



**FLORENCE TOWNSHIP FIRE DEPARTMENT  
CARBON MONOXIDE INVESTIGATION  
CHECKLIST & WAIVER FORM**



Name: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone #: \_\_\_\_\_

\_\_\_\_\_

**OCCUPANT'S ACTIONS PRIOR TO FIRE DEPT. RESPONSE**

Since the detector has activated, what have you done? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Were CO sources turned off? YES NO

If yes, which ones? \_\_\_\_\_

Were ventilation techniques performed? YES NO

If yes, how and for how long? \_\_\_\_\_

**FIRE DEPT. ACTIONS AT SCENE**

Any occupants feeling ill? YES NO

Does occupant(s) feel better away from building? YES NO

Was E.M.S. advised of possible patient(s)? YES NO

Were all occupants accounted for? YES NO

If yes, how many & by whom? \_\_\_\_\_

If no, who is missing & why? \_\_\_\_\_