



## **Injury Prevention Service Application:**

### **Fire Extinguisher**

*This application provides Comanche Nation Tribal Members, 21 years of age or older, the opportunity to receive a Fire Extinguisher for their home. This service is provided once per year. Inventory is limited, so no more than one (1) fire extinguisher is granted, and can be picked up only by the applicant or a family member. If equipment malfunctions, please return back to Injury Prevention and we will replace it for another fire extinguisher. Incomplete applications will not be accepted.*

**Supporting Documentation Needed:** (must be submitted with service application)

- (1) Personal Identification (Driver's License, State ID, Military ID, etc. – must show photo)
- (2) Tribal Enrollment Letter or CIDB Card (Applicant must be an enrolled Comanche Nation Tribal Member)
- (3) Proof of Residency (Personal Mail addressed to the applicant, Utility Bill, etc. – applicant applying must reside within home)

#### **CONTACT INFORMATION:**

**Office Phone:** 580-492-3531

**Office Email:** [injuryprevention@comanchenation.com](mailto:injuryprevention@comanchenation.com)

**Physical Address:** 584 NW Bingo Rd., Lawton, OK 73507 (inside Records Retention building)

Mailing Address: Comanche Nation Injury Prevention, P.O. Box 908, Lawton, OK 73502

**Application Revised & Updated:** December 4<sup>th</sup>, 2024



## Injury Prevention Service Application:

### Fire Extinguisher

#### [APPLICANT ONLY]

Name: \_\_\_\_\_ CDIB #: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_ Phone #: \_\_\_\_\_

Age: \_\_\_\_\_ Gender: M F Family Size: \_\_\_\_\_ # of Children: \_\_\_\_\_ # of Rooms: \_\_\_\_\_

Type of Home: Brick \_\_\_\_\_ Wood Frame: \_\_\_\_\_ Trailer: \_\_\_\_\_ Hud: \_\_\_\_\_ Apartment: \_\_\_\_\_

Is there an existing fire extinguisher inside the home now? Yes No

Is the existing fire extinguisher inspected regularly? Yes No

Is the existing fire extinguisher labeled correctly? Yes No

Does it work? Yes No Are you familiar with how fire extinguishers work? Yes No

Do you know how to use a fire extinguisher properly? Yes No

\* P.A.S.S. Method – Pull the pin, Aim the nozzle, Squeeze the handle, Sweep side to side! \*

If Fire Safety trainings became available, would you want to learn more? Yes No

Applicant Signature: \_\_\_\_\_ Today's Date: \_\_\_\_\_

#### [OFFICE ONLY]

Fire Extinguisher Received? Yes \_\_\_\_\_ No \_\_\_\_\_ If so, how many? \_\_\_\_\_

Proof of Residency Used: Utility Bill \_\_\_\_\_ Personal Mail \_\_\_\_\_ Other \_\_\_\_\_

IP Technician Signature: \_\_\_\_\_ Today's Date: \_\_\_\_\_

IP Director Approval: \_\_\_\_\_ Today's Date: \_\_\_\_\_

#### CONTACT INFORMATION:

Office Phone: 580-492-3531

Office Email: [injuryprevention@comanchenation.com](mailto:injuryprevention@comanchenation.com)

Physical Address: 584 NW Bingo Rd., Lawton, OK 73507 (inside Records Retention building)

Mailing Address: Comanche Nation Injury Prevention, P.O. Box 908, Lawton, OK 73502

Application Revised & Updated: December 4<sup>th</sup>, 2024