

**OFFICE OF INSURANCE AND SAFETY FIRE COMMISSIONER**

COMMISSIONER OF INSURANCE • INDUSTRIAL LOAN COMMISSIONER • SAFETY FIRE COMMISSIONER

Ralph T. Hudgens, Commissioner**2 Martin Luther King Jr., Dr., Suite 920, West Tower, Atlanta, GA 30334**www.oci.ga.govPhone: 404-463-6512 ♦ Fax: 770-344-4899 ♦ E-mail: krichter@sfm.ga.gov**SAFETY FIRE INVESTIGATIONS
GID- 373-SF NOV2013****BURN INJURY REPORT**

Georgia Statute 25-2-32.1 requires the reporting of a select group of burn injuries to the State Fire Marshal. This law, enacted in 1992, is intended to provide information that will support public fire safety education programs, as well as aid in fire / arson and fire death investigations.

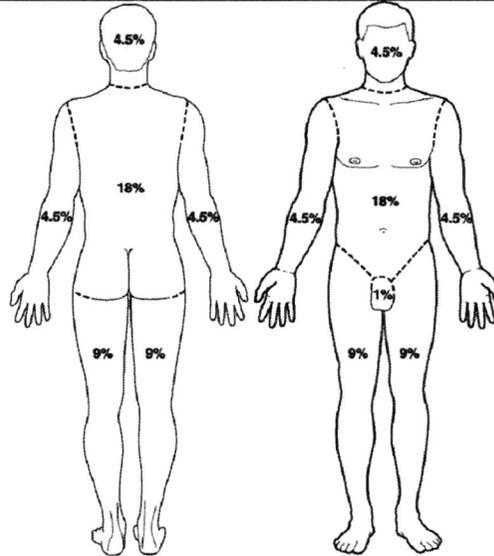
The statute requires that a health professional file a written report with the State Fire Marshal **within 72 hours** after being notified of a burn injury or wound that the professional is called upon to treat, dress, or bandage. The following burn injuries are subject to reporting:

- Second or third degree burns to five (5) percent or more of the body
- Burns to the upper respiratory tract
- Laryngeal edema from inhaling superheated air
- Burn injury or wound that may result in the victim's death

