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 anytime 35 ppm or > detected.

3. Ask if anyone is sick or has been sick. Yes_______ No_______

4. Was the building ventilated before our arrival?   Yes______ No_______

5. Turn on all exhaust fans to create a possible back draft.____ (Range hoods, Bathroom vents, Attic fans, clothes dryers, electric or gas)

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, light 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 possible, for proper draft.________

11. Check gas stoves for CO only after they are warmed up. Check approx. 2’ above stove, CO should not exceed 100 ppm in this area._______ PPM

12. If no elevated CO is detected in the building using the MSA detector, use other tester to verify the absence of CO. ________PPM

13. Notify appropriate servicer if assistance is needed, by us, in locating or correcting the problem.
Servicer Notified ___________________________________

14. Complete Detector Activation form. Give customer a signed copy. ____________

Firefighter Completing Checklist: _________________________