

SAINT BARNABAS BURN FOUNDATION

VALOR AWARD APPLICATION

1. NAME \_\_\_\_\_ RANK \_\_\_\_\_ WORK PHONE (\_\_\_\_) \_\_\_\_\_  
HOME PHONE (\_\_\_\_) \_\_\_\_\_  
HOME ADDRESS \_\_\_\_\_ ZIP CODE \_\_\_\_\_

2. NAME OF DEPARTMENT \_\_\_\_\_ LOCAL \_\_\_\_\_ DATE OF INCIDENT \_\_\_\_\_

3. DID MEMBER ACT ALONE IN THE RESCUE? YES \_\_\_ \*NO \_\_\_ TIME OF INCIDENT \_\_\_\_\_

*\*IF NO, THIS PAGE OF THE APPLICATION MUST BE SUBMITTED FOR EACH MEMBER WHO IS TO BE CONSIDERED FOR AN AWARD FOR HIS/HER PART IN THE RESCUE (IT IS ONLY NECESSARY TO SEND ONE COPY OF THE DESCRIPTION OF THE RESCUE FOR MULTIPLE SUBMISSIONS). RESCUES INVOLVING MORE THAN 3 MEMBERS WILL BE CONSIDERED FOR SPECIAL RECOGNITION OR TEAM EFFORT AWARDS ONLY.*

4. LOCATION OF RESCUE:

A. Address of building \_\_\_\_\_

Height \_\_\_\_\_ Construction \_\_\_\_\_

Size/Occupancy \_\_\_\_\_ Floor where rescue took place \_\_\_\_\_

B. If not in building, give complete description so that physical setting can be recreated \_\_\_\_\_  
\_\_\_\_\_

5. PERSON(S) AIDED (1) (2) (3)

Name \_\_\_\_\_

Age/Sex \_\_\_\_\_

Rescue Breathing? Yes \_\_\_ No \_\_\_ Yes \_\_\_ No \_\_\_ Yes \_\_\_ No \_\_\_

External Cardiac Massage? Yes \_\_\_ No \_\_\_ Yes \_\_\_ No \_\_\_ Yes \_\_\_ No \_\_\_

Resuscitator Applied? Yes \_\_\_ No \_\_\_ Yes \_\_\_ No \_\_\_ Yes \_\_\_ No \_\_\_

6. DID MEMBER PERFORMING RESCUE RECEIVE ANY EMERGENCY TREATMENT? YES \_\_\_ NO \_\_\_  
IF YES, SPECIFY \_\_\_\_\_

7. WAS MASK WORN BY MEMBER DURING RESCUE? YES \_\_\_ NO \_\_\_

WAS CHARGED HOSELINE IN POSITION TO PROTECT MEMBER DURING RESCUE? YES \_\_\_ NO \_\_\_

HOW WAS VICTIM REMOVED FROM SCENE? CARRIED \_\_\_ DRAGGED \_\_\_ ASSISTED \_\_\_

WAS LADDER USED IN THIS RESCUE? YES \_\_\_ NO \_\_\_ IF YES, INDICATE TYPE, SIZE AND

PLACEMENT \_\_\_\_\_ (OVER) ☞

8. WAS VICTIM REMOVED FROM: Immediate Fire Area \_\_\_\_\_ Directly Above Fire \_\_\_\_\_ Directly Below Fire \_\_\_\_\_  
Other Area (Specify) \_\_\_\_\_

9. DESCRIPTION OF RESCUE (You may attach a separate report if available)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

10. DIAGRAM OF HOME, APARTMENT OR AREA FROM WHICH VICTIM WAS REMOVED

- Indicate location of victim with an "X"
- Indicate path of entrance to area with a solid line (\_\_\_\_\_)
- Indicate path of exit (if different from entrance) with a broken line (\_\_\_\_\_)
- Indicate origin of fire (if known) by O with floor # inside
- Indicate area of fire with ///////////////
- Indicate locations of hoselines with =====

Diagram should include all means of access to area (doors, windows, fire escapes) if applicable.

11. APPLICATION SUBMITTED BY \_\_\_\_\_ RANK \_\_\_\_\_

ADDRESS \_\_\_\_\_ ZIP CODE \_\_\_\_\_

NAME OF DEPARTMENT \_\_\_\_\_ LOCAL \_\_\_\_\_

DAYTIME PHONE NUMBER (\_\_\_\_\_) \_\_\_\_\_ PAGER/CELL (\_\_\_\_\_) \_\_\_\_\_

DATE \_\_\_\_\_

PLEASE MAIL COMPLETED APPLICATION WITH ANY ATTACHMENTS TO

SAINT BARNABAS BURN FOUNDATION  
94 OLD SHORT HILLS ROAD  
LIVINGSTON, NJ 07039  
973-322-4344  
973-322-4346 Fax  
[bfoster@barnabashealth.org](mailto:bfoster@barnabashealth.org) E-Mail  
[www.njburncenter.com](http://www.njburncenter.com)