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

# Fire Service Log and Summary of Occupational Injuries, Disease Diagnoses, Illnesses, and Fatalities

Florida State Fire Marshal, Bureau of Fire Standards and Training

All columns reflect fields found on form DFS-K4-1569, Directions for Completing Fire Service Casualty Report; use the codes from DFS-K4-1569, which is incorporated by reference in Rule 69A-62.021, F.A.C.

| Incident # A | Date & Time of Injury B | Severity C | Activity at Time of Injury D | Primary Apparent Symptom E | Primary Area of Body Injured F | Cause of Firefighter Injury G | Factor Contributing to Injury H | Object Involved in Injury I | Where Injury Occurred J | Specific Location K | Vehicle Type L |
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Department Address:_____ City/State & Zip: _____

Chief of Department: _____ (Type or Print)

Safety Officer: _____ (Type or Print)

Chief Signature: _____

Safety Officer Signature: _____

Telephone #: _____

Telephone #: _____