



Winchester Fire and Rescue Department EXPOSURE REPORT

INCIDENT # _____		DATE: _____	
NAME: _____		SS#: _____	
INCIDENT TYPE _____	<u>FIRE</u>	<u>OTHER</u>	
	1. Structural 2. Trash/Dumpster 3. Vehicle 4. Marine 5. Wildland	6. EMS 7. Hazmat Spill 8. Rescue 9. Fire Station 10. Training Site	11. Not Listed(explain) _____
PRIMARY ACTIVITY _____	1. Extinguishment 2. Search/Rescue 3. Ventilation 4. Salvage 5. Support 6. Medical Care	7. Hazmat Response 8. Vehicle Extrication 9. Command 10. Rehabilitation 11. Undetermined/Not Reported Other (explain) _____	
PPE:	<u>FIRE/RESCUE</u>	<u>EMS</u>	<u>HAZMAT</u>
_____	1. Helmet	_____	1. Exam Gloves
_____	2. Coat	_____	2. Eye Protection
_____	3. Trousers	_____	3. Respirator-N95
_____	4. Boots	_____	4. Respirator-Other
_____	5. Gloves	_____	(explain) _____
_____	6. Hood	_____	5. Fluid Resistant
_____	7. Eye Protection	_____	Clothing
_____	8. SCBA	_____	6. Other _____
_____	9. Respirator		
AREA EXPOSED	_____ 1. Face/Neck _____ 2. Hand/Arm/Fingers _____ 3. Trunk _____ 4. Leg/Foot _____ 5. Lungs/Respiratory Tract _____ 6. Other (explain) _____	<u>TYPE OF EXPOSURE (EMS)</u>	_____ 1. Airborne _____ 2. Skin Infection _____ 3. Blood/Body Fluid Contact _____ 3A. Needle Stick/Sharp _____ 3B. Mucous Membrane _____ 3C. Intact Skin _____ 3D. Non-Intact Skin _____ 5. Other (explain) _____
SYMPTOMS:	_____ 1. Eyes Burn _____ 2. Cough _____ 3. Cuts/Bruises _____ 4. Dizzy/Nausea _____ 5. Nose/Throat/Lung Irritation	_____ 6. Ears Ringing _____ 7. Headache _____ 8. Skin Irritation/Rash _____ 9. Other (explain) _____	
MEDICAL ATTENTION REQUIRED?	Y _____ N _____	TYPE OF AGENT EXPOSED TO:	_____ 1. Biological _____ 2. Chemical _____ 3. Physical(Heat/Noise/Radiation)
SPECIFIC PRODUCT/SUBSTANCES/TOXINS (list if known):	LENGTH OF EXPOSURE minutes: _____ <i>OR</i> hours: _____		