



OFFICE OF THE ILLINOIS STATE FIRE MARSHAL

Fireworks Hospital Data Sheet For the Period January through December

Emergency Room Staff: Please complete this form for each fireworks-related injury treated during the calendar year. Select the check box identifying the type of firework, then select the check box in each category that applies. Please use the comments section for additional information. Upon completion of the data sheet, please email all forms to SFM.PyroFireworks@illinois.gov or mail to: Office of the Illinois State Fire Marshal, Division of Fire Prevention, ATTN: Pyrotechnics, 1035 Stevenson Drive, Springfield, IL 62703-4259. **NOTE:** Do not attach any information that identifies the patient to this form.

Hospital Name:			
Street Address:			
City:	State:	Zip Code:	County:
Injury Date:		Time:	
City Injury Occurred:		County Injury Occurred:	
Transferred from:			

1. Type of Device (Please check box next to identified device)

- | | | | | |
|---|---|---|--|---|
|  |  |  |  |  |
| <input type="checkbox"/> Firecracker/
Ladyfinger | <input type="checkbox"/> Crazy Jack/
Jumping Jacks etc. | <input type="checkbox"/> Silver Salute/
M 80 etc. | <input type="checkbox"/> Smoke/Cherry
Bombs | <input type="checkbox"/> Missile
Rocket |
|  |  |  |  |  |
| <input type="checkbox"/> Fountains
Base/Cone/Hand Held | <input type="checkbox"/> Candles
Roman/California | <input type="checkbox"/> Sky or Bottle
Rocket | <input type="checkbox"/> Sparkler
Wire/Wood Core | <input type="checkbox"/> Mortar |

2. AGE	3. TYPE	4. BODY PART	5. ACTION TAKEN
<input type="checkbox"/> 0 - 6	<input type="checkbox"/> Abrasion <input type="checkbox"/> Fracture	<input type="checkbox"/> Arm <input type="checkbox"/> Hand	<input type="checkbox"/> Hospitalized < 24 hrs
<input type="checkbox"/> 7 - 10	<input type="checkbox"/> Burn (1 st Degree) <input type="checkbox"/> Hearing Loss	<input type="checkbox"/> Ear <input type="checkbox"/> Head/Face	<input type="checkbox"/> Hospitalized > 24 hrs
<input type="checkbox"/> 11 - 16	<input type="checkbox"/> Burn (2 nd Degree) <input type="checkbox"/> Laceration	<input type="checkbox"/> Eyes <input type="checkbox"/> Leg	<input type="checkbox"/> Treated & released
<input type="checkbox"/> 17 - 21	<input type="checkbox"/> Burn (3 rd Degree) <input type="checkbox"/> Loss of Sight	<input type="checkbox"/> Fingers <input type="checkbox"/> Neck	<input type="checkbox"/> Transferred to:
<input type="checkbox"/> 22 & Over	<input type="checkbox"/> Fatality <input type="checkbox"/> Other	<input type="checkbox"/> Foot <input type="checkbox"/> Torso	
<input type="checkbox"/> Unknown	<input type="checkbox"/> Dismemberment/Amputation		

Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Injured Caused by: <input type="checkbox"/> Public Display <input type="checkbox"/> Homemade Firework/Device <input type="checkbox"/> Firework Bought at Stand in Illinois <input type="checkbox"/> Firework Bought at Stand Out-of-State <input type="checkbox"/> Unknown
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Comments: