

CITY OF PHOENIX, ARIZONA
FIRE DEPARTMENT
FIRE PERSONNEL TOXIC EXPOSURE FORM

(1) NAME: _____ (2) SOCIAL SECURITY #: _____

(3) INCIDENT #: _____ (4) INCIDENT DATE: _____

(5) OCCUPANCY / BUSINESS NAME: _____

(6) INCIDENT TYPE: (CHECK OFF)

- | | | |
|--------------------------|-------------------------------|-------------------------|
| (a) STRUCTURE FIRE _____ | (d) TRASH / DEBRIS FIRE _____ | (h) OTHER _____ |
| (b) VEHICLE FIRE _____ | (e) BRUSH FIRE _____ | (i) EMS / RESCUE _____ |
| (c) DUMPSTER FIRE _____ | (f) EXPLOSION _____ | (j) INVESTIGATION _____ |
| | (g) SPILL / LEAK _____ | (k) INSPECTION _____ |

(7) ACTIVITY AT TIME OF EXPOSURE: (CHECK OFF)

- (a) EXTINGUISHMENT
- (b) VENTILATION
- (c) SEARCH / RESCUE
- (d) OVERHAUL
- (e) SUPPORT ACTIVITIES
- (f) STAGING / REHAB
- (g) INSPECTION
- (h) INVESTIGATION
- (i) SUBSTANCE CONTAINMENT
- (j) EMS

<1HR	1HR	1-2HRS	2-3HRS	>3HRS

(8) SMOKE DENSITIES AT TIME(S) OF EXPOSURES (CHECK OFF)
(a) NONE _____ (b) LIGHT _____ (c) MODERATE _____ (d) HEAVY _____

(9) SMOKE COLOR(S) _____

(10) CHEMICAL(S), PRODUCT(S), SUBSTANCE(S), EXPOSED TO: (LIST IF KNOWN; LEAVE BLANK IF UNKNOWN)

(11) ROUTES OF EXPOSURE: (CHECK OFF ROUTE, IF SKIN LIST AREA EXPOSED)
RESPIRATORY _____ EYE _____ INGESTION _____ SKIN _____

(11a) BODY PARTS EXPOSED: (I.E. RIGHT HAND, LEFT KNEE, RIGHT SIDE OF FACE) _____

(12) LIST SYMPTOMS EXPERIENCED: (I.E. SORE THROAT, EYES BURNING, LUNGS IRRITATED) _____

(13) PPE WORN AT TIME OF EXPOSURE (CHECK OFF)
TURNOUTS _____ BRUSH GEAR _____ GLOVES: LATEX, NITRILE _____
SCBA _____ GOGGLES _____ FIRE FIGHTING _____
LEVEL A _____ PARTICLE MASK _____ WORK GLOVES _____

(14) PPE MALFUNCTION (MECHANICAL) (CHECK OFF) yes ___ no ___ BARRIER BREACH (CLOTHING) (CHECK OFF) yes ___ no ___

(15) LIST WHAT PPE WAS INVOLVED AND DESCRIBE CIRCUMSTANCES OF FAILURE: _____

(16) DECONTAMINATION: (CHECK OFF) AT INCIDENT _____ AT STATION _____ NOT DONE _____

(17) MEDICAL TREATMENT RENDERED: (CHECK OFF) AT INCIDENT _____ AFTER INCIDENT _____ AT HOSPITAL _____

SUPERVISOR NAME (PRINT) _____

SUPERVISOR SIGNATURE _____

COMPANY ASSIGNED TO AT TIME OF EXPOSURE _____ SHIFT _____

EMPLOYEE SIGNATURE _____ DATE _____

ARCHIVED DATE _____

FIRE PERSONNEL TOXIC EXPOSURE FORM INSTRUCTIONS

LINE:

- (1-4) Self Explanatory
- (5) Write in name of business or type of business if name not known.
EX: paper recycling facility
- (6) Put a check mark next to incident type.
- (7) Put a check mark next to activity and time spent doing that activity.
- (8) Self Explanatory
- (9) Describe smoke color(s) at time of activity during exposure.
- (10) List all substance(s), chemical(s), product(s), exposed to with attention to correct spelling. If the substance(s), chemical(s), product(s), is unknown then leave this section blank. The Toxic Exposure Officer will complete this section.
- (11) Check off route of exposure. If skin is involved then list body parts exposed. (I.E. right hand, left knee, right side of face.)
- (12) List any symptoms experienced due to the exposure. (I.E. nausea, eyes burning, sore throat, lungs irritated).
- (13,14) Self Explanatory
- (15) List what PPE was involved with the exposure and describe the circumstances of the failure causing the exposure.
- (16) Check off
- (17) Check off where the medical treatment was rendered.