FEMA National US&R Response System
FEMA US&R Exposure Report
Document Number: 306-E Version March 14, 2023 Page 1 of 1

Submit this form for each exposure event that occurs. This form may be used for an entire squad or full task force when a roster is attached to this document (i.e. End of Misson Exposure Reporting). See attached instructions.

Incident Name			
Incident Location		**Deployment Dates**	

Section 1: DETAILS OF PERSON COMPLETING THIS FORM

A) Full Name		**G) US&R Position**	
B) Task Force		**H) Agency (if not TF)**	
C) Phone		**I) Date of Birth**	
D) US&R Supervisor		**J) IST Position**	
E) Task Force Leader		**K) IST Leader**	
F) TF Safety Officer		**L) IST Safety Officer**	

Section 2: EXPOSURE DETAILS

A) Time and Date of Exposure:

B) Primary Activity	C) Area Exposed		D) Exposed to	E) Symptoms	F) PPE Utilized
☐ Wide Area Search	☐ Skin	☐ Mouth	☐ Biological	☐ Eyes Irritated/Burning	☐ Hand Protection
☐ Water Operations	☐ Hand	☐ Arm	☐ Flood Waters	☐ Cut/Bruise/Abbrasion	☐ Eye Protection
☐ Air Operations	☐ Full Body	☐ Ankle	☐ Physical (heat, noise)	☐ Nose/Throat Irritation	☐ Foot Protection
☐ Breaching/Breaking	☐ Neck	☐ Heart	☐ Products of smoke	☐ Lung Irritation/cough	☐ Head Protection
☐ Humanitarian	☐ Finger	☐ Elbow	☐ Asbestos	☐ Skin Irritation/Rash Etc	☐ Respirator / Mask
☐ Post Fire Search	☐ Hip	☐ Foot	☐ Radiological	☐ Dizzy/Nausea/Headache	Type: _____
☐ Focused Search	☐ Eye	☐ Chest	☐ Known Carcinogen	☐ Psychological	☐ Face Protection
☐ Medical Care	☐ Leg	☐ Wrist	☐ Suspected Carcinogen	☐ None at this time	☐ Hearing Protection
☐ Shoring	☐ Shoulder	☐ Lungs	☐ Blood/Body Fluid	☐ Other	☐ Clothing
☐ Structural Collapse	☐ Face	☐ Respiratory	☐ Airbourne Pathogens		☐ N/A
☐ Other	☐ Knee	☐ Head	☐ Other		☐ Other
	☐ Back	☐ Other:			

G) Summary of Exposure(s):

H) Describe "Others" If Checked Above in Sections B, C, D, E, or F:

Task Force Member Signature		**Date and Time:**	
Task Force Safety Officer Signature		**Date and Time:**	
Task Force Leader Signature		**Date and Time:**	
IST Safety Officer Signature		**Date and Time:**	
IST HazMat Specialist Signature		**Date and Time:**	
IST Medical Officer Signature		**Date and Time:**	