

## Mississippi Fire Marshal's Office Burn Report

As required by Miss. Code Ann. § 45-11-281, any hospital, as defined in Section 41-9-3, or any licensed facility, as defined in Section 41-23-39, that is initially responsible for the treatment of an individual for a burn injury shall notify the State Fire Marshal or his designee within twenty-four (24) hours by phone at 601-359-1061 or fax at 601-359-1076. For the purposes of this act, the term "burn injury" means a burn injury: which causes second- or third-degree burns to nine percent (9%) or more of the patient's body; which causes injury to the upper respiratory tract or laryngeal edema caused by inhaling super-heated air; or which causes death. The term "burn injury" shall not include sunburns.

This information shall be held by the State Fire Marshal as confidential and shall not be disclosed except pursuant to state or federal law.

Treating facility:	
Facility phone number:	Time of admit:
Reporting employee:	
Patient's name:	Patient's age:
Guardian name: (if minor)	Patient's sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
Patient's address:	
Patient's phone number:	
Incident address:	
Did fire department respond? <input type="checkbox"/> Yes <input type="checkbox"/> No Fire department:	
Date of injury:	County of injury:
Description of injury:	
% TBSA	Burn Degree
Cause of injury: (Provide as many details as known.)	
Discharge Disposition:	
Comments: (Include other facts concerning the burn injury which might assist in detecting arson)	