



YORK COUNTY FIRE SCHOOL

Incident Report

Date Reported: _____	Time Reported: _____
Date of Incident: _____	Time of Incident: _____
Street Address of Incident: _____	
Municipality: _____	County: _____
Type of Incident: <input type="checkbox"/> Student Injury <input type="checkbox"/> Instructor Injury <input type="checkbox"/> Property Damage	
<input type="checkbox"/> Other _____	

Name of Injured or Equipment Type: _____			
Address: _____			
_____		Phone: _____	
Date of Birth: _____	SSN: _____	Sex: <input type="checkbox"/> M	<input type="checkbox"/> F
Organization: _____		Chief: _____	

Nature of Injury/Illness/Damage: _____	

Indicate Location of Injury or Damage: _____	

Severity: <input type="checkbox"/> Disabling <input type="checkbox"/> Non-Disabling <input type="checkbox"/> Fatality <input type="checkbox"/> Unknown (Requires Follow-up)	
Level of Care: <input type="checkbox"/> Treated at Scene <input type="checkbox"/> Transported to Medical Facility <input type="checkbox"/> Refused Treatment	
<input type="checkbox"/> None Required	
Name or Agency Providing Treatment/Transport: _____	
Name of Medical Facility: _____	

Facilitator Recommendation for Prevention of Recurrence: _____	

Injured Party Recommendation for Prevention of Recurrence: _____	

Cause: <input type="checkbox"/> Fall <input type="checkbox"/> Struck By Object <input type="checkbox"/> Lifting <input type="checkbox"/> Sharp Object <input type="checkbox"/> Thermal/Burns <input type="checkbox"/> Action	
<input type="checkbox"/> Other _____	
Unsafe Act: <input type="checkbox"/> No <input type="checkbox"/> Yes (explain) _____	
Unsafe Condition: <input type="checkbox"/> No <input type="checkbox"/> Yes (explain) _____	

In the Event Of Serious Injury or Death Notify PEMA Duty Officer Immediately **1-800-424-7362**



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Sketch Attached: Yes No Photos Attached: Yes No

Narrative:

Witness Information:

Name: _____ Name: _____

Address: _____ Address: _____

Phone: _____ Phone: _____

Lead Instructor: _____

Additional Instructors: _____

Course Name: _____ ETA: _____

Additional Notifications:

ETA Representative _____ PSFA Representative _____

PEMA Duty Officer _____ Other _____

State Police Coroner Chief or Company Officer

Report Completed By: _____ Date: _____

Injured Party Signature: _____ Date: _____

Copy Provided To: PSFA Chief Injured Party ETA _____

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