Fire Service Casualty Module is used to report injuries or fatalities to fire fighters that occur as a result of an incident.

**A-IDENTIFICATION**

**FDID**
Enter your Fire Department Identifier, as assigned by your state. **Required for all incidents.**

**State**
Enter your two character alphabetic abbreviation for the state where the fire department is located. See Appendix for a list. **Required for all incidents.**

**Incident Date**
Enter the date that the department received the incident alarm. **Required for all incidents.**

**Station Number**
Leave blank if you have only one firehouse or station in your department. Otherwise, assign station numbers to identify each firehouse. The FD should decide which station number to enter (i.e. first arriving unit, station's area, etc.) **Local Option.**

**Incident Number**
Enter a unique incident number for each incident. The number may be centrally assigned by dispatch or may be created by your department. All resource data will be aggregated across stations for incidents that have the same Incident Number. **Required for all incidents.**

**Exposure**
Enter 000 for the main incident and start numbering exposures sequentially, starting with 001. **Required for all incidents.**

**Delete**
Check this box to indicate that a fire fighter casualty report has been previously submitted and you now want to delete all data associated with that casualty record from the database. If you check this box, complete Section A, the casualty number assigned to this person (Section C) and leave the rest of the report blank. **Required only when deleting all information associated with a fire service casualty from the database. Section A must always be completed for a delete transaction.**

**Change**
Check this box to indicate a fire fighter casualty report has been previously submitted and you now want to update or change the information in the database for that fire fighter casualty. If you check this box, complete Section A, the casualty number assigned to the person (Section C) and the data elements that are to be updated or changed for this module. **Required only when updating a fire fighter casualty report. Section A must always be completed for a change transaction.**
Fire Service Casualty Report-Instructions for Completion

B-INJURED PERSON

Injured Person Enter the full name of the injured person. Names should be clearly printed or typed.
Identification In the spaces provided, enter the casualty’s identification number. It is often the individual’s social security number.
Gender Check one box to indicate the gender of the injured person. Required.  
1 Male  
2 Female
Affiliation Check one box to indicate the affiliation of the fire service casualty at the time of injury.  
1 Career  
2 Volunteer

C-CASUALTY NUMBER

Casualty Number Enter the casualty number assigned to this casualty. The first fire service casualty for each incident is always 001, the second casualty is 002, etc. Required.

D-AGE OR DATE OF BIRTH

Age Enter the firefighter’s age. Age or Date of Birth is Required.
Date of Birth Enter the date of birth including the month, day, and year. The year should be in 4-digit format.

E-DATE & TIME OF INJURY

Date of Injury Enter the month, day, and four-digit year when the injury occurred. Required.
Time of Injury Enter the time when the injury occurred using the 24-hour clock, i.e., 0000-2359. Required.

F-RESPONSES

Responses Enter the number of incidents responded to by the firefighter in the immediate 24 hour period prior to the time of injury. Do not count the incident at which the injury occurred.
G1-USUAL ASSIGNMENT

Usual Assignment  Check one box to indicate the usual duty assignment of the injured firefighter.

1 Suppression
2 EMS
3 Prevention
4 Training
5 Maintenance
6 Communications
7 Administration
8 Fire Investigation
0 Other assignment

G2-PHYSICAL CONDITION JUST PRIOR TO INJURY

Physical Condition  Check one box to indicate the injured person’s physical condition just prior to the injury. Required.

Just Prior To Injury

1 Rested
2 Fatigued
4 Ill or injured
0 Other physical condition just prior to injury
U Undetermined physical condition just prior to injury

G3-SEVERITY

Severity  Check one box to indicate the severity of the injury.

1 Report only, including exposure
2 First aid only
3 Treated by physician, not a lost-time injury
4 Lost time injury, moderate severity
5 Lost time injury, severe
6 Lost time injury, life threatening
7 Death

G4-TAKEN TO

Taken To  Check the box that best describes where the fire service casualty was taken regardless of who transported the firefighter or whether the firefighter was transported.

