

# CARBON MONOXIDE POISONING REPORTING FORM

1. VICTIM'S NAME \_\_\_\_\_ 2. CASE NUMBER \_\_\_\_\_
3. SPECIFIC LOCATION OF THIS VICTIM WHEN SYMPTOMS BEGAN (for example: sitting on the transom, on the swim platform, inside the boat, etc.): \_\_\_\_\_
4. HOW MANY MINUTES HAD THE VICTIM BEEN THERE? \_\_\_\_\_
5. WAS THE VICTIM WEARING A PERSONAL FLOATION DEVICE WHEN SYMPTOMS BEGAN?  YES  NO
6. IS THE VICTIM A SMOKER?  YES  NO
7. HAS THE VICTIM SMOKED IN THE PAST FOUR HOURS?  
 YES  NO
8. DATE OF INCIDENT: \_\_\_\_\_ 9. TIME OF INCIDENT (MIL): \_\_\_\_\_
10. LOCATION OF CAMP/VESSEL AT TIME OF INCIDENT: \_\_\_\_\_
11. HOW MANY VICTIMS? \_\_\_\_\_
12. DID ANYONE LOSE CONSCIOUSNESS?  YES  NO
13. TYPE OF BOAT (houseboat, cabin cruiser, etc.): \_\_\_\_\_
14. BOAT IDENTIFICATION: \_\_\_\_\_
15. LENGTH OF BOAT: \_\_\_\_\_ FEET
16. HOW MANY ENGINES? \_\_\_\_\_
17. ENGINE TYPE:  INBOARD  OUTBOARD  I/O
18. HOW MANY HOURS ON ENGINE(S)? \_\_\_\_\_
19. WERE THE BOAT ENGINES OPERATING AT TIME OF INCIDENT?  
 YES  NO
20. DOES THE BOAT HAVE A GENERATOR?  YES  NO
21. WAS THE GENERATOR OPERATING AT TIME OF INCIDENT?  
 YES  NO
22. IF "YES" TO 20, HOW MANY HOURS ON GENERATOR(S)? \_\_\_\_\_
23. IF "YES" TO 20, WHERE DOES THE GENERATOR EXHAUST EXIT THE BOAT?  REAR  SIDE  OTHER (PLEASE SPECIFY): \_\_\_\_\_
24. ARE THERE CO DETECTORS ON BOARD?  YES  NO
25. HOW MANY? \_\_\_\_\_
26. ARE THEY FUNCTIONAL?  YES  NO
27. DID THEY SOUND AT ANY TIME (PRIOR TO OR DURING THIS INCIDENT)?  YES  NO
28. LIST ANY SPECIFIC BOAT DESIGN FEATURES THAT MAY BE RELATED TO THIS POISONING: \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_