



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

- | | |
|--|---|
| <input type="checkbox"/> Strain, Sprain or Bruise | <input type="checkbox"/> Eye Injury |
| <input type="checkbox"/> Cut, Abrasion or Laceration | <input type="checkbox"/> Inhalation – Smoke |
| <input type="checkbox"/> Puncture | <input type="checkbox"/> Inhalation - Fumes |
| <input type="checkbox"/> Heat, Exhaustion-Fatigue | <input type="checkbox"/> Multiple Injuries |
| <input type="checkbox"/> Burns | <input type="checkbox"/> Fracture |
| <input type="checkbox"/> Reoccurring Injury | <input type="checkbox"/> Other: |

2. Body Area Affected

- | | | |
|---|--------------------------------------|---------------------------------------|
| <input type="checkbox"/> Multiple Parts | <input type="checkbox"/> Left Arm | <input type="checkbox"/> Right Arm |
| <input type="checkbox"/> Head | <input type="checkbox"/> Left Elbow | <input type="checkbox"/> Right Elbow |
| <input type="checkbox"/> Face | <input type="checkbox"/> Left Wrist | <input type="checkbox"/> Right Wrist |
| <input type="checkbox"/> Neck | <input type="checkbox"/> Left Hand | <input type="checkbox"/> Right Hand |
| <input type="checkbox"/> Shoulder | <input type="checkbox"/> Left Finger | <input type="checkbox"/> Right Finger |
| <input type="checkbox"/> Chest | <input type="checkbox"/> Left Leg | <input type="checkbox"/> Right Leg |
| <input type="checkbox"/> Lungs | <input type="checkbox"/> Left Knee | <input type="checkbox"/> Right Knee |
| <input type="checkbox"/> Abdomen | <input type="checkbox"/> Left Ankle | <input type="checkbox"/> Right Ankle |
| <input type="checkbox"/> Back | <input type="checkbox"/> Left Foot | <input type="checkbox"/> Right Foot |
| <input type="checkbox"/> Buttocks | <input type="checkbox"/> Left Eye | <input type="checkbox"/> Right Eye |
| <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Left Ear | <input type="checkbox"/> Right Ear |

3. Falls

- | | |
|--|--|
| <input type="checkbox"/> On Wet Surface | <input type="checkbox"/> Over Materials |
| <input type="checkbox"/> On Icy Surface | <input type="checkbox"/> On Slippery Surface |
| <input type="checkbox"/> On Steps | <input type="checkbox"/> From Ladder |
| <input type="checkbox"/> Tool, Equipment Slipped | <input type="checkbox"/> From Apparatus |
| <input type="checkbox"/> In Hole(s) | <input type="checkbox"/> Lost Balance |
| <input type="checkbox"/> Training Prop | <input type="checkbox"/> Other: _____ |

5. Contact With

- | | | |
|--|--|--|
| <input type="checkbox"/> Heat or Flame | <input type="checkbox"/> Chemicals | <input type="checkbox"/> Electricity |
| <input type="checkbox"/> Hot Surface | <input type="checkbox"/> Wet Surface | <input type="checkbox"/> Water / Liquids |
| <input type="checkbox"/> Metal | <input type="checkbox"/> Glass | <input type="checkbox"/> Nails, Tin |
| <input type="checkbox"/> Ran/Walk Into | <input type="checkbox"/> Training Prop | <input type="checkbox"/> Other: |

4. Struck (by, with or against)

- | | | |
|--|--|------------------------------------|
| <input type="checkbox"/> Pulling Material(s) | <input type="checkbox"/> Tools | <input type="checkbox"/> Apparatus |
| <input type="checkbox"/> Falling Material(s) | <input type="checkbox"/> Falling Object(s) | <input type="checkbox"/> Chemicals |
| <input type="checkbox"/> Thrown Object(s) | <input type="checkbox"/> Water Stream | |
| <input type="checkbox"/> Ladder on Apparatus | <input type="checkbox"/> Ladder in Service | |
| <input type="checkbox"/> Other: _____ | | |

6. Exposure or Over Exertion

- | | | |
|--|--|----------------------------------|
| <input type="checkbox"/> Fatigue | <input type="checkbox"/> Lifting | <input type="checkbox"/> Pulling |
| <input type="checkbox"/> Unusual Weather | <input type="checkbox"/> Unusual Smoke/Fumes | |
| <input type="checkbox"/> Other: _____ | | |

7. Where did Injury Occur

Administration Building

- | | | | | | | | |
|--|---|---|--|--|---------------------------------------|---------------------------------|--|
| <input type="checkbox"/> Classroom | <input type="checkbox"/> Auditorium | <input type="checkbox"/> Hallway | <input type="checkbox"/> Cafeteria | <input type="checkbox"/> Pool | <input type="checkbox"/> Dorm Room | <input type="checkbox"/> Lounge | <input type="checkbox"/> Exercise Area |
| <input type="checkbox"/> Front Sidewalks | <input type="checkbox"/> Rear Sidewalks | <input type="checkbox"/> Front Parking Area | <input type="checkbox"/> Rear Parking Area | <input type="checkbox"/> Outside Grounds | <input type="checkbox"/> Other: _____ | | |

Training Grounds

- | | | | |
|--|---|--|---|
| <input type="checkbox"/> CFA Fire Station | <input type="checkbox"/> CFA Locker Room | <input type="checkbox"/> CFA Bathroom | <input type="checkbox"/> CFA Fire Station Apron |
| <input type="checkbox"/> HCFS Fire Station | <input type="checkbox"/> HCFS Locker Room | <input type="checkbox"/> HCFS Bathroom | <input type="checkbox"/> HCFS Fire Station Apron |
| <input type="checkbox"/> Class-A Burn Building | <input type="checkbox"/> Class-A Burn Building Area | <input type="checkbox"/> Class-B Burn Building | <input type="checkbox"/> Class-B Burn Building Area |
| <input type="checkbox"/> Training Tower | <input type="checkbox"/> Propane Prop Area | <input type="checkbox"/> Driveway | <input type="checkbox"/> Training Grounds |
| <input type="checkbox"/> Off Campus: _____ | <input type="checkbox"/> Other: _____ | | |

8. Type of Training being conducted

- | | | | | |
|--|--|---|---|---------------------------------|
| <input type="checkbox"/> Practical Skills Training | <input type="checkbox"/> Physical Fitness Training | <input type="checkbox"/> Lecture | <input type="checkbox"/> Training Preparation | <input type="checkbox"/> Curfew |
| <input type="checkbox"/> Extra Credit - Study | <input type="checkbox"/> Extra Credit – Practical Skills | <input type="checkbox"/> Extra Credit – Work Capacity | | |
| <input type="checkbox"/> Other: _____ | | | | |



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Last Name

First Name

M.I.

____/____/____
Date of Birth

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:

