



# CONNECTICUT STATE FIREFIGHTERS ASSOCIATION, INC.

## **FIREFIGHTERS' HAZARDOUS EXPOSURE REPORT**

(This form is **not** to be used to report a claim. At the present time, use Form #1 or #101. It is to be used **after** an incident so that the firefighters in attendance will have it recorded that they were exposed to chemicals, hazardous materials, or infectious disease, which might be injurious to their health at some future time.)

Name of Fire Company or Department: \_\_\_\_\_

Street Address: \_\_\_\_\_

City of Town: \_\_\_\_\_ ZIP \_\_\_\_\_

Date of Incident: \_\_\_\_\_ Time: \_\_\_\_\_ HRS \_\_\_\_\_

Alarm No.: \_\_\_\_\_

State nature of call:

(     )	Fire	(     )	Inspection	(     )	Drill
(     )	Vehicle Accident	(     )	Medical Call	(     )	Spill
(     )	Leak	(     )	_____	(     )	_____

Name and location of emergency incident: \_\_\_\_\_

Give a short description of incident, indoors or outdoors, why you feel the firefighters might have complications at some future time, give names of any known hazardous materials or infectious disease, the firefighters were exposed to:

The following firefighters were at the scene of the incident, use first and last names:

(Or send attached to this sheet or on reverse side, your company or department roster or roll call with the names circled of any member at the scene and believed exposed to these chemicals, hazardous materials or infectious disease.)

\_\_\_\_\_ Capt. or Lieut. \_\_\_\_\_ Chief

(Only one signature is required. Two copies are required. One will be filed by the Connecticut State Firefighters Association for future reference; one for your Training Division to be kept on file in case a firefighter becomes sick or disabled within ten years. Send back to: Secretary, Connecticut State Firefighters Association.) **This form may be copied for additional forms.**

CSFA Office Use Only Below This Line.

Date Rec'd \_\_\_\_\_

CSFA Member Yes \_\_\_\_\_ No \_\_\_\_\_