

CO Detector Incident Report Form

Call Information

EMS Agency Name:

Date of incident:

Time of incident:

County of Incident:

Regional Council:

Reported by:

Contact phone:

Contact Email:

Scene Information/Patient information

Type of building/structure/vehicle where patient(s) was located:

How long had patient(s) been inside the structure, if known:

Number of male patients:

Number of female patients:

Age(s) of patients:

Describe the presenting signs and symptoms:

What treatment was initiated?

What evacuation / management practices were taken as a result of the CO detector activation?

