

# APPENDIX F

## SAMPLE TOXIC EXPOSURE TRACKING FORM

### 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 \_\_\_\_\_

DISPOSITION: WHITE—EMPLOYEE HEALTH FILE YELLOW—ARCHIVES PINK—EMPLOYEE

91-38D Rev. 10/01  
61582252849

## 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.