

911 First Responder Respiratory Awareness Information

The purpose of this request for information to help provide information about respiratory/oxygen use and storage at your residence and available to first responders upon dispatch to your residence in case of an emergency.

This information is for use by 911 and first responders only.

Please Print - This information needs to be updated on a yearly basis for accuracy.

Name: _____ Age: _____ Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Emergency Point of Contact: _____ Phone: _____

Do you have a **Oxygen in Use** Sign posted at your residence? Yes No

If so where? _____

Type Residence: House Condo Duplex Trailer Other

Type Resident: Permanent Seasonal: From: _____ to _____

Special Notes: _____

Type of Respiratory Devices at your residence or stored:

Oxygen: Tanks (How Many) _____ Location: _____

Concentrator: (How Many) _____ Location: _____

Ventilator: (How Many) _____ Location: _____

If you would like to upload a photo of your tank storage location to help aid first responders when responding to an emergency at your location.

Also, feel free attach a photo of your storage location with this form

Please send this form to your local 911 Dispatch Center.