COMPREHENSIVE
FIRE MANAGEMENT REVIEW
SURVEY FORM

(Revised 1/12/2016)

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The University of Tennessee, Institute for Public Service
Municipal Technical Advisory Service

UNIVERSITY OF TENNESSEE

MUNICIPAL TECHNICAL ADVISORY SERVICE
COMPREHENSIVE FIRE MANAGEMENT REVIEW
FIRE DEPARTMENT SURVEY REPORT

Department Name: _____ Date: _____

Street Address: _____

Mailing Address: _____

City: _____ Zip: _____ County: _____

Fire Department Identification Number [FDID/TFIRS]: _____

FD Telephone with area code: _____ Fax: _____

Email: _____ FD Web Site: _____

Contact information for community officials:				
Chief Administrative			Title:	
E-mail:			Fax:	
Street:				
City:			Phone:	
City Clerk:				
E-mail:			Fax:	
Street:				
City:			Phone:	
Fire Chief:				
E-mail:			Fax:	
Street:				
City:			Phone:	
Name of contact person for questions regarding the contents of this form :				
Name:			Title:	
E-mail:			Phone:	
			Fax:	

Other Contact: _____ Telephone: _____

Other Contact: _____ Telephone: _____

№	ITEM	YES	NO	COMMENTS
**Comprehensive Fire Management Review Questionnaire**			
**Management**			
1	Is there an organizational chart that clearly defines lines of authority and responsibility for the city?			
1a	If yes, please attach a copy. Copy attached?			
1b	If not, are such lines clearly established and understood by all employees?			
2	Is there an organizational chart that clearly defines lines of authority and responsibility for the fire department?			
2a	If yes, please attach a copy. Copy attached?			
2b	If not, are such lines clearly established and understood by all employees?			
3	Does the city charter or any ordinances or resolutions address the organization and operation of the fire department?			
3a	If yes, please attach a copy of all ordinances or resolutions. Copy attached?			
4	Does the fire department have a mission statement?			
4a	If yes, please attach a copy. Copy attached?			
5	Is there a map available of the area protected by the fire department (the map should include water mains and locations of fire hydrants and fire stations)?			
5a	If yes, please attach a copy. Copy attached?			
6	Does the fire department have any automation in any of the following areas? For all YES answers, please give a brief description of the system including both hardware and software used to operate it. Use additional sheets of paper if needed and reference this question.			
6a	Fire incident reporting			

№	ITEM	YES	NO	COMMENTS
6b	Training records			
6c	Geographical data			
6d	Pre-fire planning			
6e	Hazardous materials (SARA)			
6f	Computer Aided Dispatch (CAD)			
6g	Inspection or Code Enforcement			
6h	Graphical Information Systems (GIS)			
7	Does the area protected by the fire department include any territory outside of the city limits?			
7a	If yes, please describe how the cost for these services is recovered (or notrecvered) and provide a map of the area if the area is not included on the map requested in Question 4 above. Use additional sheets of paper if needed and reference Question 6. Is a map attached YES NO?			
8	Does the city or the fire department have any regular mutual aid or automatic aid agreements with surrounding jurisdictions?			
8a	If yes, please furnish a copy. Copy attached?			
9	Does the fire department have a written Standard Operating Guideline (SOG)/Standard Operating Procedures (SOP) manual?			
9a	If yes, please furnish a copy of the manual, either hard copy or electronic. Copy attached or emailed?			
9b	If yes, is a copy available in each fire station and/or to each member of the fire department?			

The title above the table:

Comprehensive Fire Management Review Questionnaire

№	ITEM	YES	NO	COMMENTS
	Comprehensive Fire Management Review Questionnaire			
9c	If yes, does the fire department provide and maintain a copy of the manual in the city's human resources department?			
10	Does the fire department have a written planning document, or does the city have such a document, that includes the fire department (i.e., a capital improvement plan, strategic plan, business plan, standard of cover, plan of service, etc.)			
10a	If yes, please furnish a copy of each plan. Copy(ies) attached?			
11	Does the fire department use a fire incident reporting system?			
11a	If yes, please furnish a copy of the last report covering a full calendar year. Copy attached?			
12	Is the fire department participating in the TFIRS program and reporting incidents to the State Fire Marshal's office? If yes, enter the fire department's FDID number in the comments space.			FDID: _____
13	Is the fire department participating in the state fire fighter certification program?			
13a	If yes, how many fire fighters hold some level of certification (enter number in the comments space)?			
14	Has the city adopted a fire code?			
14a	If yes, enter the name and publication date of the code in the comments space.			
14b	Are all ordinances relating to fire prevention (codes, inspections, etc.) current or in the process of being updated?			

