

JUN 10 2011



Office of the State Fire Marshal

June 2011

Dear Emergency Room Supervisor:

The Office of the State Fire Marshal (OSFM) continues to be concerned about injuries caused each year by consumer fireworks. In the past, Illinois hospitals have provided valuable information concerning fireworks injuries that have occurred during the July holiday season.

OSFM is interested in determining the use patterns and subsequent injuries that may result from fireworks. We are asking for your cooperation in helping to identify fireworks injuries that occur during the upcoming holiday period. The time required by your staff should be minimal.

Attached is a form for use immediately (please include any injuries you may already have) through July 30, 2011 for each fireworks injury presented to your emergency room during this time period. Please reproduce copies of the form as needed, one for each patient. **The forms should be returned to the address provided by August 15, 2011 so that your hospital may be included in our statistical report. For statistical purposes, it is important to return the survey even if there are no injuries to be reported.**

The complete 2011 results can be found on the OSFM website www.state.il.us/osfm, on the Pyrotechnic/Fireworks page.

You and your staff play a very important role in the battle against the illegal sale and use of fireworks. I assure you that the information you provide is a major contribution to our understanding about the injuries that may result from fireworks. Thank you for your concern and continued cooperation with our efforts to make the July holiday seasons as safe as possible.

Sincerely,

A handwritten signature in black ink that reads "Lawrence T. Matkaitis".

Lawrence T. Matkaitis
Illinois State Fire Marshal

LTM/ps

Enclosure

Office of the Illinois
State Fire Marshal
FIREWORKS

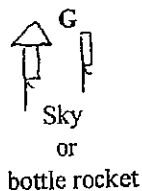
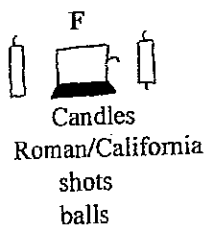
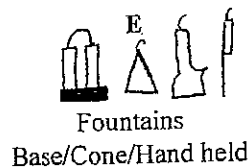
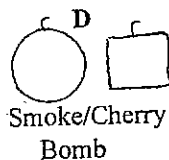
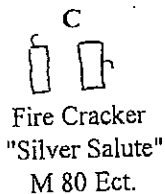
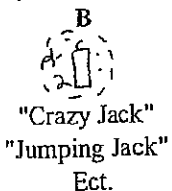
Hospital Data Sheet

For the Period of June 23 through July 20

Emergency Room Staff: Please complete this form for each fireworks-related injury treated during the study period. Circle the letter identifying the type of firework, then circle the item or items in each category that apply. Please use comments section for additional information. Upon completion of the study, please mail all forms to: State Fire Marshal's Office, Division of Fire Prevention, 1035 Stevenson Drive, Springfield, IL 62703-4259.

Hospital Name _____ City _____ County _____
Injury Date _____ Time _____

1. TYPE OF DEVICE (Please Circle)



R
Public Display

S
Homemade

T
Unknown

2. AGE

0 - 6
7 - 10
11 - 16
17 - 21
22 & Over

3. TYPE

Burn (1st Degree)	Fracture
Burn (2nd Degree)	Loss of Sight
Burn (3rd Degree)	Hearing Loss
Abrasion	Dismemberment
Laceration	Fatality
Other _____	

4. BODY PART

Head/Face (except eyes)	
Eyes	Neck
Hand (except fingers)	
Fingers	Ear
Torso	Foot
Leg	Arm

5. ACTION TAKEN

Treated and released
Hospitalized less than 24 hours
Hospitalized more than 24 hours

_____ MALE _____ FEMALE

COMMENTS: _____