

FIRE TRAINING CENTER TOWN OF ONONDAGA

FIREFIGHTER CASUALTY REPORT

Note: This report does not take the place of Pre-Hospital Care reports.

Make certain you notify your Chief so that proper compensation forms & notification can be made.

Firefighter's name:

Address:

Phone #:

Department:

Rank:

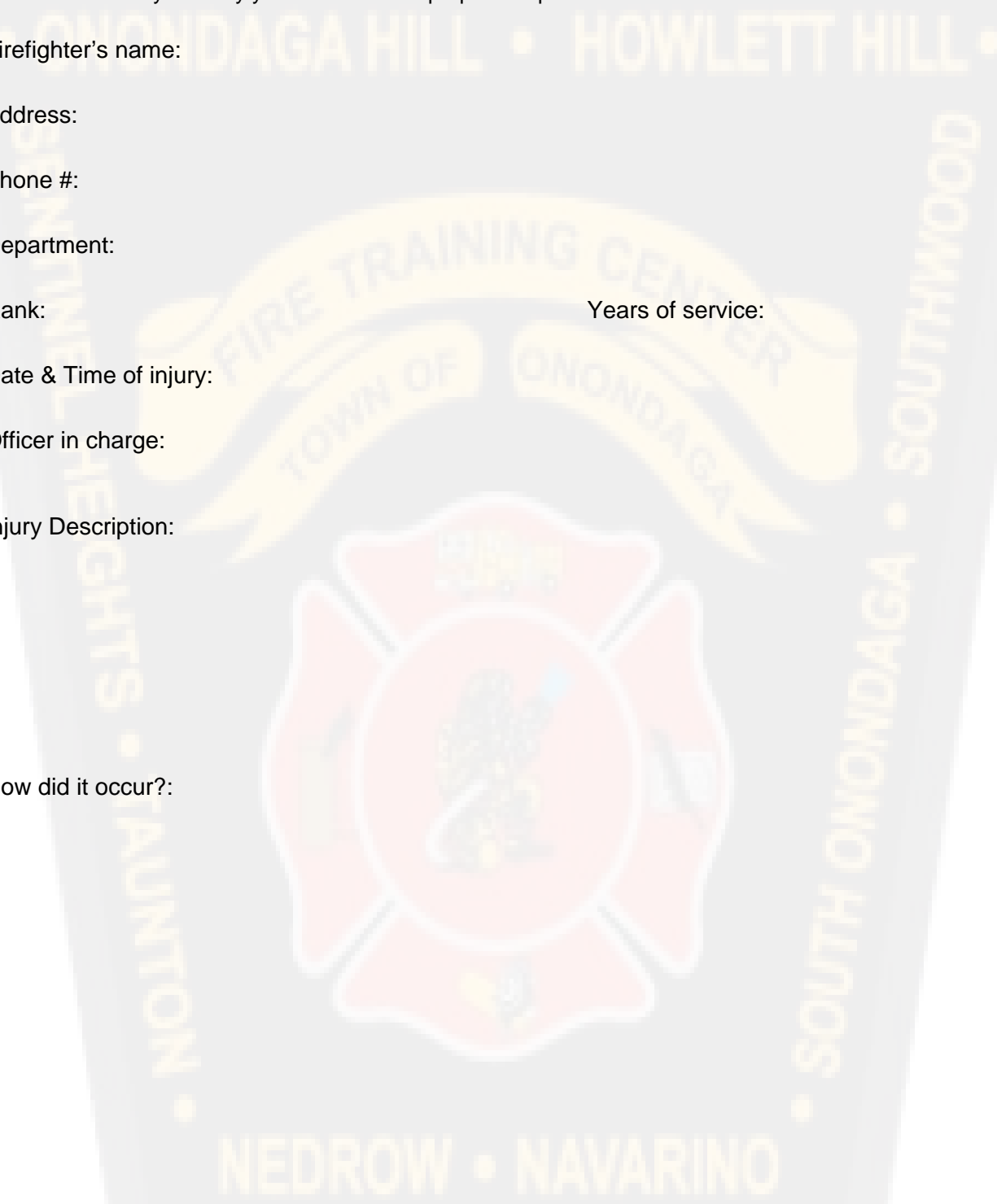
Years of service:

Date & Time of injury:

Officer in charge:

Injury Description:

How did it occur?:



Treatment / Disposition:

Additional comments:

Was Firefighter wearing full protective gear?: Yes No

Does your Fire Department have a PCR on file for this incident?: Yes No

Please submit this form to the training center within 3 days of the injury.