1 Hospital
4 Doctor’s office
5 Morgue/funeral home
6 Residence
7 Station or quarters
0 Other
N Not transported
### Activity at Time of Injury Codes

#### Driving or Riding Vehicle
- 11 Boarding fire department vehicle
- 12 Driving fire department vehicle
- 13 Tillering fire department vehicle
- 14 Riding fire department vehicle
- 15 Getting off fire department vehicle
- 16 Driving/riding non-fire department vehicle
- 17 Getting off non-fire department vehicle
- 10 Driving or riding vehicle, other

#### Fire Department Apparatus
- 21 Operating engine or pumper
- 22 Operating aerial ladder or platform
- 23 Operating EMS vehicle
- 24 Operating HazMat vehicle
- 25 Operating rescue vehicle
- 20 Operating fire department apparatus, other

#### Extinguishing Fire or Neutralizing Incident
- 31 Handling charged hose lines
- 32 Using hand extinguishers
- 33 Operating master steam device
- 34 Using hand tools in extinguishment activity
- 35 Removing power lines
- 36 Removing flammable liquids/chemicals
- 37 Shutting off utilities, gas lines, etc.
- 30 Extinguishing fire/neutralizing incident, other

#### Suppression Support
- 41 Forcible entry
- 42 Ventilation with power tools
- 43 Ventilation with hand tools
- 44 Salvage
- 45 Overhaul
- 40 Suppression support, other

#### Access Or Egress
- 51 Carrying ground ladder
- 52 Raising ground ladder
- 53 Lowering ground ladder
- 54 Escaping fire/hazard
- 55 Scaling
- 56 Escaping fire/hazard
- 57 Moving/lifting patient with carrying device
- 58 Lifting/carrying patient without carrying device
- 50 Access/egress, other

#### EMS / Rescue
- 61 Searching for victim
- 62 Rescuing fire victim
- 63 Rescuing non-fire victim
- 64 Water rescue
- 65 Providing EMS care
- 66 Diving operations
- 67 Extraction with power tools
- 68 Extraction with hand tools
- 60 EMS/rescue, other

#### Other Incident Scene Activity
- 71 Directing traffic
- 72 Catching hydrant
- 73 Laying hose
- 74 Moving tools or equipment around scene
- 75 Picking up tools, equipment, or hose on scene
- 76 Setting up lighting
- 77 Operating portable pump
- 70 Other incident scene activity, other

#### Station Activity
- 81 Moving about station, alarm sounding
- 82 Moving about station, normal activity
- 83 Station maintenance
- 84 Vehicle maintenance
- 85 Equipment maintenance
- 86 Physical fitness activity, supervised
- 87 Physical fitness activity, unsupervised
- 88 Training activity or drill
- 80 Station activity, other

#### Other Activity
- 91 Incident investigation, during incident
- 92 Incident investigation, after incident
- 93 Inspection activity
- 94 Administrative work
- 95 Communications work
Fire Service Casualty Report-Instructions for Completion

54 Climbing ladder
00 Other activity at time of injury
UU Undetermined activity at time of injury

H1-PRIMARY APPARENT SYMPTOM

Primary Apparent Symptom

Enter the code and written description of the casualty’s most serious apparent injury.

