



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)

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

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

Safety Officer's Comments _____

Safety Officer's Signature: _____ Date: _____