



# CENTRAL COUNTY FIRE DEPARTMENT INJURY OR ILLNESS REPORT

FIRST AID ONLY

The injured employee fills out this form. Please write legibly.

EMPLOYEE NAME		TODAY'S DATE	
DATE OF BIRTH		DATE OF HIRE	
SOCIAL SECURITY #		STATION #	
HOME ADDRESS		DATE OF INJURY/ILLNESS	
CITY, STATE ZIP		TIME OF INJURY/ILLNESS	
HOME PHONE NUMBER		DATE REPORTED	
DEPARTMENT		DATE LAST WORKED	
EMPLOYEE JOB TITLE			

### TYPE OF INJURY OR ILLNESS *(check all that apply)*

Body Part Affected			Side of Body	Event	
Head	Shoulder	Respiratory	Left	Bite (animal, insect)	Puncture
Face	Upper Arm	Abdomen	Right	Exposure (disease, pathogen)	Strain
Eye	Elbow	Upper Leg		Contusion (bruise)	Sprain
Ear	Lower Arm	Knee		Poison Oak	
Mouth	Wrist	Lower Leg		Exposure (hazmat)	
Nose	Hand	Ankle		Burn	
Neck	Finger/Thumb	Foot		Fracture	
Upper Back	Heart	Toe		Irritation	
Mid Back	Chest			Laceration (cut)	
Lower Back	Lungs				

1. Did the employee leave work?  Yes  No
2. Was employee unable to work for at least one full day after date of injury?  Yes  No
3. Has the employee returned to work?  Yes  No
4. Did the employee see a doctor?  Yes  No

5. Medical provider seen:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

Employee Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Supervisor's Signature: \_\_\_\_\_

Date: \_\_\_\_\_



# CENTRAL COUNTY FIRE DEPARTMENT SUPERVISOR'S INVESTIGATION REPORT

Supervisors should fill out this form in a timely manner. Please be thorough.

1. Name of injured worker: \_\_\_\_\_

2. Date/time of injury: \_\_\_\_\_

3. Describe how injury/illness occurred:

4. Location/address where event/exposure occurred:

5. Describe equipment, materials or chemicals employee was using:

6. Describe specific activity employee was performing when event occurred:

7. Name(s) of other employees or witnesses present:

Supervisor should interview each witness and attach transcription of interview to this document.

8. Cause(s) of injury/illness and your recommendations and/or actions to prevent future injury:

\_\_\_\_\_  
Supervisor's name (print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor's signature