Primary Apparent Symptom Codes

01 Smoke inhalation
02 Hazardous fumes inhalation
03 Breathing difficulty or shortness of breath
11 Burns and smoke inhalation
12 Burns only: thermal
13 Burn: scald
14 Burn: chemical
15 Burn: electric
21 Cut or laceration
22 Stab wound/puncture wound: penetrating
23 Gunshot wound; projectile wound
24 Contusion/bruise: minor trauma
25 Abrasion
31 Dislocation
32 Fracture
33 Strain or sprain
34 Swelling
35 Crushing
36 Amputation
41 Cardiac symptoms
42 Cardiac arrest
43 Stroke
44 Respiratory arrest
51 Chills
52 Fever
53 Nausea
54 Vomiting
55 Numbness or tingling, paresthesia
56 Paralysis
57 Frostbite
50 Sickness, other
61 Miscarriage
63 Eye trauma, avulsion
64 Drowning
65 Foreign body obstruction
66 Electric shock
67 Poison
71 Convulsion or seizure
72 Internal trauma
73 Hemorrhaging, bleeding internally
81 Disorientation
82 Dizziness/fainting/weakness
83 Exhaustion/fatigue, including heat exhaustion
84 Heat stroke
85 Dehydration
91 Allergic reaction, including anaphylactic shock
92 Drug overdose
93 Alcohol impairment
94 Emotional/psychological stress
95 Mental disorder
96 Shock
97 Unconscious
98 Pain only

H2-PRIMARY AREA OF BODY INJURED

Primary Area of Body Injured

Enter the code and a written description of the part of the body that was most seriously injured. It should be the part of the body affected by the “Primary Apparent Symptom.”

50 Sickness, other
61 Miscarriage
63 Eye trauma, avulsion
64 Drowning
65 Foreign body obstruction
66 Electric shock
67 Poison
71 Convulsion or seizure
72 Internal trauma
73 Hemorrhaging, bleeding internally
81 Disorientation
82 Dizziness/fainting/weakness
83 Exhaustion/fatigue, including heat exhaustion
84 Heat stroke
85 Dehydration
91 Allergic reaction, including anaphylactic shock
92 Drug overdose
93 Alcohol impairment
94 Emotional/psychological stress
95 Mental disorder
96 Shock
97 Unconscious
98 Pain only
54 Vomiting
55 Numbness or tingling, paresthesia
56 Paralysis

Other primary apparent symptom
No primary apparent symptom
Undetermined primary apparent symptom
**Primary Area of Body Injured Codes**

<table>
<thead>
<tr>
<th>Area</th>
<th>Code(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Head</strong></td>
<td></td>
</tr>
<tr>
<td>Ear</td>
<td>11</td>
</tr>
<tr>
<td>Eye</td>
<td>12</td>
</tr>
<tr>
<td>Nose</td>
<td>13</td>
</tr>
<tr>
<td>Mouth included are lips, teeth and interior</td>
<td>14</td>
</tr>
<tr>
<td>Head, other</td>
<td>10</td>
</tr>
<tr>
<td><strong>Neck &amp; Shoulders</strong></td>
<td></td>
</tr>
<tr>
<td>Neck</td>
<td>21</td>
</tr>
<tr>
<td>Throat</td>
<td>22</td>
</tr>
<tr>
<td>Shoulder</td>
<td>23</td>
</tr>
<tr>
<td><strong>Thorax</strong></td>
<td></td>
</tr>
<tr>
<td>Back, except spine</td>
<td>31</td>
</tr>
<tr>
<td>Chest</td>
<td>32</td>
</tr>
<tr>
<td>Thorax, other</td>
<td>30</td>
</tr>
<tr>
<td><strong>Abdominal area</strong></td>
<td></td>
</tr>
<tr>
<td>Abdomen</td>
<td>41</td>
</tr>
<tr>
<td>Pelvis or groin</td>
<td>42</td>
</tr>
<tr>
<td>Hip, lower back or buttocks</td>
<td>43</td>
</tr>
<tr>
<td><strong>Spine</strong></td>
<td></td>
</tr>
<tr>
<td>Spine</td>
<td>51</td>
</tr>
<tr>
<td><strong>Upper extremities</strong></td>
<td></td>
</tr>
<tr>
<td>Arm-upper, not including elbow or shoulder</td>
<td>61</td>
</tr>
<tr>
<td>Arm-lower, not including elbow or wrist</td>
<td>62</td>
</tr>
<tr>
<td>Elbow</td>
<td>63</td>
</tr>
<tr>
<td><strong>Lower extremities</strong></td>
<td></td>
</tr>
<tr>
<td>Leg-upper</td>
<td>71</td>
</tr>
<tr>
<td>Leg-lower</td>
<td>72</td>
</tr>
<tr>
<td>Knee</td>
<td>73</td>
</tr>
<tr>
<td>Ankle</td>
<td>74</td>
</tr>
<tr>
<td>Foot and toes</td>
<td>75</td>
</tr>
<tr>
<td>Lower extremities, other</td>
<td>70</td>
</tr>
<tr>
<td><strong>Internal</strong></td>
<td></td>
</tr>
<tr>
<td>Trachea and lungs</td>
<td>81</td>
</tr>
<tr>
<td>Heart</td>
<td>82</td>
</tr>
<tr>
<td>Stomach</td>
<td>83</td>
</tr>
<tr>
<td>Intestinal tract</td>
<td>84</td>
</tr>
<tr>
<td>Stomach</td>
<td>83</td>
</tr>
<tr>
<td>Genito-urinary</td>
<td>85</td>
</tr>
<tr>
<td>Internal, other</td>
<td>80</td>
</tr>
<tr>
<td><strong>Multiple parts</strong></td>
<td></td>
</tr>
<tr>
<td>Multiple body parts – upper part of body</td>
<td>91</td>
</tr>
<tr>
<td>Multiple body parts – lower part of body</td>
<td>92</td>
</tr>
<tr>
<td>Multiple body parts – whole body</td>
<td>93</td>
</tr>
<tr>
<td><strong>Other Body Parts</strong></td>
<td></td>
</tr>
<tr>
<td>Other body part</td>
<td>00</td>
</tr>
<tr>
<td>No body part</td>
<td>NN</td>
</tr>
<tr>
<td>Part of body undetermined</td>
<td>UU</td>
</tr>
</tbody>
</table>

