



# National Fallen Firefighters Foundation

## Public Safety Officer Data Sheet

<b>PUBLIC SAFETY OFFICER INFORMATION</b>	Public Safety Officer: _____	
	Age: _____ Years	
	Date of Birth: _____	Married: <input type="checkbox"/> YES <input type="checkbox"/> NO
	Date of Death: _____	IAFF Member: <input type="checkbox"/> YES <input type="checkbox"/> NO
	Employment Status: _____	
	Rank: _____	Retired: <input type="checkbox"/> YES <input type="checkbox"/> NO
	Years of Service: _____ Years	
	Cause of Death: _____	
	Timing of Death: _____	
	Location of Death: _____	
Death occurred within 24 hours of an Emergency Response: _____	<input type="checkbox"/> YES <input type="checkbox"/> NO	
<b>INCIDENT 89 G7 F-DHCB</b>	Date of Incident: _____	Multiple Fatalities: <input type="checkbox"/> YES <input type="checkbox"/> NO
	Type of Incident: _____	Arson: <input type="checkbox"/> YES <input type="checkbox"/> NO
	Narrative: _____	
<b>DEPARTMENT INFORMATION</b>	Name of Dept/Agency: _____	
	Department Type: _____	Region Served: _____
	Chief Name: _____	Phone Number: _____
	Point of Contact: _____	P.O.C. Rank: _____
	Address: _____	Phone: _____
		Cell: _____
	Email: _____	Fax: _____
<b>L.A.S.T. TEAM INVOLVEMENT</b>	Notification Date: _____ Time: _____ Method: _____	
	Initial Contact between LAST and Affected Department: _____	Time: _____
	LAST Representative: _____	Hot Sheet Delivered: <input type="checkbox"/> YES <input type="checkbox"/> NO
	Department Contact: _____	Method: _____
	Status: <input type="checkbox"/> Full Deployment <input type="checkbox"/> Partial Deployment <input type="checkbox"/> No Assistance Requested	
	Number of persons deployed: _____	
Goals / Exit Strategy: _____		
<b>NFFF USE ONLY</b>	Staff Recommendation: _____	Initials: _____ Date: _____
	Executive Director's Recommendation: _____	
	Executive Director's Approval _____	Date _____



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<b>FAMILY INFORMATION</b>	Next of Kin _____ Relationship: _____
	Address: _____
	Phone: _____ Email: _____
	Child Name: _____ DOB: _____ Caregiver: _____
	Child Name: _____ DOB: _____ Caregiver: _____
	Child Name: _____ DOB: _____ Caregiver: _____
	Child Name: _____ DOB: _____ Caregiver: _____
	Child Name: _____ DOB: _____ Caregiver: _____
<b>OTHER FAMILY INFORMATION</b>	Name: _____ Relationship: _____
	Address: _____
	Phone: _____ Email: _____
	Name: _____ Relationship: _____
	Address: _____
	Phone: _____ Email: _____
	Name: _____ Relationship: _____
	Address: _____
	Phone: _____ Email: _____
<b>SPECIAL CIRCUMSTANCES</b>	Special Family Circumstances:
<b>ADDITIONAL INFORMATION</b>	Additional Information / Notes / Follow-up Needed:
<b>INFORMATION SOURCES</b>	Source(s) of Information:
<input type="checkbox"/> LAST Team <input type="checkbox"/> Chief-to-Chief Network <input type="checkbox"/> Survivor Network <input type="checkbox"/> Foundation Staff	