

INCIDENT NO. BORO BOX NO.
1 5 0 7 7 5

FIRE DEPARTMENT • CITY OF NEW YORK
MEMBER EXPOSURE REPORT

0 REPORT TYPE 0—Original 2—Amendment

(A) EXPOSED MEMBER

Name: _____ Social Sec. No.: _____ Age: _____ Sex: _____
11 LAST NAME Assigne Unit
Flank: _____ 43
Date of Appointment: _____ 57 MONTH DAY
Date of Exposure: _____ 63 MONTH DAY YEAR
Examining Doctor: _____ Address: _____

STEAMPIPE EXPLOSION

(C) EXPOSURE TO HAZARDOUS SUBSTANCE

Exposure Type: (1) Inhaled (2) Ingested (3) Absorbed (4) At scene, no known contact
Substance Form: _____ (1) Solid (2) Liquid (3) Gas (4) Radiation
Substance Identified? _____ (1) No (2) Yes How Identified _____
Name of Substance: _____

(D) EXPOSURE TO COMMUNICABLE DISEASE

Nature of Exposure: _____ (1) Rescue Breathing (2) Contact with Body Fluids (secretions/excretions)
Victim's Name: _____ Address: _____
Age: _____ Sex: _____ Race: _____ Appx. Height: _____ Appx. Weight: _____ Other ID: _____
Disposition: _____ (1) Recovered at Scene (2) Removed to Hospital (3) Removed to Morgue
Hospital/Morgue Name: _____ Victim Tracking Tag No.: _____
Did Member have any Cuts or Bruises on Body? _____
(QUESTIONS TO BE COMPLETED BY THE BUREAU OF HEALTH SERVICES)
Did Victim Have a Communicable Disease? _____ Medical Authority: _____
Nature of Disease/Diagnosis of Victim: _____

(E) PROTECTIVE EQUIPMENT

Protective Equipment Worn: _____ (1) Boots (2) Helmet (3) SCBA (4) Turnout Coat (5) Work Gloves
(6) Examination Gloves (7) S-Tube (8) Exposure Suit (9) Other, explain (10) None Used
Was Equipment in Poor Condition or Fail During Use? _____ If yes, explain _____
Suggestions to Prevent Similar Effects: _____

(F) DESCRIPTION OF EXPOSURE AND REMARKS

I have been exposed to asbestos fibers that were friable and airborne presenting a health hazard. I was also possibly exposed to other unidentified contaminants due to the nature of the steam pipe explosion. I do not know the extent of the health hazards I have experienced.

CD-72 and CD-73 submitted for same incident? Yes No

F.D. Medical Officer Notified _____ Time _____ Date _____
Exposed Member's Signature _____ Date _____
Company Officer _____ Date _____
Battalion Chief _____ Date _____
Deputy Chief _____ Date _____

SAMPLE