

Cumru Township Fire Department Personal Exposure Form 10.10A

8/31/2015

Name: _____ Incident Date: _____ Incident Number: _____

Incident Location: _____

CTFD Officer in Charge: _____

Incident Type: Structure Fire Vehicle Fire Trash/Dumpster Fire Haz Mat
 Explosion Rescue Other: _____

Type of Occupancy: _____

Length of Exposure by Fire Stage/Activity:

<u>Fire Stage:</u>	<1Hr	1-2Hr	2-3Hr	3+Hr	<u>Activity:</u>	<1Hr	1-2Hr	2-3Hr	3+Hr
Incipient	___	___	___	___	Extinguishment	___	___	___	___
Free Burn	___	___	___	___	Entry/Vent	___	___	___	___
Smoldering	___	___	___	___	Rescue	___	___	___	___
Non Fire	___	___	___	___	Light Overhaul	___	___	___	___
					Heavy Overhaul	___	___	___	___
					Exterior Exposed	___	___	___	___
					Investigation	___	___	___	___

Smoke:

Smoke Conditions: Light Heavy None Smoke Color: _____

Chemical(s) Present: (note state: Vapor, Dust, Heavy, Light, Combust, Solid, Mist, Liquid or Solid)

Type of Chemical Exposure: Inhaled Ingested Skin Contact Eye Contact
 Other

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Symptoms: (Check all that apply)

<u>Symptom:</u>	<u>During Incident:</u>	<u>After Incident</u>
Eyes Burn	_____	_____
Cough	_____	_____
Cough Blood/Nose Bleed	_____	_____
Nausea/Queasiness	_____	_____
Dizzy	_____	_____
Nose/Lung Irritation	_____	_____
Ears Ringing	_____	_____
Headache	_____	_____
Skin Irritation	_____	_____
Unconscious	_____	_____
Other: _____	_____	_____

Medical Diagnosis:

Did you receive medical evaluation or treatment after exposure: ____ Yes ____ No

Diagnosis: _____

Treatment: _____

Restrictions/Recovery: _____

Doctor/Treatment Facility: _____

Reference:
10.10 Personal Exposure Policy