: (i.) Light (iii) Heavy (iii) None (iiii) Smoke Colors) Chemicals) Present				CHARLES THE RESIDENCE OF THE PARTY OF THE PA			
Semoke condition: (L) Light Heavy No None (19) Smoke Colors							
(28) Cough Blood/Nose Bleed (34) Skin Irritated/Rash (29) Nose/Lung Irritation (35) Unconscious (36) Other: MEDICAL DIAGNOSIS (36) Other:	(20) (21) (22) (23) (24) Medical Exposure: (25) Route of Exposure: (25) Route of Exposure: (26)	HIV Hepatitis (1) Inhaled (2) Symptom Eyes Burn	s B Blood Ingested (3)	Other: Skin Contact (4)	Eye Contact	(5) OPR Symptom Ears Ringing	
(29) Nose/Lung Irritation (35) Unconscious (30) Nausea/Queasiness (30) Nausea/Queasiness (30) Nausea/Queasiness (30) Dizzy (36) Other: MEDICAL DIAGNOSIS	THE RESERVE THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO I	THE RESERVE OF THE PERSON NAMED IN COLUMN 1					
(30) Nausea/Queasiness (36) Other: MEDICAL DIAGNOSIS No proceive 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: Other:						THE RESERVE OF THE PROPERTY OF	
MEDICAL DIAGNOSIS 7) Did you receive medical evaluation or treatment from a medical professional after exposure?		STREET, SQUARE, SQUARE				The state of the s	
MEDICAL DIAGNOSIS MEDICAL DIAGNOSIS MEDIC	` '	NAME AND ADDRESS OF THE OWNER, WHEN PERSON NAMED IN COLUMN 2 1997	 	(00)			
Official Medical Diagnosis: (38) Smoke Inhalation (39) Contact Dermatitis (40) Respiratory Tract Irritation (41) Other: ame of Doctor/Treatment Facility: I. PROTECTIVE EQUIPMENT / DECONTAMINATION Vere 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: Vere decontamination procedures followed after the exposure? (43) Yes No escribe: II. CO-WORKERS AT TIME OF EXPOSURE Jease list names of other firefighters working close to you at time of exposure. (44) Were you asleep at the time of alarm? (45) Yes No	(01)	OILLY .					
I. PROTECTIVE EQUIPMENT / DECONTAMINATION //ere you provided with protective equipment for this incident other than that required by OSHA? (SCBA is required) (42)	Official Medical Diagnos	(38) Smoke (41) Other:	Inhalation (39)	Contact Dermatitis (40) Resp	iratory Tract Irritation	
III. ADDITIONAL INFORMATION: Were you asleep at the time of alarm? (45) Yes No	/ere you provided with prote Chemical Protecti /ere decontamination procedescribe:	NT / DECONTAMINATION Control of this interest of the control of th	incident other than the oul Mask	at required by OSHA? (S r:No	CBA is require		
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