**I1-CAUSE OF FIREFIGHTER INJURY**

**Cause of Firefighter Injury**

Enter the code and written description for the immediate cause or condition responsible for the injury.

- 1 Fall
- 2 Jump
- 3 Slip/trip
- 4 Exposure to hazard
- 5 Struck or assaulted by person/animal/object
- 6 Contact with object (firefighter moved into/onto)
- 7 Overexertion/strain
- 0 Other cause of injury
- U Undetermined cause of injury
I2-FACTOR CONTRIBUTING TO INJURY

Factor Contributing to Injury
Enter the code and written description of the most significant factor contributing to the injury.

Factor Contributing to Injury Codes

Collapse or Falling Object
11 Roof collapse
12 Wall collapse
13 Floor collapse
14 Ceiling collapse
15 Stair collapse
16 Falling objects
17 Cave-in (earth)
10 Collapse or falling object, other

Fire Development
21 Fire progress, including smoky conditions
22 Backdraft
23 Flashover
24 Explosion
20 Fire development, other

Lost, Caught, Trapped, Confined
31 Person physically caught or trapped
32 Lost in building
33 Operating in confined structural areas
34 Operating under water or ice
30 Lost, caught, trapped, or confined, other

Holes
41 Unguarded hole in structure
42 Hole burned through roof
43 Hole burned through floor
40 Holes, other

Slippery or Uneven Surfaces
51 Icy surface
52 Wet surface, included are water/soap/foam, etc.
53 Loose material on surface
54 Uneven surface, included are holes in the ground
50 Slippery or uneven surfaces, other

Vehicle or Apparatus
61 Vehicle left road or overturned
62 Vehicle collided with another vehicle
63 Vehicle collided with non-vehicular object
64 Vehicle stopped too fast
65 Seat belt not fastened
66 Firefighter standing on apparatus
60 Vehicle or apparatus, other

Other Contributing Factors
91 Civil unrest, including riots/civil disturbances
92 Hostile acts
00 Other contributing factors
NN No contributing factor
UU Undetermined contributing factor

I3-OBJECT INVOLVED IN INJURY

Object Involved in Injury
Enter the code and written description of the object involved in the injury.

