

**BUCKS COUNTY FIRE CHIEFS
AND FIREFIGHTERS ASSOCIATION**

VALOR AWARD PROCEDURES

PURPOSE: To recognize outstanding actions by Firefighters or Crews who rescue or assist victims or other firefighters from life threatening conditions.

AWARDS COMMITTEE:

Chief Paul Kreuter
Chief Ron Doster
Chief Kevin Dippolito
Chief Mark Showmaker
Chief Rick Gerhard

SUBMITTING VALOR AWARD APPLICATIONS:

1. Valor Award applications are available from any member of the Awards Committee or from the Association website.
2. Valor Award applications must be completed and validated by a Chief Officer.
3. Additional documentation such as media coverage, pictures or videos may be submitted.
4. The Valor Award period shall be January 1 through December 31, 2012.
5. Completed applications must be received by the Awards Committee no later than April 30, 2013.

**BUCKS COUNTY FIRE CHIEFS
AND FIREFIGHTERS ASSOCIATION
VALOR AWARDS APPLICATION**

(Type or Print Application)

1. Date of Meritorious Act _____ 20__ Time _____

2. Nominee's Name _____ Rank _____

3. Home Address: Street _____ City _____

4. Fire Department or Company _____ Years of Service _____

5. Reason for Meritorious Act: Fire ___ Drowning ___ Cliff ___ Sewer ___ Explosion ___ Auto ___ Other

(explain) _____

6. Location of Incident _____ Box # _____

7. Weather: Fair ___ Snow ___ Fog ___ Rain ___ Other ___ Temperature _____

(If Meritorious Act was related to a structural Fire, Complete 8 thru 12)

8. Type of Construction _____

9. Height of Construction (or Depth) _____

10. Type of Occupancy, Dwelling ___ Apartment ___ Public Building ___ School ___ Other (explain)

11. Location and extent of fire upon arrival _____

12. Describe Smoke Condition _____

13. Unusual features of involved occupancy: Old Age Home _____ Panic _____ Congested _____

Highly Flammable _____ Other _____

14. Persons rescued:

Name	Age	Gender	Physical Condition
(Normal, Disabled, Conscious, Panic-stricken, Other)			

If more space is needed use a second sheet.

17. Describe where victim was found _____

18. Describe the injuries to the victim _____

19. Describe the injuries to the rescuer _____

20. Was SCBA used? Yes ___ No ___

21 Was protective gear used? Yes ___ No ___

22. Was protective Stream used? Yes ___ No ___

23. Was additional help present? Yes ___ No ___

24. Was rescue made with assistance? Yes ___ No ___ If yes, describe

25. Give details of Meritorious Act. _____

Attach all supporting information, incident report, witnesses, photos etc.

The undersigned hereby states that the information contained is substantially correct to the best of their knowledge.

Signature of Submitter _____ Signature of Fire Officer _____

Rank of submitter _____ Rank of Fire Officer _____

Fire Department _____ Phone _____

Fire Department Address _____

Signatures of Approval of the Valor Awards Committee;

Date of Approval _____