

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

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