**Incident Information**

Date: Time: Incident #:

Street Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Zip:

**Exposure Type:** *(Check type of exposure/reason for report)*

Known Exposure  Possible Exposure  Person Under Investigation (PUI)

COVID-19 Positive Patient  COVID-19 Symptoms Patient  Notified by Medical Control

Contact w/family of COVID-19 Patient  Notified by BSMC

Other

**Incident Type** *(Description of this Incident)*

Structure Fire  MVC / Extrication  Standby / Staging

Vehicle Fire  EMS Incident  Outside Fire

HazMat  Full Arrest Response  Investigation

Other

**Personal Protective Equipment Used** *(Check all PPE used during this incident)*

Helmet  Exam Gloves  Gown

Structural Gear  N-95  Station Uniform

SCBA  Procedure / Surgical Mask  Station Boots

Fire Hood  Safety Glasses or Shield  None

Other:

**Possible Exposures** *(Check all potential hazardous exposures encountered during this incident)*

Close Contact with Patient <6’  Infectious Waste

Invasive Procedure  Patient Movement Procedure

Bodily Fluids  Made Entry into Residence/Business

Other:

**Signs / Symptoms** *(Check all signs or symptoms experiences during or after this incident.* ***If any signs/symptoms are checked, member must begin monitoring and quarantine procedures****)*

Cough  Head Ache  Nausea

Wheeze  Chest Pain  Vomiting / Diarrhea

Sore Throat  Dizziness  Elevated Temperature (+99.9)

Shortness of Breath  Body Aches  None