

Exposure and Action Report

Carbon Monoxide Poisoning



**COMPLETE
ALL FORM FIELDS
AND CHECK BOXES
THAT APPLY**

Agency:		Date:	
Call received by:		Phone:	
Problem Reported by:		Phone:	
Address:	Apt:	Time:	
City:			
Symptoms Reported by occupants at time of complaint: <input type="checkbox"/> headache <input type="checkbox"/> nausea <input type="checkbox"/> disorientation <input type="checkbox"/> fainting			
Did a CO alarm sound: <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> not known			
Reason for making call:			
Actions Recommended to occupant at time of call:		Comments:	
<input type="checkbox"/> no action – wait for technician <input type="checkbox"/> advised occupant of health hazards <input type="checkbox"/> shut off all appliance(s) <input type="checkbox"/> ventilate dwelling – open doors and windows <input type="checkbox"/> leave apartment immediately – seek fresh air <input type="checkbox"/> call 911			
Structure Information:			
Type of dwelling:	<input type="checkbox"/> apartment <input type="checkbox"/> duplex <input type="checkbox"/> 3-family <input type="checkbox"/> multi-family <input type="checkbox"/> high rise <input type="checkbox"/> basement <input type="checkbox"/> garage		
Type(s) of fuel:	<input type="checkbox"/> gas <input type="checkbox"/> propane <input type="checkbox"/> oil <input type="checkbox"/> wood stove <input type="checkbox"/> other:		
Type of appliances:	<input type="checkbox"/> stove/oven <input type="checkbox"/> space heater(s) (<input type="checkbox"/> vented / <input type="checkbox"/> unvented) <input type="checkbox"/> forced air <input type="checkbox"/> dryer <input type="checkbox"/> hot water		
Other possible sources:	<input type="checkbox"/> vehicle/attached garage <input type="checkbox"/> generator <input type="checkbox"/> grill (charcoal or propane) <input type="checkbox"/> other:		
Responding Technician:			
Symptoms reported by occupants at time of service call: <input type="checkbox"/> headache <input type="checkbox"/> nausea <input type="checkbox"/> disorientation <input type="checkbox"/> fainting			
Actions recommended (see above):			
CO source appliance identified:		Location:	
CO measurement:		Corrective actions taken:	
CO source appliance identified:		Location:	
CO measurement:		Corrective actions taken:	
CO source appliance identified:		Location:	
CO measurement:		Corrective actions taken:	
CO source appliance identified:		Location:	
CO measurement:		Corrective actions taken:	
CO source appliance identified:		Location:	
CO measurement:		Corrective actions taken:	
Time of arrival:		Time of departure:	
QC review by:	Date:	Data entry by:	Date:



Instructions for Acute CO Incident Reporting

Call Intake:

1. Identify the agency, date, time of call, and person taking the call
2. Identify the caller, return call phone number, address, apartment number, and time of call
3. Question the caller to collect information about symptoms of any occupant, make recommendations according to response
4. Question the caller to collect information about the location: type of dwelling, type of fuel source, type of appliances, and brief description of building to help technician identify the location

Travel to site and continue Acute Incident Investigation:

5. Identify the responding technician and time of arrival
6. Make contact with reporting occupant if possible: re-question about increase in occupant symptoms, if they have increased, make recommendations accordingly. If reporting occupant is not available, question the occupants about symptoms, make recommendations accordingly. Ask about status of appliances, whether turned off or still operating, location of appliances.
7. Calibrate CO measuring instrument and take base-line reading outside the building
8. Move through the dwelling, taking readings in high-risk areas, rooms with fuel burning appliances. Identify location and collect CO readings to identify CO source if possible. Check center of each room and areas within 5 feet of appliances. Record readings on the form.
9. At conclusion of Acute Incident Investigation, take action based on readings and existing conditions:
 - a. Recommend action by occupants while intervention to address/correct CO contributing conditions are conducted
 - b. Ventilate the unit
 - c. Address the contributing appliance(s) if known
10. Helpful Hints to identify sources of CO in the field:
 - a. Spent matches collected near an appliance
 - b. Soot collected at joint(s) in duct(s), loose duct joint(s)