BELLEVILLE FIRE DEPARTMENT
BIOLOGICAL, CHEMICAL OR PHYSICAL AGENTS EXPOSURE REPORT
SOG 3015

TO BE COMPLETED BY ANY PERSONNEL EXPOSED TO CHEMICAL, GASES, PCB'S, ETC…

Employee's Name:____ Employee's Number:______________

Vehicle Assigned To:___________ Captain/Officer in Charge:_____________________________________

Employee Information

Incident Information

Date:_________________ Alarm Time:______________________ Call Number:____________________

Location (Address):____

Incident Type: ☐Residential Fire ☐Industrial Fire ☐Vehicle Fire ☐Commercial Fire
☐Trash/Dumpster Fire ☐Marine Fire ☐Aircraft Fire ☐Wild land Fire
☐Transport Incident ☐Rescue ☐Haz-Mat Spill ☐Explosion
☐Railroad Incident ☐Training ☐Extrication ☐Other

If Other (describe):____

List Other Firefighters Involved:____

____

____

Exposure Information

Fire Stage	<1 Hr.	1-2 Hr.	2-3 Hr.	3+ Hr.	Activity	<1 Hr.	1-2 Hr.	2-3 Hr.	3+ Hr.	Activity	<1 Hr.	1-2 Hr.	2-3 Hr.	3+ Hr
☐ EarlyStage					☐ Light Overhaul					☐ Heavy Overhaul				
☐ Free Burn					☐ Entry/ Vent.					☐ EMS Support				
☐ Smoldering					☐ Non-Fire Incident					☐ Investigate				
☐ Ext.					☐ Rescue					☐ Other				

Materials Information

Materials Exposed To:____

Type of Exposure (list all applicable):
☐Inhalation ☐Ingestion ☐Absorption ☐Eye Contact
Colour of Product:____
State of Product at Time of Exposure (list all applicable):
☐Solid ☐Liquid ☐Smoke ☐Combustion Products ☐Vaporous(gas)
☐Dust ☐Mist (liquid) ☐Invisible ☐Odorous (distinctive smell) ☐Other (explain)

Explain Other:____

____

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Symptoms

At Incident	Symptom	After Incident	At Incident	Symptom	After Incident	At Incident	Symptom	After Incident
	Skin Irritation/Rash			Dizzy			Eyes Burn	
	Nausea/ Queasiness			Cough			Uncon.	
	Cough Blood/ Nose Bleed			Ears Ringing			Other:	
	Nose/ Lung Irritation			Headache			None Noticed	

Treatment Information

Did Employee Receive Treatment at Scene: ☐Yes ☐No
List Treatment:____
____

Did Employee Receive Treatment at Hospital: ☐Yes ☐No
List Treatment:____

Time Lost From Work: ☐Yes ☐No If Yes, How much:__________________
Was Decontamination Performed: ☐Yes ☐No If Yes, Explain:__________________
____

Additional Information

Additional Information: (List and explain any activities at scene, protective equipment worn, etc...)

Note: A copy of the completed form should be forwarded to the Management, H&S Committee and a copy kept for your own records.