Denton County Fire Chief’s Association
Policy for Line of Duty Death
Updated August 2, 2007

Funeral Chief’s Committee

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I. INTRODUCTION

A. The Denton County Fire Chiefs Association has approved and adopted this document as Policy for Line-Of-Duty-Deaths (LODD) and for the proper handling of fire service funerals in Denton County. We have compiled this information for the good and welfare of all Denton County Firefighters. We are providing this document in the hopes that you will never have to use it. In the event of a LODD we are now and forever committed to the purpose our higher power has entrusted to us in allowing us the good fortune to be a servant in the American Fire Service. “For greater love hath no man.”

B. The Denton County Fire Chiefs Association Funeral Committee (DCFCAFC) is available at all times to answer questions or assist in Firefighter funeral matters. This Committee has been formed to assist the Fire Chief and members of Denton County Fire Departments who have experienced a LODD. We offer our assistance, understanding and support. Our goal is to help shoulder the burden.

C. This assistance can include, but is not limited to, providing materials and personnel to properly decorate the facilities and procession units. We have compiled a data base of resources that will be available to all who ask regardless of affiliation with Denton County; however, our ability to commit resources at this time is limited to Denton County. The Denton County Fire Chiefs Association is available to assist with the documentation and reporting requirements, securing fill-ins and an Honor Guard. Additionally, the Denton County Fire Chiefs Association is available to provide guidance on how to organize a Command Staff to accomplish all of the critical tasks associated with planning and conducting a funeral for a fallen Firefighter. There are no fees for this assistance and or suggested fire service funeral guidelines. The Denton County Fire Chiefs Association Funeral Committee may be contacted through the Office of the Denton County Fire Marshal.

II. THE MATERIALS

A. The following materials were secured from a variety of sources and reconstructed here to assist the Denton County Fire Chiefs Association with information, resources and guidance. No part of these guidelines are presented as original work nor are they intended to confine, direct, or otherwise restrict a Fire Chief from directing and organizing their department’s response to such a tragic event. There is no intent or desire to affect the copyrighted works of published authors. Reproduction and use of this document is the responsibility of the user.

III. GENERAL FIREFIGHTER FUNERAL SERVICE GUIDELINES

A. These guidelines are presented for fire departments throughout Denton County and the State of Texas who may have to face the difficult task of being involved in an official funeral for one or more of its members. One of the most difficult questions facing a department will be what type of honors are appropriate for their situation.

B. Primary considerations when making a decision are the feelings and desires of the family and department members. If a department provides the highest honors for an active Officer who died in a non-line-of-duty circumstance, then offering less than full honors
for another active Firefighter who also died in a non-line-of-duty circumstance may result in long lasting resentment harbored by family and department members.

C. This guideline is intended to assist departments in providing consistency within the department, throughout Denton County, as well as the State of Texas, in paying final respects and honors to fallen Firefighters.

D. This guideline will define different levels of honor and the options and variations that are available. It is recommended that departments and agencies adopt such a plan prior to the need in order to establish consistency for years to come. Before any plans can be made, the family must be consulted and agree on the participation of the agency. It is the surviving family’s wishes that are paramount in funeral planning.

IV. DEFINITIONS

Line-of-Duty Death (LODD)
The death must be the result of a traumatic injury suffered in the line-of-duty.

Job Related Traumatic Injury
A blow to the body by an outside force, i.e., crushing injuries suffered in a building collapse, apparatus accident or fall. Burns, smoke inhalation and such climactic injuries as heatstroke or frostbite are considered traumatic injuries.

Job Related Non-Traumatic Injuries
A non-traumatic injury that is strongly believed or has been proven to be attributable to the job. Examples: Stress, heart attack, cancer, stroke, disease and mental illness (suicide).

Non-Job Related Death-Deaths
This category comprises the natural and traumatic, that are not Fire/EMS duty related causes of death for active or non-active and retired members.

Active Member
A full-time member or volunteer member of Fire or EMS services in an active capacity.

Inactive Member
A retired, former or pensioned member of a Fire or EMS service.

Affiliate Members
An individual that has served in some capacity with the department, such as a Commissioner, Trustee, Dispatcher etc.

V. HONORS AND DESCRIPTIONS

American Flag
Any active or honorably discharged member of the United States Armed Forces should have the American Flag draped or displayed on the casket. At time of interment, the American Flag will be folded and presented to surviving family” On Behalf of a grateful nation.” Representatives from the Armed Forces, VFW, American Legion, etc., shall have first right of folding and presentation to the family. If unable to obtain members from these groups, the fire department should undertake this responsibility.
**Badge Shrouds**
Black elastic or tape is used to cover a horizontal portion of the uniform badge as a reflection of "in mourning" and should only be worn by the stricken department and members of the DCFCA Funeral Chiefs Committee.

**Bagpipers**
Used in traditional fire service ceremony. Pipers accompany and play music during movement of the casket and, if desired, during the service.

**Bell Service**
This bell service consists of a portable fire department bell that is traditionally tolled at the conclusion of the religious ceremony. One member reads a statement regarding the deceased's last alarm. A second member tolls the bell at the conclusion.

**Bugler**
The final taps can be one or two personnel playing trumpets sounding the traditional military taps at the interment site.

**Chaplain**
Clergy that are officially members of a department should officiate.

**Color Guards**
A formally trained unit of members carrying the national and local flag in accordance with accepted standards. Color guards participate in all marching processions (the IAFF has a trained unit available for IAFF members).

**Crossed Ladders**
The use of two aerial trucks crossing extended ladders or booms (with the American Flag hanging from the apex) located at or en-route to the cemetery. When the flag is displayed over the middle of the street it should be suspended vertically with the union to the north on an east and west street or to the east on a north and south street.

**Eulogy**
Fire service member(s) speaking in remembrance as part of the funeral service.

**Fire Engine Caisson**
The use of a fire department pumper for carrying the casket.

**Fire Service Flag/American Flag**
A flag that will be sent from the Denton County Fire Chiefs Association to adorn the casket at the wake and funeral service.

**Flower Unit**
The use of a fire department vehicle for the transportation of flowers during the procession.

**Funeral Director**
The organization selected by the family to make the appropriate arrangements and who must be involved in all planning or providing funeral honors.

**Hearse**
Vehicle provided by the funeral director for carrying a casket.
**Honor Guards**
One or two uniformed members of the fire service standing guard at the casket during the wake.

**Honor Detail**
Non-detailed uniformed department members and visiting department members present to pay tribute.

**Pallbearers**
Active: Uniformed members assigned to carry the casket.
Honorary: Uniformed members not assigned to carrying the casket; however, they are planned in an honorary position leading this casket.

**Station Bunting**
Mourning drapes that are placed on the outside of public buildings and fire stations.

**Vehicle Bunting**
Mourning drapes that are used to decorate fire vehicles participating in caisson or flower unit details (available for use through the Denton County Fire Chiefs Association).

**Walk Through**
A predetermined time during the wake when uniformed members and dignitaries enter for a unified tribute.

### VI. TYPES OF SERVICE

**Level One**
Death as a result of line-of-duty or job related. This may include an inactive member whose death has stemmed from an injury sustained during active duty.

**Level Two**
Death of an active member, non-job related.

**Level Three**
Death of an inactive member, non-job related or the death of an affiliate member.

**Suggested Options:**

**Level One**
American Flag / Badge Shrouds / Bagpipers / Bell Service / Bugler / Color Guards / Crossed Ladders / Eulogy / Fire Engine Caisson / Fire Service Flag / Flower Unit / Honor Guards / Honor Detail / Pallbearers / Station Bunting / Vehicle Bunting / Walk Through

**Level Two**
American Flag / Badge Shrouds / Bell Service / Eulogy / Hearse / Fire Service Flag / Flower Unit / Honor Guards / Honor Detail / Pallbearers / Station Bunting / Vehicle Bunting / Walk through

**Level Three**
American Flag / Badge Shrouds / Bell Service / Hearse / Fire Service Flag / Honor Guards / Pallbearers / Station Bunting / Walk Through
SECTION ONE
I. **SCENE INVESTIGATION**

A. The scene of an emergency where a death has occurred has to be thoroughly investigated. Not only does the cause of the fire need to be determined, but also what caused the mechanism of death. This is extremely vital to ensure that all benefits for a LODD won't be challenged. Also, any future civil lawsuits will hinge on the evidence and investigation of the scene. The NIOSH Investigation Team will also study the initial investigation and evidence for their final report. There also may be the possibility that this will be a criminal case.

B. Whether or not your department has an investigation team should have no bearing at the scene. When a death has occurred, it needs to be investigated. The local police department will be responsible for scene security and evidence preservation. The Denton County Fire Marshal will be immediately contacted to supervise the formal investigation. The Texas State Fire Marshal's Office @ 512-305-7900 (after being connected press 2) must be notified immediately so that a Task Force can be dispatched. The Texas State Fire Marshal's LODD Task Force comprises the Investigative Task Force, the Fire Ground Operations Task Force and the Benefits Task Force.

C. The Fire Marshals Office will be responsible for each LODD report's interviews, building construction, fire alarm/sprinkler activation status and other significant physical issues. The Fire Ground Operations Task Force will investigate fire suppression activities, standard operating procedures and PPE. The Benefits Task Force will help the organization and the family with available qualifying benefits and funeral procedures/guidelines for a fire service funeral.

D. Immediately deploy local law enforcement to secure the area. Obviously, this should occur as soon as the fire is extinguished. Overhaul should be limited to only extinguish any pockets of fire. Do not move evidence, apparatus, or equipment until the Investigation Team has recorded its position. If it must be moved prior to a Team's arrival, then accurate recordings must take place such as photography and written notes as to who did what and what was done.

E. Document and secure the physical evidence. Certain pieces of evidence must be preserved and tested for compliance with appropriate standards. Turnout gear and SCBA should be retrieved and locked as evidence either by the Investigation Team or the police. No one else should have access to or take control of the gear, this includes the Chief. All evidence should be impounded and protected by the Team or the police (the police may later release it to the Team).

F. All Firefighters at the scene must individually document every activity that was conducted at the location from arrival at the scene until returning to quarters. This needs to be done immediately upon the return to the Station. Even though this will be a trying time and emotions may be high, they must understand the importance of immediate documentation for the investigation.

