**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