Grant County Fire Protection District 3

FIREFIGHTER SERIOUS INJURY/DEATH CHECK OFF LIST

VICTIM'S NAME_____

DATE _____, INCIDENT TIME_____

LOCATION OF INCIDENT_____

AT SCENE

_____ SECURE SCENE. Do not alter, add or remove anything from the scene. Do not allow unauthorized persons access to the scene. Do not release custody of the scene until authorized to do so by the command officer.

_____ PHOTOGRAPHS. Notify the Sheriff's office to request they send a representative who shall photograph all areas and equipment which may be pertinent to an investigation.

_____ IMPOUND EQUIPMENT. All personal property of the victim, equipment, and other items involved in the incident must be impounded immediately. Careful attention should be given to not altering these items in any way.

_____ Fill out news release, appoint P.I.O.

_____ DOCUMENTATION. The immediate superior of the victim and all others involved or witnessing the incident shall be instructed to document in writing all observations and information immediately. All reports shall be completed and submitted to the District Fire Chief within 48 hours.
Persons instructed to prepare reports.

Name_____, Name_____

Name_____, Name_____

AT HOSPITAL Hospital_____, Physician_____

_____ Continue to impound clothing & equipment as removed.

_____ Call the District for victim's vital information record.

_____ If possibly heart related, physician **must** order carbon monoxide level (specific percentage necessary).

_____ In Case of death, autopsy must be ordered.

_____ Toxicological tests conducted (Blood Alcohol and Carbon Monoxide, expressed in exact percentages).

NOTIFY

_____ Duty Chief. By Whom_____, Time_____

_____ District Fire Chief. By Whom_____, Time_____

_____ F. D. Chaplain. By Whom_____, Time_____

_____ Chairman Board of Commissioner. By Whom_____, Time_____

_____ Safety Committee. By Whom_____, Time_____

_____ (In Case of death) Public Safety Officer Death Benefit Program.
Call 1-202-724-7620

By whom_____, Time_____