Object Involved in Injury Codes

11 Coupling
12 Hose, not charged
13 Hose, charged
14 Water from master stream
15 Water from hose line
16 Water, not from a hose
17 Steam
18 Extinguishing agent
21 Ladder: aerial
22 Ladder: ground
23 Tools/equipment
24 Knife, scissors
25 Syringe
26 FD Vehicle/apparatus
27 FD Vehicle door, including apparatus compartments
28 Station sliding pole
29 Other object involved in injury
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31 Curb
32 Door in building
33 Fire escape
34 Ledge
35 Stairs
36 Wall, including other vertical surfaces
37 Window
38 Roof
39 Floor or ceiling
30 Structural component, other

41 Asbestos
42 Dirt, stones, or debris
43 Glass
45 Nails
46 Splinters
47 Embers
48 Hot tar
49 Hot metal

51 Biological agents
52 Chemicals
53 Fumes, gases, or smoke
54 Poisonous plants
55 Insects
56 Radioactive materials

61 Electricity
62 Extreme weather
63 Utility flames, flares, torches
64 Heat or flame

91 Person: victim
92 Property and structure contents
93 Animal
94 Vehicle: not FD
95 Gun, including all other projectile weapons
90 Person, other

00 Other object involved
NN No object involved
UU Undetermined object involved
J1-WHERE INJURY OCCURRED

Where Injury Occurred

Check one box that best describes where the injury occurred. Blank defaults to undetermined.

1 Enroute to FD location
2 At FD location
3 Enroute to incident scene
4 Enroute to medical facility
5 At scene in structure
6 At scene outside
7 At medical facility
8 Returning from incident
9 Returning from medical facility
0 Other location where injury occurred
U Undetermined location where injury occurred

J2-STORY WHERE INJURY OCCURRED

Story Where Injury Occurred

If the injury occurred inside or on a structure, check the box and enter the story where the injury occurred. If the story is below grade, check the "Below grade" box. If the injury occurred outside, check the box to indicate that.

1 Inside/on structure
2 Outside of structure

J3-SPECIFIC LOCATION

Specific Location

Check the box that best describes the specific location at time of injury. If any, code greater than 60 is checked, continue on to J4.

22 Outside at grade
23 On roof
24 On aerial ladder or in basket
25 On ground ladder
26 On vertical surface or ledge
27 On fire escape or outside stairway
28 On steep grade
31 In open pit
32 In ditch or trench
33 In quarry or mine
34 In ravine
35 In well
36 In water
45 In attic or other confined structural space
49 In structure, excluding attic, roof, or wall
53 In tunnel
54 In sewer
61 In motor vehicle
63 In rail vehicle
64 In boat, ship or barge
65 In aircraft
00 Other specific location
NN No specific location
UU Undetermined specific location
Fire Service Casualty Report-Instructions for Completion

J4-VEHICLE TYPE

Vehicle Type

Check the box that best describes the vehicle type. None indicates the specific location was coded with a number less than 60.

1 Suppression vehicle
2 EMS vehicle
3 Other fire department vehicle
4 Non-fire department vehicle, includes private auto
N None or vehicle type not applicable

K-PROTECTIVE EQUIPMENT

Complete Section K only if protective equipment failed and was a factor in the injury.

K1-PROTECTIVE EQUIPMENT FAILURE

If the protective equipment failed and contributed to the injury, check the “Yes” box and complete the remainder of Section K. If the protective equipment did not fail or the failure did not contribute to the injury, check the “No” box and leave the remainder of Section K blank.

Equipment Failed?
Y Yes
N No

Equipment Sequence Number
Enter 001 for the first item of equipment that failed, if more than one item of protective equipment failed, complete an additional Section K sheet for each additional item. Give each sheet a subsequent equipment sequence number and attach the additional sheet(s) to the original fire fighter casualty report.

