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Doug Jorgenson, Fire Marshal



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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**):

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

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

- | | |
|---|--|
| <input type="checkbox"/> 1. Eyes, Head, Neck | <input type="checkbox"/> 5. Hand |
| <input type="checkbox"/> 2. Body, Trunk, Back | <input type="checkbox"/> 6. Foot |
| <input type="checkbox"/> 3. Arm | <input type="checkbox"/> 7. Internal (Smoke) |
| <input type="checkbox"/> 4. Leg | <input type="checkbox"/> 8. Other Part (Specify) _____ |

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

- | | |
|--|---|
| <input type="checkbox"/> 1. Firecracker | <input type="checkbox"/> 6. Other Shooting Type (Specify) _____ |
| <input type="checkbox"/> 2. Bottle Rocket | <input type="checkbox"/> 7. Other Type Firework (Specify) _____ |
| <input type="checkbox"/> 3. Sparkler | <input type="checkbox"/> 8. Unknown |
| <input type="checkbox"/> 4. Roman Candle | <input type="checkbox"/> 9. Novelty (Specify) _____ |
| <input type="checkbox"/> 5. Public Fireworks Display | <input type="checkbox"/> 10. Homemade (Specify) _____ |

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

- | | |
|--|--|
| <input type="checkbox"/> 1. Fireworks operator | <input type="checkbox"/> 3. Bystander watching fireworks |
| <input type="checkbox"/> 2. Assisting fireworks operator | <input type="checkbox"/> 4. Uninvolved |

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

- | | |
|--|---|
| <input type="checkbox"/> 1. Refused treatment | <input type="checkbox"/> 4. Admitted for Treatment |
| <input type="checkbox"/> 2. Treated & Released | <input type="checkbox"/> 5. Died |
| <input type="checkbox"/> 3. Admitted for Observation | <input type="checkbox"/> 6. Transfer to Burn Center |
| | <input type="checkbox"/> 7. Other (Specify) _____ |

Completed By _____ Title _____

Name of Facility _____

No Injuries to Report

City of Reporting Facility _____