



Delaware State Fire Commission

FireFighter Injury Report



INCIDENT

| | | |
|------------------------------|-------------------|----------------|
| Organization/Fire Department | | |
| Report Number | Date of Report | Time of Report |
| Date of Incident | Time of Incident | |
| Incident Commander | Incident Location | |

INCIDENT ACTIVITIES

| | | | |
|----------------------------|------------------|-----|----|
| Property Type | MAYDAY Activated | Yes | No |
| RIT Activated Yes No | RIT | | |
| Injury Occurred During | Type of Incident | | |

INJURED PERSON

| | | |
|-----------------------------------|-----------------------|-----------------------|
| Last Name | First Name | Middle |
| Address | | |
| Organization/Fire Dept Affiliated | | |
| Phone | Email | |
| Sex Age Group | Type of Service | |
| Years of Experience | Severity | |
| Nature of Injury | Activity when Injured | |
| Primary Symptom | Primary Body Part | |
| Injury Factor | Transported | Yes No Facility |

PERSONAL PROTECTIVE EQUIPMENT

Department issued equipment worn properly and within NFPA guidelines? Yes No

If no, please indicate why:

Did the protective equipment fail and or contribute to the injury? Yes No If yes, please complete the below:

| | | |
|---------------------------|-------------------------|----------------|
| Protective Equipment Item | | |
| Head or Face Protection | Coat, Shirt or Trousers | Boots or Shoes |
| Hand Protection | Respiratory Protection | |

Please list all failed equipment manufacturer, model, and serial numbers.

In your opinion, how can future incidents be prevented?

PPE Training Policy/Procedure None Other

WITNESS

| | | | |
|-----------------------------------|------------|-----------------------------------|------------|
| Last Name | First Name | Last Name | First Name |
| Address | | Address | |
| Organization/Fire Dept Affiliated | | Organization/Fire Dept Affiliated | |
| Phone | | Phone | |
| Email | | Email | |



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INCIDENT NARRATIVE OF INJURY

Empty area for the incident narrative of injury.

FIRE DEPARTMENT COMMENTS and/or RECOMMENDATIONS

Empty area for fire department comments and/or recommendations.

[CLICK TO SEND](#)



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FIRE COMMISSION COMMENTS and/or RECOMMENDATIONS

Blank area for Fire Commission comments and/or recommendations.