



THE **911 FUND**, INC.
441 Central Park Avenue, PO Box 644
Hartsdale, NY 10530-0644

914-479-8800 tel
914-725-7733 fax
info@911fund.org
www.911fund.org

Fire Department Questionnaire

**Department Overview, Workload Analysis, Training Overview,
Apparatus Description & Equipment Inventory**

Questionnaire Completed By: _____
Date Completed: _____

(911FUND-FDQuestionnaire-May2011)

Department Overview

Full Name of Department: _____

Address of Headquarters: _____

City, State, Zip, Country: _____

Telephone No.: _____ Fax No.: _____

Web-site: _____

E-mail Address: _____

Total No. of Stations: _____ Year Department was Formed: _____

Name of Chief Officer: _____

Chief's Cell Phone No.: _____ Chief's E-mail Address: _____

Total No. of Members: _____ No. of Members who are Paid: _____ No. of Members who are Volunteers: _____

No. of Officers: _____ No. of Sub-Officials: _____ Department's Annual Operating Budget: _____

Telephone Number Called in Case of Emergency: Fire: _____ Police: _____ Medical: _____

General Information

Where is Training Held: _____

Does Department have a Dormitory: _____ Yes _____ No If Yes, Bed Capacity: _____

Population of Community Served: _____ Size of Area Served: _____

Which Agency is responsible for Dispatch Operations: _____

Does Department have a Compressor to fill Air Bottles: _____ Yes _____ No

Does the Community have a Hydrant System: _____ Yes _____ No

Does Department perform Fire Prevention/Safety Education: _____ Yes _____ No

Does Department perform Building Inspection: _____ Yes _____ No

Does Department research Cause and Origin of Fires: _____ Yes _____ No

List (by Type & Quantity) all Tools & Equipment held in Reserve: _____

Membership Information

Is Department a member of a Federation: _____ Yes _____ No

If Yes, name of Federation: _____

Address of Federation: _____

City, State, Zip, Country: _____

Telephone No.: _____ Fax No.: _____

Web-site: _____

Name of Contact Person: _____

Needs

What are the Department's Greatest Immediate Needs: _____

What are the Department's Long-Term Needs over the next 5-10 Years: _____

Workload Analysis

Department: _____

No. of Responses by Month by Category

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

Jan 201_____

Feb 201_____

Mar 201_____

April 201_____

May 201_____

June 201_____

July 201_____

Aug 201_____

Sept 201_____

Oct 201_____

Nov 201_____

Dec 201_____

Wildland / Vegetation Fire Information by Fuel Type

	<u>Grass</u>	<u>Brush</u>	<u>Timber</u>
No. of Hectares: 0 - 10	_____	_____	_____
No. of Hectares: 10 - 100	_____	_____	_____
No. of Hectares: 100 - 1,000	_____	_____	_____
No. of Hectares: 1,000+	_____	_____	_____

Training Overview

Title of Course	Total Length in Hours	No. Hours Lecture	No. Hours Practical	Curriculum Used	Course Prerequisites	Name of Instructor	Certification Yes	Certification No	Certification Issued By
<u>Firefighter Training</u>									
Basic Firefighting: _____	_____ /	_____ /	_____ /	_____ /	_____ /	_____ /	_____ /	_____ /	_____ /
Fire Scenarios: _____	_____ /	_____ /	_____ /	_____ /	_____ /	_____ /	_____ /	_____ /	_____ /
Firefighter Removal: _____	_____ /	_____ /	_____ /	_____ /	_____ /	_____ /	_____ /	_____ /	_____ /
Air Bags: _____	_____ /	_____ /	_____ /	_____ /	_____ /	_____ /	_____ /	_____ /	_____ /
Apparatus Familiarization/Engines: _____	_____ /	_____ /	_____ /	_____ /	_____ /	_____ /	_____ /	_____ /	_____ /
Apparatus Familiarization/Ladders: _____	_____ /	_____ /	_____ /	_____ /	_____ /	_____ /	_____ /	_____ /	_____ /
Auto Extrication: _____	_____ /	_____ /	_____ /	_____ /	_____ /	_____ /	_____ /	_____ /	_____ /
Building Construction: _____	_____ /	_____ /	_____ /	_____ /	_____ /	_____ /	_____ /	_____ /	_____ /
Chain Saws: _____	_____ /	_____ /	_____ /	_____ /	_____ /	_____ /	_____ /	_____ /	_____ /
Collapse Operations: _____	_____ /	_____ /	_____ /	_____ /	_____ /	_____ /	_____ /	_____ /	_____ /
Confined Space: _____	_____ /	_____ /	_____ /	_____ /	_____ /	_____ /	_____ /	_____ /	_____ /
Foam Training: _____	_____ /	_____ /	_____ /	_____ /	_____ /	_____ /	_____ /	_____ /	_____ /
High Angle: _____	_____ /	_____ /	_____ /	_____ /	_____ /	_____ /	_____ /	_____ /	_____ /
Portable Ladders: _____	_____ /	_____ /	_____ /	_____ /	_____ /	_____ /	_____ /	_____ /	_____ /
Rope Training: _____	_____ /	_____ /	_____ /	_____ /	_____ /	_____ /	_____ /	_____ /	_____ /
SCUBA Rescue: _____	_____ /	_____ /	_____ /	_____ /	_____ /	_____ /	_____ /	_____ /	_____ /
Wildland Firefighting: _____	_____ /	_____ /	_____ /	_____ /	_____ /	_____ /	_____ /	_____ /	_____ /
Other: _____	_____ /	_____ /	_____ /	_____ /	_____ /	_____ /	_____ /	_____ /	_____ /
<u>Emergency Vehicle Operator</u>									
Engine Chauffeur: _____	_____ /	_____ /	_____ /	_____ /	_____ /	_____ /	_____ /	_____ /	_____ /
Ladder Chauffeur: _____	_____ /	_____ /	_____ /	_____ /	_____ /	_____ /	_____ /	_____ /	_____ /
Other: _____	_____ /	_____ /	_____ /	_____ /	_____ /	_____ /	_____ /	_____ /	_____ /
<u>Hazardous Materials</u>									
CPC: _____	_____ /	_____ /	_____ /	_____ /	_____ /	_____ /	_____ /	_____ /	_____ /
Other: _____	_____ /	_____ /	_____ /	_____ /	_____ /	_____ /	_____ /	_____ /	_____ /
<u>Dispatch Operations</u>									
EMS Dispatch: _____	_____ /	_____ /	_____ /	_____ /	_____ /	_____ /	_____ /	_____ /	_____ /
Fire Dispatch: _____	_____ /	_____ /	_____ /	_____ /	_____ /	_____ /	_____ /	_____ /	_____ /
Other: _____	_____ /	_____ /	_____ /	_____ /	_____ /	_____ /	_____ /	_____ /	_____ /

Title of Course	Total Length in Hours	No. Hours Lecture	No. Hours Practical	Curriculum Used	Course Prerequisites	Name of Instructor	Certification Yes	Certification No	Certification Issued By
-----------------	-----------------------	-------------------	---------------------	-----------------	----------------------	--------------------	-------------------	------------------	-------------------------

Fire Prevention

Course: _____ / _____ / _____ / _____ / _____ / _____ / _____ / _____ / _____

Leadership

Officer: _____ / _____ / _____ / _____ / _____ / _____ / _____ / _____ / _____

Chief: _____ / _____ / _____ / _____ / _____ / _____ / _____ / _____ / _____

Fire Marshal: _____ / _____ / _____ / _____ / _____ / _____ / _____ / _____ / _____

