



# Occupational Exposure Tracking Form

Name:  Agency:   
 Position:  Unit:

### Incident Information

Date:  Time:  Incident #:   
 Street Address:   
 City:

### Incident Type *(Description of this incident)*

Structure Fire                       Heavy Rescue                       Standby  
 Car Fire                                 EMS Incident  
 Hazmat                                     Investigation  
 Other: \_\_\_\_\_

### Personal Protective Equipment *(List all PPE used during this incident)*

Helmet                                     SCBA                                     N-95  
 Bunker Coat                             Suppression Boots                     Station Uniform  
 Bunker Pants                            Suppression/Work Gloves            Station Boots  
 Fire Hood                                 **Procedure Mask**                     Safety Glasses  
 Other: \_\_\_\_\_

### Operational Role *(List all roles assumed during this incident)*

Interior Fire Operations               Interior Investigations/Monitoring  
 Exterior Fire Operations               Driver/Pumping Operations  
 Overhaul                                    Standby  
 Other: \_\_\_\_\_

### Possible Exposures *(List all potential hazardous exposures encountered during this incident)*

Products of Combustion               Hazardous Materials               Airborne Dust  
 Carbon Monoxide                       Construction Debris               Diesel Exhaust  
 Other: \_\_\_\_\_

### Signs / Symptoms *(List all signs or symptoms experienced during or after this incident)*

Cough                                       Head Ache                               Nausea  
 Wheeze                                     Chest Pain                               Vomiting  
 Sore Throat                               Dizziness                                 None  
 Other: \_\_\_\_\_

Notes: