

**NEW YORK STATE DIVISION OF HOMELAND SECURITY AND EMERGENCY SERVICES
OFFICE OF FIRE PREVENTION AND CONTROL**

STUDENT INJURY/ILLNESS REPORT FORM

REPORT INJURY/ILLNESS TO OFPC WITHIN

- **24 HOURS BY TELEPHONE (518) 474-6746**
- **24 HOURS BY EMAIL OFPC.Training@dhses.ny.gov**
- **48 HOURS BY MAIL OR FAX (518) 474-3240**

PLEASE PRINT

ATTENTION FIRE OPERATIONS AND TRAINING BRANCH

STUDENT NAME: _____ DOB: _____

FIRE DEPT./AGENCY: _____ FDID: _____

STUDENT ID #: _____

DATE OF INJURY/ILLNESS: _____

TIME OF INJURY: _____ AM PM

LOCATION: _____

COURSE NAME: _____

COURSE #: _____ UNIT NO.: _____

LESSON NAME: _____ SKILLS UNIT: YES NO

NATURE OF INJURY/ILLNESS _____

DESCRIPTION OF HOW INJURY/ILLNESS OCCURRED:

WAS PROTECTIVE EQUIPMENT RELATED TO THE INJURY/ILLNESS: YES NO

IF YES, GIVE DETAILS:

WAS TREATMENT PROVIDED ON SCENE: YES NO

NAME OF PROVIDER: _____

DESCRIBE TREATMENT:

WAS STUDENT TRANSPORTED TO THE HOSPITAL: YES NO (IF YES CONTACT OFPC IMMEDIATELY @ (518 474-6746)

NAME OF HOSPITAL: _____

TRANSPORTED BY: _____

CHECK HERE IF NARRATIVE IS PROVIDED ON ADDITIONAL SHEETS. TOTAL INCLUDING THIS SHEET _____

REPORT COMPLETED BY: _____

INSTRUCTOR NAME: _____ DATE OF REPORT: _____

CONTACT NO.: _____ EMAIL: _____

SIGNATURE: _____ INSTRUCTOR NO.: _____

TRAINING CONDUCTED FOR: FOTB (OUTREACH) FOTB (ACADEMY) SOB IIB OTHER _____