



Dennis Levinson  
County Executive

# Atlantic County

## Anthony "Tony" Canale Training Center

Department of  
Public Safety  
Richard F. Mulvihill  
Department Head

Office of Emergency  
Preparedness

Office of Fire Safety  
609/407-6741

Police In-Service  
Program  
609/407-6715  
Fax 407-6717

### COUNTY VALOR COMMITTEE GUIDELINES

Nomination or nominations must come from the chief of a fire department in whose jurisdiction the incident occurs. The nominations may come from among the Fire Service, Medical Service, Police or Civilian, but they will not be considered unless nominated by the Fire Chief.

More than one individual may be nominated for the same incident.

The chief may submit more than one nomination for the same year, in fact, we want all incident where the chief believes consideration should be given to be submitted.

Good judgment should be used in nominations so as to maintain proper pride and dignity in the awards.

The top award will only be awarded to someone in the Fire Service. If a top award in the eyes of the committee is not warranted, it will not be awarded for that year.

Committee members who represent a city where the nominations comes from, will vote on the award unless they were involved in the incident and the nomination.

- |                      |  |
|----------------------|--|
| <b>Top Award</b>     | Best of Class I  |
| <b>Class I</b>       | Extreme risk i.e., going over fire, no hose line protection and means of egress blocked. |
| <b>Class II</b>      | Less personal risk than Class I  |
| <b>Meritorious</b>   | Recognition of performing your duty where a life may be saved.                           |
| <b>Unit Citation</b> | Unit working together in rescue.   |

WS:VALOR COMMITTEE GUIDELINES



ATLANTIC COUNTY FIREFIGHTERS ASSOCIATION

APPLICATION FOR  
VALOR AWARD CONSIDERATION

Name of person making recommendation: \_\_\_\_\_

Fire Department represented: \_\_\_\_\_ DATE: \_\_\_\_\_

Chief of Department / Company signature: \_\_\_\_\_

INCIDENT STATISTICS

Date of incident: \_\_\_\_\_ Time: \_\_\_\_\_

Incident location: \_\_\_\_\_

Structure Occupancy: Residential ( ) Commercial ( ) Vehicle ( ) Other ( )

Type of Structure: \_\_\_\_\_

Location and extent of fire in structure / vehicle: \_\_\_\_\_

Initial Apparatus Response: Engine ( ) Ladder ( ) Rescue ( ) Other ( )

Initial Manpower on Scene: \_\_\_\_\_

**COMPLETE THE FOLLOWING REGARDING RESCUE / ATTEMPTED RESCUE**

Name of Rescuer(s): \_\_\_\_\_

Affiliation: Fire Service ( ) E.M.S. ( ) Police ( ) Civilian ( ) Other ( )

If Firefighter, EMS or Police, Rank and Number of years of service:

\_\_\_\_\_  
\_\_\_\_\_

ATLANTIC COUNTY FIREFIGHTERS ASSOCIATION

VALOR AWARDS APPLICATION

Details about contacting and removing, searching for and removing occupants, or attempted rescue. Specify the names of persons rescued, sex, age, location found, and condition of person when found.

(Location: Living room, Bedroom etc. 1st, 2nd, 3rd. Floor)  
(Condition: Conscious, Unconscious, Crippled, etc.)

NAME:	SEX:	AGE:	LOCATION FOUND:	CONDITION:
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**Mental condition of conscious occupants rescued:**

Panic stricken ( ) Dazed ( ) Apparently in shock ( )

Atmosphere of area where rescue was made: \_\_\_\_\_  
\_\_\_\_\_

**Means used to effect removal and rescue:**

Aerial Ladder ( ) Ground Ladder ( ) Ladder Tower ( ) Fire Escape ( )  
Interior stairway ( ) Horizontal exit ( ) Roof rope ( ) Other ( )

Was a protective hose line used to assist in rescue? Yes ( ) No ( )

Was SCBA available? Yes ( ) No ( )

Was SCBA used in rescue? Yes ( ) No ( )

Write a narrative of the above incident on a separate sheet, and attach it to this application. Include any newspaper or magazine articles etc. That will help to substantiate this report.



# ATLANTIC COUNTY FIREFIGHTERS ASSOCIATION

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SPECIAL REMARKS / INFORMATION OR NEWS PAPER CLIPPINGS

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