

FIRE AWARD APPLICATION

Please print or type except where signatures are required				
PROPOSED RECIPIENT				
Name & Rank				
Address & Phone Number				
Fire Department and / or Unit				
Wearing Protective Gear? Yes No	O Wearing SCBA? Yes No			
Tools used in Rescue:				
Injured? Yes No Emer	gency Treatment? Yes No			
Hospitalized? Yes No	Name Of Hospital:			
Diagnosis				

INCIDENT

L	ocation (Street & Town)
Construction	Occupancy
Floor	Room
ADDITIO	ONAL MEMBERS INVOLVED
Name / Rank	 Unit
Name / Rank	Unit
	PERSONS AIDED
Name	Sex / Age
Address	Type of Aid
Hospitalized? Yes No	Name of Hospital
Diagnosis:	
	WITNESSES
Name	Name
Address	Address

(continue on separate sheet if necessary) DESCRIPTION OF INCIDENT

(continue on separate sheet if necessary)

DIAGRAM

Show the following:

Point of Entry Path of Rescue Location of Fire Point of Rescue

PERSON PREPARING REPORT

Print Name	Ra	ank	Signature
Attach copy of Fire IAttach all available of	•		ts, newspaper articles, photos)
Was this acknowled	ged by your Depart	ment? Ye	s No
CHIE	F OR ASSISTANT (signatu	CHIEF OF DE re required)	PARTMENT
Print Name		Signature	
Was Chief at Scene?	Yes	No	
Did he / she observe act?	Yes	No	
Did he / she investigate act	? Yes	No	
NOTE: A Chief may be aske	ed to appear befor	e the Awards Co	ommittee

AWARDS COMMITTEE REPORT

The Awards Committee of the Nassau County Firemen's Association has reviewed this report and all submitted documentation and conducted an investigation.

This application is hereby:	
APPROVED:	
NOT APPROVED:	
	Fire Department on
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	Chairperson Signature
Committee Members Signatures:	
	Board of Directors Liaison
President's Signature:	Date: