Appendix One

Breathing Apparatus Instructors/Safety Officers

Hot Fire Training

Monthly Health Monitoring Record

NAME:-.................................................. ROLE:-....................... NO:-...........

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Answer Questions Yes No | | JAN | FEB | MAR | APR | MAY | JUNE |
| 1 | Have you experienced fatigue, tiredness, general debilitation? | Wk 1……….  Wk2………..  Wk3………..  Wk4……….. | Wk 1……….  Wk2………..  Wk3………..  Wk4……….. | Wk 1……….  Wk2………..  Wk3………..  Wk4……….. | Wk 1……….  Wk2………..  Wk3………..  Wk4……….. | Wk 1……….  Wk2………..  Wk3………..  Wk4……….. | Wk 1……….  Wk2………..  Wk3………..  Wk4……….. |
| 2 | Have you experienced muscle spasms, strains, aches? | Wk 1……….  Wk2………..  Wk3………..  Wk4……….. | Wk 1……….  Wk2………..  Wk3………..  Wk4……….. | Wk 1……….  Wk2………..  Wk3………..  Wk4……….. | Wk 1……….  Wk2………..  Wk3………..  Wk4……….. | Wk 1……….  Wk2………..  Wk3………..  Wk4……….. | Wk 1……….  Wk2………..  Wk3………..  Wk4……….. |
| 3 | Have you experienced mood swings, stress or depression? | Wk 1……….  Wk2………..  Wk3………..  Wk4……….. | Wk 1……….  Wk2………..  Wk3………..  Wk4……….. | Wk 1……….  Wk2………..  Wk3………..  Wk4……….. | Wk 1……….  Wk2………..  Wk3………..  Wk4……….. | Wk 1……….  Wk2………..  Wk3………..  Wk4……….. | Wk 1……….  Wk2………..  Wk3………..  Wk4……….. |
| 4 | Have you experienced any chest pains, stomach cramps? | Wk 1……….  Wk2………..  Wk3………..  Wk4……….. | Wk 1……….  Wk2………..  Wk3………..  Wk4……….. | Wk 1……….  Wk2………..  Wk3………..  Wk4……….. | Wk 1……….  Wk2………..  Wk3………..  Wk4……….. | Wk 1……….  Wk2………..  Wk3………..  Wk4……….. | Wk 1……….  Wk2………..  Wk3………..  Wk4……….. |
| 5 | Have you experienced any headaches, dizziness, vomiting? | Wk 1……….  Wk2………..  Wk3………..  Wk4……….. | Wk 1……….  Wk2………..  Wk3………..  Wk4……….. | Wk 1……….  Wk2………..  Wk3………..  Wk4……….. | Wk 1……….  Wk2………..  Wk3………..  Wk4……….. | Wk 1……….  Wk2………..  Wk3………..  Wk4……….. | Wk 1……….  Wk2………..  Wk3………..  Wk4……….. |
| 6 | Have you experienced nose bleeds, earache, sore throat or eye infections? | Wk 1……….  Wk2………..  Wk3………..  Wk4……….. | Wk 1……….  Wk2………..  Wk3………..  Wk4……….. | Wk 1……….  Wk2………..  Wk3………..  Wk4……….. | Wk 1……….  Wk2………..  Wk3………..  Wk4……….. | Wk 1……….  Wk2………..  Wk3………..  Wk4……….. | Wk 1……….  Wk2………..  Wk3………..  Wk4……….. |
| 7 | Have you experienced any type of infection internally or externally? | Wk 1……….  Wk2………..  Wk3………..  Wk4……….. | Wk 1……….  Wk2………..  Wk3………..  Wk4……….. | Wk 1……….  Wk2………..  Wk3………..  Wk4……….. | Wk 1……….  Wk2………..  Wk3………..  Wk4……….. | Wk 1……….  Wk2………..  Wk3………..  Wk4……….. | Wk 1……….  Wk2………..  Wk3………..  Wk4……….. |
| 8 | Have you experienced any cold, flu or virus infection? | Wk 1……….  Wk2………..  Wk3………..  Wk4……….. | Wk 1……….  Wk2………..  Wk3………..  Wk4……….. | Wk 1……….  Wk2………..  Wk3………..  Wk4……….. | Wk 1……….  Wk2………..  Wk3………..  Wk4……….. | Wk 1……….  Wk2………..  Wk3………..  Wk4……….. | Wk 1……….  Wk2………..  Wk3………..  Wk4……….. |
| 9 | Is there any other health matter you wish to declare? | Wk 1……….  Wk2………..  Wk3………..  Wk4……….. | Wk 1……….  Wk2………..  Wk3………..  Wk4……….. | Wk 1……….  Wk2………..  Wk3………..  Wk4……….. | Wk 1……….  Wk2………..  Wk3………..  Wk4……….. | Wk 1……….  Wk2………..  Wk3………..  Wk4……….. | Wk 1……….  Wk2………..  Wk3………..  Wk4……….. |
| **Instructors / Safety Officers**  **initials:-** | |  |  |  |  |  |  |
| **Section Head BA / TCC / OHN / Doctor Initial:-** | |  |  |  |  |  |  |

The above questions relate to your personal health matters that have occurred during the past month ***as a result of wearing BA***. Please answer all questions honestly

and any area of doubt should be discussed with the Occupational Health Nurse or Doctor. All questions answered YES must have additional information provided

on the reverse side of this form or on a separate sheet attached to this form.

Breathing Apparatus Instructors/Safety Officers

Hot Fire Training

Monthly Health Monitoring Record

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| --- | --- | --- | --- | --- | --- | --- | --- |
| Answer Questions Yes No | | JULY | AUG | SEPT | OCT | NOV | DEC |
| 1 | Have you experienced fatigue, tiredness, general debilitation? | Wk 1……….  Wk2………..  Wk3………..  Wk4……….. | Wk 1……….  Wk2………..  Wk3………..  Wk4……….. | Wk 1……….  Wk2………..  Wk3………..  Wk4……….. | Wk 1……….  Wk2………..  Wk3………..  Wk4……….. | Wk 1……….  Wk2………..  Wk3………..  Wk4……….. | Wk 1……….  Wk2………..  Wk3………..  Wk4……….. |
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provided on the reverse side of this form or on a separate sheet attached to this form.

HOT FIRE TRAINING – INSTRUCTOR EXPOSURE RECORD

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| --- | --- | --- |
| MONTH: | INSTRUCTOR: | SIGNATURE: |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Course | Date: | Venue: | Exercise Description: | Maximum Compartment Temperature: | Time in hot environment: | Body Temperature Pre Exercise  (under 37.5c) | Body Temperature Post Exercise  If any symptoms | Health Symptoms No |
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