

**LYNDON STATION FIRE/RESCUE DEPARTMENT
HAZARDOUS MATERIALS EXPOSURE FORM**

Name:	SSN:
Incident No:	Date:
Time:	Type of Call:
Location:	
Protection Used:	Respirations:
Vital Signs B/P:	Pulse Rate:
Length of Exposure:	Medical Action Taken:
On-Scene Activity:	Material's Hazard Class:
Material's UN ID#:	
Material's Shipping Name:	
Material's Trade Name:	
Material's Bio/Medical Name:	
Other:	