

# BURLINGTON TWP. FIRE DEPARTMENT

## CARBON MONOXIDE DETECTOR RESPONSE RECORD

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone #: \_\_\_\_\_

Carbon Monoxide Reading upon arrival: PPM / Time \_\_\_\_\_ / \_\_\_\_\_ Initials of CO reader \_\_\_\_\_

Carbon Monoxide Reading before leaving: PPM / Time \_\_\_\_\_ / \_\_\_\_\_ Initials of CO reader \_\_\_\_\_

CO Detector Make: \_\_\_\_\_ CO Detector Model: \_\_\_\_\_

CO Detector Serial #: \_\_\_\_\_ Date of Manufacture: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

The Burlington Twp. Fire Department is advising you to do the following for your safety:

(1) Stay out of the house and/or structure.

(2) Have a certified/licensed repair person check and repair any heating and/or cooking devices, or any other devices that have the potential to give off Carbon Monoxide.

I have been advised not to let anyone stay at the above address until item number 2 has been complied with. I have also been advised of the dangers of allowing anyone to enter and/or stay at the above-named address until item 2 has been complied with. My signature acknowledges that I have been so advised.

Occupant Printed Name: \_\_\_\_\_

Occupant Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Officer in Charge Printed Name: \_\_\_\_\_

Officer in Charge Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Witness Printed Name: \_\_\_\_\_

Witness Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

- Two copies of this document are to be made. One is to be left with the occupant, and the other attached to the Fire Report for this incident # \_\_\_\_\_.

As a reminder, Carbon Monoxide is an odorless, colorless, and tasteless gas.

Carbon Monoxide Poisoning may cause the following:

Flu-like aches and pains, headache, nausea, anxiety, loss of muscle control, confusion, ringing in the ears, cherry-red skin color, slurred speech, loss of memory, chest pain, cardiac irregularity, or death.