



EAST LAKE TARPON SPECIAL FIRE CONTROL DISTRICT



INJURY REPORT FOR SAFETY COMMITTEE REVIEW

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

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

Worker's Compensation filed? 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 \_\_\_

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 \_\_\_

Form reviewed and approved by supervisor? Yes No  
Supervisor's name and date: \_\_\_\_\_

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

\*\*\*\*\*

For Safety Committee

Date Reviewed by Safety Committee \_\_\_\_\_

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