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FIREWORKS INJURY SURVEY

Directions: Complete one survey form for each firework related injury treated by your facility. Please email them to osfminv@ks.gov or you can fax, or mail completed forms to the above address. Thank you, in advance, for your participation.

Date of Injury _____/_____/_____ **Sex of Injured Person** (**Circle One**): M or F **Age of Injured Person** _____

A. Nature of Injury (**check all that apply**):

- ❑ Burns
- ❑ Inhalation Injury/Asphyxia (Smoke)
- ❑ Wound/Cut/Bleeding
- ❑ Dislocation/Fracture
- ❑ Trauma/Blunt Force
- ❑ Complaint of Pain
- ❑ Shock
- ❑ Other Injury (Specify) _____

B. Part of Body with Largest Percentage of Injury (**check all that apply**):

- ❑ Face
- ❑ Eyes
- ❑ Head (Not Facial Area)
- ❑ Body/Trunk/Back/Neck
- ❑ Arm
- ❑ Hand
- ❑ Leg
- ❑ Foot
- ❑ Internal (Smoke Inhalation)
- ❑ Other Part (Specify)_____

C. Type of Firework Causing Injury (**check all that apply**):

- ❑ Firecracker
- ❑ Bottle Rocket
- ❑ Sparkler
- ❑ Roman Candle
- ❑ Smoke Bombs
- ❑ Mortars/Artillery
- ❑ Public Fireworks Display
- ❑ Unknown
- ❑ Other (Specify) _____
- ❑ Homemade (Specify) _____

D. Activity of Injured Party (**check all that apply**):

- ❑ Fireworks Operator/Shooter
- ❑ Assisting Fireworks Operator/Shooter
- ❑ Bystander Watching Fireworks
- ❑ Uninvolved

E. If Injured Party was the Operator/Shooter or Assistant what was Used to Light the Firework?

- ❑ Punk
- ❑ Cigarette Lighter
- ❑ Long Handled Lighter
- ❑ Other (Specify)_____

F. Disposition (**check that all apply**):

- ❑ Refused Treatment
- ❑ Treated & Released
- ❑ Admitted for Observation
- ❑ Admitted for Treatment
- ❑ Died
- ❑ Transfer to Burn Center
- ❑ Other (Specify) _____

Completed By _____ Title _____

Name of Facility_____ ❑ No Injuries to Report

City of Facility _____ County_____

Type of Facility (Choose one): ❑ Urgent Care ❑ Emergency Room ❑ Physician's Office ❑ Other