



PUTNAM COUNTY BUREAU OF EMERGENCY SERVICES



PUTNAM COUNTY BUREAU OF EMERGENCY SERVICES TRAINING CENTER ACCIDENT REPORT

Date of Report _____ Fire Service Casualty Report Attached _____

Name of Person Injured _____

Home Address _____

Department _____

Date of Incident _____ Time of Incident _____

Type of Training _____

Officer/Instructor in Charge _____ Rank _____

Description of Incident _____

NATURE OF INJURY: _____

Medical Treatment Given:

Refused _____ On Scene _____ Transported to Hospital _____ Ambulance # _____

PCR # _____ EMT/Medic _____ Number _____

Protective Gear in use: Helmet _____ Bunker Coat _____ Bunker Pants _____

Boots _____ Gloves _____ Face Shield _____ SCBA _____

If protective gear not worn give reason: _____

