



Incident Exposure Record

Name _____

Date of Birth _____ Social Security Number _____

Incident Number _____ Incident Date _____

Officer in Charge _____

Location of Incident _____

Description of Incident _____

Type of Exposure: Inhalation _____

Direct Contact _____

Ingestion _____

Materials Exp. used To _____

Type of Decontamination _____

Length of Exposure (time) _____

Symptoms (if any) _____

Treatment at Scene _____

Name of Medical Facility _____

Treatment Rendered _____

Protective Clothing and Equipment Used During Incident (list) _____

Additional Information _____

Firefighter/EMSSignature _____ Date _____

Chief'sSignature _____ Date _____

Safety Officer's Analysis

What acts, failure to act and/or conditions contributed most directly to this accident? (Immediate Cause)

What are the basic or fundamental reasons for the existence of these acts and/or conditions? (Fundamental Cause)

What action has or will be taken to prevent recurrence? Place "X" by items completed.

Safety Officer's Comments

Safety Officer's Signature: _____

Date: _____