



NOMINATION FORM



Genesee County Association of Fire Chief's

Valor in Emergency Response

Name of Nominee _____

Fire Department _____

Address _____ City _____ State _____ Zip _____

Telephone _____ Years in fire service _____ Years in current position _____

Has applicant ever been convicted of a felony? _____

1) Date of act _____ Time _____

2) Did any other member participate directly in this act? () Yes () No

If Yes _____

(Name / Rank or Grade / Unit Assigned)

3) Location of meritorious act _____

a) If in building, address _____

Height _____ Area _____ Construction _____ Occupancy _____

of apartments in bldg _____ Floor where act took place _____ Room _____

b) If not building: Give complete descriptive information so that physical setting can be recreated: _____

4) Person(s) Aided: Name (if available) _____

Address _____

Age _____ Sex _____ Rescue breathing _____ External Cardiac Massage _____

Resuscitator applied _____ Hospitalized _____ Name of hospital _____

Length of hospitalization _____ Diagnosis _____

5) Member performing act: Did he/she receive any emergency treatment? _____

Was medical leave granted? _____ Diagnosis _____

6) What specific job was member performing at time of rescue? _____

7) Was member alone? _____ (If not, indicated number of fire department personnel in immediate area, and describe their positions in #15.

8) Was a mask worn by member during rescue? _____

9) Was charged hose line in position to protect member making rescue? _____

10) How was victim removed from Premises? Carried _____ Dragged _____ Assisted _____

11) Was a ladder used in this rescue? _____ If yes, indicate type, size and placement _____

12) Name(s) of two members who actually witnessed act (if available) _____

13) Was victim removed from: Immediate fire area _____ Directly above fire _____ Other _____

14) Description of Act. **(Use separate Narrative Form to complete)**

15) Signature of officer preparing report: _____

Submitted by: _____