

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. Chaplin. 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 _____