HAZARDOUS MATERIALS EXPOSURE CONTAMINATION REPORT

Name	Social Security Number	Station

Todays Date	Date of Exposure	CAD/Box No.	Location of incident

Chemical(s) to Which Member was Exposed	Concentration
1 Asbestos	Unknown
2 Gypsum	Unknown
3 Silica	Unknown
4 Freon	Unknown
5 other unknown substances	

Activity at Time of Exposure:

_____
_____
_____
_____
_____

Protective Clothing Used:

_____
_____
_____
_____
_____

Part(s) of Body Exposed:

_____
_____
_____
_____
_____
_____

Was member given medical examination or treatment? ___ Yes ___ **No**

If Yes, enter name of physician:_____
If Yes, attach results of physician's examination.

DIRECTIONS: This report is to be faxed to the Bureau of Health Services and placed in the members BHS medical file.

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