

SAINT BARNABAS BURN FOUNDATION
VALOR AWARD DINNER
EMS AWARD APPLICATION

1. NAME _____ POSITION _____ WORK PHONE (____) _____
HOME PHONE (____) _____
HOME ADDRESS _____ ZIP CODE _____

2. NAME OF DEPARTMENT/AGENCY _____ LOCAL _____ DATE OF INCIDENT _____

3. DID MEMBER ACT ALONE IN THE INCIDENT? 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).*

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 ANY SPECIAL OR PROTECTIVE GEAR/EQUIPMENT WORN DURING INCIDENT? YES ___ NO ___

8. WAS ANY ADDITIONAL EQUIPMENT IN POSITION TO PROTECT MEMBER DURING INCIDENT? YES ___ NO ___

9. HOW WAS PATIENT REMOVED FROM SCENE? CARRIED ___ DRAGGED ___ ASSISTED ___

10. WAS ANY ADDITIONAL EQUIPMENT USED IN THIS INDICENT? YES ___ NO ___ IF YES, INDICATE TYPE, SIZE
AND PLACEMENT _____ (OVER) ☞

11. WAS PATIENT REMOVED FROM DANGER? YES ____ NO ____

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

13. DIAGRAM OF HOME, APARTMENT OR AREA FROM WHICH PATIENT 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 (_ _ _ _ _)

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

14. APPLICATION SUBMITTED BY _____ POSITION _____

ADDRESS _____ ZIP CODE _____

NAME OF DEPARTMENT/AGENCY _____ LOCAL _____

DAYTIME PHONE NUMBER (_____) _____ PAGER (_____) _____

DATE _____

PLEASE MAIL COMPLETED APPLICATION WITH ANY ATTACHMENTS TO

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