

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