



PA State Fire Academy Local Level Instructor Incident Report

(Revised July, 2022)



Please use additional paper for additional details.

Date of Accident: _____ Time of Accident: _____ Incident ___ Injury ___ Near Miss ___

Date Reported: _____ Time Reported: _____

Location of Accident: _____ Class Accident Occurred: _____

Student Name: _____ Address: _____

DOB: _____ Gender: Male ___ Female ___ City/State/Zip: _____

Organization: _____ Chief: _____

CARE PROVIDED

None Required (Report **ONLY**) ___ Refused ___ First Aid (On Scene) ___

Transported to Medical Facility ___ Facility Name: _____

Nature of Injury/Illness/Report: _____

Cause: Fall ___ Struck by Object ___ Lifting ___ Sharp Object ___ Action ___ Other ___

If Other - Explain: _____

Unsafe Act: Yes ___ No ___ Explain: _____

Unsafe Condition: Yes ___ No ___ Explain: _____

Severity: Disabling ___ Unknown (Follow Up Required) ___ Non-Disabling ___ Fatality ___

Description of Accident: _____

Recommendation of Prevention of Recurrence: _____

Student Signature: _____ Instructor Signature: _____

Date: _____ Instructor Name (PRINT): _____