



CUMRU TOWNSHIP FIRE DEPARTMENT

1775 WELSH ROAD
MOHNTON, PA. 19540

www.cumrutownship.org

Carbon Monoxide Incident Form

Address: _____

Occupants CO detector: Make: _____ Model: _____ Serial# _____

CO Checklist: Initial reading outside _____ ppm
 Highest reading inside _____ ppm
 Final reading after ventilation _____ ppm

Gas company on scene: YES NO

Area Monitored	Circle Fuel Type			Location	PPM Reading
Occupant CO Detector					
Fireplace	Coal	Gas	Wood		
Furnace	Coal	Gas	Wood		
Other Heater	Gas	Kerosene			
Water Heater	Gas	Oil			
Dryer	Gas				
Oven/Range	Gas				
Barbeque	Gas	Charcoal			
Car Running	Gas	Diesel			
Dried-out Drain Trap					

Suspected cause:

<input type="checkbox"/> Malfunctioning appliance	<input type="checkbox"/> Lack of proper ventilation	<input type="checkbox"/> Improper or misuse of appliance
<input type="checkbox"/> Improper installation	<input type="checkbox"/> Lack of maintenance	<input type="checkbox"/> Chimney downdraft
<input type="checkbox"/> Other:		

Does any occupant have any of the following symptoms?

<input type="checkbox"/> Fatigue	<input type="checkbox"/> Headache	<input type="checkbox"/> Nausea
<input type="checkbox"/> Confusion	<input type="checkbox"/> Dizziness	<input type="checkbox"/> Flu like symptoms

If yes to any of the above symptoms, request EMS if not already dispatched.

Additional Information: _____

Officer Print Name: _____ Resident Sign Name: _____
 Officer Sign Name: _____ Date: ____ / ____ / ____
 Officer Title: _____