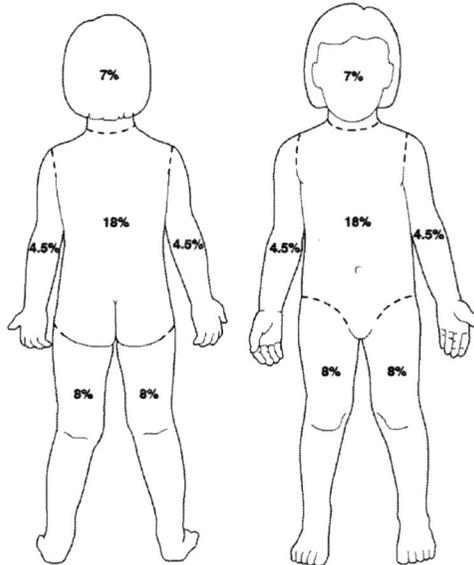
Victim's Name or Medical Record #:		Sex:	Birth Date:
Nearest City / Town to Where Burn Occurred:			County:
Date of Injury:	Time of Injury:	Percent of Body Burned:	
Area(s) of Body Burned: (Select all that Apply)			
<input type="checkbox"/> Face	<input type="checkbox"/> Shoulder - Left	<input type="checkbox"/> Arm - Left	<input type="checkbox"/> Hand - Right
<input type="checkbox"/> Head	<input type="checkbox"/> Shoulder - Right	<input type="checkbox"/> Arm - Right	<input type="checkbox"/> Abdomen
<input type="checkbox"/> Neck	<input type="checkbox"/> Chest	<input type="checkbox"/> Hand - Left	<input type="checkbox"/> Leg - Left
		<input type="checkbox"/> Leg - Right	<input type="checkbox"/> Buttocks
		<input type="checkbox"/> Foot - Left	<input type="checkbox"/> Back
		<input type="checkbox"/> Foot - Right	<input type="checkbox"/> Groin
			<input type="checkbox"/> Genitals
			<input type="checkbox"/> Inhalation
Location / Activity at Time of Burn Injury: (Select all that apply)			
<input type="checkbox"/> Employment / Work Activity		<input type="checkbox"/> Recreational Activity Describe:	
<input type="checkbox"/> Home			
<input type="checkbox"/> Basement	<input type="checkbox"/> Bathroom	<input type="checkbox"/> Bedroom	<input type="checkbox"/> Living Room
<input type="checkbox"/> Kitchen	<input type="checkbox"/> Garage	<input type="checkbox"/> Outdoors	
<input type="checkbox"/> Cooking	<input type="checkbox"/> Sleeping	<input type="checkbox"/> Home Maintenance / Repair	<input type="checkbox"/> Vehicle Maintenance / Repair
<input type="checkbox"/> Other Describe:			
Apparent Cause of Burn Injury (Select all that apply)			
<input type="checkbox"/> Chemical – Contact or exposure to reactive, caustic, corrosive or irritation substance			
<input type="checkbox"/> Contact with Hot Liquid (<i>Not Burning</i>) – Hot water, coffee, tea, hot food, hot tar, melted plastics, etc.			
<input type="checkbox"/> Contact with Hot Object – Woodstove, stovepipe, furnace, iron, steam pipe, exhaust pipe, etc.			
<input type="checkbox"/> Cooking – Stove, oven, hotplate, barbecue, hot grease			
<input type="checkbox"/> Electrical – Electrocutation, Electrical equipment and flash burns			
<input type="checkbox"/> Explosive – Gun power, TNT, dynamite			
<input type="checkbox"/> Fireworks – Sparklers, firecrackers, rockets, smoke bombs, etc.			
<input type="checkbox"/> Flammable Liquids – Ignition of flammable/combustible liquids such as gasoline, kerosene, diesel fuel, jet fuel, lighter fluid,.			
<input type="checkbox"/> Gas/Vapor Explosion – Ignition of flammable gases or the explosion of flammable liquid vapors			
<input type="checkbox"/> Other Open Flame – Welding, matches, lighter, torch, etc.			
<input type="checkbox"/> Outside Fires – Grass and brush, forest, bonfires, dump, trash and refuse fires, etc.			
<input type="checkbox"/> Radiation – Burns caused by contact or exposure to any radioactive materials			
<input type="checkbox"/> Steam – Caused by escaping steam from radiators, boilers, pipes, etc.			
<input type="checkbox"/> Structure Fire – Any uncontained burning within a structure, including smoking accidents, trash fires, etc.			
<input type="checkbox"/> Sunburn – Exposure to ultraviolet light, including sun lamps and tanning beds			
<input type="checkbox"/> Vehicle Fire – Car, truck, plane, boat, tractor, lawnmower, etc., carburetor and engine fires, etc.			
<input type="checkbox"/> Other – Describe:			
Disposition of Patient: <input type="checkbox"/> Discharged <input type="checkbox"/> Expired <input type="checkbox"/> Transferred If transferred - Name and Location of Receiving Hospital:			
Hospital:		Location:	
Reporting Facility Name / Address / City / Zip:			
Attending Physician:		Reporting Person:	Date Reported:

MARK DETAILED BURN LOCATIONS ON THE BELOW DIAGRAMS BASED ON THE AGE OF PATIENT

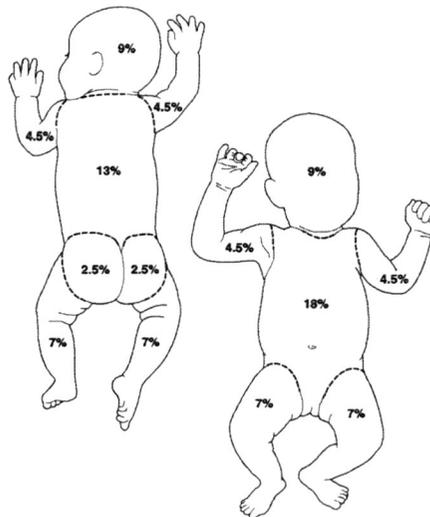
ADULT



CHILD / TODDLER



INFANT



PATIENT'S NAME
(Or Medical Records Number)

SIGNATURE OF HEALTH CARE PROVIDER