№	ITEM	YES	NO	COMMENTS
	Comprehensive Fire Management Review Questionnaire			
15	What is the total population of the city (do not include population protected outside of the city)?			
16	What are the total square miles of the city (do not include square miles protected outside of the city?			
17	Are the actual expenditures from the fire department operating budget for the last 2 complete years available? Enter the total dollar amounts and attach a copy of the budget.			
17a	Year:		Expenditures:	$
17b	Year:		Expenditures:	$
17c	Copy attached for 1st year?			
17d	Copy attached for 2nd year?			
18	What are the total resources of the fire department in the following categories?			
	Personnel:			
18a	Paid full-time (career) fire fighters			
18b	Paid part-time fire fighters			
18c	Paid-on-call fire fighters			
18d	Volunteer fire fighters			
18e	Public safety officers			
	Stations:			
18f	Number of fire stations			
18g	Are the stations "gender friendly" in accordance with T.C.A. § 4-24-301 and 4-24-302?			
18h	Have any fire stations be added in the last 5 years? If yes, indicate how many in the comments space.			
18h	Are any fire stations being planned within the next 2 years? If yes, indicate how many in the comments section.			

№	ITEM	YES	NO	COMMENTS
	Apparatus:			
18i	How many first out engines does the department have?			
18j	How many reserve engines does the department have?			
18k	How many first out aerial/ladder trucks does the department have?			
18l	How many reserve aerial/ladder trucks does the department have?			
18m	On the attached Apparatus Inventory form, please list all apparatus owned by the city/fire department. Form completed and attached?			
19	If you have any volunteer or paid-on-call fire fighters, does the city have a volunteer incentive program to encourage retention and recruitment?			
19a	If yes, please describe the program on separate sheets of paper if needed and reference Question 6. Description attached?			
20	If Question 17 contained any paid fire fighters, briefly describe the type of shift that they are currently working. Use additional sheets of paper if needed and reference Question 19.			
21	What standard of training does the fire department use to insure that all fire fighters are trained adequately?			
22	What is your community's current ISO rating?			
22a	What year did you receive this rating?			
22b	Please furnish a copy of your ISO evaluation letter and Pubic Protection Classification Summary Report (email/electronic copy preferred). Copy attached?			

The table title **Comprehensive Fire Management Review Questionnaire** appears as a header spanning all columns.

№	ITEM	YES	NO	COMMENTS
	Comprehensive Fire Management Review Questionnaire			
23	What other services outside of basic firefighting does the fire department provide? Please see the Non-Emergency (Essential) Services sheet in this survey document.			
23a	Pre-Fire Planning			
23b	Public Fire Education			
23c	Fire Cause Determination			
23d	Arson Investigation			
23e	First Responder			
23f	Advanced Life Support			
23g	Ambulance (transport)			
23h	Vehicle Extrication			
23i	Hazardous Materials Response (if so, indicate at what level)			
23j	Trench rescue			
23k	Confined space rescue			
23l	Water rescue (ponds, lakes, etc.)			
23m	Swift water rescue (moving water)			
23n	High angle rescue			
23o	Structural collapse (USAR)			
23p	Fire Safety Inspections			
23q	Fire Code Enforcement			
23r	Building Code Enforcement			
23s	Other (please explain in comments)			

