

EAST LAKE TARPON SPECIAL FIRE CONTROL DISTRICT

INJURY REPORT

Date: _____ Time: _____ Incident #: _____

Name: _____ Rank: _____ Shift: _____ Station: _____

Worker's Compensation filed? Yes No Notification Only: Yes No

Incident location: _____

Describe fully how incident occurred (who, what, when, where, why and how): _____

Witnesses:

Was medical treatment given at the scene? Yes No

Was employee transported to hospital? Yes No

If yes to above please explain _____

What safety equipment was used at time of injury? _____

Immediate Supervisor's safety analysis: _____

Personnel status: Continued duty Off Duty

Supervisor's name and date: _____

Form reviewed and approved by supervisor? Yes No