

HDQTRS. USE ONLY
LOG #

BUFFALO FIRE DEPARTMENT

PRELIMINARY REPORT OF SICKNESS OR INJURY

(PLEASE PRINT) DATE _____ INJURY ____ PREVIOUS INJURY ____ SICKNESS ____
NAME _____ COMPANY _____ PLT. ____
ADDRESS _____ PHONE _____

INJURIES INCIDENT # _____ CASUALTY # _____
LOCATION OF INCIDENT _____
DATE OF INJURY _____ TIME OF INJURY _____ S.S. _____ - _____ - _____
INJURY FROM FIRE RESP EMS STATION TRAINING OTHER _____

NATURE OF INJURY OR SICKNESS

- | | | |
|---|---|---|
| <input type="checkbox"/> LACERATIONS, ABRASIONS | <input type="checkbox"/> SPRAINS, STRAINS | <input type="checkbox"/> HEART RELATED |
| <input type="checkbox"/> BURNS | <input type="checkbox"/> CONCUSSION | <input type="checkbox"/> HEAT/COLD INJURY |
| <input type="checkbox"/> CONTUSIONS, BRUISES | <input type="checkbox"/> INHALED MATERIAL | <input type="checkbox"/> FRACTURES, DISLOCATION |
| <input type="checkbox"/> EXP. TO DISEASE (F-51-1) | <input type="checkbox"/> EXP. TO CHEMICAL | <input type="checkbox"/> FLU |
| <input type="checkbox"/> PUNCTURE | <input type="checkbox"/> OTHER(EXPLAIN) _____ | |

PARTS OF BODY AFFECTED

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> HEAD | <input type="checkbox"/> ARM L <input type="checkbox"/> R <input type="checkbox"/> | <input type="checkbox"/> HEART | <input type="checkbox"/> GROIN |
| <input type="checkbox"/> EYE L <input type="checkbox"/> R <input type="checkbox"/> | <input type="checkbox"/> ELBOW L <input type="checkbox"/> R <input type="checkbox"/> | <input type="checkbox"/> ABDOMEN | <input type="checkbox"/> KNEE L <input type="checkbox"/> R <input type="checkbox"/> |
| <input type="checkbox"/> EAR L <input type="checkbox"/> R <input type="checkbox"/> | <input type="checkbox"/> HAND L <input type="checkbox"/> R <input type="checkbox"/> | <input type="checkbox"/> BACK | <input type="checkbox"/> ANKLE L <input type="checkbox"/> R <input type="checkbox"/> |
| <input type="checkbox"/> NECK | <input type="checkbox"/> CHEST | <input type="checkbox"/> LEG L <input type="checkbox"/> R <input type="checkbox"/> | <input type="checkbox"/> FOOT L <input type="checkbox"/> R <input type="checkbox"/> |
| <input type="checkbox"/> SHOULDER L <input type="checkbox"/> R <input type="checkbox"/> | <input type="checkbox"/> RIBS | <input type="checkbox"/> HIP | <input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> |
| <input type="checkbox"/> OTHER (EXPLAIN) _____ | | | |

CAUSE OF INJURY (ILLNESS) _____

REMAINED ON DUTY
REPORTED OFF DUTY
TIME AND DATE REPORTED OFF _____

MEDICAL INFORMATION (IF NEEDED)

FIRST AID _____
MEMBER'S PHYSICIAN _____ PHONE# _____
HOSPITAL _____ PHONE# _____

I hereby certify that to the best of my knowledge and belief, the submitted information is true and complete and accurate based on the information available at the time this report was prepared.

WITNESS TO ACCIDENT SIGNATURE _____ **DATE** _____

**Witness detailed statement on signed F8 also must accompany this form.

INJURED / ILL MEMBERS SIGNATURE _____ **DATE** _____

IN CHARGE SIGNATURE _____ **DATE** _____

(NOTIFY ALARM OFFICE AND BATTALION CHIEF)

CC: WHITE : HEADQUARTERS YELLOW : COMPANY RECORDS PINK : MEMBER COPY

DEPARTMENT OF FIRE
City of Buffalo
INTER DEPARTMENTAL CORRESPONDENCE

TO: DATE:

..... SUBJECT

FROM:

CO: PLT.

DEAR SIR:

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CO. OFFICER: DIV. CHIEF

BATT. CHIEF: DEP. COMMISSIONER

RESPECTFULLY,

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BUFFALO FIRE DEPARTMENT
INFECTIOUS EXPOSURE FORM

Exposed Member's Name: _____ Rank: _____

Social Security Number: _____ Home Phone: _____

Incident #: _____ Company #: _____ Plt: _____ Batt: _____

Name of Patient: _____

Age: _____ Address: _____

Suspected or Confirmed Disease: _____

Transported to: _____ By: _____

Date of Exposure: _____ Time of Exposure: _____

Type of Incident (Auto, Trauma): _____

PPE Worn: Gloves: _____ Mask: _____ Coveralls: _____ Eye Protection: _____ Turnout Gear: _____

What were you exposed to: Blood _____ Tears: _____ Feces: _____ Urine: _____

Saliva: _____ Vomitus: _____ Sputum: _____ Sweat: _____ Other: _____

What part(s) of your body became exposed: Be Specific: _____

Did you have any open cuts, sores, or rashes that became exposed: Be Specific: _____

How did exposure occur: Be Specific: _____

Did you seek medical attention: Yes: _____ No: _____

Where: _____

Member's Signature: _____ Date: _____

Company Officer Signature: _____ Date: _____

Battalion Chief Signature: _____ Date: _____

Division Chief Signature: _____ Date: _____

Safety Officer Signature: _____ Date: _____

SUBMIT ADDITIONAL INFORMATION ON A FORM 8



CITY OF BUFFALO
BUFFALO FIRE DEPARTMENT



BYRON W. BROWN
MAYOR

GARNELL W. WHITFIELD, JR.
COMMISSIONER
KEVIN PETERSON
JOSEPH J. TOMIZZI
DEPUTY COMMISSIONERS

BUFFALO FIRE DEPARTMENT
Injury-Work Status / Duty Restrictions

DUE BY: _____
FORM MUST BE FILLED OUT BY PHYSICIAN OR DESIGNEE
NO STAMPED PHYSICIAN SIGNATURE
MUST BE HAND DELIVERED TO HEADQUARTERS

MEMBER NAME: _____

TODAY'S DATE: _____

Please complete the following items upon your examination of the firefighter:

- FULL DUTY – No Restrictions (See attachment - Appendix A)
- LIGHT DUTY – LIFTING RESTRICTIONS (See attachment – Appendix B)
None of the duties require continuous, repetitive work.
- ULTRA LIGHT DUTY – NO LIFTING REQUIRED, may include sedentary work.
(See attachment- Appendix C) None of the duties require continuous, repetitive work.
- NO WORK – Must provide the *specific medical reasons* which preclude the member from performing any work:

****Great Lakes Staff Only: ** A Blank Copy of this form *must be forwarded* to member's treating physician for completion.**
Forwarded to: _____ Physician Name (please print) Forwarded: _____ Date

Physician Name (please print) Physician Signature (no stamped signature) Date

Member Signature Date Next Appointment: _____ (Date/Time)

Appendix A

SPECIFICATION

FIREFIGHTER

2430

DISTINGUISHING FEATURES OF THE CLASS

An incumbent to a position in this class responds to an alarm of fire and other emergency calls with an assigned company. Duties include manual work of a hazardous nature in fighting fires, performing tasks under emergency conditions, protecting life and property. Duties also involve exertion under handicap of smoke, extreme heat, gasses and cramped surroundings.

TYPICAL WORK ACTIVITIES

Lays, couples, connects and advances fire hose into burning buildings to direct designated water stream;

Performs first-aid techniques including examining the victim to determine extent of injury, what type of symptoms and what type of treatment, including defibrillation;

Climbs ladders of all lengths carrying firefighting tools or equipment and people;

Performs firefighting duties while on ladder;

Drives and operates firefighting equipment such as aerial ladder trucks, pumpers, rescue trucks and similar firefighting apparatus;

Determines when and where it is necessary to ventilate a particular fire area;

Operates fire extinguishers, foam equipment, fuel and oil pumps, portable breathing units and other equipment;

Controls spills and leaks of hazardous materials;

Maintains and tests fire hoses, couplings and nozzles;

- inspects same for damages;

Cleans fire station premises and apparatus;

Searches for victims in burning smoke-filled buildings or other hostile environments;

Performs related duties as required.

FULL PERFORMANCE KNOWLEDGE, SKILLS, ABILITIES AND PERSONAL CHARACTERISTICS

Basic knowledge of mechanical principles and devices, including hand tools;

Basic knowledge of mathematics and general science;

Ability to exercise good judgment in the fire fighting field;

Ability to read, interpret and comprehend written material;

Ability to remain aware of other firefighter efforts and be prepared to assist them;

Ability to get along well with others and to work together as part of a team;

Willingness to make personal sacrifices to serve the community;

Good hand, eye and motor coordination;

Physical condition commensurate with the demands of the position.



CITY OF BUFFALO
BUFFALO FIRE DEPARTMENT



BYRON W. BROWN
 MAYOR

GARNELL W. WHITFIELD, JR.
 COMMISSIONER

KEVIN D. PETERSON
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 DEPUTY COMMISSIONERS

Appendix B

Assignments for Light Duty Members

MAXIMUM NUMBER OF POUNDS MEMBER CAN LIFT ____ lbs

All members shall report for duty in proper uniform attire according to Communication #8.

Job Duties

Ability to Perform

If No, must state specific medical reason

- Driving
- Deliver Supplies this entails loading and unloading supplies and delivering them to firehouses throughout the city

Supplies may consist of the following:

- breathing air bottles 10lbs
- oxygen bottles 10lbs
- hand and power tools may exceed 10lbs
- monthly supplies (toilet paper, cleaning supplies etc. may exceed 10lbs)

- Fill air bottles: consists of lifting breathing air bottles weighing 10lbs from the truck, along with the following:

- wheeling them to the fill station
- loading them into the fill station
- hook up and fill them
- unhook and remove them from fill station
- reload into wheeling cart and wheel to the truck or rack, lifting them up and restocking
- refilling O2 bottles 10 lbs

- Respond to critical incidents: consists of responding to all operations and any accident or incident, rescue or extrication operation that requires their presence for the purpose of supplying breathing air, portable water, etc.

- All duties in Appendix C (attached)

Yes No _____

Yes No _____

Yes No _____

Yes No _____

Yes No _____

Yes No _____

Yes No _____

Yes No _____

Yes No _____

Yes No _____

Yes No _____

Yes No _____

Yes No _____

Yes No _____

Yes No _____

