# INJURY REPORT

State of Connecticut  
Commission on Fire Prevention and Control  
Connecticut Fire Academy  
Phone: 860-627-6363  
Fax: 860-654-1889

<table>
<thead>
<tr>
<th>INJURED PARTY</th>
<th>(Last)</th>
<th>(First)</th>
<th>(M.I.)</th>
<th>Social Security Number</th>
<th>Date of Birth</th>
<th>Address (No. and Street)</th>
<th>(City or Town)</th>
<th>(State)</th>
<th>(Zip Code)</th>
<th>Home Telephone #</th>
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<td>Injured Party Fire Department</td>
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<td>□ Instructor</td>
<td>□ CFA Student</td>
<td>□ Non-Student</td>
<td>□ Staff</td>
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<td>Course Name</td>
<td>Instructor Name</td>
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</table>

### INJURED PARTY

Name (Last)  (First)  (M.I.)  Social Security Number  Date of Birth

Address (No. and Street) (City or Town) (State) (Zip Code)  Home Telephone #

Injured Party is

- [ ] Instructor
- [ ] CFA Student
- [ ] Non-Student
- [ ] Staff

Injured Party Fire Department

- [ ] Fire Station
- [ ] Extraction Area
- [ ] Burn Building
- [ ] Exercise Area
- [ ] Lodging Area
- [ ] Class Room

### A. Nature of Injury

1. [ ] Strain, Sprain, Bruise  
2. [ ] Cuts, Abrasion, Laceration  
3. [ ] Inhalation, Smoke  
4. [ ] Inhalation, Fumes  
5. [ ] Heat Exhaustion-Fatigue  
6. [ ] Punctures  
7. [ ] Eye Injury  
8. [ ] Burns  
9. [ ] Fractures  
10. [ ] Multiple Injury  
11. [ ] Recurrence  
12. [ ] Other __________

### B. Where Injury Occurred

1. [ ] Fire Station  
2. [ ] Extraction Area  
3. [ ] Burn Building  
4. [ ] Exercise Area  
5. [ ] Lodging Area  
6. [ ] Class Room  
7. [ ] Tower  
8. [ ] Multi-Purpose Room  
9. [ ] Outside Props  
10. [ ] Admin. Building  
11. [ ] Parking Lot  
12. [ ] Other __________

### C. Body Area Affected

1. [ ] Multiple Parts  
2. [ ] Head  
3. [ ] Face  
4. [ ] Left Eye  [ ] Right Eye  
5. [ ] Left Ear  [ ] Right Ear  
6. [ ] Neck  
7. [ ] Shoulder  
8. [ ] Chest  
9. [ ] Lungs  
10. [ ] Abdomen  
11. [ ] Back  
12. [ ] Buttocks  
13. [ ] Groin  
14. [ ] Left Arm  [ ] Right Arm  
15. [ ] Left Elbow  [ ] Right Elbow  
16. [ ] Left Wrist  [ ] Right Wrist  
17. [ ] Left Hand  [ ] Right Hand  
18. [ ] Left Finger  [ ] Right Finger  
19. [ ] Left Leg  [ ] Right Leg  
20. [ ] Left Knee  [ ] Right Knee  
21. [ ] Left Ankle  [ ] Right Ankle  
22. [ ] Left Foot  [ ] Right Foot  
23. [ ] Left Toe  [ ] Right Toe  
24. [ ] Other __________

### D. Falls

1. [ ] In Holes  
2. [ ] Over Materials  
3. [ ] On Wet Surface  
4. [ ] On Icy Surface  
5. [ ] On Slippery Surface  
6. [ ] Lost Balance  
7. [ ] Tool, Equipment Slipped  
8. [ ] On Steps  
9. [ ] From Ladder  
10. [ ] From Apparatus  
11. [ ] Other __________

### E. Contact With

1. [ ] Chemicals  
2. [ ] Electricity  
3. [ ] Heat or Flame  
4. [ ] Glass  
5. [ ] Water—Liquids  
6. [ ] Metal—Hot Pipes  
7. [ ] Nails, Tin, etc.  
8. [ ] Run/walk into  
9. [ ] Other __________

### F. Struck (by, with or against)

1. [ ] Pulling Ceiling  
2. [ ] Glass, other particles  
3. [ ] Chemicals  
4. [ ] Water Stream  
5. [ ] Ladder in service  
6. [ ] Ladder on Apparatus  
7. [ ] Apparatus  
8. [ ] Tool(s)  
9. [ ] Falling Glass  
10. [ ] Falling Object  
11. [ ] Other __________

### G. Exposure or Over Exertion

1. [ ] Fatigue  
2. [ ] Lifting  
3. [ ] Pulling  
4. [ ] Making Rescue  
5. [ ] SCBA-too late  
6. [ ] SCBA-not used  
7. [ ] Unusual weather  
8. [ ] Unusual Fumes  
9. [ ] Other __________

IRR 03.24.05R
What was injured party doing?
*(Describe fully and mention any item connected accident)* use more paper if needed
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

How did injury occur? *(Describe fully)*
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

Was the person hospitalized? Yes ☐ No ☐

If yes, which one?

How were they transported? Car ☐ Ambulance ☐

Who transported them?

Were they admitted? Yes ☐ Released ☐

Department notified? Yes ☐ No ☐

Person Notified/Title ____________________________

What corrective action has been taken? What suggestions do you have to avoid this type of injury?
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

Injury Refusal Report
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 staff and that I have declined the offer. I accept full responsibility for my decision.

__________________________ ______________________________ ______________________
Signature                      Date

__________________________ ______________________________ ______________________
Witness Name (Print)     Witness Signature

Instructor’s Name (Print)          Instructor’s Signature          Instructor’s Date

Injured’s Name (Print)          Injured’s Signature          Injured’s Date