SOP 602A – CARBON MONOXIDE RESPONSE CHECK LIST

CARBON MONOXIDE CHECKLIST

ALARM#____-_____. DATE:_____/_____/____.

LOCATION: _____

SECTION A

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 ___

S. C. B. A. REQUIRED FOR ANY YES ANSWER.

SECTION B

Since the detector (s) went off, what have you done ?

did you shut off any carbon monoxide sources? YES ___ NO ___
Did you open any windows or doors? YES ___ NO ___

Initial Meter Reading PPM _____
Entrance Reading PPM _____

SOURCE CHECKLIST

		LOCATION	PPM READING
Chimney:	*clogged flue, blocked opening*	_____	_____
Fireplace:	*gas or wood*	_____	_____
Portable heater:	*emissions*	_____	_____
Gas refrigerator:		_____	_____
Kitchen stove:		_____	_____
Cook top vent:		_____	_____
Gas dryer:		_____	_____
Water heater:	*chimney pipe*	_____	_____
Furnace:	*gas/oil leaking flue/chimney*	_____	_____
Barbecue grill:	*in enclosed area*	_____	_____
Car garage:	*car started*	_____	_____
Operating fireplace:	*possible backflow*	_____	_____
Carbon monoxide detector		_____	_____

Make _____ model _____ serial # _____

Notifications: Dispatcher # _____ Utility Company
Police
Town
Other _____

Name Of Individual Handling Meter: _____

Officer Completing Checklist: _____

Incident Commander: _____