K2-PROTECTIVE EQUIPMENT ITEM

Check one box to indicate the type of protective equipment involved. If more than one item was a factor in the injury, use additional sheets.

Protective Equipment Item Codes

Head or Face Protection
11 Helmet
12 Full face protector
13 Partial face protector
14 Goggles/eye protection
15 Hood
16 Ear protector
17 Neck protector
10 Head or face protection, other

Coat, Shirt or Trousers
21 Protective coat

22 Protective trousers
23 Uniform shirt
24 Uniform T-shirt
25 Uniform trousers
26 Uniform coat or jacket
27 Coveralls
28 Apron or gown
20 Coat, shirt or trousers, other

Boots or Shoes
31 Knee length boots w/ steel baseplate & steel toes
### Fire Service Casualty Report-Instructions for Completion

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>32</td>
<td>Knee length boots with steel toes only</td>
</tr>
<tr>
<td>33</td>
<td>¾ length boots w/ steel baseplate &amp; steel toes</td>
</tr>
<tr>
<td>34</td>
<td>¾ length boots with steel toes only</td>
</tr>
<tr>
<td>35</td>
<td>Boots without steel baseplate or steel toes</td>
</tr>
<tr>
<td>36</td>
<td>Safety shoes with steel baseplate and steel toes</td>
</tr>
<tr>
<td>37</td>
<td>Safety shoes with steel toes only</td>
</tr>
<tr>
<td>38</td>
<td>Non-safety shoes</td>
</tr>
<tr>
<td>39</td>
<td>Boots or shoes, other</td>
</tr>
</tbody>
</table>

### Respiratory Protection

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>41</td>
<td>Self-contained breathing apparatus (SCBA) demand</td>
</tr>
<tr>
<td>42</td>
<td>Self-contained breathing apparatus (SCBA) positive</td>
</tr>
<tr>
<td>43</td>
<td>Self-contained breathing apparatus (SCBA) closed</td>
</tr>
<tr>
<td>44</td>
<td>Non-self-contained breathing apparatus</td>
</tr>
<tr>
<td>45</td>
<td>Cartridge respirator</td>
</tr>
<tr>
<td>46</td>
<td>Dust or particle mask</td>
</tr>
<tr>
<td>47</td>
<td>Respiratory protection, other</td>
</tr>
</tbody>
</table>

### Hand Protection

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>51</td>
<td>Firefighter gloves with wristlets</td>
</tr>
<tr>
<td>52</td>
<td>Firefighter gloves without wristlets</td>
</tr>
<tr>
<td>53</td>
<td>Work gloves</td>
</tr>
<tr>
<td>54</td>
<td>HazMat gloves</td>
</tr>
<tr>
<td>55</td>
<td>Medical gloves</td>
</tr>
<tr>
<td>50</td>
<td>Hand protection, other</td>
</tr>
</tbody>
</table>

### Special Equipment

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>61</td>
<td>Proximity suit for entry</td>
</tr>
<tr>
<td>62</td>
<td>Proximity suit for non-entry</td>
</tr>
<tr>
<td>63</td>
<td>Totally encapsulated, reusable chemical suit</td>
</tr>
<tr>
<td>64</td>
<td>Totally encapsulated, disposable chemical suit</td>
</tr>
<tr>
<td>65</td>
<td>Partially encapsulated, reusable chemical suit</td>
</tr>
<tr>
<td>66</td>
<td>Partially encapsulated, disposable chemical suit</td>
</tr>
<tr>
<td>67</td>
<td>Flash protection suit</td>
</tr>
<tr>
<td>68</td>
<td>Flight or jump suit</td>
</tr>
<tr>
<td>69</td>
<td>Brush suit</td>
</tr>
</tbody>
</table>

