

**Durango Fire & Rescue
Employee First Aid Report**

Report # _____

Name _____

Position _____ Department _____

Location where Injury occurred (street address, DFRA building, etc.) _____

Date of Injury _____ Time of Injury _____ a.m./p.m.

Describe in detail the task the employee was doing at the time of injury _____

Describe the extent and state exactly the part of the body affected and the nature of the injury

Describe first aid treatment _____

First aid administered by _____

Hours worked prior to the injury _____ Length of employment with DFRA _____

Did any defects contribute to the Injury? Please describe _____

Was personal protective equipment being worn? ____ YES ____ NO

Name of Witnesses _____

Lost time from this Injury _____ Employee _____ Supervisor _____
(minutes-hours) (minutes-hours)

Employee's Signature _____ Date _____

Supervisor's Signature _____ Date _____

On Duty EMS Captain's Signature _____ Date _____

This form is not to be used for large muscle sprains (such as back) or for skeletal problems.

In case complications should arise later from the injury originally reported on the "First Aid Report" form and the services of a doctor or hospital **are** required, the "Accident Report" form must then be filled out and turned into Human Resources **immediately.**