

**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)

	<1HR	1HR	1-2HRS	2-3HRS	>3HRS
(a) EXTINGUISHMENT					
(b) VENTILATION					
(c) SEARCH / RESCUE					
(d) OVERHAUL					
(e) SUPPORT ACTIVITIES					
(f) STAGING / REHAB					
(g) INSPECTION					
(h) INVESTIGATION					
(i) SUBSTANCE CONTAINMENT					
(j) EMS					

(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 _____

