CFD FORM 6.12

Carver Fire Department

Carbon Monoxide Checklist

Location of Incident: _____ Date: _____

Quick Checklist

Headache	Yes_____	No_____
Fatigue	Yes_____	No_____
Nausea	Yes_____	No_____
Dizziness	Yes_____	No_____
Confusion	Yes_____	No_____

Are any members of
the household feeling ill? Yes_____ No_____

Do you feel better
when away from the house? Yes_____ No_____

Since the detector's alarm went off, what have you done?_____
_____

Shut off carbon monoxide sources?_____
If Yes, which ones?_____

Let in fresh air?_____
If Yes, how and for how long?_____

PPM Acceptable Yes_____No_____PPM Reading_____

Source Checklist	Location	PPM Reading
Chimney: Clogged flue, Blocked opening	_____	_____
Fireplace: Gas or Wood	_____	_____
Portable Heater: Missions	_____	_____
Gas Refridgerator:	_____	_____
Kitchen Stove:	_____	_____
Cook Top Vent:	_____	_____
Gas Dryer:	_____	_____
Water Heater: Chimney Pipe	_____	_____
Furnace: Oil/Gas: Leaking flue pipe	_____	_____
Barbeque Grill: In enclosed area?	_____	_____
Car Garage: Running/Started recently	_____	_____
Operating Fireplace: HVAC on, Possible backflow	_____	_____

Name of individual handling CO Monitor:_____

Officer Completing Checklist: _____