Pinellas County Hazardous Materials Response Team

Chemical Exposure Report

- **This form must be completed for ALL INSTANCES of suspected, possible, or actual exposure to hazardous product(s).**

Incident #: _____ Date/Time of Exposure: _____

Name of Exposed: _____ Employee #: _____

Incident Location: _____

HM Officer in Charge: _____

Chemical(s) Exposed to: _____

_____

_____

_____

Chemical Concentration(s): _____

_____

Activity at Time of Exposure: _____

_____

_____

PPE Utilized at Time of Exposure: _____

_____

Route of Exposure: _____

_____

Treatment Provided: _____

_____

_____