



FIRE PROTECTION BUREAU – LICENSING SECTION

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FIREWORKS INJURY REPORT

Reporting Agency

Agency Name, Phone, Name of Person Completing This Report, Title, E-Mail Address

Incident Information

Location of Incident, City, County, Incident Date, Time of Incident and/or Arrival Time at Medical Facility (24 Hour), Mode of Arrival, Age, Gender, If under age 18, was an adult present when the injury occurred?

Injury Information

Treated and Released, Admitted, Transferred to:

Location of Injury (check all that apply): Face/Head, Torso, Hand/Arm, Foot/Leg, Other:

Type of Injury (check all that apply): Burns, Abrasion/Contusion, Amputation/Avulsion, Hearing/Sight Loss, Internal Organ Injury, Laceration, Other:

Cause of Injury (check all that apply): Holding Fireworks, Lighting/Relighting, Unsafe Surface for Lighting, Leaning Over Fireworks, Too Close; Hit by Fireworks Debris, Other:

Contributing Risk Factors at the Time of Injury (check all that apply): Alcohol, Drugs of Abuse, Unknown, Other:

Device Information

Select the involved device(s) from the categories below. If device name is known, list in the comments section.

STATE LEGAL, FEDERALLY LEGAL, EXPLOSIVE categories with checkboxes for various device types.

Comments

SUBMIT COMPLETED REPORT ELECTRONICALLY, BY FAX, OR BY MAIL TO THE E-MAIL, FAX NUMBER, OR ADDRESS LISTED ABOVE.