www.FireFighterCancerAlliance.org

Occupational Exposure Tracking Form

Name: _____ **Agency:** _____

Position: _____ **Unit:** _____

Incident Information

Date: _____ **Time:** _____ **Incident #:** _____

Street Address: _____

City: _____ **Zip:** _____

Incident Type (*Description of this incident)*

- ☐ Structure Fire
- ☐ Car Fire
- ☐ Hazmat
- ☐ Heavy Rescue
- ☐ EMS Incident
- ☐ Investigation
- ☐ Standby
- ☐ Other: _____

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

- ☐ Helmet
- ☐ Bunker Coat
- ☐ Bunker Pants
- ☐ Fire Hood
- ☐ SCBA
- ☐ Suppression Boots
- ☐ Suppression/Work Gloves
- ☐ Safety Glasses
- ☐ N-95
- ☐ Station Uniform
- ☐ Station Boots
- ☐ Safety Glasses
- ☐ Other: _____

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

- ☐ Interior Fire Operations
- ☐ Exterior Fire Operations
- ☐ Overhaul
- ☐ Interior Investigations/Monitoring
- ☐ Driver/Pumping Operations
- ☐ Standby
- ☐ Other: _____

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

- ☐ Products of Combustion
- ☐ Carbon Monoxide
- ☐ Hazardous Materials
- ☐ Construction Debris
- ☐ Airborne Dust
- ☐ Diesel Exhaust
- ☐ Other: _____

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

- ☐ Cough
- ☐ Wheeze
- ☐ Sore Throat
- ☐ Head Ache
- ☐ Chest Pain
- ☐ Dizziness
- ☐ Nausea
- ☐ Vomiting
- ☐ None
- ☐ Other: _____

Notes: _____