

BELLEVILLE FIRE DEPARTMENT
CHECKLIST FOR CARBON MONOXIDE ALARM EMERGENCY

LOCATION OF INCIDENT: _____ DATE: _____

Are any of the members of the household feeling extremely ill? YES _____ (If Yes Call For Ambulance) NO _____

QUICK CHECKLIST

Headache	YES _____	NO _____
Fatigue	YES _____	NO _____
Nausea	YES _____	NO _____
Dizziness	YES _____	NO _____
Confusion	YES _____	NO _____

Do you feel better when you are away from the house? YES _____ NO _____

Since the detectors alarm went off has the occupant shut off any carbon monoxide sources?

YES _____ (If yes, which ones and for how long) _____

NO _____

Has the occupant let in fresh air from outside?

YES _____ (If yes, how and for how long) _____

NO _____

INITIAL PPM READING INSIDE STRUCTURE _____ (IF ABOVE 25 PPM SCBA SHALL BE WORN)

CARBON MONOXIDE SOURCE CHECKLIST **LOCATION** **PPM READING**

Chimney:	Clogged flue/blocked opening	_____	_____
Fireplace:	Gas or Wood	_____	_____
Portable Heater:	Emissions	_____	_____
Gas Dryer:		_____	_____
Water Heater:	Chimney vent pipe	_____	_____
Oven/Range:		_____	_____
Furnace:	Gas/Oil, Leaking Flue/pipe	_____	_____
Barbecue:	In enclosed area	_____	_____
Attached Garage:	Car started or running recently	_____	_____
Operating fireplace with HVAC on causing backflow		_____	_____

CARBON MONOXIDE DETECTOR

Make: _____ Model: _____ Serial Number: _____

Location in building: _____

Name of Officer completing this checklist: _____

FIRE REPORT CALL NUMBER: _____

CONTACT SPILLS ACTION CENTRE FOR READINGS OVER 35 PPM.
(1-800-268-6060 24 HRS PER DAY)
S.O.G. #1013