### Special Equipment Continued

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>71</td>
<td>Exposure suit</td>
</tr>
<tr>
<td>72</td>
<td>Self-Contained Underwater Breathing Apparatus(SCUBA)</td>
</tr>
<tr>
<td>73</td>
<td>Life preserver</td>
</tr>
<tr>
<td>74</td>
<td>Life belt or ladder belt</td>
</tr>
<tr>
<td>75</td>
<td>Personal alert safety system (PASS)</td>
</tr>
<tr>
<td>76</td>
<td>Radio distress device</td>
</tr>
<tr>
<td>77</td>
<td>Personal lighting</td>
</tr>
<tr>
<td>78</td>
<td>Fire shelter or tent</td>
</tr>
<tr>
<td>79</td>
<td>Vehicle safety belt</td>
</tr>
<tr>
<td>80</td>
<td>Special equipment, other</td>
</tr>
<tr>
<td>00</td>
<td>Other protective equipment item</td>
</tr>
</tbody>
</table>

### K3-PROTECTIVE EQUIPMENT PROBLEM

**Protective Equipment Problem**

Check the box that best describes the protective equipment problem.

**Protective Equipment Problem Codes**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>11</td>
<td>Burned</td>
</tr>
<tr>
<td>12</td>
<td>Melted</td>
</tr>
<tr>
<td>21</td>
<td>Fractured, cracked or broke</td>
</tr>
<tr>
<td>22</td>
<td>Punctured</td>
</tr>
<tr>
<td>23</td>
<td>Scratched</td>
</tr>
<tr>
<td>24</td>
<td>Knocked off</td>
</tr>
<tr>
<td>25</td>
<td>Cut or ripped</td>
</tr>
<tr>
<td>31</td>
<td>Trapped steam or hazardous gas</td>
</tr>
<tr>
<td>32</td>
<td>Insufficient insulation</td>
</tr>
<tr>
<td>33</td>
<td>Object fell in or onto equipment item</td>
</tr>
<tr>
<td>41</td>
<td>Failed under impact</td>
</tr>
<tr>
<td>42</td>
<td>Face piece or hose detached</td>
</tr>
<tr>
<td>43</td>
<td>Exhalation valve inoperative or</td>
</tr>
<tr>
<td>46</td>
<td>Regulator damaged by contact</td>
</tr>
<tr>
<td>47</td>
<td>Problem with admissions valve</td>
</tr>
<tr>
<td>48</td>
<td>Alarm failed to operate</td>
</tr>
<tr>
<td>49</td>
<td>Alarm damaged by contact</td>
</tr>
<tr>
<td>51</td>
<td>Supply cylinder or valve failed to operate</td>
</tr>
<tr>
<td>52</td>
<td>Supply cylinder or valve damaged by contact</td>
</tr>
<tr>
<td>53</td>
<td>Supply cylinder contained insufficient air</td>
</tr>
<tr>
<td>94</td>
<td>Did not fit properly</td>
</tr>
<tr>
<td>95</td>
<td>Not properly serviced or stored prior to use</td>
</tr>
</tbody>
</table>
**Fire Service Casualty Report-Instructions for Completion**

- **damaged**
- **44 Harness detached or separated**
- **45 Regulator failed to operate**
- **00 Other protective equipment problem**
- **NN No protective equipment problem**
- **96 Not used for designed purpose**
- **97 Not used as recommended by the manufacturer**
- **UU Undetermined protective equipment problem**

**K4-EQUIPMENT MANUFACTURER, MODEL & SERIAL NUMBER**

- **Protective Equipment**: If known, enter the manufacturer name, model and serial number of the protective equipment involved in this injury.
- **Manufacturer**: The name of the company that made the piece of equipment.
- **Model**: The manufacturer's model name. If one does not exist, use the common physical description that is used to describe the equipment.
- **Serial Number**: The manufacturer's serial number that is generally stamped on an identification plate on the equipment.