G. There are certain items at the incident scene that should always be documented. Firefighters should be made aware of the specifics that are needed within their individual report:

1. Location and position of dead and/or injured persons
2. Position of hose lines
3. Location and position of apparatus
4. Location of the Incident Command Post
5. Location of tools and equipment
6. Location of windows, doors, and ventilation openings (open/closed)
7. Areas and type of debris (any roof or floor collapse)
8. Incident Command structure
9. Adverse environmental conditions
10. Protective clothing and safety equipment
11. Major features of rooms, including location of furniture
12. Scratches, gouges, dents, or breakage related to Firefighter activity
13. Any other pertinent information
14. Accountability system

H. It is important to understand that what is not found at the scene is just as important. Document if parts of tools are missing, if pieces of protective equipment or clothing are missing, SCBA use, etc.

I. Self Contained Breathing Apparatus (SCBA) and Personal Protective Equipment (PPE) inspection forms are located in Section 3 and should be utilized by the Investigation Team as the forms are very thorough.

J. The importance of a thorough investigation cannot be stressed enough. Many benefits will give substantial weight to the evidence and findings of fact presented by State and/or local administrative and investigative agencies.

K. As stated earlier, a thorough investigation ensures that the incident and all related events are fully documented and evidence is preserved to provide for additional investigation or legal actions at a later date.

L. This Section briefly covers what should be done immediately at the time of a LODD. For a comprehensive understanding of an investigation, please refer to "Firefighter Line-of-Duty Death and Injury Investigation" manual. This manual is available via the IAFF and offered free of charge to all participating Locals. Non-members can inquire of the IAFF @ 202-737-8484 for a copy or assistance. This manual is also available via the Denton County Fire Marshals Office. It should be given to Investigators to assist and guide them during their investigation when available. It is available free from:
M. A complete autopsy should be done for every LODD. This is especially true in cases where a person collapsed, had a myocardial infarction, or died as a result of a non-traumatic mechanism. Autopsies determine the cause of death and are also needed to determine eligibility for death benefits, particularly the PSOB.

N. However, the determination of the need to perform an autopsy is a discretionary responsibility of the coroner or medical examiner. They may determine that no autopsy is required in a situation where there is sufficient other evidence to make conclusive determinations on the cause and manner of death.

O. The autopsy results may be essential to determine why or how a Firefighter was incapacitated; how the activity related to the cause of death, and whether protective equipment and SCBA performed properly. Blood gasses will determine what was inhaled prior to death.

P. The United States Fire Administration Autopsy Protocol should be given to the local coroner or medical examiner for their files. If and when an autopsy takes place, the department should ask the coroner if he does indeed have the protocol. If not, a copy should be given to the coroner immediately, prior to their performing the autopsy.

II. IAFF NOTIFICATION (for IAFF affiliates use and reference)

A. In the event of a LODD, the Local Union shall notify the IAFF District Vice President and/or the IAFF office. The Local Union shall also notify their District Vice President. The Local Union should be prepared with the following information. If all information is not available, still immediately notify the above person(s) with as much information as possible.

The following information is needed:

1. Member's full name
2. Member's age at death
3. Member's rank
4. Member's Social Security Number
5. IAFF membership number
6. Date of death
7. Cause of death (if known)
8. Name/address/telephone number of spouse (married) or parents (single)
9. Names/ages of children
10. Local Union number, President, address/telephone number
11. Local Union officer that will serve as PSOB contact
12. Name/address/telephone of mayor/local jurisdiction official
13. Name/address/telephone of Fire Chief
14. Name of Fire Department
15. Funeral arrangements (dates/times/arrangements/locations)

B. IAFF Role & Assistance

Upon receipt of the death notice, the IAFF General President will notify the IAFF Department of Occupational Health & Safety, which will prepare appropriate notifications and condolences for the IAFF General President's signature to the following:

1. President of the United States
2. Senators from Texas
3. Congressperson from deceased member's congressional district
4. U.S. Secretary of State
5. Governor of Texas
6. Mayor/Local jurisdiction official
7. Fire Chief and Local Union President
8. Local Union Official
9. Appropriate family member(s)

C. The IAFF Department of Occupational Health & Safety will also notify the following:

1. All internal IAFF Departments
2. IAFF Fallen Fire Fighters Memorial
3. United States Fire Administration (USFA)
4. U.S. Department of Justice, Bureau of Justice Assistance (PSOB/PSOEA)
5. NIOSH

D. Representation at the Funeral

IAFF attendance at a LODD funeral will include the IAFF District Vice President and, where appropriate, representative(s) designated and approved by the IAFF General President. The name of the members who died in the line-of-duty will be published in the LAST ALARM section of the "International Fire Fighter" newspaper.

E. IAFF Fallen Firefighters Memorial

The names of all IAFF members who died in the line-of-duty will be inscribed on the IAFF Fallen Firefighter Memorial. The IAFF honors these brothers and sisters annually during a ceremony at the Fallen Firefighter Memorial Grounds in Colorado Springs, Colorado. The surviving families will be invited; however, travel costs are not borne by the IAFF. Flags are flown half-mast upon death notice.

F. USFA/National Fallen Firefighters Foundation

The IAFF notifies the United States Fire Administration (USFA), located in Emmitsburg, Maryland. Non-IAFF agencies should contact the USFA directly. The National Fire Academy maintains the National Firefighters Memorial. Upon notification, the USFA will post the Firefighter's name at the Memorial site and lower flags to half-staff in honor of that Firefighter.

1. In 1992, the United States Congress established the National Fallen Firefighters Foundation to honor and remember those Firefighters who gave their lives in the line-of-duty. The major national fire service organizations endorsed the initiative included as part of the Fire Administration Authorization Act of 1992. The mission statement of the NFFF reflects its Congressional mandate: to honor and remember America's fallen Firefighters and to provide necessary resources to assist survivors in rebuilding their lives. The following are NFFF programs:

2. National Fallen Firefighter Memorial

The Memorial lists the names of the Firefighters who gave their life and died in the line-of-duty. The memorial park honors the courage, commitment, and sacrifices these Firefighters made. Line-Of-Duty Deaths (LODD) are defined as:

a. Deaths meeting the PSOB program guidelines

b. Deaths from injuries, heart attacks, or illnesses directly attributable to a specific emergency incident or training activity
3. Some cases will be excluded from consideration, such as deaths attributable to suicide, alcohol or substance abuse; and other gross abuses.

4. Annual National Memorial Weekend

Every October, at the beginning of National Fire Prevention Week, the Foundation sponsors the official national tribute to all Firefighters who died in the line-of-duty during the previous year. The weekend activities are held in Emmitsburg, Maryland. The foundation provides lodging and meals for the immediate surviving family, and assists with travel expenses when needed. Other family members may attend, but must pay their own way.

5. The Memorial weekend is an opportunity for survivors to be around and to share their thoughts and feelings with other survivors. Family members participate in seminars conducted by trained grief counselors. There are programs for children and teenagers. There is a picnic and gathering for the families. On Sunday, there is a family-only chapel service prior to the National Memorial Service. The weekend is to show the survivors that they have the support and resources to help them deal with their grief. It is also a chance for them to see how much the fire service community honors its fallen Firefighters and their families.

G. NFFF Scholarship Program

While a scholarship is available, Texas survivors would not be eligible. This program "fills in" when state educational benefits are not available and the State of Texas has a state educational program.

H. Survivor Support Network

Under a grant from the U.S. Department of Justice, the Foundation has established a Survivor Support Network. The network is a group of "experienced" survivors who can lend emotional support to fire service survivors in the difficult months after a death. Network participants are matched with survivors of similar experiences and circumstances. This type of support is important, as only a survivor can fully understand another survivor's experiences. The department should urge the survivor to utilize this service.

I. Remembrance Program

The anniversary date of the death of a loved one is often difficult for the family. Survivors receive a remembrance card during the month of their Firefighter's death. The card, written by another Firefighter survivor, reminds the family that others remember and care.

J. Chief-To-Chief Network

The Chief of the department may have a difficult time immediately following a Firefighter's death. The Foundation arranges for Chief-To-Chief contacts with Chiefs who have experienced a Firefighter's death.

Note: For more information, or for utilization of the services:
III. MANDATORY NIOSH INVESTIGATION

Firefighter Fatality Investigation and Prevention Program

A. The National Institute for Occupational Safety and Health (NIOSH) conducts Firefighter fatality and extremely serious injury investigations. In 1998, Congress recognized the need for further efforts to address the continually national problem of occupational Firefighter fatalities, and funded NIOSH to undertake this effort.

B. The NIOSH program is to prevent Firefighter line-of-duty fatalities. The overall goal of this program is to better define the magnitude and characteristics of work-related deaths and severe injuries, to develop recommendations for the prevention of these deaths and injuries, and to implement and disseminate prevention efforts.

C. There are two types of fatality investigations; injury fatality and cardiovascular.

1. Injury Fatality Investigations

Upon notification from the IAFF and/or USFA (United States Fire Administration) of a line-of-duty traumatic death, NIOSH, as soon as practical, will dispatch a team of investigators to the municipality. The team will conduct fatality assessment and control evaluation investigations to gather information on factors that may have contributed to the traumatic death. It will identify causal factors.

a. Sources of information include the fire department, the IAFF Local, individual Firefighters, witnesses, the scene, equipment, maintenance records, etc. The Division of Respiratory Disease Studies of NIOSH will evaluate the performance of SCBA, if necessary.

2. Cardiovascular (CV) Disease Fatality Investigation

NIOSH is informed of on-duty CV Firefighter fatalities by the IAFF and/or USFA. NIOSH accepts the definition of "on-duty" used by the USFA, that is, collapsing or having symptoms consistent with a heart attack while on-duty. NIOSH will immediately notify the Texas State Fire Marshal, the fire department and the IAFF local representative. Approximately 4 weeks after the event, a site visit is scheduled. NIOSH investigators will collect three types of information:
a. General information about the member's fire department,

b. Circumstances of the incident, and the victim's activities prior to the event, and

c. Information about the victim's medical history.

d. Sources for this information include the fire department, the IAFF Local, individual Firefighters, the victim's family, the victim's personal physician, the responding EMS personnel, and (if available) the autopsy report.

D. After the investigation, draft copies are generated to the fire department, the IAFF representative, and the family. Final reports (revised as appropriate) are available to the general public and disseminated to the fire service a month later. The report lists recommendations to prevent further similar fatalities in the affected and all other fire departments. Final reports may take two to three weeks for a CV investigation, or months for a traumatic injury investigation.

1. All information gathered will be used as part of a database to study the causal factors common to Firefighter fatalities and to provide recommendations for prevention of similar incidents.

**Note:**

Be advised that NIOSH can enter the workplace in Texas for an investigation of a Firefighter fatality. The fire department does not have the right to refuse. If it does refuse, NIOSH has the federal legal authority to obtain a search warrant through federal courts. Neither labor nor management can ask that an investigation not be conducted; NIOSH will investigate all Firefighter fatalities.

**Contact:**
For more information on the NIOSH investigation and prevention program, contact:

**NIOSH, Firefighter Fatality Investigations Division of Safety Research**
Tim Marinar, Acting Chief
Fatality Investigations Team, Division of Safety Research, NIOSH
1095 Willowdale Road
Morgantown, WV 26505
304-285-5965
I. PRELIMINARY

A. Circumstances of Death
   1. Line-of-Duty
      a. Fire suppression activity
      b. Other official activity
   2. Non-Line-of-Duty
      a. Active Firefighter, unrelated activity
      b. Former Firefighter activity

B. Medical Records Review
   1. Fire department injury/exposure records
   2. Current medical conditions/medications
      a. Prescribed
      b. Over-the-counter
      c. Administered by Paramedics

C. Complete Work History
   1. Length of fire combat duty
   2. Other jobs held during fire service
   3. Jobs held after fire service

D. Scene Investigation

E. Scene Photography

F. Jurisdiction/Authority to Conduct Autopsy
DISCUSSION

Firefighters are subject to many uncommon occupational hazards, including toxic and superheated atmospheres, explosions, falls, crushing/penetrating forces, contact with fire, electricity, or hazardous materials, and extremely strenuous and stressful physical activities.

The autopsy results may be essential to determine why or how a Firefighter was incapacitated, how the activity related to the cause of death, and whether protective equipment performed properly. Having a clear picture of the nature of firefighting operations that were taking place (and to which the deceased was assigned) will assist in identifying possible mechanisms of injury. If the Firefighter was reported missing, try to determine the time of last contact or the length of time between the initial report and the finding of the body.

The fire department should have an Officer or internal LODD Investigation Team assigned to conduct a death investigation. Other Investigators may include the police, the State Fire Marshal, the Denton County Fire Marshals Office (or other state officials), and/or federal/state agencies responsible for occupational safety and health. Consult with these officials as necessary.

In conducting the medical records review, obtain all documents which pertain to the incident. Document the occupational history of the deceased, including the number of years assigned as a “combat” Firefighter, any history of unusual exposures (or changes in frequency of exposure) to hazardous substances, and any relevant occupational medical history. Finally, all recent medical history should be reviewed, including documentation of any attempts at on-scene resuscitation.

II. INITIAL EXAMINATION

A. Identification of Victim

B. Document Condition of Personal Protective Equipment (PPE)

1. PPE description should include:

   a. Turnout coat
   b. Turnout pants
   c. Helmet
   d. Gloves
   e. Boots
   f. Self Contained Breathing Apparatus
   g. Personal Alert Safety System (PASS)
   h. Protective hood
   i. Clothing worn under turnouts
C. Maintenance of Custody of Equipment

DISCUSSION

Exercise caution when handling contaminated personal protective equipment (PPE), especially from hazardous materials incidents, as residue may be harmful to those involved in the autopsy.

PPE should be sealed in a metal can/drum if fire accelerants or other volatile/toxic chemicals are found to be present; otherwise PPE should be air-dried and preserved for examination, preservation of the original state of PPE, including clothing, is essential. PPE should be considered as evidence, and handled accordingly. The Death Investigation Team should perform or assist in the evaluation/documentation of PPE condition and performance. Documentation of the chain of custody of the PPE is required, especially as it may be examined by a number of individuals. Upon completion of any examination, PPE should be secured in an evidence storage area. (International Association of Fire Chiefs 1993. Guide for investigation of a Line-of-Duty Death. Fairfax, VA: pp. 14, 19).

Observations and photos recorded at the scene should indicate whether the deceased was found wearing Self Contained Breathing Apparatus (SCBA) and/or other PPE. If SCBA and Personal Alert Safety System (PASS) are user-controlled, were they properly activated or working at the time of discovery of the deceased? A swab from the inside of the SCBA facepiece may help in determining operability.

A qualified specialist should inspect the PPE and note any damage. The National Institute for Occupational Safety and Health (NIOSH) can assist in the determination of any contribution of the deceased’s SCBA to the death. PPE manufacturers may be able to assist in evaluating damage, but PPE should not be returned to the manufacturer for examination (because of concerns about product liability). Breathing apparatus filter cartridges, if any, should be retained.

III. EXTERNAL EXAMINATION

A. Document Condition of Body

1. Photograph
2. Radiograph

B. Document Evidence of Injury

C. Document Evidence of Medical Treatment

D. Collect Evidence from External Surfaces

1. Swabs of nasal/oral soot or other substances
2. Hair
3. Injection Sites
E. Collect Vitreous Fluid

F. Document Burns
   1. Location
   2. Degree
   3. Etiology
   4. Percentage of body surface area (BSA)

G. Biopsy Skin Lesions

DISCUSSION

Firefighters are trained to provide emergency medical care for fire casualties. Of particular importance is that resuscitative efforts for fellow Firefighters are likely to be heroic and prolonged. This fact should be taken into account when examining the body for evidence of medical intervention and when interpreting the results of blood gas assay.

Note the presence of soot or other unidentified substances on the skin and place samples (swabs) in a sealed container.

Certain internal samples (such as soot swabs and vitreous fluid) which can be done before the body is opened are taken at this point because collection can be accomplished in a more controlled manner, thus reducing the potential for cross-contamination of the surfaces.

Hair samples should be about the thickness of a finger, pulled out so as to include the roots, tied around the middle, with the proximal and distal ends marked, and stored in a plastic evidence bag.

Vitreous fluid should be taken from both eyes. Vitreous fluid can be used to corroborate blood alcohol levels.

IV. INTERNAL EXAMINATION

A. Document Evidence of Injury

B. Document Evidence of Medical Treatment

C. Describe Internal Organ System

D. Collect Samples for Toxicologic Analysis
   1. Blood (2 x 20cc red and grey-top tubes)
   2. Urine (20 to 30cc) and/or trimmed bladder
   3. Bile (all available) or Gallbladder (if bile unavailable)
4. Cerebrospinal Fluid (up to approx. 30 ml)

5. Soot swabs from airway:
   a. Tracheal
   b. Bronchial

6. Representative sampling of gastric and duodenal contents (50g; note total amount)

7. Take and retain fresh-frozen samples
   a. Lung 100g
   b. Kidney 100g
   c. Liver 100g
   d. Spleen 100g
   e. Skeletal muscle (Psoas or Thigh) 20g
   f. Subcutaneous fat 20g
   g. Section of bone with marrow (0-4 cm)
   h. Brain 100g

8. Additional specific samples to be taken:
   a. Tied-off lower lobe of right lung (store in arson debris paint can)
   b. Peripheral blood from leg vein (fluoridated and red-top tubes)
   c. Any specimens taken in field or during hospital resuscitation
   d. Sample hematomas
   e. Any other sites should be labeled

DISCUSSION

Soot swabs should be obtained from the upper and lower airways as well as from the inside of the SCBA facepiece. These will assist in the determination of SCBA usage and operability.

Note any unusual odors/colors of anything found during the internal examination.

Fresh-frozen samples of vital organs should be taken and retained a minimum of 90 days, preferably longer as storage space permits.
An area of growing interest is the cancer rate of Firefighters. Potentially cancerous tissue should be biopsied and saved. Additionally, histological type and the exact location of the tumor (if site-specific) within an organ should be documented in detail.

In the case of incinerated remains, bone marrow or spleen may be the only source of tissue for toxicological studies, especially for those establishing carbon monoxide levels.

Gastric and duodenal contents should be representative. Solid dosage forms should be removed, counted, and analyzed.

When taking lung samples, use the right lung because aspirated foreign materials have a greater propensity to lodge in the right lung.

V. TOXICOLOGICAL EXAMINATION

A. Urine Screen/Analysis
   1. Volatile compounds (e.g., Benzene, Hydrocarbons including accelerants, Ethanol)
   2. Psychoactive substances (e.g. Opiate derivatives, Marijuana metabolites, Cocaine metabolites, Stimulants, Phencyclidine)

B. Blood Analysis
   1. Carboxyhemoglobin, Methemoglobin, Sulfhemoglobin
   2. Volatile compounds (see A.1. above)
   3. Other (e.g., Hydrocyanic Acid, Flouride)
   4. Confirm results of positive urine screen

C. Subcutaneous Fat Analysis
   1. Organic compounds, including:
      a. Herbicides
      b. Pesticides
   2. Polychlorinated Biphenyls (PCBs)

D. Soot Screen (from swabs)
   1. Metals, including:
      a. Arsenic
      b. Antimony
      c. Lead
2. Organics, including:
   a. Pesticides
   b. Herbicides
   c. Vinyl Chloride
   d. Acrylonitrile
   e. Acrolein

3. Particulate analysis

DISCUSSION

The toxicological analysis performed for Firefighters should be of a higher order than that performed for civilian fire casualties. In addition to ascertaining blood levels of various toxic products that are commonly found in a fire environment, it is beneficial to know about the presence of any judgment impairing substances. This may be important in the determination of eligibility for death benefits as well as for determining causality. Determination of specific levels of metals, organic compounds, and gross particulate matter should be conducted because Firefighter exposure to these substances is believed to be greater than that for civilians. Additionally, this information may yield important clues about the cause, manner, and mechanism of Firefighter death. Use vitreous fluids or bile to confirm presence of ethanol in either blood or urine. Use caution when noting the presence of Hydrocyanic Acid as it can be produced by bacterial decomposition within the tissues of the deceased. Check for the presence of PCBs in the subcutaneous fat, as this will help in the determination of a history of exposure.

VI. MICROSCOPIC EXAMINATION

A. Findings of Microscopic Examination

DISCUSSION

Representative samples of all organs and body systems should be collected. The sections should be microscopically examined for malignant neoplasms and other abnormalities, including suggestive pre-malignant changes.

VII. SUMMARY OF PATHOLOGICAL FINDINGS

A. Medical Facts

1. Correlation

DISCUSSION

State objective findings related to gross and microscopic examinations. Correlate physical circumstances, toxicological analyses, and other investigative studies to pathological findings.
VIII. CONCLUSIONS

A. Discrepancies

1. Inconsistent observations
2. Differences between death certificate and subsequent findings

B. Conclusions

1. List diagnoses on a separate page
2. Cause and manner of death

DISCUSSION

Include determination of cause and manner of death. Describe discrepancies between evidence collected or observations of eyewitnesses and the autopsy findings.
SECTION TWO
I. FUNERAL SERVICE GUIDELINES

A. The Family

1. The first and arguably the most important task we as Firefighters have to accomplish in the event of LODD is to respect and honor the wishes and needs of the family. It is very possible that for a wide variety of reasons the family may not want all that you can offer or what you might think is appropriate.

2. There are several ways to get information to and from the family, the best is a designated representative selected by the Firefighter while supplying his personal information on a emergency notification card. (Refer to the Next of Kin Notification form.) The emergency notification form should be updated regularly usually at evaluation time or during annual physicals.

3. If there is no one designated, or no close personal friends on the job, a department Chaplain or family cleric is a good way to communicate with the family in their time of grief. The fire department must select one Firefighter as the liaison to avoid confusion and misunderstanding.

B. The Planning Process

1. As soon as you have determined the family’s wishes, conduct a planning meeting with an appointed committee or, in the ease of a career department, all available staff personnel. There are so many details to address in such a short period of time that you will need ample assistance. Name personnel to the following positions to coordinate each segment of the operation:

a. Officer in Charge of Operations (OIC)

   a. This is the person in charge of the overall arrangements the Chief or another individual selected to perform these duties. Coordinating activities with the funeral director and the Chaplain (or clergy member) is part of the OIC duties, as this information will be necessary to complete the remainder of the planning process. The OIC also must address any problems that arise to ensure a smooth-running operation.

2. Liaison to Family

   a. Continuous coordination with, and assistance for, the family members is absolutely essential. This is a very delicate time for them, keep them informed of all phases of the funeral services, and make sure you address their needs.

3. Logistics

   a. The Logistics Officer is charged with preparing apparatus, vehicles, equipment, and facilities for the funeral ceremonies and the large number of anticipated visitors. Make provisions for handling various immediate expenses in advance.
5. Public Information
   a. The media usually are quite interested in covering the funeral of a fallen Firefighter. It is important to supply them with accurate information about the funeral arrangements as well as background information about the member’s family, time on the job, previous awards, and so on. For continuity, all press releases and information should come from the same public information officer. (Avoid going into great detail about the accident until a complete investigation has been conducted.)

6. Police Liaison
   a. A great deal of coordination with the local police department is required for escort service, traffic control, street closings, and posting "No Parking" signs. If the funeral home, church, or cemetery is in another community, planning between the fire department and that community’s police is essential.

7. Liaison to Public Officials and Other City Agencies
   a. The community’s governing officials naturally will want to be kept apprised of the arrangements and probably will want to participate in the service. Other agencies such as public works and the recreation department (for buses and other vehicles and barricades) might be involved as well.

8. Officer in Charge Honor Guard
   a. The OIC Honor Guard is responsible for selecting, setting up, and supervising all details of the Pallbearers, Color Guard, and Honor Guard. This individual should have some military bearing and he should be able to issue strong verbal commands during the ceremonies.

C. Funeral Home Honor Guard

   One of the first duties is to arrange for an Honor Guard during the viewing hours at the funeral home. The Honor Guard OIC should coordinate this with the funeral director and schedule the Honor Guard according to the director’s wishes. Observe the following basic rules:

   1. Arrange to have an honor guard of two Firefighters posted at the casket at all times during viewing hours.

   2. Assign a minimum of four members for each set of viewing hours.

   3. Recruit Honor Guards from volunteers or on-duty personnel if necessary. If using volunteers, formulate a schedule of personnel who commit to specific shifts. This important duty cannot be left to personnel who might be available at the funeral home. Assistance from Denton County Fire Departments with standing Honor Guards is available through the Denton County Fire Chiefs Association Funeral Committee.
4. Rotate Honor Guards at 15-minute intervals. Relief personnel should march up together. Posted Guards will come to attention and smartly make reliefs. The relieved Guards also should march off together. Posted Honor Guards should assume the position of parade rest.

5. Post American and departmental flags at the casket.

6. Have Honor Guards wear dress uniforms with white gloves.

7. Have Honor Guards cover their badges with black morning bands.

D. Funeral Planning

When planning the funeral, obtaining the following information will help you properly organize the services:

1. The name, address and phone number of the funeral home
2. The church or other location where services are to be held
3. The Chaplain or clergy member’s wishes for the services
4. The route from the funeral home to the church
5. The location of the cemetery
6. The route to the cemetery
7. Whether apparatus will be used as a hearse and or flower unit

Note:

It is possible that the funeral or church services will be held in a community other than the city in which the firefighter served. To operate properly, all of the planning steps have to be coordinated with officials and agencies of the involved jurisdiction. It is helpful to have representatives of both the fire and police departments of the involved community present at the planning meeting to give their input.

A large contingent of visiting Firefighters probably will want to attend the funeral. Getting your department members and visitors from the funeral home to the church and assembling them for the arrival of the procession is difficult and time-consuming. If a church service is planned, instruct visitors to report directly to the church for assembly prior to the arrival of the funeral procession. If a church service is not planned, instruct all members and visitors to report to the funeral home for final assembly and salute.

E. Considerations

Once you have established basic procedures, you must address individual considerations. Evaluate each of the following for its relevance to your situation, and make adjustments particular to your location where necessary.
1. Select the following personnel to command each sector of the funeral procession. Name one as the overall Coordinator, OIC Honor Guard, OIC fire department assembly point (if used), OIC church assembly point, and OIC funeral home assembly point.

2. Use portable radios for communication and information coordination with each Sector.

3. Use bullhorns or vehicle loudspeakers to give directions at assembly areas.

4. Have flags and equipment ready for the Color Guard to use.

5. If a piece of apparatus is to be used as a hearse, select which one and prepare it as follows:
   a. Clean and wax it
   b. Remove hose and dividers
   c. Add mourning flags/bunting
   d. Have the chauffeur in dress uniform

   **Note:** In the event of inclement weather, use an enclosed hearse for the casket and the apparatus for a flower car.

6. Hang mourning bunting at fire headquarters, at the deceased member’s firehouse, and at any other firehouse on the funeral route.

7. Notify the police department that you’ll need its help with the following:
   a. Funeral escort
   b. Traffic and street closings at the funeral home
   c. Traffic and street closings at the church
   d. Traffic at the assembly point (if used)
   e. Posting “No Parking” around the church, the assembly point, and the funeral home
   f. Removing cars from “No Parking” zones
   g. Notifying out-of-town police, if involved

8. Notify the public works department that you’ll need its help with the following:
   a. Street cleaning
   b. Barricades
9. Make provisions for parking at the church or assembly point
   a. Arrange transportation (buses) if the parking is remote
   b. Post signs directing incoming visitors to parking and the assembly point
   c. Request that visiting fire departments not bring apparatus, as parking and security

10. Serve coffee or other refreshments at the church or assembly point.

11. Provide rest room facilities, especially at assembly points. Consider portable units, if necessary. Also, local businesses might be cooperative and offer the use of their facilities.

12. If the funeral procession passes the member’s firehouse, assembled members should toll a muffled bell.

13. Have vehicles available at the church to transport the Color Guard and Pallbearers to the cemetery. Make sure vehicles are cleaned and waxed and brought to the church in advance.

14. Determine the uniform of the day.

15. Arrange for refreshments for participants after services. Plan for a large attendance.

16. Arrange for a bagpiper and drums. (Denton County Fire Chiefs Association Funeral Committee).

17. Locate a bugler for taps. (Denton County Fire Chiefs Association Funeral Committee).

18. Select eight Pallbearers and five members for the Color Guard.
   a. Pallbearers should be of uniform height, and able to lift and carry the casket
   b. The Color Guard should consist of five Firefighters

19. Recruit staff members or volunteers from neighboring departments to assist with giving directions, coordinating personnel, and serving refreshments. (Denton County Fire Chiefs Association Funeral Committee).

20. Arrange for mutual aid, if necessary, to cover the community’s fire response during the funeral. (Denton County Fire Chiefs Association Funeral Committee).

21. Have the Information Officer provide the assembly time and location to police and fire dispatchers so that they can properly direct incoming calls. Have handouts containing this information, as well as a map, if necessary, available at the funeral home to give to the visitors.
22. Have emergency medical services available during the funeral to handle medical emergencies.

Note: Ceremonies

The following personnel are needed to conduct the ceremonial portion of the funeral: a Chief in charge, eight Pallbearers, a Color Guard of five Firefighters and a bugler or bagpiper. Due to the serious nature of Pallbearer and Color Guard duties, hold a practice session the day before the funeral, if possible. If not, it is imperative that these personnel report to the funeral home several hours before the beginning of the service for a protocol briefing and practice. Have the funeral director give instructions on how to handle the casket. The participants must know what is expected of them, and they must be able to perform their tasks with minimal supervision.

F. Leaving the Funeral Home

1. The apparatus is stationed in front of the funeral home with rollers (from the funeral home) installed in the hosebed.

2. The Color Guard lines up to one side.

3. Fire department officials and dignitaries line up opposite the Color Guard.

4. If marching from the funeral home to the church or going directly to the cemetery, fire department personnel line up on the opposite side of the street, facing center. Visiting Firefighters line up on the near side.

