Firefighter / EMT Injury & Acute Illness Investigation & Review Form

☐ **Pictures taken**

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 was the root cause of this injury / illness? (Ask "Why" several times) ______________________________

____

What other factors contributed to the injury?

- ☐ Procedures; not developed, ineffective for conditions, not communicated, not understood, not followed

  ____

- ☐ Supervision; insufficient planning, deficient instructions, deficient enforcement, deficient oversight

  ____

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

  ____

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

  ____

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

  ____

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