TOWN OF WESTFORD, MA
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 ☐
(b) VEHICLE FIRE ☐
(c) DUMPSTER FIRE ☐
(d) TRASH / DEBRIS FIRE ☐
(e) BRUSH FIRE ☐
(f) EXPLOSION ☐
(g) SPILL / LEAK ☐
(h) OTHER ☐
(i) EMS / RESCUE ☐
(j) INVESTIGATION ☐
(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 _____

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

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