



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 X
 FEMALE UNKNOWN

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:
 1st 3rd
 2nd 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.
 - Section 1 relates to the Victim’s Identification.
 - Section 2 relates to the Location WHERE the injury occurred.
 - 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, Cause, Severity, Reporting Facility, Date of Report, DOH PFI #, Person Reporting
 - *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:

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

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

- Click on the **RED** SUBMIT FORM button to send via email
- 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) 474-674. Burn Injury Reports MUST be made via EMAIL or FAX, reports will not be accepted at this telephone number.