North Kingstown Fire Department
Carbon Monoxide Incident Checklist

Location of incident_____ Incident Number_____

Questions to ask occupants:

Are any members of the household feeling ill?

Headache	Yes____No____	Fatigue	Yes____No____
Nausea	Yes____No____	Dizziness	Yes____No____
Shortness of Breath	Yes____No____	Confusion	Yes____No____
Other_____			Yes____No____

A "Yes" response to any of the above requires EMS evaluation.

Do you feel better when away from the house? Yes___ No___

What appliances were on at the time of detector activation? _____

_____

What appliances were in use for the last 24 hours?_____

_____

Gas Detection Meter Checklist

Time of Measurement_____ hours

Area of	Room Location	P.P.M. Reading	Area of	Room Location	P.P.M. Reading
Outside			Dryer		
Entering			Garage		
Space Htr.			Furnace		
Water Htr.			Chimney		
Fireplace			Stove/Oven		
BBQ grill			Gas Refrig		
CO Detector					

CO Detector information Make _____Model_____ Serial# _____

Name of meter operator_____