**Firefighter / EMT Injury & Acute Illness Investigation & Review Form**

**⬜ Pictures taken**

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| --- | --- |
| Name of employee: | Date of report: |
| Location of incident: | Date of injury: |
| Type of activity: 🞏emergency operation 🞏responding 🞏returning 🞏training 🞏physical training/exercise 🞏house duty 🞏other \_\_\_\_\_\_\_\_\_\_\_ | Time of injury: Shift start time: |
| If during emergency operation, type of incident: | If during training, topic of drill: |

**Background on injured employee**

|  |  |  |
| --- | --- | --- |
| Age: 🞏 male 🞏 female  | Height & weight: | Date of last physical exam: |
| Years of experience: | Experience doing task: | Last training on task: |

**Injury Information**

|  |  |
| --- | --- |
| Part of body injured: | 🞏head 🞏eye 🞏neck 🞏shoulder/upper arm 🞏chest 🞏back 🞏abdomen 🞏forearm/elbow 🞏wrist / hand 🞏groin / hips 🞏upper leg 🞏knee 🞏lower leg 🞏ankle / foot / toes 🞏respiratory system 🞏cardiovascular system 🞏multiple parts 🞏other ­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_ |
| Nature of injury: | 🞏 burn 🞏fracture/dislocation 🞏sprain/strain 🞏inflammation 🞏laceration/puncture 🞏abrasion/contusion/bruise 🞏amputation/avulsion 🞏inhalation 🞏chemical exposure 🞏infectious material exposure 🞏heat/cold (weather) exposure 🞏electric shock 🞏cardiovascular event 🞏respiratory event 🞏other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Was this an aggravation or reoccurrence of a previous injury? 🞏 yes 🞏 no |
| Task being performed at time of injury. *Be specific and detailed.* |  |
| Task(s) performed prior to injury. *Consider up to 1 hour* |  |
| Describe pace of task being performed. Was perceived pace proper? |  |
| List and give condition of PPE being worn at time of injury. |  |
| Was a Safety Officer specifically identified? 🞏 yes 🞏 no | Was a rehabilitation area specifically established? 🞏 yes 🞏 no | How long from start of incident / drill until time of injury? \_\_\_\_ hr. \_\_\_ min. |

**Environmental conditions at time of injury / illness**

|  |  |  |
| --- | --- | --- |
| Weather: | Temperature: | Precipitation: |
| Humidity: | Wind speed: | Wind chill / Heat index |
| Exterior light condition: | Interior light condition: |
| Comments:  |

**Was the injury lifting / carrying related?** 🞏 **YES** complete below 🞏 **NO** (below is optional)

|  |  |  |
| --- | --- | --- |
| Weight of object: | How many times was the object lifted? | How fast was the object lifted? |
| The object was lifted from what height, to what height?Start height: end height:  | Did the lift / carry require twisting? 🞏yes 🞏no |
| Were the handholds of the object effective?  | Was the object’s weight evenly distributed? | Describe the object’s shape |
| How far was the object carried? | Describe awkward body positions: | Comments: |

**Was this a slip / trip / fall injury?** 🞏 **YES** complete below 🞏 **NO** (below is optional)

|  |  |  |
| --- | --- | --- |
| What footwear was worn? | Condition of soles & treads: | Comments on shoes: |
| What was working surface material? | What was condition of working surface? | What was height of working surface? |
| Object tripped on: | Were handholds available? Used? | Comments: |
| How long was the condition present before injury? | Was there an opportunity to change the condition? |

**Was a tool / equipment involved in injury?** 🞏 **YES** complete below 🞏 **NO** (below is optional)

|  |  |
| --- | --- |
| Name of tool / equipt: | Condition of tool / equipt: |
| Comment on tool selection / use: |

**Injury / Illness Analysis:**

What other factors contributed to the injury?

🞏 Procedures; not developed, ineffective for conditions, not communicated, not understood, not followed

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🞏 Supervision; insufficient planning, deficient instructions, deficient enforcement, deficient oversight

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🞏 Training; deficient job-specific training, insufficient for conditions, training not enforced, not current

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🞏 Work Behavior; shortcuts, heavy workload or schedule, hazard not recognized or under-estimated

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🞏 Other; environmental, equipment design or selection, housekeeping, distractions, incentive to rush

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What was learned from investigating the circumstances of injury / illness?

**Action Plan:**

Who will do what by when to share what was learned with the firefighter / EMT and the department?

**Description of Events Leading to Injury**

*Describe the series of events, observations and decisions that led to the injury.*

*Go back in time as long as needed to accurately reflect relevant circumstances.*

|  |  |  |
| --- | --- | --- |
| Name of person giving account | Date of incident | Time of incident |
|  🞏 Injured employee 🞏 coworker 🞏 witness  | Date of report | Time of report |

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