

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

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

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

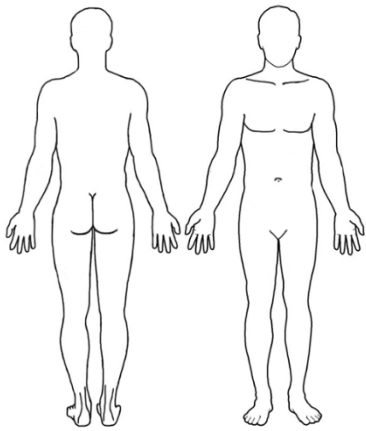
Nearest City/Town to Where Burn Occurred: \_\_\_\_\_ Date/Time of Injury: \_\_\_\_\_

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 <sup>st</sup>	%2 <sup>nd</sup>	%3 <sup>rd</sup>	%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 Describe: \_\_\_\_\_
- 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](mailto:Joel.d.paylor@state.mn.us)**