



## NEVADA STATE FIRE MARSHAL BURN INJURY REPORT

Assigned NFIRS Number:

**\*\*Note: Please fill out one report for each victim\*\***

Date:		Time:		Control No:	
Victim's Name (Last, First, M.I.)			Sex <input type="checkbox"/> Male <input type="checkbox"/> Female		Date of Birth
Victim's Address				Apartment No.	
City, Town, or Post Office			State	Zip Code	Victim's Telephone No
Address Where Burn Occurred				Apartment No.	
City, Town, or Post Office			State	Zip Code	County/Jurisdiction
Date of Injury	Time of Injury	Percent Burned	Degree(s) of Burn(s) <input type="checkbox"/> 1 <sup>st</sup> <input type="checkbox"/> 2 <sup>nd</sup> <input type="checkbox"/> 3 <sup>rd</sup> <input type="checkbox"/> Inhalation Burn		
Area(s) of the Body Injured			Injury Severity		
<input type="checkbox"/> Face, Head <input type="checkbox"/> Leg <input type="checkbox"/> Neck, Shoulder <input type="checkbox"/> Foot <input type="checkbox"/> Chest, Abdomen <input type="checkbox"/> Arm <input type="checkbox"/> Back, Buttock <input type="checkbox"/> Hand <input type="checkbox"/> Groin, Genitals <input type="checkbox"/> Internal (Including trachea and larynx)			<input type="checkbox"/> Moderate (Treated and Released) <input type="checkbox"/> Serious (Hospitalized) <input type="checkbox"/> Life Threatening (Death is Imminent and/or Probable) <input type="checkbox"/> Dead on Arrival		
Apparent Cause of Burn Injury					
<input type="checkbox"/> Chemical – Contact or exposure to reactive, caustic, corrosive or irritating substance <input type="checkbox"/> Contact With Hot Object – Woodstove, stovepipe, furnace, iron, steam pipe, exhaust pipe, etc. <input type="checkbox"/> Cooking – Stove, oven, hotplate, barbeque, hot grease <input type="checkbox"/> Electrical – Electrocutation, electrical equipment, and flash burns <input type="checkbox"/> Explosive – Gunpowder, TNT, dynamite, bomb <input type="checkbox"/> Fireworks – Sparklers, firecrackers, rockets, smoke bombs, etc. <input type="checkbox"/> Flammable Liquids – Ignition of flammable/combustible liquids such as gasoline, kerosene, jet fuel, etc. <input type="checkbox"/> Gas Vapor Explosion – Ignition of flammable gases or the explosion of flammable liquid vapors <input type="checkbox"/> Hot Liquid – Hot water, coffee, tea, hot food, hot tar, melted plastic, etc. <input type="checkbox"/> Other Open Flame – Welding, matches, lighter, torch, etc. <input type="checkbox"/> Outside Fires – Grass and brush, forest, bonfires, dump, fresh and refuse fires, etc. <input type="checkbox"/> Radiation – Burns cause by contact or exposure to any radioactive materials <input type="checkbox"/> Steam – Caused by escaping steam from radiators, boilers, pipe, etc. <input type="checkbox"/> Structure Fire – Any uncontained burning within a structure, including, smoking accidents, trash fires, etc. <input type="checkbox"/> Sunburn – Exposure to ultraviolet light, including sunburns, tanning beds, etc. <input type="checkbox"/> Vehicle Fire – Cars, truck, planes, boats, tractors, lawnmower, carburetors and engine fires, etc. <input type="checkbox"/> Other (Explain) -					

In a Short Narrative Explain What Happened:		
Reporting Facility		
Address of Reporting Facility		
City, Town, Post Office	State	Zip
Name of Attending Physician (Last, First, M.I.)	In Your Opinion Should This Injury Be Investigated by the State Fire Marshal's Office? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Physician's Narrative Regarding How Injury Occurred:		
Was Patient Transferred to Another Facility? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes Which One?		
Person Reporting	Title	

**Re-Notification (SFM USE ONLY)**

Date	Time
Agency	
Person Receiving Report	Title

E-Mail Completed Form to: [sfm@dps.state.nv.us](mailto:sfm@dps.state.nv.us) c/o State Fire Marshal Investigation Bureau

Or Send to:

**Nevada State Fire Marshal  
Investigation Bureau  
107 Jacobsen Way  
Carson City, Nevada 89711**

**NRS 629.045 Provider of health care to report persons having certain burns; immunity of certain persons from civil action for disclosure.**

1. Every provider of health care to whom any person comes or is brought for the treatment of:
  - (a) Second or third degree burns to 5 percent or more of the body;
  - (b) Burns to the upper respiratory tract or laryngeal edema resulting from the inhalation of heated air; or
  - (c) Burns which may result in death,
 shall promptly report that information to the appropriate local fire department.
2. The report required by subsection 1 must include:
  - (a) The name and address of the person treated, if known;
  - (b) The location of the person treated; and
  - (c) The character and extent of the injuries.
3. A person required to make a report pursuant to subsection 1 shall, within 3 working days after treating the person, submit a written report to:
  - (a) The appropriate local fire department in counties whose population is 45,000 or more; or
  - (b) The State Fire Marshal in counties whose population is less than 45,000.
4. The report must be on a form provided by the State Fire Marshal.
  4. A provider of health care and his or her agents and employees are immune from any civil action for any disclosures made in good faith in accordance with the provisions of this section or any consequential damages.  
(Added to NRS by [1991, 1896](#); A [2001, 1996](#); [2011, 1300](#))