

Daily Goodyear Fire Department Member Active Monitoring Data Sheet

Date _____

Shift A / B / C / D

Station _____






Captain
Name _____

Engineer
Name _____

FF #1
Name _____

FF #2
Name _____

FF #3
Name _____

	 FEVER Fever over 100.4?	 COUGH Cough?	 SHORTNESS OF BREATH Short of Breath?
	YES / NO	YES / NO	YES / NO
	YES / NO	YES / NO	YES / NO
	YES / NO	YES / NO	YES / NO
	YES / NO	YES / NO	YES / NO
	YES / NO	YES / NO	YES / NO

If any member has a fever, immediately isolate the member and notify the Battalion Office.

Captains Signature _____

Complete form and fax or email to BC office and HSO by noon each work day