## EGG HARBOR FIRE DEPARTMENT

## CARBON MONOXIDE INCIDENT CHECKLIST

| Occupant:  | Owner:                          |                                 |
|--|---------------------------------|---------------------------------|
| Location:  | Date:                           | Time:                           |
| Phone:   |                                 |                                 |
| 1. Zero Meter Outside  | -                               |                                 |
| 2. Check for CO right inside door  | _ PPM. Don breathing apparatus  | s anytime 35 ppm or > detected  |
| 3. Ask if anyone is sick or has been sick                                      | ck. YesNo                       |                                 |
| 4. Was the building ventilated before  | our arrival? Yes No             |                                 |
| 5. Turn on all exhaust fans to create a fans, clothes dryers, electric or gas) | possible back draft (Range      | hoods, Bathroom vents, Attic    |
| 6. Operate all combustion appliances   | for about 10 minutes            | -                               |
| 7. If car is present in the garage, run it                                     | with the overhead door open     | (82% caused by cars)            |
| 8. If a barbecue grill has been used, lig                                      | ght that also                   |                                 |
| 9. Check around all appliances, vents,   | ducts and doors for CO. Record  | all findings of CO.             |
|  | PPM                             | PPM                             |
|  | PPM                             | PPM                             |
| 10. Match test all chimneys, if possibl  | e, for proper draft             |                                 |
| 11. Check gas stoves for CO only after not exceed 100 ppm in this area         |                                 | prox. 2' above stove, CO should |
| 12. If no elevated CO is detected in the verify the absence of CO              |                                 | or, use other tester to         |
| 13. Notify appropriate servicer if assis                                       |                                 | g or correcting the problem.    |
| 14. Complete Detector Activation form  | m. Give customer a signed copy. | ·                               |
| Firefighter Completing Check   | list:                           |                                 |