5. Eight Pallbearers prepare to carry the coffin from the funeral home to the rear of the apparatus.

6. The OIC gives the following commands. "Detail, Attention" followed by "Present Arms" and a hand salute.

7. Pallbearers march to the rear of the apparatus/hearse to load the casket. The first two enter the hosebed to assist loading.

8. When the casket is in place, the Pallbearers stand facing each other, and the OIC commands, "Detail, Present Arms," for a short hand salute by the Pallbearers.

9. The OIC calls, "Order Arms."

10. The OIC calls, "Detail, Dismissed." The Color Guard and Pallbearers assume the next position, depending on the method of transportation (marching/riding) to the church.

11. If proceeding directly to the cemetery, the OIC again commands, "Present Arms" as the procession departs, followed by "Order Arms" and "Detail Dismissed."

12. If it is impractical to use the street in front of the funeral home for loading the casket, the Color Guard and Pallbearers are present for the loading ceremony while the remainder of the contingent waits out front.
G. Marching

If marching from the funeral home to the church, members line up in the following order:

1. Color Guard
2. Pipe band/drummer
3. City officials
4. Fire department members by rank
5. Apparatus/hearse (Pallbearers march as explained below)
6. Family’s cars
7. Friends’ cars

H. Driving to the Church

1. Determine an assembly point several blocks from the church for fire department personnel and the pipe band.
2. The assembly point for visiting fire departments will be at the church.
3. Immediately after loading the casket at the funeral home, the Color Guard goes by van to the fire department meeting location.
4. The Pallbearers board the apparatus, and three of them remain on the rear step.
5. The apparatus, with a police escort, proceeds slowly to the meeting point with the fire department contingent.
6. At that point, the procession lines up in the same order as above.
7. The Pallbearers dismount and march as follows:
   a. The OIC is in front of the apparatus.
   b. Three Pallbearers are on each side of the apparatus.
   c. Two Pallbearers ride the rear step.

I. At the Church

1. As the procession nears the church, the Color Guard moves to the side and allows the pipe band, city officials and fire department members to pass.
2. At the church, the pipe band assembles near the entrance.
3. City officials line up near the entrance (leaving room for the Color Guard).

4. When marching fire department members arrive at the church, they move to the side of the street opposite the church. When in place, the command "Right Face" is given.

5. When the street is lined on both sides and all personnel are facing the center, the Color Guard begins to march toward the church, followed by the apparatus/hearse. Leave a space between the Color Guard and the hearse. The church assembly OIC commands, "Present Arms" (hand salute).

6. As the Color Guard arrives, it assembles near the front of the church.

7. The apparatus moves to the front of the church and stops. (Stop the engine.)
   a. As the apparatus passes assembled members, a staff member follows giving the "Order Arms" command in segments.

8. Pallbearers assemble at the rear of the apparatus, with two in the hosebed, and prepare to remove the casket.


10. The pipe band plays as the casket is carried to the church door. (If the chaplain performs a blessing at the rear of the apparatus, the pipe band waits until the pallbearers begin to move before playing.)

11. In the church, the Pallbearers escort the casket to the front of the church, and the OIC follows.

12. Prior to dismissing personnel assembled outside, advise them of the approximate time of reassemble for departure. Then the command is given, "Detail, Dismissed."

J. Leaving the Church

1. Fire personnel, the Color Guard, and the pipe band assemble outside the church prior to the end of the services.

2. At the end of the services and at the funeral director's signal, the Pallbearers, followed by the OIC, move to the front of the church and escort the coffin to the rear.

3. The assembly OIC commands, "Detail, Attention."

4. When the casket arrives at the rear of the church, the OIC commands, "Present Arms."

5. The pipe band plays.

6. The Pallbearers, led by the OIC, move slowly to the rear of the hearse/apparatus
to load the casket.

7. After loading, the Pallbearers line up facing each other; the OIC commands, Detail, Present Arms, and the Pallbearers give a hand salute.

8. The OIC commands, Order Arms (for all personnel).

9. The Color Guard Captain commands, Color Guard, Dismissed.

10. The OIC commands, Detail, Dismissed (to Pallbearers).

11. The Pallbearers, Color Guard, bugler, and OIC enter waiting fire department vehicles for transportation to the cemetery.

12. Fire personnel and city officials attending the cemetery services prepare to leave.

13. As the funeral procession leaves, the assembly OIC orders, Present Arms for a hand salute.

14. After the procession leaves, the commands "Order Arms and "Detail Dismissed are given.

K. At the cemetery

1. Prior to the family assembling, the pallbearers, honor guard and fire departments assemble either in a straight line parallel to the grave or four on each side, facing each other, with the chief of department at the front end.

2. The color guard assembles at the foot of the grave.

3. The bugler positions themselves away from the grave and awaits the command from the OIC.

4. The funeral director drapes an American flag (if provided) over the casket or folds it in a triangular shape and places it on the coffin.

5. As the family arrives, the OIC commands, Detail, Attention.

6. The Chaplain conducts the service or leads in the final prayer.

7. When finished, the OIC commands, Present Arms. A hand salute is rendered, and the Color Guard presents arms and dips the departmental flag.

8. The bugler plays taps.

9. At the conclusion of taps, the salute is held while the Pallbearers, on signal from the OIC, fold the American flag into a triangular shape with only the blue field showing. The Honor Guard OIC retrieves the flag and presents it to the Chief of Department (or ranking Officer), who in turn presents the flag to the family (with the fire department condolences).
10. The Honor Guard OIC commands, "Order Arms."

11. The funeral director gives words of thanks from the family and indicates the conclusion of the services, and advises of the location of the gathering for family and friends.

12. The Honor Guard OIC commands, "Detail, Dismissed."

II. HOW TO HELP THE FAMILY

A. At the Hospital or the Morgue

1. Have a member of the department drive the family to the hospital and stay for as long as necessary.

2. Work with the hospital staff to secure a private room where the family can gather.

3. This should be separate from the general waiting area, if possible.

4. Assist the family in dealing with hospital staff. If you have EMTs in the department, ask them to help with their hospital contacts.

5. Provide assistance to the family in making calls to relatives and close friends.

6. Answer incoming calls for the family or get messages to them at the hospital.

7. Work with the family to arrange a plan for dealing with the media. The family may wish to have a member of the department speak for them.

8. In cases of extended hospitalization, offer to assist with day-to-day tasks such as home maintenance, arranging childcare, or bringing meals and other necessities to the family.

9. If the Firefighter is taken to a specialized hospital out of the local area, assist with this process. Consider asking another department close to that hospital to assist you in supporting the family while the Firefighter remains hospitalized.

10. Encourage the family to spend time with the injured Firefighter, regardless of the type of injury.

11. If the Firefighter is badly burned or disfigured, help prepare the family for what they will see. Always allow family members to make the decision.

12. Have someone available to drive the family home from the hospital. Offer to help with continuing visits as much as resources allow. Offer to stay with the family at the house.

13. Help the family keep track of incoming medical bills and organize files for claims.
B. From Time of Death Through the Funeral

1. Notify the Department of Justice of the death. This will begin the process of reviewing eligibility for the Public Safety Officers’ Benefits Program.

2. Contact the National Fallen Firefighters Foundation about the death. This will assure the beginning of emotional support for both the family and the department.

3. Work with the family in planning the funeral. Remember that the family’s wishes should always come first. If they want a private funeral, the department can still hold a memorial service.

4. If the family wants a fire service funeral, secure a uniform for the burial.

5. If there are children in the family, consider creating a special role for them, such as riding on the fire truck in the funeral procession.

6. Offer to assist with lodging or transportation for out of town relatives and friends.

7. Offer to have a member of the department stay with the family prior to the funeral. In smaller departments, consider rotating people as needed in order to maintain a department presence with the family.

8. Have someone available for tasks such as answering the phone, driving the family to the funeral home to make arrangements or running errands.

9. Help coordinate household duties such as food preparation, cleaning and childcare. Do necessary maintenance such as mowing the grass.

10. If donations are collected for the family, set up a bank account to deposit these funds.

11. Coordinate with local law enforcement officials to make routine checks of residence and neighborhood.

12. Assign a department member to help the family set guidelines for dealing with the media.

C. Ongoing Support

1. Only promise what you actually can do. Keep all your promises.

2. Instead of saying “Call if you need anything” offer to help with specific tasks and then follow through. For instance, say “I would like to come over on Thursday to fix the fence.”

3. Continue to talk with the family about your memories of the Firefighter. Most families want to hear about their loved one, even if it is emotionally difficult.

4. Remember that parents of a fallen Firefighter need support and contact just like spouses and children do.
5. Help with what the Firefighter used to do—yard work, fixing things around the house, attending children’s sports and school events, etc.

6. Take all steps necessary to secure benefits for the family. The process is often lengthy, so keep the family involved.

7. Continue to invite the family to department events, but don’t be disappointed if they don’t always attend.

8. Remember that some events, such as holidays and the anniversary of the date of death, may be especially difficult for the family. Even families who seem to be doing well may need extra support and contact during these times.

9. Contact the family before releasing any information on investigations, incident reports, etc.

10. Consider creating some kind of tribute to the fallen Firefighter. This could be a local memorial, a video tribute, a scrapbook, or a scholarship in the Firefighter’s name. Prepare a tribute that is fitting for your firefighter and special to the family.

11. Provide survivors with information on the National Fallen Firefighters Foundation’s programs for survivors. Contact the Foundation to get support for the family.

12. Encourage the family to attend the National Fallen Firefighters Memorial Weekend and other local, state, and national tributes. Offer to help make travel arrangements and attend with them whenever possible.

III. TEXAS STATE BENEFITS

A. The Texas State Fire Marshal will when notified dispatch The Fire Marshals Investigative Task Force, the Benefits Task Force, and The Fire Ground Operations Task Force. The Benefits Task Force will assist the member’s family and department in completing and documenting the appropriate paperwork for benefits and support.

B. One-time Death Benefit

1. $250,000 lump sum payment to eligible spouse if Firefighter died in performance of duty and from exposure to a risk. If no spouse, payment in equal shares to children, with no limit on age. If no eligible surviving spouse or children, payment to parents in equal shares.

2. Minor children may also receive a monthly benefit. One child - $200 per month; two children - $300 per month; three or more children - $400 per month. Payments are made to the appointed guardian or legal representative.

C. Career Firefighters

1. Spouse and dependent children are eligible for continued health insurance benefits.
Contact:
Employees Retirement System of Texas
P.O. Box 13207
Austin, TX 78711-3207
512-867-7711
877-275-4377
www.ers.state.tx.us

D. Workers' Compensation

1. Workers' compensation is not mandatory for career or volunteer Firefighters so this benefit may not apply to all Firefighters. For those Firefighters covered under workers' compensation, weekly benefit of 75% of employee's average weekly wage paid 50% to surviving spouse and 50% divided equally among dependent children. If no spouse survives, children receive total benefit, and vice versa. Children are eligible for benefits until age 18, age 25 if a full-time student, or longer if disabled. Lifetime benefits are available for a spouse who does not remarry. Upon remarriage, spouse receives a two-year lump sum and benefits terminate.

Contact:
Texas Workers' Compensation
Texas Department of Insurance
PO Box 149104
Austin, TX 78714-9104
512-463-6169
800-252-7031
http://www.tdi.state.tx.us/wc/#dwc

E. Funeral Benefit

1. Workers' compensation is not mandatory for career or volunteer Firefighters so this benefit may not apply. For those Firefighters covered under workers' compensation, a maximum of $6,000 for burial expenses, plus the cost of transporting the body to the home area.

Contact:
Workers' Compensation, as listed above.

F. Retirement/Pension Plan

1. Volunteer and career Firefighters

   a. Texas Local Fire Fighters' Retirement Act, covering many municipalities and departments, provides different death benefits and monthly allowances for each local plan. Departments and municipalities determine the details of their individual plans.
G. Volunteer and auxiliary Firefighters

1. Texas Statewide Emergency Services Personnel Retirement Act provides a lump-sum payment of at least $60,000 to the beneficiary and monthly pension payments equal to 66 2/3% of the member's full retirement annuity to be shared equally between spouse and minor children. Children are eligible until age 18, age 19 if full-time student, or if the child became disabled before his or her 22nd birthday and remains incapable of self-support. This is a lifetime benefit for the spouse. Department must participate in the plan for Firefighter to receive benefits.

Contact:
Fire Fighters' Pension Commission, as listed above.

H. Career Firefighters

1. Texas Municipal Retirement System (TMRS) gives each municipality the option to participate. Method and amount of distribution varies between plans. The municipality may provide a lump sum supplemental death benefit equal to the Firefighter's annual salary.

Contact:
Texas Municipal Retirement System (TMRS)
P.O. Box 149153
Austin, TX 78714-9153
512-476-7577
800-924-8677
www.tmrs.com

I. Education Benefit -- Children

1. For deaths occurring before September 1, 2001
   a. Tuition, dues, fees, and charges waived at public state institutions. Does not include lodging, board, or clothing. May be used at public junior colleges, senior colleges, and universities. Can be used for eight semesters and is not restricted to undergraduate education. Applicant must be age 21 or under when first applying.

2. For deaths occurring on or after September 1, 2001
   a. Student exempt from tuition and fees at institution of higher education until the student receives a bachelor's degree or 200 hours of college credit, whichever occurs first. If the student elects to reside in housing
provided by the institution and qualifies to reside there, the institution shall pay the cost of the student's contract for housing and food, as well as the cost of the student's textbooks, until the student receives a bachelor's degree or 200 hours or course credit, whichever occurs first.

**Contact:**
Texas Higher Education Coordinating Board
Capitol Station
P.O. Box 12788
Austin, TX 78711
512-427-6101

J. Education Benefit -- Spouse

1. For deaths occurring before September 1, 2001: no benefits.

2. For deaths occurring on or after September 1, 2001: same benefits as for children.

**Contact:**
Texas Higher Education Coordinating Board, as listed above.

K. Non-Profit or Private Organizations

1. **The Heroes of Denton County**
   1278 FM 407, Suite 109
   Lewisville, TX 75077
   469-568-3121
   www.theheroesofdentoncounty.org

   This organization serves the Firefighters and law enforcement Officers of Denton County and is designed to assist with immediate financial relief. A $1,500 check is immediately provided to stricken families involved in a serious injury or death.

2. **Fleetwood Memorial Foundation**
   501 South Fielder Road
   Arlington, TX 76013
   817-261-8954
   www.fleetwoodmemorial.org

   Grants awarded up to $10,000. Designed to provide immediate financial relief. Funds also available for education expenses in state public institutions for the dependent children.

3. **Williams-Pyro Incorporated Firemen's Fund**
   2721 White Settlement Road
   Fort Worth, TX 76107
   817-335-1147
   888-616-7976

   Provides grants to the families based on need.
4. **The Hundred Club of San Antonio**  
P.O. Box 6741  
San Antonio, TX 78209-6741  
210-340-0100  

Serves residents of San Antonio/Bexar County. $5,000 benefit immediately after death. Trust fund set up for each child. Extra benefits depending on individual situation.

5. **The Victoria 100 Club**  
P.O. Box 5176  
Victoria, TX 77903-5176  
361-578-1502  

Serves residents of Victoria County. Assistance varies according to each individual case.

6. **The Hundred Club of Wichita Falls**  
1111 Seventh Street  
Wichita Falls, TX 76301  
940-723-2104

7. **The 100 Club, Inc.**  
1233 W. Loop South, Suite 1250  
Houston, TX 77027  
713-952-0100  
877-955-0100  
www.the100club.org  

Serves Austin, Brazos, Chambers, Colorado, Fort Bend, Galveston, Grimes, Liberty, Madison, Montgomery, Walker, Waller, and Washington counties. $10,000 check provided immediately after death. A month later, more assistance will be provided, if needed.

8. **Crime Victims**  
Texas Crime Victims' Compensation Fund. Firefighter's death must have been the result of a violent crime such as arson. Survivors are eligible to receive up to $50,000 to help cover medical costs, counseling, loss of wages, childcare, funeral expenses, and other costs.  

**Contact:**  
Crime Victims' Compensation Program  
Office of the Attorney General  
P.O. Box 12198  
Austin, TX 78711-2548  
512-936-1200  
800-983-9933  
www.oag.state.tx.us

9. **International Critical Incident Stress Foundation, Inc.**  
3290 Pine Orchard Lane, Suite 106
IV. PUBLIC SAFETY OFFICERS’ BENEFIT

A. The Public Safety Officers' Benefits (PSOB) Act (codified at 42 U.S.C. 3796, et seq.) was enacted in 1976 to assist in the recruitment and retention of law enforcement officers and Firefighters. Specifically, Congress was concerned that the hazards inherent in law enforcement and fire suppression and the low level of state and local death benefits might discourage qualified individuals from seeking careers in public safety, thus hindering the ability of communities to provide for public safety.

B. The PSOB Program provides death benefits in the form of a one-time financial payment to the eligible survivors of public safety officers whose deaths are the direct and proximate result of a traumatic injury sustained in the line-of-duty. As of October 1, 2006, the benefit amount is $295,194. Since October 15, 1988, the benefit has been adjusted each year on October 1 to reflect the percentage of change in the Consumer Price Index. For each death and disability claim, the award amount is solely determined by the actual date of the officer's death or disability.

C. The PSOB Program provides disability benefits for public safety officers who have been permanently and totally disabled by a catastrophic personal injury sustained in the line-of-duty if that injury permanently prevents the officer from performing any substantial and gainful work. Medical retirement for a line-of-duty disability does not, in and of itself, establish eligibility for PSOB benefits.

Note:
As of October 1, 2006, the death benefit amount is $295,194.
SECTION THREE
Self Contained Breathing Apparatus (SCBA) Inspection Form

This form should be completed for all Firefighters seriously injured or killed in the line-of-duty. Investigators must also ensure that:

All protective clothing and equipment is photographed to further document its condition.
All protective clothing and equipment is stored to maintain its present condition.
.Strict chain of custody is maintained for all protective clothing and equipment.

Inspector: _____________________________ Date: ___________________

Incident description (include Firefighter’s name and incident location and date):
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

SCBA manufacturer & model #: _____________________________

NIOSH approval #: (ex. TC-13F-138) _____________________________

Was the Firefighter wearing his SCBA? Yes _____ No _____
If not, where was the SCBA found in relation to the firefighter? _____________________________
____________________________________________________________________________

Was the face piece intact and did it appear to be serviceable? Yes _____ No _____
Face piece serial #: _____________________________
Manufacturer date: _____________________________
Describe the condition of the face piece:
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

Describe the condition of all hoses and tubes:
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

Regulator serial number: _____________________________
Mainline valve position: _____________________________
Bypass valve position: _____________________________
Describe the condition of the regulator:
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
Cylinder manufacturer: __________________________________________________________

Manufacture date: _____________________________________________________________

Cylinder pressure capacity: ________________________

D.O.T. approval #: ______________________________________________________________

Describe the condition of the cylinder:
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Cylinder gauge reading: ___________     Regulator gauge reading: ____________

Was the low air alarm functioning?  Yes _____     No _____

Describe the condition of the back frame:
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Describe the condition of the harness assembly:
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Additional notes:
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Inspector's Signature: ___________________    Date:___________________
Personal Protective Equipment (PPE) Inspection Form

This form should be completed for all Firefighters seriously injured or killed in the line-of-duty. Investigators must also ensure that:

All protective clothing and equipment is photographed to further document its condition. All protective clothing and equipment is stored to maintain its present condition.

**Strict chain of custody is maintained for all protective clothing and equipment.**

Inspector: ___________________________ Date: ___________________

Incident description (include firefighter's name and incident location and date):
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Personal Alert Safety System (PASS)

PASS manufacturer & model # ____________________________

Was the fire fighter wearing a PASS device? Yes _____ No _____

Was the device in the "On" position? Yes _____ No _____

Was the device functioning when the firefighter was found? Yes _____ No _____

Was the battery in good condition and sufficiently charged? Yes _____ No _____

Describe the condition of the PASS device: Yes _____ No _____
______________________________________________________________________________
______________________________________________________________________________

Was the firefighter carrying a radio? Yes _____ No _____

If yes, describe the condition of the radio:
______________________________________________________________________________
______________________________________________________________________________

Protective Clothing:

What protective clothing was the firefighter wearing (circle all that apply)?

