MSM | Michael S. Montgomery llc
public safety consultants

TABLE 1. Community Profile		

ESD Name		**County**	

Resident Population:	Daytime Population:	Nighttime Population:

Land Area, square miles:	Water area, square miles:	Assessed Value, $:

District Type	☐ All career ☐ Combination, mostly career ☐ Combination, mostly volunteer ☐ All volunteer

Current ISO Survey available	ISO Class	Year	Other Studies in past 5 years ☐ YES ☐ NO

Accreditations (list all that apply)

Fire Code adopted	☐YES ☐ NO	If so, list first year adopted, current code and edition
All-Hazard Mitigation Plan	☐YES ☐ NO	If so, include copy of latest All-Hazard Mitigation Plan
Community Wildfire Protection Plan	☐YES ☐ NO	If so, include copy of latest CWPP document
District-investigated fires	☐ None ☐ Origin and cause only ☐ All fires, including arson	
Referral agency for arson investigation	☐ City ☐ County ☐ State ☐ Other (specify): _____	

Land Use			Occupancy Types			
Residential			IBC Class	Type	% / Count	Total square footage
Single-family	%		A	Assembly		
Multi-family	%		B	Business		
Health care / Assisted living	%		E	Educational		
Commercial			F	Factory		
Retail / Office	%		H	High Hazard		
Industrial / Technology / Logistics	%		I	Institutional		
Mixed use	%		M	Mercantile		
Public Use			R	Residential		
Gov't Infrastructure, public ways	%		S	Storage		
Public use, Schools/Libraries/Centers	%		U	Other		
Parks and open spaces	%		--	Total		
Agricultural / Undeveloped	%					
Other (specify)	%					

FIRE PROTECTION/ EMS SERVICES PROVIDED (Check all that apply)

☐ Fire suppression, Structural, vehicle, outdoor
☐ Fire suppression, ARFF/ Marine
☐ Fire suppression, Wildland   ☐ air tanker ops
☐ EMS   ☐ first responder   ☐ BLS   ☐ ALS
     ☐ non-transport   ☐ transport
     ☐ Telemedicine   ☐ Special Event
     ☐ Air Operations ☐ fixed wing   ☐ helicopter
☐ Emergency Management / EOC Operations
☐ Hazmat Awareness/Ops Level
☐ Hazmat, Technician Level

☐ Technical Rescue, Vehicle/Mechanical Extrication
☐ Technical Rescue, Rope
☐ Technical Rescue, Collapse
☐ Technical Rescue, Rising (Flood) Water / Swiftwater
☐ Technical Rescue, Trench
☐ Risk Reduction, public education
☐ Risk Reduction, fire/life safety inspections, code enforcement
☐ Risk Reduction, fire investigation (origin and cause only)
☐ Risk Reduction, fire investigation (arson)
☐ Other (please specify)

MSM | Michael S. Montgomery llc
public safety consultants

TABLE 2. District Profile

ESD Name		County	

Primary Contact name:	Phone:	e-mail:

Type of Governing Body	☐ ESD Board ☐ Other _____	☐ Elected ☐ Appointed

Established by ☐ Statute   ☐ Court Order / Ordinance   ☐ Other (specify): _____   Date: _____

District Services   ☐ District-provided   ☐ Contract Service provider(s)   ☐ Both   ☐ Other _____

There is written documentation from a unit of government that authorizes the existence of the District and defines its jurisdictional boundaries.	☐ Yes	☐ No
Copy of documents exist for District existence and jurisdiction	☐ Yes	☐ No
Copy of boundaries exist by ordinances, court order, MOU/MOA exhibit, or Metes and Bounds	☐ Yes	☐ No
Copy of map with jurisdictional boundaries exists	☐ Yes	☐ No
The District has written documentation from a unit of government designating the authority of the District Board of Commissioners.	☐ Yes	☐ No
The District has a statement of purpose that defines the District's mission, vision, values, and expectations.	☐ Yes	☐ No
The District has a statement of purpose that define the District's desired level of service.	☐ Yes	☐ No
The District has a current organizational chart depicting the organizational components.	☐ Yes	☐ No

The District has written directives/policies that establish:

• An administrative office, records management system, and records officer	☐ Yes	☐ No
• Training requirements for ESD Board Commissioners	☐ Yes	☐ No
• Purchasing, investments, and facility use	☐ Yes	☐ No
• Open meetings and public speakers at open meetings	☐ Yes	☐ No
• Drug and alcohol, level of tolerance and testing	☐ Yes	☐ No
• Agreement for EMS / fire protection services, including monthly reporting	☐ Yes	☐ No
• Personnel hold applicable certification before performing emergency response duties	☐ Yes	☐ No

Mission Statement	Vision Statement
•	•

Core Values	Expectations
•	•

MSM | Michael S. Montgomery llc
public safety consultants

TABLE 3. District SWOT-C Analysis			
ESD Name		**County**	

STRENGTHS	WEAKNESSES
•	•

OPPORTUNITIES	THREATS
•	•

CRITICAL ISSUE #1	CRITICAL ISSUE #2
•	•

CRITICAL ISSUE #3	CRITICAL ISSUE #4
•	

TABLE 4. Operations Statistics					
ESD Name			**County**		
DISTRICT-WIDE INCIDENT INFORMATION					
Calls-for-service, number	**2021**	**2022**	**2023**	**2024**	**2025**
Total Calls					
NEMSIS Total number of responses					
NEMSIS Total number of transports					
NFIRS 100: Fire Calls					
NFIRS 200: Overpressure/Explosions					
NFIRS 300, except 322: EMS/Rescue Calls					
NFIRS 322: Motor Vehicle Accidents					
NFIRS 400: Hazardous Condition					
NFIRS 500: Service Calls					
NFIRS 600: Good Intent Calls					
NFIRS 700: False Alarms					
NFIRS 800: Severe Weather/Disaster					
NFIRS 900: Special Incident					
Mutual Aid Given					
Mutual Aid Received					
DISTRICT-WIDE COMMUNITY RISK REDUCTION INFORMATION					
Fire Prevention, number	**2021**	**2022**	**2023**	**2024**	**2025**
In-service company inspections					
Initial enforcement inspections					
Follow-up enforcement inspections					
Fire Loss					
Incendiary fires (arson), number					
Fire Saved, $					
Fire Loss, $					
Civ fatalities, number					
Civ Injuries, number					
FF Fatalities, number					
FF Injuries, number					

Notes:

TABLE 5: FINANCIAL OUTLOOK – Required Financial Files			
ESD Name		**County**	
Primary Contact name:	Phone:	e-mail:	

The District develops, submits, and manages a budget;	☐ Yes ☐ No
has a formal budget process,	☐ Yes ☐ No
provides monthly updates of YTD budget status, and	☐ Yes ☐ No
has a written directive that designates who is responsible for the budget.	☐ Yes ☐ No

Please provide electronic copies of the following financial files for the PAST FIVE YEARS

Total appraised value for service area	☐ Yes ☐ No	Detailed annual operations budget	☐ Yes ☐ No
Total assessed value for service area	☐ Yes ☐ No	Actual annual operating expenditures	☐ Yes ☐ No
Tax Rate – Total, M&O, Debt Service	☐ Yes ☐ No	Detailed capital budget	☐ Yes ☐ No
Budgeted dept revenue, all sources	☐ Yes ☐ No	Actual capital expenditures	☐ Yes ☐ No
Actual dept revenue, all sources	☐ Yes ☐ No	Total annual cost of facility operation	☐ Yes ☐ No
Source(s) of revenue	☐ Yes ☐ No	Total annual cost of a firefighter	☐ Yes ☐ No
		Staffing roster, w/ salaries/hourly rate	☐ Yes ☐ No
		Cost share or labor agreements	☐ Yes ☐ No

Notes or other explanatory information:

TABLE 6. CAPEX: Capital Assets Plan		
ESD Name		**County**	

Information Component		
The governing body, command staff, and members participate in the planning / funding for capital assets.	☐ Yes	☐ No
Facilities comply with federal, state/provincial, and local codes and regulations at the time of construction	☐ Yes	☐ No
• Required upgrades for safety are identified.	☐ Yes	☐ No
• Required safety upgrades are adequately funded and addressed.	☐ Yes	☐ No
• Where needed, improvements are addressed in the District's capital improvement plan.	☐ Yes	☐ No
Apparatus types are appropriate for the functions served:		
• Operations	☐ Yes	☐ No
• Staff support services	☐ Yes	☐ No
• Specialized services	☐ Yes	☐ No
• Administration and support services	☐ Yes	☐ No
An **apparatus maintenance** program is established.	☐ Yes	☐ No
Tools and equipment types are appropriate for the functions served:		
• Operations	☐ Yes	☐ No
• Staff support services	☐ Yes	☐ No
• Specialized services	☐ Yes	☐ No
• Administration and support services	☐ Yes	☐ No
Safety equipment and PPE is identified, adequate, and distributed to appropriate personnel.	☐ Yes	☐ No
All **preventative maintenance, inspection, testing, and emergency repair** of facilities, apparatus, and equipment is:		
• Conducted by trained and certified technicians	☐ Yes	☐ No
In accordance with the manufacturer's recommendations, and federal and/or state regulations	☐ Yes	☐ No
In accordance with safety, health, and security aspects of equipment operation and maintenance.	☐ Yes	☐ No
• Conducted Annually		
• apparatus fire pumps	☐ Yes	☐ No
• ground ladders	☐ Yes	☐ No
• aerial ladders	☐ Yes	☐ No
Notes or other explanatory information:		