



Yakima County Fire District 5 Injury Report



Today's Date: _____ Date of Incident _____ Time of Incident: _____

Employee Name: _____ Date of Birth: _____ Dist. ID#: _____

Location of Incident: _____

Supervisor injury reported to: _____ Date Reported: _____

Eyewitnesses: _____

Describe incident and injury: (Nature of Injury, Parts of Body Affected, How it Happened)

Where Injury Occurred: (Station, Emergency Scene, Training)

Cause of Injury: (Fall, Failure to use Proper PPE, Improper Lifting)

Describe any conditions which may have contributed to the incident: (Lack of Training, Lack of Supervision, Defective Equipment)

Have you ever been treated for a similar injury:

Recommendation to prevent similar incidents in the future:

Employee Signature: _____ Date: _____

Supervisor Report

Supervisor Name: _____ Date Filled Out: _____

Did this injury require first aid at the scene of the injury or back at the station: _____

What kind of first aid was rendered: _____

Did the member go to the hospital or see a doctor: _____ Name of Hospital or Doctor: _____

If a volunteer, was the volunteer relief and pension paperwork all filled out, with a legible Dr. signature: _____

Did the member get a medical release filled out or given to take to their family Dr for follow up: _____

Was the member competent in their duties: _____

Was injury investigated: _____ If so by who: _____ Were pictures taken at location of injury: _____

What were the causes of the injury: (Use another sheet of paper if needed)

Recommendations to prevent a similar incident in the future: (Use another sheet of paper if needed)

Supervisor Signature: _____ Date: _____

Safety Committee Report

Findings: _____

Recommended Corrective Action: _____

Review By _____ Date _____

Chief Officer Comments:

180: _____ 181: _____ 182: _____ 183: _____ 186: _____

Date: _____ Date: _____ Date: _____ Date: _____ Date: _____