FDID _____ page __ of __
Dept: _____
Rpt Period: _____

Fire Service Log and Summary of Occupational Injuries, Diseases, and Illnesses

Florida State Fire Marshal, Bureau of Fire Standards and Training

All columns reflect fields found on NFIRS 902G version 5 – use same codes as used on 902G

Incident #	Incident Date mm/dd/yy	Casualty # C	Severity G3	Activity at Time of Injury G5	Primary Apparent Symptom H1	Primary Area of Body Injured H2	Cause of Firefighter Injury I1	Factor Contributing to Injury I2	Object Involved in Injury I3	Where Injury Occurred J1	Specific Location J3	Vehicle Type J4

Department Address:_____ City/State & Zip: _____

Chief of Department: _____ (Type or Print) Safety Officer: _____ (Type or Print)

Chief Signature: _____ Safety Officer Signature: _____

Telephone #: _____ Telephone #: _____

DFS-K4-1568
PUB. __/03