

# Tuscola Fire Department

## CO (Carbon Monoxide) INCIDENT CHECKLIST

SFMO Incident # \_\_\_\_\_ Incident Date: \_\_\_\_\_ Time: \_\_\_\_\_

Person completing this checklist: \_\_\_\_\_

**OCCUPANTS:** *(List)* \_\_\_\_\_

- Yes  No Are any of the occupants feeling ill?
- Headache \_\_\_\_\_
  - Fatigue \_\_\_\_\_
  - Nausea \_\_\_\_\_
  - Dizziness \_\_\_\_\_
  - Confusion \_\_\_\_\_

Yes  No Do they feel better when away from the structure?  
 What were occupants doing prior to the alarm? \_\_\_\_\_

- Yes  No Did they ventilate the house before arrival of FD?  
 Yes  No Did they shut off any appliances? Which Ones? \_\_\_\_\_

**DETECTOR / ALARM**

How did the detector/alarm sound? \_\_\_\_\_

Intermittently?  
 Continuously? Age of Detector *(Look on the back for date)* \_\_\_\_\_ yrs. Location \_\_\_\_\_

**METER READINGS & POSSIBLE CO SOURCES**

	Location	PPM
<input type="checkbox"/> <b>First reading just inside the front door.</b>	_____	_____
<i>(If that reading is 70 PPM or higher, don SCBA before entering the building.)</i>		
<input type="checkbox"/> Room <i>(Specify in Location)</i>	_____	_____
<input type="checkbox"/> Room <i>(Specify in Location)</i>	_____	_____
<input type="checkbox"/> Other Location <i>(Specify in Location)</i>	_____	_____
<input type="checkbox"/> Other Location <i>(Specify in Location)</i>	_____	_____
<input type="checkbox"/> Chimneys and Flues <i>(faulty, disconnected, downdrafts)</i>	_____	_____
<input type="checkbox"/> Furnace <i>(heat exchanger, gas burner &amp; pilot, flue)</i>	_____	_____
<input type="checkbox"/> Hot Water Heater <i>(heat exchanger, gas burner &amp; pilot, flue)</i>	_____	_____
<input type="checkbox"/> Dryer <i>(heat exchanger, gas burner &amp; pilot, flue)</i>	_____	_____
<input type="checkbox"/> Gas Refrigerator <i>(heat exchanger, gas burner &amp; pilot)</i>	_____	_____
<input type="checkbox"/> Kitchen Stove <i>(unvented)</i>	_____	_____
<input type="checkbox"/> Wood or gas burning fireplace or stove	_____	_____
<input type="checkbox"/> Barbecue Grill <i>(outside on decks and patios)</i>	_____	_____
<input type="checkbox"/> Candles	_____	_____
<input type="checkbox"/> Space Heaters <i>(may be unvented)</i>	_____	_____
<input type="checkbox"/> Garage & vehicle exhaust <i>(consider vehicles in the drive with garage door open and wind forcing exhaust into the structure)</i>	_____	_____
<input type="checkbox"/> Any of these sources in an attached adjoining structure or apartment	_____	_____

**Notes:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**If CO is found, move occupants to a safe location, record readings, and refer to the CO SOP.**