

FIREMAN INJURY REPORT

Fire Dept. Date: Date of Injury:

Name: Age: Female Male

Address

Type of Fire Time: Am Pm

Did injury occur: In route to fire At fire Returning Training

Part of body injured: Head Neck Body, Trunk, Back Arm Leg Hand Foot
 Internal, includes lungs and heart

Nature of injury: Burns Cut Puncture Broken or Dislocated Bone Strain, Sprain Smoke Inhalation
 Heat Exhaustion Stress Complaint of Pain

Other Explain

Disposition: Refused Help Treated at Scene & Released Medical Treatment other than Hospital
 Transferred to Hospital, if transported, contact Fairfield County director.

Was injured in Full Turn-Out Gear? Yes No

Was injured wearing SCBA? Yes No

Explain in brief how accident occurred:

Could this accident have been avoided? Yes No if yes, explain

INJURED MAY NOT RESPOND TO FIRE CALLS UNTIL DOCTOR RELEASES AND CHIEF OKs RETURN.

Chief Signature _____

Injured Signature _____