



**To Report Burn Injuries:**

- Immediately** call the Local Fire Marshal in whose jurisdiction the injury occurred.
- Tell the Fire Marshal you are reporting a burn injury and give the following information:
 

A. Victim's name, address and date of birth	D. Area(s) of body injured	G. Apparent cause of burn injury
B. Address when burn injury occurred	E. Degree of burns and percent of body burned	H. Name and address of reporting facility
C. Date and time of injury	F. Injury severity	I. Attending physician
- Complete the Burn Injury Reporting Form **within 48 hours** of the incident. This is a fillable-form in PDF. Please complete the form electronically and email to: **oedm@ct.gov** with the subject line: Burn Injury Report. You may also print and mail the form to: **Office of Education and Data Management, DAS, 450 Columbus Blvd., Suite 1306, Hartford, CT 06103.**

Victim's Name \_\_\_\_\_ DOB \_\_\_\_\_ Gender  Male  
Last, First, MI mm/dd/yy  Female

Victim's Address \_\_\_\_\_ Victim's Phone \_\_\_\_\_  Check if incident has  
Number, Street, City, State, Zip Number, Street, City, State, Zip received prior treatment  
 (transfer patient)

Address Where Burn Occurred \_\_\_\_\_ County \_\_\_\_\_  
Number, Street, City, State, Zip

Date of Injury \_\_\_\_\_ Time of Injury \_\_\_\_\_ hours Percent Burned \_\_\_\_% Degree(s) of Burn  1st  3rd  
 2nd  Inhalation Burn

<p><b>Area(s) of Body Injured (Put and "X" by all that apply)</b></p> <p>____ Face, Head      ____ Leg        ____ Neck, Shoulder      ____ Foot        ____ Chest, Abdomen      ____ Arm        ____ Back, Buttocks      ____ Hand        ____ Groin, Genitals      ____ Internal (including trachea and larynx)</p>	<p><b>Injury Severity (Put an "X" in the appropriate box)</b></p> <p><input type="checkbox"/> Moderate (treated and released)  <input type="checkbox"/> Serious (hospitalized)  <input type="checkbox"/> Life Threatening (death is imminent and/or probable)  <input type="checkbox"/> Dead on Arrival</p>
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**Apparent Cause of Burn Injury (Put and "X" in the appropriate box)**

Chemical - Contact or exposure to reactive, caustic, corrosive or irritating substance  
 Contact with Hot Object - Woodstove, stovepipe, furnace, iron, steam pipe, exhaust pipe, etc.  
 Cooking - Stove, oven, hotplate, barbecue, hot grease  
 Electrical - Electrocutation, electrical equipment and flash burns  
 Explosive - Gun powder, TNT, dynamite  
 Fireworks - Sparklers, firecrackers, rockets, smoke bombs, etc.  
 Flammable Liquids - Ignition of flammable/combustible liquids such as gasoline, kerosene, diesel fuel, jet fuel, lighter fluid, etc.  
 Gas/Vapor Explosion - ignition of flammable gases or the explosion of flammable liquid vapors  
 Hot Liquid - Hot water, coffee, tea, hot food, hot tar, melted plastic, etc.  
 Other Open Flame - Welding, matches, lighter, torch, etc.  
 Outside Fires - Grass and brush, forest, bonfires, dump, trash and refuse fires, etc.  
 Radiation - Burns caused by contact or exposure to any radioactive materials  
 Steam - caused by escaping steam from radiators, boilers, pipes, etc.  
 Structure Fire - any uncontained burning within a structure, including smoking accidents, trash fires, etc.  
 Sunburn - Exposure to ultraviolet light, including sun lamps  
 Vehicle Fire - Car, truck, plane, boat, tractor, lawnmower, etc., carburetor and engine fires, etc.

Name of Reporting Facility \_\_\_\_\_ Date of Report \_\_\_\_\_  
mm/dd/yy

Address of Reporting Facility \_\_\_\_\_  
Number, Street, City, State, Zip

Name of Attending Physician \_\_\_\_\_ Name of Person Completing Report \_\_\_\_\_  
Last, First, MI Last, First, MI