



# 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**



# YORK COUNTY FIRE SCHOOL

## Incident Report

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 \_\_\_\_\_

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