



**SUPPLEMENTAL TABLE 6-B: Capital Plan Worksheet 2**

Project Name		
Project Description and Purpose		
Estimated Cost to Complete	\$	
Desired Completion Date		

**For Admin Use ONLY**

Initial Proposal Date		Approval Date	
Status / Comments			

**SUPPLEMENTAL TABLE 5-C: Apparatus Information and Condition Worksheet, v 1.2**

<b>ESD Name</b>		<b>County</b>	
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Use the table below to rate the condition of each apparatus. **USE A SEPARATE SHEET FOR EACH VEHICLE.**

Type	<input type="checkbox"/> Engine <input type="checkbox"/> Aerial <input type="checkbox"/> Rescue <input type="checkbox"/> Tanker/Tender <input type="checkbox"/> Brush Truck <input type="checkbox"/> Utility <input type="checkbox"/> Ambulance <input type="checkbox"/> Command/Staff <input type="checkbox"/> Other (specify: _____)				
Shop No.		Unit ID		VIN	
Year Purchased		Manufacturer		Model	
Hours		Mileage		Service	<input type="checkbox"/> Frontline <input type="checkbox"/> Reserve

Component	Criteria	Score
Age	One point for every year of chronological age, based on in-service date.	
Miles/Hours	One point for each 10,000 miles or 1,000 hours.	
Service	1, 3, or 5 points based on type of service unit receives – routine preventive, minor, or major. The more severe the service, the higher the number of points.	
Condition	1, 3, or 5 points based on body condition, rust, interior condition, accident history, anticipated major repairs or upgrades, and similar items. The worse the condition, the higher the number of points.	
Reliability	1, 3, or 5 based on the frequency that a vehicle is out of service for repair. The lower the reliability, the higher the number of points.	
<b>Total Score</b>		

Very Good <20	Good 21 -25	Fair 26-30	Poor > 31	Critical
0-10 years of service Low mileage As New, No Defects, Performing as intended	11-20 years of service Moderate mileage Minor defects Performing as intended	21-25 years of service High mileage Moderate defects Functioning, but worn	26-30 years of service High mileage Major defects Not functioning as desired	31+ years of service High mileage Major defect Not functioning as desired <b>Risk to safety and health</b>
Preventive Maintenance	Conditional Repair	Repair	Repair <b>OR</b> Replace	<b>Immediate</b> Repair <b>OR</b> Replace

Notes or other explanatory information:

**SUPPLEMENTAL TABLE 5-D: Facility Information and Condition Worksheet**

Complete facilities and apparatus information using these tables. **USE ONE TABLE FOR EACH FACILITY.**

District Name:	<i>For office use only</i>
Facility Name / Station Number:	
Address:	
Latitude:	
Longitude:	
Primary use (check all that apply) <input type="checkbox"/> Administration <input type="checkbox"/> Maintenance <input type="checkbox"/> Emergency Ops <input type="checkbox"/> Special Ops <input type="checkbox"/> Training <input type="checkbox"/> Communications Center <input type="checkbox"/> Other (specify): _____	

**Structure**

Square Footage	sf	Construction Type:	Number of Stories:
Date of Construction	original _____	last remodel _____	
General Condition	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair <input type="checkbox"/> Marginal <input type="checkbox"/> Poor
Applicable Fire Code & Edition		Code-compliant	<input type="checkbox"/> Yes <input type="checkbox"/> No
Special Considerations (ADA, etc.)			

**Facilities and Building Services**

Maximum Staffing Capacity	normal:	emergency/disaster:
Living Quarters	<input type="checkbox"/> Yes <input type="checkbox"/> No	# of Beds                      # of Bedrooms
Apparatus Bays	<input type="checkbox"/> Yes <input type="checkbox"/> No	# of bays                      # of Back-in
24-hour Watch office	<input type="checkbox"/> Yes <input type="checkbox"/> No	Emergency Ops Center <input type="checkbox"/> Yes <input type="checkbox"/> No
Kitchen Facilities	<input type="checkbox"/> Yes <input type="checkbox"/> No	Exercise/Workout Areas <input type="checkbox"/> Yes <input type="checkbox"/> No
Training/Meeting Rooms	<input type="checkbox"/> Yes <input type="checkbox"/> No	Shower Facilities <input type="checkbox"/> Yes <input type="checkbox"/> No
Individual Lockers	<input type="checkbox"/> Yes <input type="checkbox"/> No	Equipment Storage <input type="checkbox"/> Yes <input type="checkbox"/> No
Cascade System / Compressor	<input type="checkbox"/> Yes <input type="checkbox"/> No	Helipad <input type="checkbox"/> Yes <input type="checkbox"/> No
Emergency Power	<input type="checkbox"/> Yes <input type="checkbox"/> No	Fire Alarm System <input type="checkbox"/> Yes <input type="checkbox"/> No
Smoke Detectors and Alarms	<input type="checkbox"/> Yes <input type="checkbox"/> No	Automatic Sprinklers <input type="checkbox"/> Yes <input type="checkbox"/> No
Automatic Cooking Shut-off	<input type="checkbox"/> Yes <input type="checkbox"/> No	Decon Area / Biohazard Disposal <input type="checkbox"/> Yes <input type="checkbox"/> No
Washer/Dryer for station wear/linen	<input type="checkbox"/> Yes <input type="checkbox"/> No	Apparatus Exhaust System <input type="checkbox"/> Yes <input type="checkbox"/> No
Washer/Extractor for PPE	<input type="checkbox"/> Yes <input type="checkbox"/> No	Seismic Protection <input type="checkbox"/> Yes <input type="checkbox"/> No

