



**International Association of Firefighters Charitable Foundation  
In Partnership with the American Burn Association**

## Firefighter Burn Injury Survey

*(please circle the appropriate answer)*

### Personal Information

Date of injury: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_ Years of Fire Service Experience \_\_\_\_

I am a career or volunteer firefighter *(please circle the appropriate choice)*

Department City \_\_\_\_\_ State \_\_\_\_\_

### Incident Type

Type of incident in which you were injured:

Structure Fire      Vehicle Fire      Wildland/Brush Fire      Hazardous Materials Incident

Training      Technical Rescue      Aircraft Fire      Marine Fire      Other

If other, please describe:

Type of Structure:      Single Family Home      Town House      High Rise      Apartment Building

Commercial      Industrial      Mixed Use      Government Building      Other

If other, please describe:

Was the building lightweight construction?      Yes      No

Was the building equipped with sprinklers?      Yes      No

If yes, did the sprinklers work properly?      Yes      No

Was it determined that there was a flashover in the incident in which you were burned?      Yes      No

Was it determined that there was a backdraft in the incident in which you were burned?      Yes      No

I was engaged in the following role when I was injured:

Engine Company      Truck Company      Rescue Company      Other

I was engaged in operations as:

Company Officer      Driver      Roof Team      Engine Suppression Team      Search Team

Other Interior Operations      Other Exterior Operations

The Rapid Intervention Team rescued me:      Yes      No

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**Burn Injury Information**

**I received burns to the following areas:**

Head Face Ears Neck Arms Wrist Hands Legs Knees Chest Abdomen Back

Total percent of body surface area burned: \_\_\_\_\_

My injury required skin grafts: Yes No Total number of surgeries from injury: \_\_\_\_\_

Do you anticipate future surgeries from this injury? Yes No

I received inhalation injuries (smoke inhalation)? Yes No

I received other injuries in addition to my burns: Yes No

If yes, please describe:

I was hospitalized for my injury: Yes No

I only received outpatient treatment: Yes No

Days Hospitalized: \_\_\_\_\_ Total number of shifts I missed from work due to my injury: \_\_\_\_\_

I was treated at a burn center for my injury: Yes No

**Name of Burn Center:**

\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

I was treated at another facility before being referred to or transported to a burn center: Yes No

I have been treated for a fire ground related burn injury in the past: Yes No

If yes, how long ago: \_\_\_\_\_

**Personal Protective Equipment (PPE) Information**

I was wearing the following PPE during the incident on which I was burned:

Coat \_\_\_\_ Pants \_\_\_\_ Suspenders \_\_\_\_ Boots \_\_\_\_ Hood \_\_\_\_ Helmet \_\_\_\_

Structural Firefighting Gloves \_\_\_\_

I was wearing my earflaps inside my helmet in addition to my hood: Yes No

I have been sized for PPE in the past two years: Yes No

If no, approximately how long has it been since you where sized for PPE? \_\_\_\_\_

I have never been properly sized (measured using sizing gear or proper measurements): \_\_\_\_

My structural firefighting gear has been cleaned and inspected by a trained member of my department of company in the past year: Yes No



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I was wearing NFPA compliant station wear when I was injured: Yes No

I have never been issued NFPA compliant station wear: \_\_\_\_\_

I do not know what NFPA compliant station wear is: \_\_\_\_\_

I was wearing my SCBA: Yes No

I was wearing my facepiece: Yes No

My department safety office or other trained personnel inspected my PPE following my injury: Yes  
No

The manufacturer's date of my PPE was less than 10 years old: Yes No

My turnout gear had visible damage prior to the incident: Yes No

My gear had visible damage following my injury: Yes No

If yes, which pieces of PPE had damage: Gloves Pants Coat Hood Helmet Facepiece

**Thank you for participating in the Firefighter Burn Injury Survey.**

**The information collected in this survey will be used to characterize safety issues in the fire service and develop injury prevention strategies.**

Please return a copy of the completed survey to both the IAFF and the ABA:

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