Instructor Development

Course: _____ / _____ / _____ / _____ / _____ / _____ / _____ / _____ / _____

EMS

AED: _____ / _____ / _____ / _____ / _____ / _____ / _____ / _____ / _____

ALS/Medic: _____ / _____ / _____ / _____ / _____ / _____ / _____ / _____ / _____

BLS/EMT: _____ / _____ / _____ / _____ / _____ / _____ / _____ / _____ / _____

CPR: _____ / _____ / _____ / _____ / _____ / _____ / _____ / _____ / _____

Other: _____ / _____ / _____ / _____ / _____ / _____ / _____ / _____ / _____

Other Training

Course: _____ / _____ / _____ / _____ / _____ / _____ / _____ / _____ / _____

Course: _____ / _____ / _____ / _____ / _____ / _____ / _____ / _____ / _____

Course: _____ / _____ / _____ / _____ / _____ / _____ / _____ / _____ / _____

Course: _____ / _____ / _____ / _____ / _____ / _____ / _____ / _____ / _____

Cadet Program

Does Department have a Cadet Program: _____ Yes _____ No If Yes, No. of Cadets: _____

No. of Hours Per Week Cadet Program Meets: _____

Do Cadets have Uniforms: _____

Age of Cadets: _____

Apparatus Description
(complete one form per vehicle)

Type of Apparatus: _____ Make of Apparatus: _____ Year of Apparatus: _____
Mileage: _____ Vehicle Number: _____ Occupant Capacity: _____
Length: _____ Weight: _____ Height: _____ Width: _____

Pump & Water Supply Information

Pump Capacity: _____ GPM Maximum PSI: _____ Tank Capacity: _____ Gal.
Portable Tank: _____ Yes _____ No Portable Tank Capacity: _____ Gal. Deck Gun: _____ Yes _____ No
Portable Pump Carried: _____ Yes _____ No Quantity Carried: _____ Pump Capacity: _____ GPM
Discharges (number, location, pre-connects): _____ Intake Suctions (number, location): _____

Hose Carried

5" _____ 4" _____ 3" _____ 2½" _____ Wildland _____

Ladder Truck Company Information

Size: _____ ft. Ground Ladders: _____ (total feet carried)
Rear Mount: _____ Mid-ship: _____ Tractor-drawn: _____ Tower: _____ Snorkel: _____ Telesquirt: _____

Foams & Agents Carried

Specify Type(s) of Foam Carried: _____
Specify Amount of Foam Carried: _____ Gal. Specify Foam Percentage: _____

On-Board Foam System

Do You Have One: _____ Yes _____ No Type of Foam in Foam Tank: _____ Foam Tank Capacity: _____ Gal.

Lighting & Power Generating Equipment

Portable Generator: _____ Yes _____ No Capacity: _____ kw
On-Board Generator: _____ Yes _____ No Capacity: _____ kw

Lights

Portable Lights: Quantity _____ Wattage: _____ Fixed Lights: Quantity _____ Wattage: _____
Light Tower Equipped: Height of Tower: _____ Total Output of Light Tower: _____ wattage

SCBA

No. of Packs: _____ Brand: _____ PSI: _____ Size/Duration: _____
No. of Spare AirTanks Carried: _____ PSI: _____ Size/Duration: _____
Is Apparatus Equipped with an On-Board Cascade System: _____ Yes _____ No
Is Apparatus Equipped with an On-Board Compressor to support Cascade System: _____ Yes _____ No
Is Cascade System for Remote Filling Operations: _____ Length of Remote Fill Hose: _____ ft.
Is Cascade System Equipped with a Live Line: _____ Yes _____ No Length of Live Line: _____ ft.

