WASHINGTON FIRE SERVICES RESOURCE MOBILIZATION PLAN

INJURY/EXPOSURE REPORT

COMPLETE AT TIME OF INJURY

Personal Information

Date		Incident Name			
Name				Resource #	
Mailing Address					
City		State		Zip Code	
Home Agency					
Completed By		Contact #			

Injury/Exposure Information

Date of Incident		Time		☐ Injury ☐ Exposure	
Location					
City		State		Zip Code	

Describe injury/exposure on the back of this form or on a separate sheet and attach.

Medical treatment received at time of injury	☐ Yes ☐ No	Location	
Transported	☐ Yes ☐ No	Facility	
Follow-up treatment received	☐ Yes ☐ No	Facility	
L&I claim filed	☐ Yes ☐ No	Claim #	

Third Party/Witness Information

Name				Name			
Address				Address			
City				City			
State		Zip Code		State		Zip Code	
Contact #				Contact #			

Reviewed By

Immediate Supervisor	Print Name	_____	Contact #	_____
	Signature	_____	Date	_____
MEDL or Safety Officer	Print Name	_____	Contact #	_____
	Signature	_____	Date	_____
Incident Commander	Print Name	_____	Contact #	_____
	Signature	_____	Date	_____

Turn original report in to the Mobilization Representative at the incident. Keep a copy for your records.

Filing an L&I Claim:
If you seek medical attention for a work-related injury that occurred on a Mobilization incident, you must inform the Health Care Provider. Attach a copy of the Report of Industrial Injury or Occupational Disease (ROA) to this report. **Volunteers –** Those personnel reimbursed by the WSP should use the following information to complete the employer portion: *Washington State Patrol, Human Resources Division, PO Box 42620, Olympia WA 98504-2620.* **Career –** Those personnel reimbursed by their home agency should complete the employer portion of the form with their home agency information.