Security System Type (check all that apply):	<input type="checkbox"/> Security Fence and Gate	<input type="checkbox"/> Sallyport	<input type="checkbox"/> CCTV	<input type="checkbox"/> Keypad	<input type="checkbox"/> Key
	<input type="checkbox"/> Other, specify: _____				
Fuel	<input type="checkbox"/> None	<input type="checkbox"/> Diesel, gal _____	<input type="checkbox"/> MoGas, gal _____	<input type="checkbox"/> AvGas, gal _____	<input type="checkbox"/> Jet A, gal _____

**Assigned Apparatus/Vehicles (attach other sheets if needed)**

Apparatus Type	Unit No.	Shop No.	Minimum Staffing *	Comments

*\*If an apparatus is cross staffed, enter "CS" after the minimum staffing number*

**SUPPLEMENTAL TABLE 5-D: Facility Information And Condition Worksheet, *Continued***

Facility Name or Station Number:				
<b>5. Very Good</b>	<b>4. Good</b>	<b>3. Fair</b>	<b>2. Poor</b>	<b>1. Critical</b>
As New, No Defects, Performing as intended	Minor defects Performing as intended	Moderate defect Functioning, but worn	Minor or major defect Not functioning as desired	Major defect Not functioning <b>OR</b> Risk to safety and health
Preventive Maintenance	Conditional Repair	Repair	Repair <b>OR</b> Replace	<b>Immediate</b> Repair <b>OR</b> Replace
<b>Item</b>		<b>Score</b>	<b>Item</b>	
<b>Site</b>			<b>Interior</b>	
Site Utilities and fire hydrants			Security	
Emergency vehicle access			Walls, ceilings, and interior finishes	
Pedestrian access (ADA and safety)			Doors, windows, partitions, and hardware	
Roadways/driveways and associated signage, markings			Floor condition and suitability	
Parking lots and associated signage, markings			Stairs: Interior stairs, handrails, and landings	
Pedestrian sidewalks and associated signage, markings			Information Technology	
Fences, walls, and access gates			Cabinetry, Furniture	
Stormwater drainage / storage			Multi-purpose training/meeting areas	
Landscape vegetation and trees			Restroom facilities, showers, lockers	
Irrigation system			Kitchen/food service facilities, water fountains	
Patio systems and furniture			Dormitory facilities	
Loading Dock			Living facilities, breakrooms, workout facilities	
Helipad / Fuel storage and dispensing system			Apparatus bays	
Miscellaneous utility, trash, and storage structures			Storage and mechanical rooms	
<b>Substructure</b>			<b>Utilities</b>	
Foundations: Walls, columns, beams, or pilings			Emergency Power <input type="checkbox"/> Gas <input type="checkbox"/> Diesel, Day tank size _____	
Basement: Materials, insulation, slab, floor underpinnings			Electrical service and distribution	
Loading dock			Lighting & branch wiring (interior and exterior)	
<b>Exterior</b>			Communications and security system	
Frame: columns, pillars, walls, covered walkways, balconies			Gas service and distribution	
Roof: Condition, gutters, eaves, openings, leakage, ponding			Water service, heating, and distribution	
Exterior condition, finishes, and appearance			Sanitary Collection / Septic System / Grease traps	
Exterior doors, windows, doors, and hardware			<b>Mechanical systems</b>	
<b>Fire / Life Safety</b>			Heat Generation and distribution systems	
Open code violations or deficiencies			Cooling generation and distribution systems	
Applied fireproofing			Testing, balancing, controls, and instrumentation	
Fire doors, fire escapes			Refrigeration systems, freezers, and ice machines / storage	
Emergency lighting			Elevators, escalators, and lifts	
Fire detection and alarm, auto shut-off (cooking)			Chimneys, vents, and exhaust systems	
Automatic sprinklers, standpipes, and fire pumps			Cascade system / Breathing Air Compressor	
Eyewash stations			Apparatus Bay Heater System	
Decontamination Area, Biohazard Disposal			Apparatus Bay Exhaust System	
Washer/Extractor for PPE			Washer/Dryer for station wear/linen	