



Georgia State Firefighter's Association

Note: Nominee must be a member of Georgia State Firefighter's Association

LIFESAVING VALOR AWARD

Date of meritorious act: _____ Time _____

1 Fire Department _____ City _____ County _____

2 PERFORMED BY _____

3 Rank or Grade _____ Name _____ Unit assigned _____

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

If Yes: _____

4 Rank or Grade _____ Name _____ Unit assigned _____

4 Is meritorious act report being forwarded for participating member? _____ If not, how did member participate? _____

5 Location of meritorious act:

a) If in building, address _____

Height _____ -Area _____ -Construction _____ Occupancy _____

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

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

7 Person(s) Aided: Name _____

Address _____

Age _____ Sex _____ Rescue breathing _____ External Cardiac Massage _____ Resuscitator applied _____

Hospitalized _____ Name of hospital _____ Length of hospitalization _____ Diagnosis _____

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

Was medical leave granted? _____ Diagnosis _____

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

10 Was member alone? _____ (If not, indicate number of fire department personnel in immediate area, and describe their positions in #14.

Was a mask worn by member during rescue? _____ Was charged hoseline in position to protect member making rescue? _____ How was victim removed from premises? Carried _____ Dragged _____ Assisted _____

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

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

12 Names of two civilians who actually witnessed act (if available) _____

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

14 Description of Act: (Use extra sheet if necessary)

15 Diagram of apartment or area from which victim was removed: (Draw on reverse side of form)

Indicate location of victim by X.

Indicate path of entrance to apartment (or area) by solid line.

Indicate path of exit (if different from entrance) by broken line.

Indicate point of origin of fire (if known) by _____ with floor # inside.

Indicate location of hose line by _____

Diagram shall include all means of access to area (doors, fire escapes,).

16. Signature of officer preparing report: _____

17. Comments (if any) regarding meritorious act: _____

18. PLEASE NOTE NAMES OF ALL BEING SUBMITTED FOR RECOGNITION (i.e. one individual or group of individuals, or ENTIRE unit.