

FIRE AWARD APPLICATION

Nassau County Fire Commission Award Application may also be used				
Please print or type except where signatures	are required			
Date & Time of Alarm	Date Prepared			
PROPOSED RECIPIENT				
Name & Rank				
Address & Phone Number				
Fire Department and / or Unit				
Wearing Protective Gear? Yes N	No Wearing SCBA? Yes No			
Tools used in Rescue:				
Injured? Yes No Eme	ergency Treatment? Yes No			
Hospitalized? Yes No	Name Of Hospital:			
Diagnosis				

INCIDENT

Locati	on (Street & Town)
Construction	Occupancy
Floor	Room
ADDITIONA	L MEMBERS INVOLVED
Name / Rank	Unit
Name / Rank	Unit
PE	RSONS 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	nk	Signature
Attach copy of Fire DAttach all available d	•	ness statements,	, newspaper articles, photos)
 Was this acknowledg 	ged by your Departi	ment? Yes	No
CHIEF	OR ASSISTANT (signatur	CHIEF OF DEPA e required)	ARTMENT
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	d to appear before	the Awards Con	nmittee

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:	
Letter of decision forwarded to Chief of the	Fire Department on
·	
	Chairperson Signature
Committee Members Signatures:	
	Board of Directors Liaison
President's Signature:	Date: