## CO Detector Incident Report Form

<u>Call Information</u>	
EMS Agency Name:	
Date of incident:	Time of incident:
County of Incident:	Regional Council:
Reported by:	
Contact phone:	Contact Email:
Scene Information/Patient info	<u>ormation</u>
Type of building/structure/vehi	cle where patient(s) was located:
How long had patient(s) been in Number of male patients:	nside the structure, if known:  Number of female patients:
·	Number of female patients.
Age(s) of patients:	
Describe the presenting signs a	nd symptoms:
What treatment was initiated?	
What evacuation / managemen	at practices were taken as a result of the CO

detector activation?

What was the overall patient condition from initial asses treatment/transport?	sment through		
What was the patient outcome, and/or diagnosis, if known?			
CO Detector Activation Information			
Make/Model of CO Detector:			
Number of months remaining on detector:	Month	Year	
Describe circumstances when detector activated (Upon entry, delayed once inside structure, intermittent activation, malfunction, unknown reason)			
What alert did the detector give? (i.e. visual, audible, tex	t)		
If known, what was the CO reading on your detector (i.e. High, Low, # ppm)			
Was Fire Department or Gas Company notified?			
If known, what was the CO reading inside the structure with a CO gas meter?			
If known, what was the source of the CO gas?			
Other comments:			