FORM WILL BE RETURNED IF INCOMPLETE

FIRE FIRGHTERS
ASSOCIATION
OF NEW HJERSEY

FIRE FIGHTERS

EXPOSURE REPORTING SYSTEM

TOWN: _____

PLEASE PRINT ALL ENTRIES

1. _____ 1A _____
   Last Name First Name Middle Initial (Rank)
2. _____
   Company Assigned & Group
3. _____
   Date of Incident
4. _____
   Address of Incident
5. _____
   Incident Report Number

Do Not Write In This Space

6. TYPE OF INCIDENT:
   - a. ___ structural fire
   - b. ___ transportation fire
   - c. ___ non-structural fire
   - d. ___ emergency
   - e. ___ inspection
   - f. ___ other (item 14)

7. TYPE OF EXPOSURE
   - a. Products of combustion (smoke)
     - 1. ___ UNKNOWN
     - 2____ KNOW _____
   - b. Vapor, Fumes, Mist., Fog:
     - 1. ___ UNKNOWN
     - 2. ___ KNOW _____
   - c. Particular Matter _____
     - 1. ___ UNKNOWN_____
     - 2. ___ KNOWN
   - d. Exposure – Unable to classify
     - 1. ___ UNKNOWN
     - 2 ___ KNOWN

   CIRCLE ONE (e) light (f) medium (g) heavy (h) extra heavy

8. TIME EXPOSED: _____MINUTES

9 BREATHING APPARATUS:
   - a. ___ used
   - b. ___ used intermittently
   - c. not used
   - d. ___ not used initially, used later
   - e. SCBA did not function properly
   - f. ___ SCBA taken off prematurely
   - g. remarks_____

10. DID YOU EXPERIENCE DISTRESS? (IF YES, CHECK ONE OR MORE)
    - a. ___ throat irritation
    - b. ___ eyes burning
    - c. ___ nasal irritation
    - d. ___ choking
    - e. ___ rapid breathing
    - f. ___ shortness of breath
    - g. ___ dizziness
    - h. ___ exhaustion
    - i.____ chest pain/discomfort
    - j. ___ headache
    - k. ___ dry mouth
    - l. ___ excess salivation
    - m.___ general weakness
    - n. ___ weakness in legs
    - o. ___ nausea
    - p. ___ confusion
    - q. ___ irritated skin
    - r. ___ stomach distress
    - s. ___ other (specify)_____

11. DID YOU COUGH OR SPIT UP? IF YES:
    - a. ___ phlegm/sputum
    - b. ___ blood
    - c. ___ other (specify) _____

12. DID YOU RECEIVE ASSISTANCE
    - a. ___ yes
    - b. ___ no
    - c. ___ oxygen
    - d. ___ went to hospital

13. PLACED OFF DUTY:
    - a. ___ yes
    - b. ___ no

14. REMARKS:_____
    _____
    _____
    _____