

# 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 \_\_\_\_\_

## 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

This form is available for use nationwide by any 911 Dispatch Center.

Please send this form to your local 911 Dispatch Center.

This form is provided as a public service for individuals to assist first responders.

Oxygen.NoPersonLeftBehind.org