Career Personal Injury Form

Emergency Service Organization _____ Date _____

Address _____

Name of Injured _____ Date of Birth _____

Home Address of Injured _____

Phone( ) _____ Age _____ Sex _____ Occupation _____

Job Title _____ Social Security Number XXX-XX-____ Years with Dept. _____

Date of Injury _____ Time of Injury _____ Date Reported _____

Time Reported _____ Accident Reported To _____

Nature of Injury

- ☐ Fractures
- ☐ Inflammation
- ☐ Infectious Disease
- ☐ Frostbite, Cold Exposure
- ☐ Pinched Nerve, Ruptured Disk
- ☐ Electric Shock
- ☐ Chemical Injury
- ☐ Multiple Injury
- ☐ Recurrence
- ☐ Strain, Sprain, Torn Ligament
- ☐ Cuts, Lacerations, Punctures
- ☐ Inhalation, Fumes
- ☐ Inhalation, Smoke
- ☐ Heat Exhaustion, Fatigue
- ☐ Abrasions, Contusions, Bruises
- ☐ Heart Malfunction
- ☐ Eye Injury
- ☐ Burns
- ☐ Other _____

Parts of Body Affected

- ☐ Multiple Parts
- ☐ Head
- ☐ Eye(s)
- ☐ Ear(s)
- ☐ Neck
- ☐ Shoulder
- ☐ Chest
- ☐ Lung
- ☐ Abdomen
- ☐ Back
- ☐ Heart
- ☐ Groin
- ☐ Arm
- ☐ Hand
- ☐ Finger
- ☐ Leg(s)
- ☐ Knee(s)
- ☐ Ankle(s)
- ☐ Foot/Feet
- ☐ Ribs
- ☐ Hip
- ☐ Other _____

Where Injury Occurred

- ☐ Station Maintenance
- ☐ Apparatus Maintenance
- ☐ Emergency Scene
- ☐ Private Auto to Emergency
- ☐ Private Auto Non-Emergency
- ☐ Fundraising
- ☐ Convention
- ☐ Emergency Vehicle to Emergency
- ☐ Emergency Vehicle Non-Emergency
- ☐ Parades, Picnics, Contests
- ☐ Standing By Station for Call
- ☐ Training
- ☐ Auxiliary Services
- ☐ Responding/Returning to Emergency (Non-Vehicle)
- ☐ Other _____

Cause of Injury

- ☐ Fall
- ☐ Weather
- ☐ Making Safety Devices Inoperative
- ☐ Using Defective Equipment
- ☐ Using Equipment Improperly
- ☐ Failure to Use Personal Protection Equipment
- ☐ Struck By Object
- ☐ Improper Lifting
- ☐ Horseplay
- ☐ Structural Collapse
- ☐ Inadequate Guards or Protection
- ☐ Back Draft
- ☐ Improper Placement
- ☐ Civil Disturbance
- ☐ Inadequate Illumination
- ☐ Inadequate Ventilation
- ☐ Lack of Knowledge or Skill
- ☐ Irrational Civilian
- ☐ Communication
- ☐ Abuse or Misuse
- ☐ Other _____

Injury Occurred - Performing What Task?

- ☐ Forcible Entry
- ☐ Using Ladders
- ☐ Advancing/Directing Hose Line
- ☐ Ventilating
- ☐ Overhauling
- ☐ Salvage
- ☐ Servicing/Repairing Equipment
- ☐ Extrication
- ☐ Rescue Operation
- ☐ Administering Medical Aid
- ☐ Physical Fitness
- ☐ Other _____

Witness(es) to Injury: _____

Injured Person's Signature _____ Date _____

Investigation Report

Thoroughly describe accident: (What, How, Where, Equipment, Activity, etc.) _____

_____

_____

_____

_____

_____

Hospitalized or Treated, Where? (Include Address)_____

_____

Name and Address of Physician: (Include Referral)_____

_____

Did the injury require individual to perform limited duties, or to be assigned to other duties or positions? YES or NO If yes, what duties or position? _____

And, what period of time? _____

Investigated by _____ Title _____ Date _____

Safety Officer's Report

What Acts, Failures to Act and/or Conditions Contributed Most Directly to This Accident? (Immediate Cause)

_____

_____

_____

What Are the Basic or Fundamental Reasons for the Existence of These Acts and/or Conditions? (Fundamental Cause)

_____

_____

_____

What Action Has or Will Be Taken to Prevent Recurrence? Place "X" By Items Completed.

_____

_____

_____

_____

_____

_____

_____

Reviewed by Safety Officer_____ Title _____ Date _____