Occupational Exposure Tracking Form

Name: ____ **Agency:** ________________________
Position: ______________________________________ **Unit:** ____________________________

Incidnet Information

Date: ______________________ **Time:** _____________ **Incident #:** __________________________________

Street Address: ____

City: ____ **Zip:** ____________________________________

Incident Type (*Description of this incident)*

☐ Structure Fire ☐ Heavy Rescue ☐ Standby
☐ Car Fire ☐ EMS Incident
☐ Hazmat ☐ Investigation
☐ Other: ____

Personal Protective Equipment (*List all PPE used during this incident)*

☐ Helmet ☐ SCBA ☐ N-95
☐ Bunker Coat ☐ Suppression Boots ☐ Station Uniform
☐ Bunker Pants ☐ Suppression/Work Gloves ☐ Station Boots
☐ Fire Hood ☐ Safety Glasses ☐ Safety Glasses
☐ Other: ____

Operational Role (*List all roles assumed during this incident)*

☐ Interior Fire Operations ☐ Interior Investigations/Monitoring
☐ Exterior Fire Operations ☐ Driver/Pumping Operations
☐ Overhaul ☐ Standby
☐ Other: ____

Possible Exposures (*List all potential hazardous exposures encountered during this incident)*

☐ Products of Combustion ☐ Hazardous Materials ☐ Airborne Dust
☐ Carbon Monoxide ☐ Construction Debris ☐ Diesel Exhaust
☐ Other: ____

Signs / Symptoms (*List all signs or symptoms experienced during or after this incident)*

☐ Cough ☐ Head Ache ☐ Nausea
☐ Wheeze ☐ Chest Pain ☐ Vomiting
☐ Sore Throat ☐ Dizziness ☐ None
☐ Other: ____

Notes: ____