



Train. Protect. Prevent.



CARBON MONOXIDE

Carbon monoxide is often referred to as the silent killer. The reason for this is because it is an odorless and tasteless gas. It could be present, and you would not know unless you had an air monitoring device or a CO alarm with you. Carbon monoxide poisoning is responsible for hundreds of deaths per year. These deaths occur in both our homes as well as our workplaces.

Carbon monoxide comes from incomplete combustion. There are many things that can release it: hot water heaters, furnaces, gas powered generators, or vehicles. Carbon monoxide in high concentration can kill in minutes.

What happens when we are poisoned with carbon monoxide?

When this poison enters the human body, it displaces oxygen. At first, symptoms can include fatigue, nausea, or a headache. These symptoms are often mistaken for food poisoning or the flu.

Things to consider when you suspect carbon monoxide to be near:

1. Are you in an enclosed room with poor ventilation? Even something small could build up enough carbon monoxide in the room to be catastrophic.
2. Are you running something that has a motor or is burning fossil fuels that could result in carbon monoxide?
3. If entering a confined space, it needs to be tested for carbon monoxide before entry. Once inside, the air quality must be continually monitored.
4. If carbon monoxide poisoning is suspected, move immediately outside to fresh air and call 911. If a coworker is trapped, call a trained professional to rescue them. Often a rescue attempt may result in two fatalities.
5. If you are worried about carbon monoxide, use an air monitoring device to ensure safety.
6. Effective ventilation in the workspace can reduce exposure to carbon monoxide.
7. If you begin to feel nauseous or sick remove yourself from the work area and get to fresh air.



Can you recall a time when someone was poisoned by carbon monoxide? If so, what happened?

Work Site Review: Hazards/Safety Suggestions

Company Name: _____ Work Site Location: _____

Date: _____ Start Time: _____ Finish Time: _____ Foreman/Supervisor: _____

Employee Signatures: (continue on back of sheet if necessary)

(My signature attests and verifies my understanding of and agreement to comply with, all company safety policies and regulations, and that I have not suffered, experienced, or sustained any recent job-related injury or illness)

Manager/Supervisor's Signature: _____

Disclaimer: The information and suggestions contained in these safety talks are believed to be reliable. However, the authors of the topics and the owners of this web site accept no legal responsibility for the correctness, sufficiency, or completeness of such information or suggestions contained within these topics. These guidelines do not super cede local, state, or federal regulations and must not be construed as a substitute for, or legal interpretation of, any OSHA regulations