

# SOUTH CAROLINA STATE FIRE – INCIDENT REPORT

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Date & Time of Report	SCFA Course Code & Section	Lead Instructor Signature	Name and time of SCFA Supervisor Notified:
Date & Time of Incident	Location of Incident	Report Completed By (PRINT)	Report Writer Phone #
Did this occur during training? YES      NO	Type of Incident (Circle One) INJURY    ILLNESS    NEAR MISS OTHER	Name of Witness to Incident	Did student lose class time? _____ Hours _____ Mins

## Involved Party Information

Name	Gender	Personal Phone #	Date of Birth
Home Address	Fire Department or Employer & Work Phone #		SCFA Student I/D #
Patient Classification Campus Visitor      SCFA Recruit SCFA Student      SCFA Employee /Instructor Hire Date: _____		What faulty equipment, missing PPE, or other person contributed?	

Outcome (Check all that apply)

Patient refused care.                       Report only, No care requested.                       Patient resumed full duties.

Patient returned to training /duty with these restrictions: \_\_\_\_\_

Patient withdrew from training to seek additional care from a hospital or physician.

Patient evaluated by EMS.

Patient treated in emergency room. Which Hospital \_\_\_\_\_

Patient hospitalized one or multiple nights

Other \_\_\_\_\_

## Summary

What was the involved party doing just before the incident occurred?
What happened?
What object or substance directly harmed involved party (or could have in the event of a near miss)?

South Carolina Fire Academy  
 Case #: \_\_\_\_\_

Involved Party Chief Complaint

Time involved party began work or training:

Time of Event:

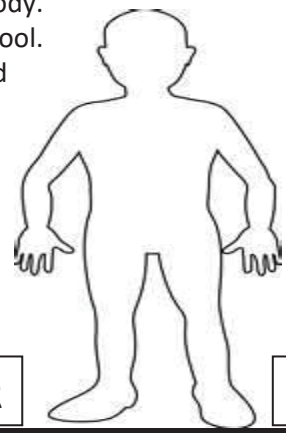
Time of SSO Arrival:

Time SSO Call Ended:

Names of Aid Providers on Scene:

Document Involved Party's Injuries and/or Symptoms

Click Picture of Body.  
 Select Highlight Tool.  
 Highlight Affected Area(s).



Time	Resp	Pulse	B/P	Pupils	SpO2	Skin Condition	Other

List all care provided to the involved party:

Supplies Used:

Lead Aid Provider:  
 Name: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Signature: \_\_\_\_\_