



Report of Injury or Illness
Department of Emergency Services and Public Protection
Connecticut Fire Academy
Phone: 860-627-6363 Fax: 860-654-1889



Injury

Illness (Go to page 2 / Complete Section 10)

____ / ____ / ____
Date Injury Occurred

____ : ____ hours
Time Injury Occurred

____ / ____ / ____
Date Injury Reported

Fire Department

Injured / Ill Party

Last Name _____

First Name _____

M.I. _____

____ / ____ / ____
Date of Birth

Address (No. & Street)
____ - ____ - ____

City/Town _____

State _____ Zip Code _____

Home Phone No. _____

Cell Phone No. _____

Email Address _____ @ _____

1. Nature of Injury

- Strain, Sprain or Bruise
- Eye Injury
- Cut, Abrasion or Laceration
- Inhalation – Smoke
- Puncture
- Inhalation - Fumes
- Heat, Exhaustion-Fatigue
- Multiple Injuries
- Burns
- Fracture
- Reoccurring Injury
- Other: _____

2. Body Area Affected

- Multiple Parts
- Left Arm
- Head
- Right Arm
- Left Elbow
- Face
- Right Elbow
- Neck
- Left Wrist
- Shoulder
- Right Wrist
- Chest
- Left Hand
- Lungs
- Right Hand
- Abdomen
- Left Finger
- Back
- Left Leg
- Buttocks
- Left Knee
- Other: _____
- Left Ankle
- Left Foot
- Left Eye
- Right Eye
- Left Ear
- Right Ear

3. Falls

- On Wet Surface
- Over Materials
- On Icy Surface
- On Slippery Surface
- On Steps
- From Ladder
- Tool, Equipment Slipped
- From Apparatus
- In Hole(s)
- Lost Balance
- Training Prop
- Other: _____

5. Contact With

- Heat or Flame
- Chemicals
- Hot Surface
- Wet Surface
- Metal
- Glass
- Ran/Walk Into
- Training Prop
- Other: _____
- Electricity
- Water / Liquids
- Nails, Tin
- Other: _____

4. Struck (by, with or against)

- Pulling Material(s)
- Tools
- Apparatus
- Falling Material(s)
- Falling Object(s)
- Chemicals
- Thrown Object(s)
- Water Stream
- Ladder on Apparatus
- Ladder in Service
- Other: _____

6. Exposure or Over Exertion

- Fatigue
- Lifting
- Pulling
- Unusual Weather
- Unusual Smoke/Fumes
- Other: _____

7. Where did Injury Occur

Administration Building

- Classroom
- Auditorium
- Hallway
- Cafeteria
- Pool
- Dorm Room
- Lounge
- Exercise Area
- Front Sidewalks
- Rear Sidewalks
- Front Parking Area
- Rear Parking Area
- Outside Grounds
- Other: _____

Training Grounds

- CFA Fire Station
- CFA Locker Room
- CFA Bathroom
- CFA Fire Station Apron
- HCFS Fire Station
- HCFS Locker Room
- HCFS Bathroom
- HCFS Fire Station Apron
- Class-A Burn Building
- Class-A Burn Building Area
- Class-B Burn Building
- Class-B Burn Building Area
- Training Tower
- Propane Prop Area
- Driveway
- Training Grounds
- Off Campus: _____
- Other: _____

8. Type of Training being conducted

- Practical Skills Training
- Physical Fitness Training
- Lecture
- Training Preparation
- Extra Credit - Study
- Extra Credit – Practical Skills
- Extra Credit – Work Capacity
- Curfew
- Other: _____



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Last Name

First Name

M.I.

____ / ____ / ____
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9. What was the Patient Doing?

Describe in full and mention any item connected to injury (use more paper if necessary)

10. Describe the Injury / Illness

Describe in full the injury (use more paper if necessary)

Last Name of Injured Party (PRINT)

Signature of Injured Party

____ / ____ / ____
Date

Injury/Illness Refusal of Evaluation

I _____ (print name) acknowledge that I have been offered further medical treatment and/or transportation to a medical facility by a member of the Connecticut Fire Academy and that I have declined the offer. I accept full responsibility for my decision.

Signature of Injured Party

Witness

____ / ____ / ____
Date

Instructor Receiving Report: _____

Date Report Received: ____ / ____ / ____

For Office Use Only

CFA

Reviewed By: _____

Last Name (PRINT)

Did the Patient seek Medical Attention? Yes No

Medical Care provided by:

Suffield Medical Clinic Johnson Memorial Hospital

Other: _____

Was the Patient transported to the Medical Facility? Yes No

POV CFA Personnel

Ambulance: _____ Other: _____

Program Time Missed: _____

Fire Department Notification

FD Notified Yes No Date: ____ / ____ / ____ Time: ____ : ____

FD Ph. No: _____ - _____ - _____

FD Person Contacted:

Notes:
