



National Fallen Firefighters Foundation

Public Safety Officer Data Sheet

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



National Fallen Firefighters Foundation

Public Safety Officer Data Sheet

FAMILY INFORMATION	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: _____		
OTHER FAMILY INFORMATION	Name: _____ Relationship: _____		
	Address: _____		
	Phone: _____ Email: _____		
	Name: _____ Relationship: _____		
	Address: _____		
	Phone: _____ Email: _____		
	Name: _____ Relationship: _____		
	Address: _____		
SPECIAL CIRCUMSTANCES	Special Family Circumstances:		
ADDITIONAL INFORMATION	Additional Information / Notes / Follow-up Needed:		
INFORMATION SOURCES	Source(s) of Information:		
LAST Team	Chief/IC/CO Networks	Fire Hero Family Network	NFFF Staff