

Galveston Fire Department First Report of Injury

Date of Injury _____ Time of Injury _____ Date of Report _____

Last Name _____ First Name _____ MI _____

Date of Birth _____ SS# _____ Gender _____

Race _____ Marital Status _____ # of Dependents _____

Home Address _____

City _____ State _____ Zip _____ County _____

Home Phone # _____ Alternate # _____

Hire Date _____ Occupation _____

Time in Occupation: Years _____ Months _____

Nature of Injury _____

Part of Body Injured _____ Side affected _____

Cause of Injury _____

Location where Injury occurred _____

What was employee doing at time of Injury _____

Witnesses _____

Did employee receive treatment? YES NO

Facility treated at: _____

Supervisor: _____

Additional Comments

____ Witness statements ____ Safety Officer's Report ____ Firehouse Report

____ Company Officer's Statement ____ Notified Safety/Training Chief

Safety Officer's Signature _____ Time/Date _____

