

**TABLE 1A. Fire Department Profile -- Organization**

Dept. Name			
Information Component	Documentation?		
	Yes	No	
There is written documentation from a unit of government that authorizes the existence of the Agency and defines its jurisdictional boundaries. <input type="checkbox"/> Yes <input type="checkbox"/> No Copy of documents for Agency existence and jurisdiction <input type="checkbox"/> Yes <input type="checkbox"/> No Copy of boundary ordinances, court order, MOU/MOA exhibit, or portions of Metes and Bounds book <input type="checkbox"/> Yes <input type="checkbox"/> No Copy of map with jurisdictional boundaries <input type="checkbox"/> Yes <input type="checkbox"/> No			
Name of Governing Body:	Head of body title:		
Type of Governing Body <input type="checkbox"/> Federal <input type="checkbox"/> State <input type="checkbox"/> County/Parish <input type="checkbox"/> Municipal <input type="checkbox"/> Special District <input type="checkbox"/> Industrial <input type="checkbox"/> Private, for profit <input type="checkbox"/> Private, not-for profit <input type="checkbox"/> Other: _____			
Established by <input type="checkbox"/> Statute <input type="checkbox"/> Charter / Articles of Incorporation <input type="checkbox"/> Court Order / Ordinance <input type="checkbox"/> Other (specify): _____ Date: _____			
The agency has written documentation from a unit of government designating the authority of the Agency Director or Head of Department. <input type="checkbox"/> Yes <input type="checkbox"/> No			
The agency has a statement of purpose that defines the department's mission, vision, and values. <input type="checkbox"/> Yes <input type="checkbox"/> No			
The agency has a statement of purpose that defines the department's desired level of service <input type="checkbox"/> Yes <input type="checkbox"/> No			
The agency has a current organizational chart depicting the organizational components. <input type="checkbox"/> Yes <input type="checkbox"/> No			
The Agency has a written directive which requires that personnel hold applicable certification before performing emergency response duties. <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>CRITICAL ISSUE #1</b>	<b>CRITICAL ISSUE #3</b>		
<b>CRITICAL ISSUE #2</b>	<b>CRITICAL ISSUE #4</b>		

**TABLE 1B. Fire Department Profile – Operations**

GENERAL INFORMATION					
Department Name:				County:	
Fire Chief/Department Head name, e-mail, and phone:					
Department Type <input type="checkbox"/> All career <input type="checkbox"/> Combination, mostly career <input type="checkbox"/> Combination, mostly volunteer <input type="checkbox"/> All volunteer					
Current ISO Survey available	Class		Year		Other Studies in past 5 years <input type="checkbox"/> YES <input type="checkbox"/> NO List:
Previous ISO Survey (include)	Class		Year		
Accreditations (list all that apply)					
FIRE PROTECTION SERVICES PROVIDED (Check all that apply)					
<input type="checkbox"/> Fire suppression, Structural, vehicle, outdoor <input type="checkbox"/> Fire suppression, ARFF <input type="checkbox"/> Fire suppression, Marine <input type="checkbox"/> Fire suppression, Wildland <input type="checkbox"/> air tanker ops <input type="checkbox"/> EMS, first responder only <input type="checkbox"/> EMS, BLS <input type="checkbox"/> non-transport <input type="checkbox"/> transport <input type="checkbox"/> EMS, ALS <input type="checkbox"/> non-transport <input type="checkbox"/> transport <input type="checkbox"/> EMS, Telemedicine <input type="checkbox"/> EMS, non-emergency transfer <input type="checkbox"/> EMS, Special Event <input type="checkbox"/> EMS, Air Operations <input type="checkbox"/> fixed wing <input type="checkbox"/> helicopter <input type="checkbox"/> Emergency Management / EOC Operations			<input type="checkbox"/> Hazmat Awareness/Ops Level <input type="checkbox"/> Hazmat, Technician Level <input type="checkbox"/> Technical Rescue, Vehicle/Mechanical Extrication <input type="checkbox"/> Technical Rescue, Rope <input type="checkbox"/> Technical Rescue, Collapse <input type="checkbox"/> Technical Rescue, Rising (Flood) Water <input type="checkbox"/> Technical Rescue, Swiftwater <input type="checkbox"/> Technical Rescue, Trench <input type="checkbox"/> Risk Reduction, fire/life safety inspections <input type="checkbox"/> Risk Reduction, Code enforcement <input type="checkbox"/> Risk Reduction, fire investigation (origin and cause only) <input type="checkbox"/> Risk Reduction, fire investigation (arson) <input type="checkbox"/> Risk Reduction, public education <input type="checkbox"/> Other (please specify)		
INCIDENT INFORMATION					
Calls-for-service and casualties, number	2020	2021	2022	2023	2024
<b>Total Calls</b>					
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					

**TABLE 1C: Fire Department Profile -- Personnel**

Use the table below to list the number of personnel, paid and volunteer.