Rescue Equipment

Rescue Tool: Make: _____ Model: _____
Power Plant: Fixed: _____ Portable: _____ Gas: _____ Electric: _____
Spreaders: Cutters: _____ Rams: Quantity: _____ List Length of Each: _____
Other Equipment: _____

Air Bags

Make: _____ Quantity: _____ List Tonnage of each bag, not Total: _____ High or Low Pressure
Make: _____ Quantity: _____ List Tonnage of each bag, not Total: _____ High or Low Pressure

Other Equipment

<u>Type of Equipment</u>	<u>Quantity</u>	<u>Yes</u>	<u>No</u>	<u>Type of Equipment</u>	<u>Quantity</u>	<u>Yes</u>	<u>No</u>
Chain Saw (gas)	_____	_____	_____	Rope Rescue	_____	_____	_____
Chain Saw (electric)	_____	_____	_____	Confined Space Rescue	_____	_____	_____
K-12 Saw	_____	_____	_____	Trench Rescue Equipment	_____	_____	_____
Power Winch (fixed)	_____	_____	_____	Ice Rescue Equipment	_____	_____	_____
Power Winch (portable)	_____	_____	_____	Water Rescue Equipment	_____	_____	_____
F.A.S. Team Equipment	_____	_____	_____	Thermal Imaging Camera	_____	_____	_____
Pike Poles/Hooks	_____	_____	_____	Axes	_____	_____	_____
Fire Extinguishers	_____	_____	_____	Fans/Blowers	_____	_____	_____
Spanners	_____	_____	_____	Pulaski's	_____	_____	_____
Wrenches	_____	_____	_____	McCloud's	_____	_____	_____
Other Equipment: _____							

Salvage Equipment

Salvage Covers/Tarps: _____Yes _____No Amount Carried: _____ Water Vac: _____Yes _____No
Fans: List Size & Type (gas or electric): _____
Other Equipment: _____

Marine Equipment

Boat: Length: _____ft. Motor: _____Yes _____No Pump Capacity: _____Gal.
SCUBA Gear: _____Yes _____No No. of SCUBA Tanks Carried: _____ No. of Life Jackets Carried: _____
Other Water Rescue Equipment: _____

Hazardous Materials Equipment

Speed Dry: _____Yes _____No Amount: _____ Absorbent Pads: _____Yes _____No Amount: _____
Booms: _____Yes _____No Amount: _____ Explosive Meter: _____Yes _____No Type: _____
Radiation Meter: _____Yes _____No Type: _____ No. of Dosimeters: _____
Other Equipment: _____

Communication Equipment

<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	_____
Channel 5	_____	Channel 5	_____
Channel 6	_____	Channel 6	_____
List Other Frequencies that are Used: _____		No. of Portables Assigned to Apparatus: _____	

Condition of Apparatus

Vehicle is In-Service: _____Yes _____No Vehicle is Out-Of-Service: _____Yes _____No
If Vehicle is Out-Of-Service, describe why: _____

Overall Condition of Apparatus: Excellent: _____ Good: _____ Fair: _____ Poor: _____

Turnout Gear

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

Wildland Turnout Gear

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

Support Vehicle Information

(other than pumpers and ladders - for example, ambulances, cars, pick-up trucks, buses)

Type of Vehicle: _____ Year of Vehicle: _____ Make of Vehicle: _____ Use of Vehicle: _____
Type of Vehicle: _____ Year of Vehicle: _____ Make of Vehicle: _____ Use of Vehicle: _____
Type of Vehicle: _____ Year of Vehicle: _____ Make of Vehicle: _____ Use of Vehicle: _____
Type of Vehicle: _____ Year of Vehicle: _____ Make of Vehicle: _____ Use of Vehicle: _____

EMS Equipment

Quantity of Spare O2 Bottles: _____ Size of Bottles: _____ Defibrillator Carried: ___Yes ___No
Backboards: ___Yes ___No Stretchers: ___Yes ___No Stokes Basket: ___Yes ___No
Other Equipment: _____

Comments and Additional Information

When completed, return the entire Questionnaire to:

**911 FUND
441 Central Park Avenue, PO Box 644
Hartsdale, NY 10530-0644
914-479-8800 tel.
914-725-7733 fax.
info@911fund.org**