

EAST LAKE TARPON SPECIAL FIRE CONTROL DISTRICT

INJURY REPORT

Date:\_\_\_\_\_ Time:\_\_\_\_\_ Incident #:\_\_\_\_\_

Name:\_\_\_\_\_ Rank: \_\_\_\_\_ Shift:\_\_\_\_\_ Station:\_\_\_\_\_

Workers Compensation contacted? Yes\_\_\_ No\_\_\_

Incident location:\_\_\_\_\_ Grid:\_\_\_\_\_

Describe fully how incident occurred: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Witnesses:  
\_\_\_\_\_  
\_\_\_\_\_

Was medical treatment given at the scene? Yes\_\_\_ No\_\_\_  
By whom:\_\_\_\_\_

Was patient transported to hospital? Yes\_\_\_ No\_\_\_  
How:\_\_\_\_\_

Was proper safety equipment used at time of injury? Yes\_\_\_ No\_\_\_

Immediate Supervisor's safety analysis: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\*( use back or additional sheets if necessary)\*

Action taken to prevent future similar incidents: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Personnel status: Continued duty\_\_\_ Off Duty\_\_\_  
Medical disposition:\_\_\_\_\_

Chief Officer's remarks: \_\_\_\_\_  
\_\_\_\_\_

\* \* \* \* \*

For Safety Committee Review by Safety Committee Date:\_\_\_\_\_

(check one) Preventable\_\_\_ Non-preventable\_\_\_