- turnout coat
- turnout pants
- helmet
- hood
- gloves
- boots
- faceshield
Was all protective clothing donned properly? Yes _____ No _____
If no, explain:
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
Describe the condition of the helmet:
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
Describe the condition of the hood:
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
Describe the condition of the turnout coat and pants:
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
Describe the condition of the gloves:
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
Describe the condition of the footwear:
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
Describe the condition of the station uniform:
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
Inspector's Signature: ___________________________________ Date:_______________
Firefighter Emergency Contact Form

Date completed: __________________

The information that you provide will be used only in the event of your serious injury or death in the line-of-duty. Please take the time to fill it out fully and accurately because the data will help the Department take care of your family. Please update anytime you feel it is necessary. This information is considered highly confidential and restricted for emergency use only.

Personal Information

Name: Last: __________________________ First: __________________________
Middle: __________________________
Home Address: _________________________________________________________________
City: _____________________________ State: _________________ Zip: _________________

Contact Information

Family or friends you would like the Department to contact. Please list in the order you want them contacted. If needed, provide additional names on the back of this sheet.

Note: If the contact is a minor child, please indicate the name of the adult to contact.

First Contact
Name: ___________________________________________

Relationship: ______________________________________

Home Contact Information:
Address: __________________________________________
Phone: ____________________________________________

Work Contact Information:
Name of Employer: __________________________________
Address: __________________________________________
Phone: ____________________________________________
Pager/Cell Phone: __________________________________

Special Circumstances - such as health conditions or need for an interpreter:
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
Second Contact
Name: ____________________________________________

Relationship: _______________________________________

Home Contact Information:
Address: ____________________________________________________________________
Phone: _____________________________________________________________________

Work Contact Information:
Name of Employer: ___________________________________________________________
Address: ____________________________________________________________________
Phone: _____________________________________________________________________
Pager/Cell Phone: ____________________________________________________________

Special Circumstances such as health conditions or need for an interpreter:
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

List names and dates of birth of all of your children:
Name: ______________________________________________ DOB: ______________
Name: ______________________________________________ DOB: ______________
Name: ______________________________________________ DOB: ______________
Name: ______________________________________________ DOB: ______________
Name: ______________________________________________ DOB: ______________
Name: ______________________________________________ DOB: ______________
Name: ______________________________________________ DOB: ______________

Parental Information:
Mother’s Name: _____________________________________________

Father’s Name: _____________________________________________

Brothers and Sisters’ Names and Ages:
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

______________________________________________________________________________
List the Department member(s) you would like to accompany a Chief Fire Officer to make the notification:
Name: _____________________________________________
Name: _____________________________________________
Name: _____________________________________________
Name: _____________________________________________
Name: _____________________________________________
List anyone else you want to help make the notification: (For example, your minister)
Name: _____________________________________________
Relationship: ________________________________________
Home Contact Information:
Address: _____________________________________________________________________
Phone: _____________________________________________
Work Contact Information:
Name of Employer: ___________________________________________________________
Address: ____________________________________________________________________
Phone: _____________________________________________
Pager/Cell Phone: ____________________________________________________________

Religious Preferences
None: ____
Religion: _____________________________________________
Place of Worship: ____________________________________________________________
Address: ___________________________________________________________________
Final Resting choice (burial, cremation)
Location: ___________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________

Optional Information
Make sure someone close to you knows this information.

Funeral Preferences:
Are you a veteran of the U. S. Armed Services? Yes _____ No _____
If you are entitled to a military funeral, do you wish to have one? Yes _____  No _____

Do you wish to have a fire service funeral? Yes _____  No _____

Please list your membership in fire service, religious, or community organizations that may provide assistance to your family:

____________________________________________
__________________________________________
______________________________________________________________________________
______________________________________________________________________________

Do you have a will? Yes _____  No _____

If yes, where is it located or who should be contacted about it?
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

List all life insurance policies you have:

Company: _____________________________________________________________________
Policy Number: ___________________________________
Location of Policy: ________________________

Company: ___________________________________________________________________
Policy Number: ________________________________
Location of Policy: ________________________________

Is all information current? Beneficiary names, contact info, etc, this information may determine who gets Federal benefits. Yes _____  No _____

Special Requests:
If you are an organ donor, coordination with the medical officials will be necessary. List any requests in this section:
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
SECTION FOUR

All forms in this section must be completed by the assigned Officer and copied to all other team members. All forms must be faxed to the Denton County Fire Marshal and faxed to the President of the Denton County Fire Chiefs Association.

Thank you for your professionalism and your dedication.
Funeral Chief / OIC Checklist

This form is to be completed as soon as possible and faxed to the Denton County Fire Chiefs Association @ 940-349-2841 (Denton County Fire Marshal’s Office 940-349-2840).

Denton County Funeral Chief Assigned: ________________________________

Denton County Funeral Chief Support Officer: ________________________________

Denton County Funeral Chief Support Officer: ________________________________

LODD Information and Support Requested

Deceased: ________________________________________________________________

Date of Incident: _________________________

Department: ______________________________________________________________

Fire Chief: ________________________________________________________________

Telephone: __________________________ Cell: ________________________________

Rank of Deceased: ______________________________________

Age: ________ Date of Death: _____________________

Next of Kin: ___________________________ Relationship: ____________________

Address: ________________________________________________________________

Telephone(s): __________________________________________________________

Children: ______________________________________________________________

________________________________________________________________________

Time Received: ________ Cause of Death: ______________________________________

Local Union Official: ____________________________ Local #: _________________

Address: ________________________________________________________________

Telephone(s): __________________________________________________________

Municipal Official: (including title): ________________________________

Address: ________________________________________________________________

Telephone(s): __________________________________________________________
Funeral Home: __________________________________________________

Funeral Home Address: __________________________________________________

Telephone: _____________________________

Date(s) of Wake: _____________________________

Funeral Date: ________________________________ Time: ___________

Church: _______________________________________________________________________

Address: _______________________________________________________________________

Minister/Priest/Cleric: ___________________________________________________________

Department Chaplain: ___________________________________________________________

Honor Guard: (circle one) Available Not Requested Requested from DCFCA

Honor Guard Officer: _____________________________

Liaison Officer: _____________________________

Funeral Home Officer: _____________________________

Cemetery Officer: _____________________________

Police Liaison: _____________________________

Procession Officer: _____________________________

Fill-ins: (circle one) Requested Not Requested

Fill-in dates: _______________________________________________________________________

Fill-in Locations: _______________________________________________________________________

Fill-in Departments: _______________________________________________________________________

Pipes & Drums: (circle one) Requested Not Requested Available

Trumpeter: (circle one) Requested Not Requested Available

Station Bunting: (circle one) Requested Not Requested Available

Apparatus Bunting: (circle one) Requested Not Requested Available
Honor Guard / OIC Checklist

Officer in Charge of Honor Guard(s):______________________________

Names phone numbers of Honor Guards:
1_____________________________________________________________________________
2_____________________________________________________________________________
3_____________________________________________________________________________
4
5
6
7
8

Officer in Charge of Church: ________________________________

Officer in Charge of Funeral Home: ________________________________

Officer in Charge of Cemetery: ________________________________

Uniforms:________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Flags:________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Wake Dates and Times: __________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Funeral Home and Cemetery Addresses: _____________________________________________
______________________________________________________________________________
______________________________________________________________________________
Funeral Home / OIC Checklist

Funeral Home Officer in Charge: _____________________________________________

Funeral Home Location: ____________________________________________________
________________________________________________________________________

Funeral home Director: _____________________________________________________

Funeral Home Phone: _____________________________________________________________________________

Occupancy Load: ____________

Parking capacity: ____________

Staging Locations: ______________________________________________________________________________

Walk Through Dates and Times:
______________________________________________________________________________________________
______________________________________________________________________________________________
______________________________________________________________________________________________

Route:
______________________________________________________________________________________________
______________________________________________________________________________________________
______________________________________________________________________________________________
______________________________________________________________________________________________
______________________________________________________________________________________________

Parking:
______________________________________________________________________________________________
______________________________________________________________________________________________
______________________________________________________________________________________________

Police Liaison Officer: ___________________________________________________________________________
Church / OIC Checklist

Church Officer: _____________________________________________________________

Relationship: ______________________________________________________________

Rank and Department: _______________________________________________________

Address: ___________________________________________________________________

Phone Number(s): ____________________________ Cell: ___________________________

Backup: ____________________________________________________________________

Relationship: ______________________________________________________________

Rank and Department: _______________________________________________________

Address: ___________________________________________________________________

Phone Number(s): ____________________________ Cell: ___________________________

Funeral Home Address: ______________________________________________________

Wake Dates: __________________________________________________________________

Funeral Date and Time: __________________________________________________________________

Walk Through Date and Time: _________________________________________________

Church or Funeral Location: ____________________________________________________

Funeral Director: ____________________________________________________________

Funeral Home Officer: ________________________________________________________

Family Liaison: ______________________________________________________________

Procession Officer: ___________________________________________________________

Honor Guard Officer: _________________________________________________________

Notes:________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
Cemetery /OIC Checklist

Cemetery Officer: ____________________________________________________________

Relationship: ______________________________________________

Rank and Department: ______________________________

Address: ________________________________________________________________

Phone Number(s): ____________________________ Cell: __________________________

Backup: __________________________________________________________________

Relationship: ______________________________

Rank and Department: ______________________________

Address: ________________________________________________________________

Phone Number(s): ____________________________ Cell: __________________________

Funeral Home Address: _________________________________________________________

Wake Date(s): ______________________________

Funeral Date and Time: ______________________________

Church or Funeral Location: ______________________________________________________

Funeral Director: ______________________________________________________________

Funeral Home Officer: __________________________________________________________

Family Liaison: ______________________________________________________________

Procession Officer: _____________________________________________________________

Honor Guard Officer: ____________________________________________________________

Notes:_______________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________
Procession / OIC Checklist

Procession Officer: ______________________________________________________________

Relationship: ___________________________________________

Rank and Department: ___________________________________________

Address: ______________________________________________________________________

Phone Number(s): ______________________________ Cell: ____________________________

