



CO Check List

This check list is designed to assist you of suspected carbon monoxide poisoning.
Detectagas strongly recommends that you do not self-diagnose, but answer the questions below and always seek qualified medical advice to confirm any suspicions you may have.

Your name: _____

Date of Medical Advice: _____

Please answer the following questions by ticking any of the boxes below.

Do you have installed a carbon monoxide alarm? [YES or NO]

If you do not have a carbon monoxide alarm installed, it is strongly recommended you install one.

If it has a digital monitor, what is the current reading? _____ppm

If the monitor is reading 80ppm or more, seek immediate medical assistance and have your gas appliances urgently checked

Has it been tested in the last 3 months? [YES or NO]

Are you feeling any of the following symptoms?

- | | |
|---|---|
| <input type="checkbox"/> Flu-like symptoms | <input type="checkbox"/> Rapid breathing |
| <input type="checkbox"/> Persistent cough | <input type="checkbox"/> Dizziness |
| <input type="checkbox"/> Chronic heart disease | <input type="checkbox"/> Headaches |
| <input type="checkbox"/> Tiredness | <input type="checkbox"/> Nausea |
| <input type="checkbox"/> Concentration problems | <input type="checkbox"/> Vomiting |
| <input type="checkbox"/> Sleep disturbance | <input type="checkbox"/> Flushing |
| <input type="checkbox"/> Clumsiness | <input type="checkbox"/> Confusion |
| <input type="checkbox"/> Severe muscle pains | <input type="checkbox"/> Weakness |
| <input type="checkbox"/> Trembling | <input type="checkbox"/> Convulsions |
| <input type="checkbox"/> Vision problems | <input type="checkbox"/> Respiratory problems |
| <input type="checkbox"/> Loss of hearing | <input type="checkbox"/> Wheezing |

Where and when do you start feeling these symptoms?

- | | |
|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> At home | <input type="checkbox"/> Mornings |
| <input type="checkbox"/> At work | <input type="checkbox"/> Afternoons |
| <input type="checkbox"/> Everywhere | <input type="checkbox"/> Evenings |

Does your home have any of the following?

- Gas cooker
- Gas fire
- Coal fire
- Wood fire

- Gas boiler
- Attached garage

When were these appliances last serviced? _____

Does your home show any signs of suspected higher than usual CO levels?

- Streaks of carbon or soot around the service door of your fuel burning appliances
- Absence of a draft in your chimney
- Excessive rusting on flue pipes or appliance jackets
- Moisture collecting on the windows and walls of furnace rooms
- Fallen soot from the fireplace
- Small amounts of water leaking from the base of the chimney, vent or flue pipe;
- Damaged or discoloured bricks at the top of your chimney
- Rust on the portion of the vent pipe visible from outside your home.

Now take this CO Check List with you to your doctor and ask to be tested for suspected carbon monoxide poisoning. You will also need to contact a qualified technician to check your gas appliances. UK visitors, visit the [Gas Safe Register](#) website for an accredited engineer.

If you require further information regarding CO detectors or the Detectagas testing kit, please contact a member of our Customer Care team on 0151 647 3761 or alternatively email enquiries@detectagas.com. Detectagas also recommends [CO Awareness](#) for additional support regarding suspected carbon monoxide poisoning.