

DAN Provider Award

Nomination Form



Training from which course(s) was used in this incident (Check all that applies):

- Emergency Oxygen for Scuba Injuries
- Basic Life Support: CPR and First Aid (BLS:CPR)
- Diving First Aid for Professionals Divers (DFA Pro)

Nominee Information

Name _____
Address _____
City _____ State/Province _____ Zip/Postal Code _____
Daytime Phone _____ Cell Phone _____ Email _____

Nominator Information

Name _____
Address _____
City _____ State/Province _____ Zip/Postal Code _____
Daytime Phone _____ Cell Phone _____ Email _____

Dan Equipment Used in Incident

<input type="checkbox"/> DAN Rescue Pak	<input type="checkbox"/> DAN Coast Guard Complete First Aid Kit
<input type="checkbox"/> DAN Rescue Pak Extended	<input type="checkbox"/> DAN Grab & Go Travel First Aid Pack
<input type="checkbox"/> Dual Rescue Pak	<input type="checkbox"/> Automated External Defibrillator (AED)
<input type="checkbox"/> DAN First Aid Backpak w/O ₂	<input type="checkbox"/> Bag Valve Mask (BVM)
	<input type="checkbox"/> Manually Triggered Ventilator

Incident Information

Date of Incident _____ Approximate Time of Incident _____
mm/dd/yyyy HH:MM AM/PM

Location of Incident (City or Town, State/Province, Country) _____

Description of Incident Please print or type a complete description of the incident, the actions of the rescuers, the equipment used and the incident outcome in as much detail as you can provide. You may attach additional pages if necessary. The information provided is, to the best of my knowledge, an accurate description of the events.

Add additional pages as needed.