



OFFICE OF THE ILLINOIS STATE FIRE MARSHAL

Fireworks Hospital Data Sheet For the Period of January through December

Emergency Room Staff: Please complete this form for each fireworks-related injury treated during the study period. 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 study, please click the Submit button above.

Hospital Name: _____ City: _____ County: _____

Injury Date: _____ Time: _____

Transferred from: _____

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



Fire Cracker/
Ladyfinger



Crazy Jack/
Jumping Jacks etc.



Silver Salute/
M 80 etc.



Smoke/Cherry
Bombs



Missile
Rocket



Fountains
Base/Cone/Hand Held



Candles
Roman/California



Sky or Bottle
Rocket



Sparkler
Wire/Wood Core



Mortar

Public Display

Homemade

Unknown

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 hours
<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 hours
<input type="checkbox"/> 11 - 16	<input type="checkbox"/> Burn (2nd 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 (3rd 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		

Male

Female

Comments:
