



CONNECTICUT STATE FIREFIGHTERS ASSOCIATION

FIREFIGHTER HAZARDOUS EXPOSURE REPORT (2025 Edition)

(Record of Exposure – Not a Benefit Claim)

IMPORTANT NOTICE

This form is **not** used to file a claim for benefits.
It is used to **document firefighter exposure** to hazardous substances, environments, or infectious agents that **may cause injury, illness, or disease in the future.**

This report should be completed **as soon as practicable following an incident** and retained for long-term reference.

SECTION 1 – FIRE DEPARTMENT INFORMATION

Fire Department / Fire Company Name: _____
Street Address: _____
City/Town: _____ State: _____ ZIP: _____

SECTION 2 – INCIDENT INFORMATION

Date of Incident: ____ / ____ / ____

Time of Incident: _____ hours

Incident / Alarm Number: _____

Nature of Incident (check all that apply):

<input type="checkbox"/> Fire	<input type="checkbox"/> Vehicle Accident	<input type="checkbox"/> Hazardous Materials	<input type="checkbox"/> Medical Call
<input type="checkbox"/> Spill / Leak	<input type="checkbox"/> Inspection	<input type="checkbox"/> Training / Drill	<input type="checkbox"/> Other (describe below)

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Incident Location (address or description):

SECTION 3 – DESCRIPTION OF HAZARDOUS EXPOSURE

Provide a **clear and concise description** of the incident and why firefighters may have been exposed to hazardous substances, environments, or infectious agents.

Include whether the exposure occurred **indoors or outdoors** and identify any **known or suspected hazards**.

Known or Suspected Exposures (check all that apply):

<input type="checkbox"/> Smoke	<input type="checkbox"/> Products of combustion	<input type="checkbox"/> Asbestos	<input type="checkbox"/> Diesel exhaust	<input type="checkbox"/> Contaminated water
<input type="checkbox"/> Unknown substances	<input type="checkbox"/> Chemicals / hazardous materials	<input type="checkbox"/> Bloodborne pathogens	<input type="checkbox"/> Infectious disease	<input type="checkbox"/> Other (describe below)

SECTION 4 – FIREFIGHTERS EXPOSED

List **all firefighters believed to have been exposed** during this incident.
(Attach additional pages, roll call sheets, or department rosters if necessary.)

Firefighter Name	Rank	Role / Assignment
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____



SECTION 5 – CERTIFICATION OF FIRE DEPARTMENT

I certify that the above information is accurate to the best of my knowledge and that the listed firefighters were present at the incident and may have been exposed to the hazards described.

This report is submitted for **record-keeping and future reference** in the event of illness, injury, disability, or death related to this exposure.

Name and Title of Officer Completing Report: _____

Signature: _____ Date: ____ / ____ / ____

SECTION 6 – RECORD RETENTION & FUTURE USE

This exposure report shall be:

- Retained by the Fire Department
- Submitted to the Connecticut State Firefighters Association
- Maintained for future reference in accordance with CSFA policy

This report **may be used as supporting documentation** for future claims involving:

- Occupational illness or cancer
 - Injury or disability
 - Total and permanent disability
 - Line-of-duty death
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SECTION 7 – FRAUD WARNING

Any person who knowingly submits false or misleading information in connection with this report may be subject to civil penalties and criminal prosecution under Connecticut law.

SECTION 8 – DOCUMENT SUBMISSION

Submit completed forms to:

**Connecticut State Firefighters Association
34 Perimeter Rd.
Windsor Locks, CT 06096**

Email: secretary@csfa.org