



# NYS OFPC Burn Injury Report

(File within 72 hours)

If hardcopy PLEASE print legibly

MUST be filed in accordance with NYS Penal Law Section 265.26

VICTIM'S NAME (Last, First, M.I.):

SEX:  MALE  
 FEMALE

VICTIM'S ADDRESS (Number, Street, Apt.):

DATE OF BIRTH:

CITY, TOWN, POST OFFICE:

STATE:

ZIP CODE:

TELEPHONE NUMBER

ADDRESS WHERE BURN **OCCURRED** (Number, Street, Apt.):

CITY, TOWN, POST OFFICE:

STATE:

ZIP CODE:

COUNTY

DATE OF INJURY:

PERCENT BURNED:  
%

AREA OF BODY:

TIME OF INJURY:  
HRS.  
(24 Hour Clock)

DEGREE OF BURN:  
 1<sup>st</sup>  3<sup>rd</sup>  
 2<sup>nd</sup>  Inhalation

Face/Head  Leg  
 Neck/Shoulder  Foot  
 Chest/Abdomen  Arm  
 Back/ Buttocks  Hand  
 Groin/Genitals  Internal

APPARENT CAUSE OF INJURY:

INJURY SEVERITY:

REPORTING FACILITY:

NAME OF ATTENDING PHYSICIAN:

ADDRESS OF REPORTING FACILITY (Number, Street, Apt.):

CITY, TOWN, POST OFFICE:

STATE:

ZIP CODE:

DATE OF REPORT:

PERSON FILLING OUT REPORT:

NYS DOH PFI #:

CHECK THE BOX IF:  INJURY RECEIVED PRIOR TREATMENT  THIS IS A REVISED REPORT

**OFPC OFFICIAL USE ONLY:**

BURN INCIDENT #: \_\_\_\_\_ IMS DATE: \_\_\_\_\_ OPERATOR: \_\_\_\_\_

## HOW TO REPORT BURN INJURIES – “The E-card”

1. Completely fill in the fields on the other page of this form.
  - o Section 1 relates to the Victim’s Identification.
  - o Section 2 relates to the Location WHERE the injury occurred.
  - o Section 3 relates to the specifics of the injury.
    - Certain fields are **REQUIRED** for completion of form:  
Victim Name, DOB, County Where Injury Occurred, Date of Injury, **APPARENT CAUSE OF INJURY**
    - Three fields in Section 3 are **DROP DOWN** boxes:

**COUNTY:** (Where the injury occurred)

**APPARENT CAUSE OF INJURY:** (CATEGORY: examples of which include)

**CHEMICAL:** Contact or exposure to reactive, caustic, corrosive or irritant substance

**CONTACT WITH HOT OBJECT:** Woodstove, stovepipe, furnace, iron, steam pipe, exhaust pipe, etc.

**COOKING:** Stove, oven, hotplate, barbecue grill, hot grease

**ELECTRICAL:** Electrocution, electrical equipment and flash burns

**EXPLOSIVE:** Gun powder, TNT, dynamite

**FIREWORKS:** Sparklers, firecrackers, rockets, smoke bombs, etc.

**FLAMMABLE LIQUIDS:** Ignition of liquids such as; gasoline, kerosene, diesel, jet fuel, lighter fluid, etc.

**GAS / VAPOR EXPLOSION:** Ignition of flammable gases or the explosion of flammable liquid vapors

**HOT LIQUID:** Hot water, coffee, tea, hot food, hot tar, melted plastic, etc.

**OTHER OPEN FLAME:** Welding, matches, lighter, torch, etc.

**OUTSIDE FIRES:** Grass and brush, forest, bonfires, dump, trash and refuse fires, etc.

**RADIATION:** Caused by contact or exposure to any radioactive materials

**STEAM:** Caused by escaping steam from radiators, boilers, pipes, etc.

**STRUCTURE FIRE:** Involving the components of a building. Includes; smoking, heating, natural, etc.

**SUNBURN:** Exposure to ultraviolet light, including sun lamps

**VEHICLE FIRE:** Car, truck, plane, boat, tractor, lawn mower, etc., carburetor and engine fires, etc.

**INJURY SEVERITY:** (CATEGORY: examples of which include)

**MODERATE:** Patient was treated and released

**SERIOUS:** Patient was admitted /hospitalized

**LIFE THREATENING:** Death is imminent and/or probable

**DEAD ON ARRIVAL:**

- o Section 4 relates to your facility and treatment of the injury.

## 2. SIMPLY SUBMIT to the OFFICE OF FIRE PREVENTION & CONTROL

- o Click on the **RED** SUBMIT FORM button to send via email
- o Click the **BLUE** PRINT FORM to print a hard copy and send via FAX

**THE 24 HOUR BURN FAX HOTLINE IS: 1-800-345-5811**

If you have questions or concerns regarding the Burn Injury Reporting Procedure or “The E-card” contact the Office of Fire Prevention and Control at (518) 474-6746. Burn Injury Reports MUST be made via EMAIL or FAX, reports will not be accepted at this telephone number.