

Line of Duty Checklist

This form is to allow for a checklist to remind the Officer in Charge of potential duties which may need to be handled.

Deceased: _____

Date of incident: _____ Time: _____

Department: _____

Rank of deceased: _____

Age: _____ Date of death: _____

Fire Chief: _____ Telephone: _____

Date member joined department: _____

Other family members of department or fire service: _____

Company member assigned to: _____

Company members: _____

Activity at time of death: _____

Scene secured by: _____

Law Enforcement contacted at _____ hours.

South Carolina State Law Enforcement Division contacted at _____ hours.

Coroners' Office Contacted (name and time): _____

SC State Firefighters' Association Contacted: _____

USFA Autopsy Protocol Supplied to: _____

PPE Secured by: _____ at: _____

PPE Form Completed by: _____ at: _____

SCBA Secured by: _____ at: _____

SCBA Form Completed by: _____ at: _____

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

Members making the LODD notification: _____

Secure Members Emergency Contact Information: _____

Identify PIO with Directions and Information:

Members' Locker Secured by: _____ at: _____

Members' vehicle secured by: _____ at: _____

Notes: _____

Next of kin: _____ Relationship: _____

Date and time notified: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone(s): _____

Children: _____

Parents: _____

Date and time notified: _____

General announcement for on-duty members: _____

SC Firefighters' Association FAST Team Assistance Requested: (PTSD) _____

Local Governing Body Official: (including title) _____

Date and time notified: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone(s): _____

Funeral Home: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Date of wake: _____

Funeral date: _____ Time: _____

Church: _____

Church Address: _____

City: _____ State: _____ Zip: _____

Minster/Priest/Cleric: _____

Department Chaplain: _____

SC Firefighters Mobilization Contact: _____

Incident Support Team Organized and Empowered: _____

Family Liaison Officer: _____

Honor Guard: (circle one) Available Not requested Requested from SCFFA

Outside Department Liaison Officer: _____

Funeral Home Officer: _____

Cemetery Officer: _____

Police Liaison: _____

Procession Officer: _____

Shift/Department Fill-ins: (circle one) Requested Not requested

Fill-in dates: _____

Fill-in locations: _____

Fill-in departments: _____
