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: ______
Fire/Incident Name and Location: ______________________
State Where Patient(s) is/are Based: ______________________
Days on Current Assignment: ______
Level of Medical Treatment:
- [ ] Crew/Agency EMR/EMT
- [ ] Incident Medical Unit
- [ ] Local Clinic or Hospital
- [ ] Other: ______________________

Resource Type (check appropriate):
- [ ] SMJ, Rappel
- [ ] Helitack
- [ ] IHC
- [ ] Type 2 IA, Type 2 Crew
- [ ] Engine, Dozer
- [ ] Wildland Fire Module
- [ ] Single Resource: ________________
- [ ] Other: ______________________

Brief description of incident: ______________________

Describe activities during operational period: ______________________

Exertion level: [ ] Low  [ ] Moderate  [ ] High  [ ] Direct fireline  [ ] Indirect fireline

Environmental Information (day of the incident)

Temperature (Degrees F) ______  RH (%) Wind (mph) ______  Cloud Cover (%) ______

Sources of Heat:
PPE (Select all that apply):
- [ ] Single layer
- [ ] Kevlar pant
- [ ] Non-kevlar pant
- [ ] Other PPE: ______________________
- [ ] Fireline pack weight: ______

Fuel Model (1-13) ______

Fuel Models (1-13)

<table>
<thead>
<tr>
<th>Grass and grass-dominated</th>
<th>Timber litter</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Short grass (1 foot)</td>
<td>8 Closed timber litter</td>
</tr>
<tr>
<td>2 Timber (grass and understory)</td>
<td>9 Hardwood litter</td>
</tr>
<tr>
<td>3 Tall grass (2.5 feet)</td>
<td>10 Timber (litter and understory)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Chaparral and shrub fields</th>
<th>Slash</th>
</tr>
</thead>
<tbody>
<tr>
<td>4 Chaparral (6 feet)</td>
<td>11 Light logging slash</td>
</tr>
<tr>
<td>5 Brush (2 feet)</td>
<td>12 Medium logging slash</td>
</tr>
<tr>
<td>6 Dormant brush, hardwood slash</td>
<td>13 Heavy logging slash</td>
</tr>
<tr>
<td>7 Southern rough</td>
<td></td>
</tr>
</tbody>
</table>
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:

□ Fatigue  □ Headache  □ Agitation
□ Weakness  □ Profuse Sweating  □ Increased respiratory rate
□ Dizziness  □ Increased heart rate  □ Numbness/tingling
□ Nausea/vomiting  □ Decreased blood pressure  □ Confusion
□ Muscle pain  □ Decreased coordination  □ 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: __________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________