

**Minnesota Department of Public Safety
State Fire Marshal Division
Burn Injury Report**

*Submission of this report is required pursuant to
Minnesota Statute Section 626.52, Subdivision 3.*

<https://www.revisor.mn.gov/statutes/?id=626.52#stat.626.52.3>

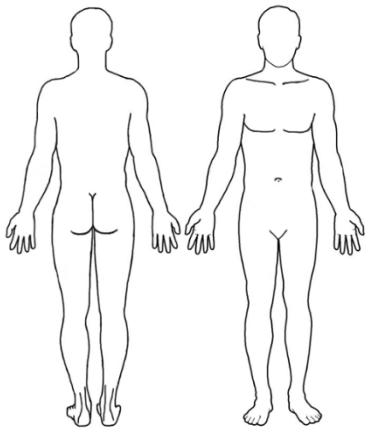
Nearest City/Town to Where Burn Occurred: _____ Date/Time of Injury: _____

County: _____ State: _____ Zip Code: _____

Patient was: Discharged Admitted Transferred To: _____

Patient Gender: Male Female Patient Date of Birth: _____ Medical Record #: _____

Shade burned area(s):



	%1 st	%2 nd	%3 rd	%Total
Initial Burn Estimate:				
12+ Hr. Burn Estimate:				
24+ Hr. Burn Estimate:				

- Check if patient sustained airway burns
- Check if burns compromised vision
- Check if burns were limited to fingers or toes

Toxicology at initial hospital admission:

- Drug(s): _____
- Admitted Use Tested – Value: _____
- Alcohol (Y/N): _____
- Admitted Use Tested – BAC: _____

Location/Activity at Time of Burn Injury: *(check all that apply)*

- Sleeping
- At Work
- At Home
 - Basement
 - Bathroom
 - Bedroom
 - Living Room
 - Kitchen
 - Garage
 - Outdoors
- Other: _____

Causes of Burn Injury: *(check all that apply)*

- Hot Liquid Contact (scald) Chemical Describe: _____
- Hot Object Contact Electrical Describe: _____
- Contact with Burning Solid Explosion Describe: _____
- Contact with Burning Liquid Fireworks Type: _____
- Contact with Burning Vapor Other: _____
- Direct Flame Contact
- Smoke Inhalation
- Sunburn
- Structure Fire
- Smoking

Check if your medical opinion on cause differs from that given by the patient

Reporting Facility – Name/Address/City/Zip: _____

Attending Physician: _____ Reporting Person: _____ Date Reported: _____

**Mail Completed Form To: Minnesota State Fire Marshal Division, Burn Injury Reporting System,
445 Minnesota Street, Suite 145, St. Paul, MN 55101-5145**

Email Completed Form To: Joel Paylor at joel.d.paylor@state.mn.us