

STATE OF KANSAS



OFFICE OF THE STATE FIRE MARSHAL
800 S.W. JACKSON, SUITE 104
TOPEKA, KS 66612

PHONE: (785) 296-3401
FAX: (785) 296-0151
www.firemarshal.ks.gov

GOVERNOR JEFF COLYER, M.D.
DOUG JORGENSEN, STATE FIRE MARSHAL

FIREWORKS INJURY SURVEY

Directions Complete one survey form for each fireworks related injury treated by your facility. Please fax or mail completed forms to the above address. Thank you, in advance, for your participation.

A. Date of Injury ____/____/____

B. Sex of Injured Person M or F (**Circle One**) Age of Injured Person _____

C. Nature of Injury (**Please check one**):

- | | |
|----------------------------------|--------------------------------------|
| ____ 1. Burns & Asphyxia (Smoke) | ____ 5. Dislocation/Fracture |
| ____ 2. Burns Only | ____ 6. Complaint of Pain |
| ____ 3. Asphyxia Only (Smoke) | ____ 7. Shock |
| ____ 4. Wound, Cut, Bleeding | ____ 8. Other Injury (Specify) _____ |

D. Part of Body with largest percentage of Injury (**Please check one**):

- | | |
|---------------------------|------------------------------------|
| ____ 1. Eyes, Head, Neck | ____ 5. Hand |
| ____ 2. Body, Trunk, Back | ____ 6. Foot |
| ____ 3. Arm | ____ 7. Internal (Smoke) |
| ____ 4. Leg | ____ 8. Other Part (Specify) _____ |

E. Type of Firework Causing Injury (**Please check one**):

- | | |
|----------------------------------|---|
| ____ 1. Firecracker | ____ 6. Other Shooting Type (Specify) _____ |
| ____ 2. Bottle Rocket | ____ 7. Other Type Firework (Specify) _____ |
| ____ 3. Sparkler | ____ 8. Unknown |
| ____ 4. Roman Candle | ____ 9. Novelty (Specify) _____ |
| ____ 5. Public Fireworks Display | ____ 10. Homemade (Specify) _____ |

F. Activity of Injured Party (**Please check one**):

- | | |
|--------------------------------------|--------------------------------------|
| ____ 1. Fireworks operator | ____ 3. Bystander watching fireworks |
| ____ 2. Assisting fireworks operator | ____ 4. Uninvolved |

G. Disposition (**Please check one**):

- | | |
|----------------------------------|---------------------------------|
| ____ 1. Refused treatment | ____ 4. Admitted for Treatment |
| ____ 2. Treated & Released | ____ 5. Died |
| ____ 3. Admitted for Observation | ____ 6. Transfer to Burn Center |
| | ____ 7. Other (Specify) _____ |

Completed By _____ Title _____

Name of Facility _____ No Injuries to Report

City of Reporting Facility _____