

CARBON MONOXIDE INVESTIGATION WORK SHEET

DATE	TIME	INCIDENT NO.

Occupant Name		Address	
City	State	Zip Code	Phone
Owners Name		Address	
City	State	Zip Code	Phone

CO Meter Reading On Entry:	PPM	Acceptable: Yes %	No %
8 PPM or Less is Acceptable -- 35 PPM and Above: FF'SCBA / Civilians ' Evacuate Area			

~~ CARBON MONOXIDE EFFECTS ~~				
Are any of the household occupants feeling ill?			% Yes	% No
Headache	% Yes	% No	Dizziness	% Yes % No
Fatigue	% Yes	% No	Confusion	% Yes % No
Nausea	% Yes	% No	DISPATCH EMS?	% Yes % No
Do they feel better when away from the house?			% Yes	% No

~~ OCCUPANT'S ACTIONS ~~		
Since the detector's alarm went off, what has been done?		
Have any CO sources been shut off?	% Yes % No	If Yes, which ones?
Has fresh air been let in?	% Yes % No	

~~ CARBON MONOXIDE SURVEY ~~						
APPLIANCES	Fuel Source or Draft Source	Location	Operated > 10 Min.	PPM	Cleared as a source	Problem Abated
Kitchen Stove	% Gas % Electric		%Yes %No		%Yes %No	%Yes %No
Furnace	% Gas % Electric		%Yes %No		%Yes %No	%Yes %No
Water Heater	% Gas % Electric		%Yes %No		%Yes %No	%Yes %No
Clothes Dryer	% Gas % Electric		%Yes %No		%Yes %No	%Yes %No
Wood Burning Stove	% Wood		%Yes %No		%Yes %No	%Yes %No
Fire Place	% Gas % Electric		%Yes %No		%Yes %No	%Yes %No
Portable Heater	% Gas % Electric % Kerosene		%Yes %No		%Yes %No	%Yes %No
Barbecue Grill	% Gas % Charcoal		%Yes %No		%Yes %No	%Yes %No
Other Possible Sources			Checked?		Cleared as a source	Problem Abated
Chimney Plugged, Loose or Damaged Flues			%Yes %No		%Yes %No	%Yes %No
Attached Garage			%Yes %No		%Yes %No	%Yes %No
Vehicle Running close by			%Yes %No		%Yes %No	%Yes %No
Other Gas powered machinery running nearby			%Yes %No		%Yes %No	%Yes %No
Other?			%Yes %No		%Yes %No	%Yes %No

~~ CARBON MONOXIDE DETECTOR(S) ~~						
Make:	Model:	Serial Number:	Location:	Sensor Module Checked?	Module Saturated?	PPM Reading
				%Yes %No	%Yes %No	
				%Yes %No	%Yes %No	

Narrative:	Gas Co. Notified: %Yes %No. Time: Co. Notified:
Personnel Completing:	Sampling By: Badge No.
	Check List By: Badge No.

See other side of form for additional information.

CARBON MONOXIDE (CO) INCIDENT RESPONSE

DATE:		TIME:	
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By order of: _____

OCCUPANT:	TELEPHONE:
ADDRESS:	CITY, STATE, ZIP

Fire Department Findings:

% No CO Detected:

Readings not detected within structure or from potential CO producing equipment. Owner/occupant is advised to insure CO detector is properly maintained (battery, modules and other components functional).

% Nominal CO Detected: PPM READING FOUND WAS _____

If nominal CO amounts have been detected (up to 34ppm) the owner or occupant is advised not to occupy the structure until a competent vendor, contractor or utility company has inspected/repaired affected equipment identified as producing **Carbon Monoxide**.

% Excessive CO Detected: PPM READING FOUND WAS _____

DISCONTINUE USE ORDER

If excessive CO amounts have been detected (35ppm +); the owner or occupant is ordered to **vacate the structure** until it has been deemed SAFE by a competent heating/cooling vendor, contractor, or utility company. That includes determining source of the hazard has been identified and the necessary corrective action has been implemented.

X _____
By order of the Fire Department

ACKNOWLEDGMENT

The owner/occupant or other responsible parties acknowledge the conditions checked and explained to them at the time of the incident and further understand and assumes any liabilities for any damages, injuries or other occurrences from failure to abide by the recommendations and/or the DISCONTINUED USE ORDER.

X _____
Owner / Occupant

See other side of form for additional information.