



Burn Injury Reporting Form

To Report Burn Injuries

1. **Immediately** call the Local Fire Marshal in whose jurisdiction injury occurred.

2. Tell the Fire Marshal you are reporting a burn injury and give the following information:

- Victim's name, address and date of birth
- Area(s) of body injured
- Apparent cause of burn injury
- Address where burn injury occurred
- Degree of burns and percent of body burned
- Name and address of reporting facility
- Date and time of injury
- Injury severity
- Attending physician

3. Complete the Burn Injury Reporting Form **within 48 hours** of the incident. This is a fillable-form PDF. Please complete the form electronically and email to: oedm@ct.gov with the subject line: Burn Injury Report. You may also print and mail the form to: **Office of Education and Data Management, DAS, 165 Capitol Avenue, Room 431, Hartford, CT 06106.**

Victim's Name _____ Last, First, MI DOB _____ mm/dd/yy Gender Male Female Check if incident has received prior treatment (transfer patient)

Victim's Address _____ Number, Street, City, State, Zip Victim's Phone _____

Address Where Burn Occurred _____ Number, Street, City State, Zip County _____

Date of Injury _____ mm/dd/yy Time of Injury _____ hours military time Percent Burned _____ % Degree(s) of Burn(s) 1st 2nd 3rd Inhalation Burn

Area(s) of Body Injured (Check all that apply)

- 1. Face, Head
- 2. Neck, Shoulder
- 3. Chest, Abdomen
- 4. Back, Buttocks
- 5. Groin, Genitals
- 6. Leg
- 7. Foot
- 8. Arm
- 9. Hand
- 10. Internal (including trachea and larynx)

Injury Severity (Check appropriate box)

- 1. Moderate (treated and released)
- 2. Serious (hospitalized)
- 3. Life Threatening (death is imminent and/or probable)
- 4. Dead on Arrival

Apparent Cause of Burn Injury (Check appropriate box)

- 1. Chemical—Contact or exposure to reactive, caustic, corrosive or irritating substance
- 2. Contact with Hot Object—Woodstove, stovepipe, furnace, iron, steampipe, exhaust pipe, etc.
- 3. Cooking—Stove, oven, hotplate, barbecue, hot grease
- 4. Electrical—Electrocution, electrical equipment and flashburns
- 5. Explosive—Gun powder, TNT, dynamite
- 6. Fireworks—Sparklers, firecrackers, rockets, smoke bombs, etc.
- 7. Flammable Liquids—Ignition of flammable/combustible liquids such as gasoline, kerosene, diesel fuel, jet fuel, lighter fluid, etc.
- 8. Gas/Vapor Explosion—Ignition of flammable gases or the explosion of flammable liquid vapors
- 9. Hot Liquid—Hot water, coffee, tea, hot food, hot tar, melted plastic, etc.
- 10. Other Open Flame—Welding, matches, lighter, torch, etc.
- 11. Outside Fires—Grass and brush, forest, bonfires, dump, trash and refuse fires, etc.
- 12. Radiation—Burns caused by contact or exposure to any radioactive materials
- 13. Steam—Caused by escaping steam from radiators, boilers, pipes, etc.
- 14. Structure Fire—Any uncontained burning within a structure, including smoking accidents, trash fires, etc.
- 15. Sunburn—Exposure to ultraviolet light, including sun lamps
- 16. Vehicle Fire—Car, truck, plane, boat, tractor, lawnmower, etc., carburetor and engine fires, etc.

Name of Reporting Facility _____ Date of Report _____ mm/dd/yy

Address of Reporting Facility _____ Number, Street, City, State, Zip

Name of Attending Physician _____ Last, First, MI Name of Person Completing Report _____ Last, First, MI