

ENDWELL FIRE DEPARTMENT

INJURY REPORT FORM

Name of injured person: _____

Date of injury/illness: _____ Time of Injury: _____ AM PM

Address where injury/illness occurred: _____

Was this a: _____ Fire Call _____ Training _____ Other (specify) _____

How did injury/illness occur (Describe fully the events that resulted in injury/illness. Please tell what happened and how it happened):

Nature of Injury (i.e. Laceration, Burns, Fracture, Strain, etc) & Part(s) of Body Affected (i.e. left arm, right foot, head, multiple, etc):

Names of witnesses who saw injury/illness occur: _____

If no witness, names of anyone nearby when this occurred: _____

Was this reported to the officer in charge? Yes No If yes, name of officer: _____

Did firefighter have on appropriate protective gear: (If no, state why) _____

Was treatment provided? Yes No

If yes, where and when? _____

Did firefighter miss work as a result of injury/illness? Yes No

If yes, when is firefighter expected to return to work? _____

Report completed by: _____ Date: _____

Office use only: Report received: _____