- Admin personnel include all chief officers whose primary responsibility is management and administration. Excludes all line officers assigned to Operations and CRR.
- Uniformed personnel include all sworn, certified fire/EMS personnel, regardless of assignment
- Civilian personnel include all non-uniformed positions that do not require fire/EMS certification.
- Firefighters include all uniformed and certified personnel assigned to fire/EMS operations. Note: If EMS personnel are not required to be dual-certified as firefighters, they should be listed separately.
- CRR personnel include all personnel assigned to fire prevention, fire investigation, code enforcement, or public education. If the fire marshal has any direct reports, the fire marshal should be listed as administrative personnel.

Name of Department					
Personnel, number of	2020	2021	2022	2023	2024
<b>Admin/Support personnel, total</b>					
Admin/support, uniformed					
Admin/support, civilian					
<b>Operations personnel, total</b>					
Firefighters, FT paid					
Firefighters, part-paid					
Firefighters, vol / paid-on-call					
EMS personnel, FT paid					
EMS personnel, part-paid					
EMS personnel, vol / paid-on-call					
<b>Community Risk Reduction personnel, total</b>					
CRR, uniformed					
CRR, civilian					
<b>Total uniformed positions</b>					
<b>+ Total civilian positions</b>					
<b>= Total authorized positions</b>					

NOTES

TABLE 1D. Fire Department Profile -- SWOT	
DEPT NAME	
STRENGTHS	WEAKNESSES
OPPORTUNITIES	THREATS

TABLE 2. COMMUNITY PROFILE

Community Name:					
Resident Population:		Daytime Population:		Nighttime Population:	
Land Area, square miles:		Water areas, square miles:		Assessed Value, \$:	
Land Use		NFPA 101® Occupancy Classifications			
Residential		Type	Count	Total square footage	
Single-family	%	Assembly			
Multi-family	%	Business			
Health care / Assisted living	%	Day Care			
Commercial		Detention & Correctional			
Retail / Office	%	Educational			
Industrial / Technology / Logistics	%	Health Care			
Mixed use	%	Industrial <input type="checkbox"/> High-Hazard			
Public Use		Mercantile			
Gov't Infrastructure, public ways	%	Residential, one- and two-family			
Public use, Schools/Libraries/Centers	%	Board & Care			
Parks and open spaces	%	Motel, Dorm, Lodging / Rooming			
Agricultural / Undeveloped	%	Multi-family / Apartment			
Other (specify)	%	Storage, Other			
Community Risk Reduction Programs					
Fire Code adopted	<input type="checkbox"/> YES <input type="checkbox"/> NO	If so, list first year adopted, current code and edition			
All-Hazard Mitigation Plan, CWPP	<input type="checkbox"/> YES <input type="checkbox"/> NO	If so, include copy of latest All-Hazard Mitigation Plan			
Formal Community Risk Assessment	<input type="checkbox"/> YES <input type="checkbox"/> NO	If so, include copy of latest risk assessment document			
Department-investigated fires	<input type="checkbox"/> YES <input type="checkbox"/> Origin and cause only <input type="checkbox"/> All fires, including arson <input type="checkbox"/> NO				
Referral agency for fire / arson investigation	<input type="checkbox"/> Other (specify):				
Other risk reduction programs (list)					
Fire Prevention, number of activities	2020	2021	2022	2023	2024
Fire & life safety inspections / surveys					
Enforcement inspections					
Fire Loss	2020	2021	2022	2023	2024
Incendiary fires (arson), number					
Fire Exposure, \$					
Fire Loss, \$					
Civ fatalities, number					
Civ Injuries, number					
FF Fatalities, number					
FF Injuries, number					

TABLE 3A. CAPEX: CAPITAL ASSETS PLAN

Information Component			Documentation?	
4.01	The governing body, command staff, and members participate in the planning / funding for capital assets.	<input type="checkbox"/> Yes <input type="checkbox"/> No		
4.02	<b>Facilities</b> comply with federal, state/provincial, and local codes and regulations at the time of construction <ul style="list-style-type: none"> <li>Required upgrades for safety are identified.</li> <li>Required safety upgrades are adequately funded and addressed.</li> <li>Where needed, improvements are addressed in the agency's capital improvement plan.</li> </ul>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No		
4.03	<b>Apparatus</b> types are appropriate for the functions served: <ul style="list-style-type: none"> <li>Operations</li> <li>Staff support services</li> <li>Specialized services</li> <li>Administration and support services</li> </ul>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No		
4.04	<b>Tools and equipment</b> types are appropriate for the functions served: <ul style="list-style-type: none"> <li>Operations</li> <li>Staff support services</li> <li>Specialized services</li> <li>Administration and support services</li> </ul>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No		
4.05	<b>Safety equipment and PPE</b> is identified, adequate, and distributed to appropriate personnel.	<input type="checkbox"/> Yes <input type="checkbox"/> No		
4.06	An <b>apparatus maintenance</b> program is established.	<input type="checkbox"/> Yes <input type="checkbox"/> No		
4.07	All <b>preventative maintenance, inspection, testing, and emergency repair</b> of facilities, apparatus, and equipment is: <ul style="list-style-type: none"> <li>Conducted by trained and certified technicians</li> <li>In accordance with the manufacturer's recommendations, and federal and/or state regulations.</li> <li>In accordance with safety, health, and security aspects of equipment operation and maintenance.</li> <li>Conducted Annually               <ul style="list-style-type: none"> <li>apparatus fire pumps</li> <li>ground ladders</li> <li>aerial ladders</li> </ul> </li> </ul>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No		
Notes or other explanatory information:				

**TABLE 3B: FACILITY INFORMATION AND CONDITION WORKSHEET**

Complete facilities and apparatus information using these tables. <b>USE ONE TABLE FOR EACH FACILITY.</b>					
Department Name:			For office use only		
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

**TABLE3B: FACILITY INFORMATION AND CONDITION WORKSHEET, *continued***

Facility Name or Station Number:				
<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	
<b>1. Very Good</b>	<b>2. Good</b>	<b>3. Fair</b>	<b>4. Poor</b>	<b>5. 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

**TABLE 3C: APPARATUS INFORMATION AND CONDITION WORKSHEET, v 1.2**

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

### 3D. CAPITAL PLAN WORKSHEET

3E. CAPITAL PROJECT WORKSHEET			
Project Name			
Project Description and Purpose			
Estimated Cost to Complete		\$	
Desired Completion Date			
For Admin Use ONLY			
Initial Proposal Date		Approval Date	
Status / Comments			

**TABLE 4: FINANCIAL OUTLOOK – Required Financial Files**

Department Name:			
Primary Contact name:		Phone:	e-mail:
The Agency develops, submits, and manages a budget;		<input type="checkbox"/> Yes <input type="checkbox"/> No	
has a formal budget process,		<input type="checkbox"/> Yes <input type="checkbox"/> No	
provides monthly updates of YTD budget status, and		<input type="checkbox"/> Yes <input type="checkbox"/> No	
has a written directive that designates who is responsible for the budget.		<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Please provide electronic copies of the following financial files for the PAST FIVE YEARS</b>			
Total appraised value for service area	<input type="checkbox"/> Yes <input type="checkbox"/> No	Detailed annual operations budget	<input type="checkbox"/> Yes <input type="checkbox"/> No
Total assessed value for service area	<input type="checkbox"/> Yes <input type="checkbox"/> No	Actual annual operating expenditures	<input type="checkbox"/> Yes <input type="checkbox"/> No
Tax Rate – Total, M&O, Debt Service	<input type="checkbox"/> Yes <input type="checkbox"/> No	Detailed capital budget	<input type="checkbox"/> Yes <input type="checkbox"/> No
Budgeted dept revenue, all sources	<input type="checkbox"/> Yes <input type="checkbox"/> No	Actual capital expenditures	<input type="checkbox"/> Yes <input type="checkbox"/> No
Actual dept revenue, all sources	<input type="checkbox"/> Yes <input type="checkbox"/> No	Total annual cost of facility operation	<input type="checkbox"/> Yes <input type="checkbox"/> No
Source(s) of revenue	<input type="checkbox"/> Yes <input type="checkbox"/> No	Total annual cost of a firefighter	<input type="checkbox"/> Yes <input type="checkbox"/> No
		Staffing roster, w/ salaries/hourly rate	<input type="checkbox"/> Yes <input type="checkbox"/> No
		Cost share or labor agreements	<input type="checkbox"/> Yes <input type="checkbox"/> No
Notes or other explanatory information:			