Backup Procession Officer: _______________________________________________________

Relationship: ___________________________________________

Rank and Department: ___________________________________________

Address: ______________________________________________________________________

Phone Number(s): ______________________________ Cell: ____________________________

Funeral Director: _______________________________________________________________

Funeral Home Officer: ___________________________________________________________

Funeral Home Address: ___________________________________________________________

Wake Date(s): ______________________________

Funeral Date and Time: _________________________

Church or Funeral Location: _______________________________________________________

Police Liaison: _________________________________________________________________

Cemetery Officer: ______________________________________________________________

Procession Officer: _____________________________________________________________

Route:
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
Order of Apparatus and Dignitaries:

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

Location of Stations for Presentation of Arms:

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

Location of Reception or Review:

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________
Family Liaison / OIC Checklist

Family Liaison: ________________________________________________________________

Relationship: _________________________________

Rank and Department: _________________________

Address: ______________________________________________________________________

Phone Numbers: ______________________________ Cell: ______________________________

Backup Liaison: ________________________________________________________________

Relationship: _________________________________

Rank and Department: _________________________

Address: ______________________________________________________________________

Phone Numbers: ______________________________ Cell: ______________________________

Funeral Home Address: __________________________________________________________

Wake Date(s): _________________________________

Funeral Date and Time: __________________________

Church or Funeral Location: ______________________________________________________

Funeral Director: _______________________________________________________________

Funeral Home Officer: ____________________________________________________________

Cemetery Officer: _______________________________________________________________

Procession Officer: ______________________________________________________________

Honor Guard Officer: _____________________________________________________________

Notes:________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
Police Liaison / OIC Checklist

Police Liaison: ________________________________________________________________

Relationship: ________________________________________________________________

Rank and Department: __________________________________________________________

Address: _____________________________________________________________________

Phone Number(s): _______________________________ Cell: __________________________

Backup Police Liaison: __________________________________________________________

Relationship: ________________________________________________________________

Rank and Department: __________________________________________________________

Address: _____________________________________________________________________

Phone Number(s): _______________________________ Cell: __________________________

Funeral Home Address: _________________________________________________________

Wake Date(s): __________________________________________________________________

Funeral Date and Time: _________________________________________________________

Church or Funeral Location: _____________________________________________________

Funeral Director: ______________________________________________________________

Funeral Home Officer: _________________________________________________________

Cemetery Officer: _____________________________________________________________

Procession Officer: _____________________________________________________________

Route:

____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
Fire Chief's / LODD Checklist

This form is to be completed as soon as possible and faxed to the Denton County Fire Marshal, the Denton County Fire Chiefs Association and the Texas State Fire Marshal.

LODD Information

Deceased: ________________________________________________________________

Date of Incident: ___________________________ Time: _________________________

Department: ____________________________________________________________

Rank of Deceased: ________________________________

Age: ___________ Date of Death: ___________________________

Fire Chief: __________________________________________________________________

Telephone: _________________________________ Cell: ____________________________

Date Member Joined Department: _______________________

Other Family Members of Department or Fire Service: _________________________________

Company Member Assigned to: ________________________________________________

Company Members': ____________________________________________________________

Activity at time of Death: ________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________
Investigation

Scene Secured by: _________________________________________________________________

The Texas State Fire Marshal's Office @ 512-305-7900 contacted at __________ hours.

Denton County Fire Marshal's Office @ 940-349-2840 contacted at __________ hours.

Coroners' Office Contacted (name and time): _________________________________________

USFA Autopsy Protocol Supplied to: ________________________________________________

PPE Secured by: _____________________________________________________________

PPE Form Completed by: _______________________________________________________

SCBA Secured by: _____________________________________________________________

SCBA Form Completed by: ______________________________________________________

All Members Identified at Scene by Name and Contact Number Secured: (completed) ______

LODD Notification Team Members: ______________________________________________

Secure Members Emergency Contact Information: ________________________________

Identify PIO with Directions and Information: ______________________________________

Members' Locker Secured by: ____________________________________________________

Members' vehicle secured by: ___________________________________________________

Notes: _______________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________
Notification

Next of Kin: __________________________________________ Relationship: __________

Date and Time Notified: ________________________________

Address: ______________________________________________________________________

Telephone(s): ________________________________________________________________

Children:______________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________

Parents: ______________________________________________________________________

Date and Time Notified: ________________________________

General Incident Information

Cause of Death: ________________________________________________________________

General Announcement for On-Duty Members: ______________________________________

Public Information Officer: ______________________________________________________

CISD Assistance Requested: _____________________________________________________

International Critical Incident Stress Foundation, Inc.
Phone: 410-313-2473
Fax: 410-750-9601
Email: info@icisf.org

CISD Liaison Officer: ____________________________________________________________

Local Union/Association Official: ________________________________________________

Date and Time Notified: _________________________________________________________

Address: ______________________________________________________________________

Telephone: ____________________________________________________________________
Municipal Official: (including title) _________________________________________________

Date and Time Notified: _________________________________________________________

Address: __________________________________________ ____________________________

Telephones: ___________________________________________________________________

Funeral Home: _________________________________________________________________

Funeral Home Address: _________________________________________________________

Telephone: ___________________________________________________________________

Date(s) of Wake: ____________________________

Funeral Date: __________________ Time: _________________________

Church: _______________________________________________________________________

Address: ______________________________________________________________________

Denton County Funeral Chief Assigned: _____________________________________________

Date and Time Contacted: ___________ ________________

Denton County Funeral Chief Support Officer: ________________________________________

Denton County Funeral Chief Support Officer: ________________________________________

Minister/Priest/Cleric: ____________________________________________________________

Department Chaplain: ____________________________________________________________

Family Liaison Officer: ____________________________________________________________

Honor Guard: (circle one) Available Not Requested Requested from DCFCA

Honor Guard Officer: _______________________________________________________________________

Outside Department Liaison Officer: _________________________________________________

Funeral Home Officer: ____________________________________________________________

Cemetery Officer: _____________________________________________________________________

Police Liaison: _____________________________________________________________________

Procession Officer: ___________________________________________________________________

Fill-ins: (circle one) Requested Not requested
Fill-in dates: _____________________________________________________________
_________________________________________________________________________
_________________________________________________________________________
_________________________________________________________________________
_________________________________________________________________________

Fill-in Locations: __________________________________________________________
_________________________________________________________________________
_________________________________________________________________________
_________________________________________________________________________
_________________________________________________________________________

Fill-in Departments: _______________________________________________________  
_________________________________________________________________________
_________________________________________________________________________
_________________________________________________________________________
_________________________________________________________________________

Funeral Support Requested from Denton County Fire Chiefs Association:

Fill-ins:  
<table>
<thead>
<tr>
<th>Requested</th>
<th>Not Requested</th>
</tr>
</thead>
</table>

Funeral Chiefs Team:  
| Requested | Not Requested |

Pipes and Drums:  
| Requested | Not Requested | Available |

Trumpeter:  
| Requested | Not Requested | Available |

Station Bunting:  
| Requested | Not Requested | Available |

Apparatus Bunting:  
| Requested | Not Requested | Available |

Notes: _________________________________________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
SECTION FIVE
The Firefighter Prayer

When I am called by duty, God, whenever flames may rage,

Give me strength to save some life, whatever be its age.

Help me embrace a little child before it is too late,

Or save an older person from the horror of that fate.

Enable me to be alert and hear the weakest shout,

And quickly and efficiently to put the fire out.

I want to fill my calling and give the best in me,

To guard my every neighbor and protect his property.

And if, according to my fate, I am to lose my life,

Please bless with your protecting hand, my loving family from strife.
May They Not Be Forgotten

Brother when you weep for me,
Remember that it was meant to be.

Lay me down and when you leave,
Remember I'll be at your sleeve.

In every dark and choking hall,
I'll be there as you slowly crawl.

On every roof in driving snow,
I'll hold your coat and you will know.

In cellars hot with searing heat,
At windows where a gate you meet.

In closets where young children hide,
You know I'll be there at your side.

The house from which I now respond,
Is overstuffed with heroes gone.

Men who answered one last bell,
Did the job and did it well.

As firefighters, we understand,
That death's a card dealt in our hand.

A card we hope we never play,
But one we hold there anyway.

That card is something we ignore,
As we crawl across a weakened floor.

For we know that we're the only prayer,
For anyone that might be there.

So remember, as you wipe your tears,
The joy I knew throughout the years.

As I did the job I loved to do,
I pray that thought will see you through.
To Those I Love and Those Who Love Me

When I am gone, release and let me go.
I have so many things to see and do.
You mustn’t tire yourself or me with tears.
Be thankful for our beautiful years.
I gave to you my love, you can only guess,
How much you gave me in happiness.
I thank you for the love you each have shown.

But now it’s time I travel alone.
So grieve a while for me if grieve you must.
Then let your grief be comforted by trust.
It’s only for a time that we must part.
So bless the memories within your heart.

I won’t be far away for life goes on.
So if you need me, call me and I will come.
Though you can’t see me or touch me, I’ll be near.
And if you listen with your heart you will hear,
All my love around you soft and clear.

And then when you must come this way alone.
I’ll greet you with a smile and say welcome home.
Since the beginning of time man has never engaged in a more noble purpose than that of protecting, prolonging, and rescuing the lives of his fellow man.

Peter Hoffman
“Greater love hath no man than this, that a man lay down his life for his friends.”

John 15:13
THE FINAL ALARM BELL CEREMONY

The Final Alarm Bell Tolling ceremony has its origins in our service with the use of the bell as a way of communicating an alarm, its nature and location. When used at our funerals it provides a connection to our roots. We find great comfort in being part of something much greater than any one person is.

During times like these we seek strong symbols to give us a better understanding of our feelings.

During this time of sadness, we reflect on the devotion that Firefighter __________ had for his/her duty.

This ceremony is a strong symbol which gives honor and respect to those who served so well.

So also is the sounding of a bell.

A special signal of Five Rings – Five Rings – Five Rings, representing the end of his/her duties, and that he will be returning to quarters.

For our comrade… Firefighter __________, his/her last alarm… he/she is coming home.