



THE **911 FUND**, INC.
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Fire Department Overview

Workload, Training, Apparatus, Equipment & Needs

Questionnaire Completed By: _____
Date Completed: _____

(May2011)

Department Overview

Name of Department: _____

Address: _____

Telephone No.: _____ Fax No.: _____

Web-site: _____ E-mail: _____

Name of Chief Officer: _____ No. of Stations: _____

No. of Members: _____ No. of Members / Paid: _____ No. of Members / Volunteers: _____

General Information

Where is Training Held: _____

Population Served: _____ Area Served: _____ Hydrant System: _____ Yes _____ No

Workload Analysis

(No. of Responses by Category)

Structural	Electrical	Wildland	Vehicle	Gas	Automatic	Building	Hazardous	High Angle	Animal	EMS	Other
Fires	Fires	Fires	Accidents	Release	Alarm	Collapse	Material	Rescue	Rescue	Response	(describe)

2009 _____

2010 _____

Training

Title of Course	Total Length in Hours	No. Hours Lecture	No. Hours Practical	Curriculum Used
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Firefighter Training

Course: _____ / _____ / _____ / _____

Course: _____ / _____ / _____ / _____

Wildland Firefighter Training

Course: _____ / _____ / _____ / _____

Course: _____ / _____ / _____ / _____

EMS Training

Course: _____ / _____ / _____ / _____

Haz Mat

Course: _____ / _____ / _____ / _____

Fire Prevention

Course: _____ / _____ / _____ / _____

Leadership

Course: _____ / _____ / _____ / _____

Other

Course: _____ / _____ / _____ / _____

Course: _____ / _____ / _____ / _____

Apparatus

Number and Types of Apparatus: _____ Approx. Age of Apparatus: _____
Apparatus Manufacturers: _____
Condition of Apparatus: _____

Pump & Water Supply Information

Description: _____

Hose

5" _____ 4" _____ 3" _____ 2 1/2" _____ 1 3/4" _____

Foam

Type of Foam: _____ Amount Carried: _____ Gal.

PPE

No. of Pants: _____ No. of Coats: _____ No. of Helmets: _____
No. Pair Boots: _____ No. of Hoods: _____ No. Pair Gloves: _____

SCBA

No. & Brand: _____ Compressor: _____ Yes _____ No

Radios

<u>Apparatus Radio</u>	<u>Frequencies</u>	<u>Portable Radio</u>	<u>Frequencies</u>
Channel 1	_____	Channel 1	_____
Channel 2	_____	Channel 2	_____
Channel 3	_____	Channel 3	_____
Channel 4	_____	Channel 4	_____

Haz Mat Equipment

Speed Dry: _____ Yes _____ No Absorbent Pads: _____ Yes _____ No Booms: _____ Yes _____ No
Explosive Meters: _____ Yes _____ No Radiation Meters: _____ Yes _____ No Dosimeters: _____ Yes _____ No
Other Equipment: _____

Other Equipment

Other Equipment: _____

What are the Department's Greatest Needs:

Comments & Additional Information: