NYS DEPARTMENT OF STATE, OFFICE OF FIRE PREVENTION AND CONTROL

Fire Service Exposure Report

FDID	FIRE DEPARTMENT	INCIDENT NO.	MO DA YR

TIME	NAME (LAST, FIRST, MI)	SOCIAL SECURITY NO.	SEX 1 - MALE 2 - FEMALE	AGE

INCIDENT TYPE

1. Residential Fire
2. Trash/Dumpster
3. Industrial Fire
4. Marine Fire
5. Vehicle Fire
6. Explosion
7. Spill
8. Commercial Fire
9. Rescue

RIDING ASSIGNMENT

1. Tanker
2. Engine
3. Squad Car
4. Car
5. Ambulance
6. HazMat
7. Ladder Co.

RANK

1. Firefighter
2. Lieutenant
3. Captain
4. Chief Officer
5. Other

LENGTH OF EXPOSURE

FIRE STAGE

1. Incipient
2. Free Burning
3. Smoldering
4. Nonfire Incident

TIME

1. 1 Hour
2. 2 Hours
3. 3 Hours
4. 3+ Hours

ACTIVITY

1. Extinguishment
2. Entry/Ventilation
3. Rescue
4. Overhaul
5. EMS
6. Investigation

TIME

1. 1 Hour
2. 2 Hours
3. 3 Hours
4. 3+ Hours

CONDITIONS OF MATERIAL

1. Solid
2. Liquid
3. Gas
4. Inside Burning
5. Outdoors
6. Dust
7. Mist
8. Reactive with Other Substances
9. Radioactive

TYPE OF EXPOSURE

1. Inhalation
2. Ingestion
3. Skin Contact
4. Eye Contact
5. At the Scene, No Known Contact

SMOKE CONDITION DURING EXPOSURE

1. Light
2. Heavy
3. None

SYMPTOMS

AT INCIDENT

1. Eyes Burn
2. Cough
3. Cuts/Bruises

AFTER INCIDENT

4. Nose/Lung Irritation
5. Dizzy/Nausea
6. Ears Ringing
7. Headache
8. Skin Irritation/Rash
9. Unconscious

Were you supplied with special equipment for the incident? ☐ Yes ☐ No

Were special decontamination procedures followed after exposure? ☐ Yes ☐ No

Did you receive medical evaluation or treatment after exposure? ☐ Yes ☐ No

DIAGNOSIS

1. Smoke Inhalation
2. Contact Dermatitis
3. Respiratory Tract Irritation
4. Cuts/Bruises

DOCTOR/TREATMENT FACILITY

DESCRIPTION OF TOXIC SUBSTANCE(S) (IF KNOWN)

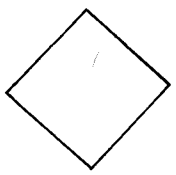
Trade Name _____ Ingredients _____

Chemical Name _____ Manufacturer _____

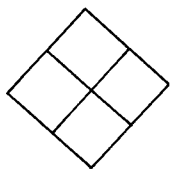
Did substance have a label/placard? ☐ Yes ☐ No

LIST INFORMATION ON LABEL (i.e., I.D. NUMBER) IF KNOWN:

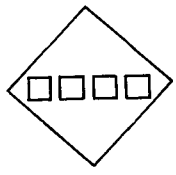
_____



Domestic Label



704 - System



UN or DOT System

CONTAGIOUS DISEASE INFORMATION

During Rescue or EMS Response, was victim bleeding? ☐ Yes ☐ No

Did you have any cuts or bruises on your hands or body? ☐ Yes ☐ No

REMARKS

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