



Shenandoah County Department of Fire and Rescue Exposure Report

TOXIC EXPOSURE REPORT

Name: _____ Incident #: _____ Location: _____ DATE of exposure: _____ SS#: XXX-XX- _____				
INCIDENT TYPE	<u>FIRE</u>	1. Structural 2. Trash/Dumpster 3. Vehicle 4. Marine 5. Wildland	<u>OTHER</u>	6. EMS 7. Hazmat Spill 8. Rescue 9. Fire Station 10. Training Site 11. Not Listed(explain) _____
	ACTIVITIES AT TIME OF EXPOSURE	1. Extinguishment 2. Search/Rescue 3. Ventilation 4. Salvage 5. Support Operations 6. Medical Care/EMS	7. Hazmat Response 8. Vehicle Extrication 9. Command Ops 10. Rehabilitation 11. Undetermined/Not Reported 12. Other (explain) _____	
PPE Utilized:	<u>FIRE/RESCUE</u>	<u>EMS</u>	<u>HAZMAT</u>	<u>OTHER</u>
_____	1. Helmet _____	1. Exam Gloves _____	1. Level _____	1. Hearing Protection _____
_____	2. Coat _____	2. Eye Protection _____	A _____	2. Not Listed _____
_____	3. Trousers _____	3. Respirator-N95 _____	2. Level _____	(explain) _____
_____	4. Boots _____	4. Respirator- _____	B _____	3. Eye Protection _____
_____	5. Gloves _____	Other _____	3. Level _____	
_____	6. Hood _____	(explain) _____	C _____	
_____	7. SCBA _____	5. Fluid Resistant _____	4. Level _____	
_____	8. Respirator _____	Clothing _____	D _____	
_____		6. Other _____		

PPE MALFUNCTION: Yes ___ No ___ Explain: _____		
AREA EXPOSED ___ 1. Face/Neck ___ 2. Hand/Arm/Fingers ___ 3. Trunk ___ 4. Leg/Foot ___ 5. Lungs/Respiratory Tract ___ 6. Skin ___ 7. Other (explain) _____	TYPE OF EXPOSURE (EMS) ___ 1. Airborne ___ 2. Skin/ Surface Contact	
SYMPTOMS: ___ 1. Eyes Burn ___ 2. Cough ___ 3. Cuts/Bruises ___ 4. Dizzy/Nausea ___ 5. Nose/Throat/Lung Irritation ___ 6. Ears Ringing ___ 7. Headache ___ 8. Skin Irritation/Rash ___ 9. Other (explain) _____		
MEDICAL ATTENTION REQUIRED?	Yes _____ No _____	TYPE OF AGENT EXPOSED TO: ___ 1. Biological ___ 2. Chemical (Hazmat, Smoke, toxic vapors) ___ 3. Physical (Heat, Noise, radiation)
SPECIFIC PRODUCT/ SUBSTANCES/ TOXINS	___ 1. Smoke ___ 2. Asbestos ___ 3. Products of combustion ___ 4. Other (Explain) _____	LENGTH OF EXPOSURE MINUTES: _____ OR HOURS: _____

PERSON COMPLETEING REPORT: _____