

NWCG Wildland Fire Heat Illness Report

Complete this report for any wildland firefighter heat illness or suspected heat illness (including during any training and/or operational activities). A list of "Heat-Related Injuries" (HRI) is listed in NWCG Incident Response Pocket Guide (IRPG), pink pages. The reporting of wildland firefighter HRI is necessary to fully understand HRI within the wildland fire environment/job duties, which in turn will result in improved mitigation measures to further protect firefighters against heat illnesses. This reporting will also augment the Missoula Technology and Development Center (MTDC) Heat Illness Study. This report does not replace official accident/illness agency reporting requirements. There is NO patient Personal Identifiable Information (PII) requested within this report form.

Submit report to:

MTDC
 Attn: Dr. Joe Domitrovich, Heat Illness Study Program
 5785 Highway 10 West
 Missoula, MT 59808; or email to:
jdomitrovich@fs.fed.us



Submitted by: _____ Agency: _____
 Phone: _____ Email: _____

General Information (No names please!)

Date of event: _____ Time: _____ Resource Type (check appropriate):
 Fire/Incident Name and Location: _____
 State Where Patient(s) is/are Based: _____
 Days on Current Assignment: _____

<input type="checkbox"/> SMJ	<input type="checkbox"/> Engine	<input type="checkbox"/> Dozer
<input type="checkbox"/> Helitack	<input type="checkbox"/> Wildland Fire Module	<input type="checkbox"/> Single Resource: _____
<input type="checkbox"/> IHC	<input type="checkbox"/> Other: _____	
<input type="checkbox"/> Type 2 IA, Type 2 Crew		

Highest Level of Medical Treatment:

- Crew/Agency EMR/EMT
- Incident Medical Unit
- Local Clinic or Hospital
- Other: _____

Brief description of incident:

Illness Occurred During:

- Fire Operations
- Training
- Other: _____

Describe activities during operational period:

Exertion level: Low Moderate High Direct fireline Indirect fireline

Environmental Information (day of the incident)

Temperature (Degrees F) _____ Fuel Model (1-13) _____
 RH (%) Wind (mph) _____
 Cloud Cover (%) _____

Sources of Heat:

PPE (Select all that apply):

- Single layer Double layer
- Kevlar pant
- Non-kevlar pant
- Other PPE: _____
- Fireline pack weight: _____

Fuel Models (1-13)	
Grass and grass-dominated	Timber litter
1 Short grass (1 foot)	8 Closed timber litter
2 Timber (grass and understory)	9 Hardwood litter
3 Tall grass (2.5 feet)	10 Timber (litter and understory)
Chaparral and shrub fields	Slash
4 Chaparral (6 feet)	11 Light logging slash
5 Brush (2 feet)	12 Medium logging slash
6 Dormant brush, hardwood slash	13 Heavy logging slash
7 Southern rough	

Individual Information

Age: _____ Gender: Male Female Height (feet and inches): _____ Weight (lbs): _____

Position assignment when illness occurred: _____

Seasons worked on crew/position (count current season): _____ Is individual new to position?: Yes No

Has individual ever been diagnosed by a doctor with:

- Rhabdomyolysis
- Compartment Syndrome
- Heat Stroke

Which of these major signs and symptoms were present:

- | | | |
|--|---|---|
| <input type="checkbox"/> Undo Fatigue | <input type="checkbox"/> Headache | <input type="checkbox"/> Agitation |
| <input type="checkbox"/> Weakness | <input type="checkbox"/> Profuse Sweating | <input type="checkbox"/> Increased respiratory rate |
| <input type="checkbox"/> Dizziness | <input type="checkbox"/> Increased heart rate | <input type="checkbox"/> Numbness/tingling |
| <input type="checkbox"/> Nausea/vomiting | <input type="checkbox"/> Decreased blood pressure | <input type="checkbox"/> Confusion |
| <input type="checkbox"/> Muscle pain | <input type="checkbox"/> Decreased coordination | <input type="checkbox"/> Unresponsive/Unconscious |

Was there an illness within two weeks of incident?:

- Yes, Type of illness and duration<
- No

Was over-the-counter or prescribed medication taken at any point prior to illness:

- Yes, type and dose of medication<
- No

Supplements taken prior to and/or day of incident (energy drinks are considered a supplement):

- Yes, supplement name and amount<
- No

Does the patient train with any specific exercise program (i.e.; CrossFit, JonesGym, P90X, etc.)

- Yes, Name<
- No

Other comments or observations considered pertinent to the incident:

Mail to:
MTDC
Attn: Dr. Joe Domitrovich
Heat Illness Study Program
5785 HWY 10 WEST
Missoula, Montana 59808