



Please Note: This report is intended to be used by Emergency Service Organizations for internal use only. It is not an acceptable VFIS Claims form and therefore should not be submitted to VFIS.

## Incident Exposure Record

Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Social Security Number \_\_\_\_\_

Incident Number \_\_\_\_\_ Incident Date \_\_\_\_\_

Officer in Charge \_\_\_\_\_

Location of Incident \_\_\_\_\_

Description of Incident \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Type of Exposure: Inhalation \_\_\_\_\_

Direct Contact \_\_\_\_\_

Ingestion \_\_\_\_\_

Materials Exposed To \_\_\_\_\_

\_\_\_\_\_

Type of Decontamination \_\_\_\_\_

Length of Exposure (time) \_\_\_\_\_

Symptoms (if any) \_\_\_\_\_

\_\_\_\_\_

Treatment at Scene \_\_\_\_\_

\_\_\_\_\_

Name of Medical Facility \_\_\_\_\_

Treatment Rendered \_\_\_\_\_

Protective Clothing and Equipment Used During Incident (list) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Additional Information \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Firefighter/EMS Signature \_\_\_\_\_ Date \_\_\_\_\_

Chief's Signature \_\_\_\_\_ Date \_\_\_\_\_

# Safety Officer's Analysis

What acts, failures to act and/or conditions contributed most directly to this accident? (Immediate Cause)

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What are the basic or fundamental reasons for the existence of these acts and/or conditions? (Fundamental Cause)

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What action has or will be taken to prevent recurrence? Place "X" by items completed.

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Safety Officer's Comments \_\_\_\_\_

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Safety Officer's Signature: \_\_\_\_\_ Date: \_\_\_\_\_