№	Comprehensive Fire Management Review Questionnaire			
	ITEM	YES	NO	COMMENTS
Community Data				
24	Is there general geographic information such as regional and area maps available (GIS)?			
25	Please attach a map showing the travel distance of 1½ miles measured over roads from all fire stations. Map attached?			
26	Please attach a map showing the travel distance of 2½ miles measured over roads from all fire stations that have an aerial ladder truck or a service truck (carries most of the tools a truck company carries but does not have an aerial device). Map attached?			
27	Is there a map of the transportation network, i.e. railroads, roads, waterways, airports available? (Note: the 1½ mile and 2½ mile maps above can be drawn on the transportation network map.)			
28	Is there a chart of population trends available – past and future? If so, please attach a copy.			
29	Is there physical data on the largest private employers (function, location, facility size, number of employees, fire protection features, etc.)? If yes, please attach a summary list of this information.			
30	Is there physical data on schools, nursing homes, large places of assembly (student or facility population (beds for hospitals and nursing homes), occupant loads, location, facility size, number of employees, fire protection features, etc.)? If yes, please attach a summary list of this information.			
31	Is there a listing of occupancies housing hazardous materials? If yes, please attach a summary list of this information.			

Comprehensive Fire Management Review Questionnaire				
№	ITEM	YES	NO	COMMENTS
32	Does the community have any buildings that are 3 stories or 32 feet or more in height (as measured to the eve on two or more sides)? If so, please attach a list of these buildings showing at a minimum the address, building height in stories and/or feet, square footage per floor, total square footage, and if the building is protected by an automatic sprinkler system.			
33	Does the community have any buildings that have a needed fire flow greater than 3,500 gpm? If so, please attach a list of these buildings showing at a minimum the address, needed fire flow, building height in stories and/or feet, square footage per floor, total square footage, and if the building is protected by an automatic sprinkler system.			
34	Does fire prevention planning include future annexation plans, economic trends relative to construction and business expansion?			
35	Does the city government have a good working relationship with other area local governments?			
36	Does the city provide fire services outside of the corporate limits?			
36a	If it does, are such services provided in accordance with written agreements that conform to Tennessee law governing mutual aid and outside emergency assistance?			
37	What is the total number of road miles in the city?			
37a	What is the total number of road miles in the city within 1.5 miles of a fire station?			

№	ITEM	YES	NO	COMMENTS
	Comprehensive Fire Management Review Questionnaire			
	Fire Department			
38	If the fire chief was hired or elected after July 1, 2006, has the chief completed the 16-hour fire chief orientation course required to meet the Assistant to the Commissioner training law passed in 2006?			
39	Has the fire chief or senior fire official been appointed an Assistant to the Commissioner of Commerce and Insurance under TCA 68-102-108?			
40	Are there department by-laws and/or rules and regulations available to all members?			
41	Is the fire department aware of NFPA 1500 (Standard on Fire Department Occupational Safety and Health Program)?			
42	Is the fire department aware of NFPA 1501 (Standard for Fire Department Safety Officer) requirements?			
42a	Does the fire department have a designated safety officer?			
43	Does the fire department have an adequate employee safety policy in place that is observed?			
44	Do fire stations have vehicle exhaust systems for the removal of carbon monoxide (CO)?			
45	Do stations have required carbon monoxide notifications signs as required by OSHA 29 CFR 1910.145?			
46	Do fire stations have sufficient storage and workspace for maintenance of equipment and storage of spare hose, foam and other supplies?			
47	Do fire station apparatus bays have proper floor drains and an oil separator as per local codes?			
48	Do fire stations store flammable or combustible liquids?			
49	If fire stations store flammable and combustible liquids, are approved flammable liquids cabinets provided?			

№	ITEM	YES	NO	COMMENTS
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50	Does the fire department have an incident command system (ICS) that complies with NIMS and is the system used on every incident regardless of size?			
50a	Have <u>all</u> fire department personnel completed ICS-100 and ICS-700 NIMS training? Is the documentation available to verify this training? Is the documentation available to verify this training?			
50b	Have all fire department officers and command staff completed ICS-100, ICS-200, ICS-300, ICS-400, ICS-700, and ICS-800 NIMS training? Is the documentation available to verify this training?			
51	Do fire stations store hazardous materials? If yes, please describe, and use additional sheets if needed.			
52	Does the fire department have a personal accountability system in place and is the system used on every incident?			
53	Does the fire department have at a PASS device for every fire fighter entering a hazardous area?			
54	Does the fire department have at a portable radio for every fire fighter entering a hazardous area?			
55	Has the fire department adopted a two-in/two-out rule or policy that complies with OSHA 1910.134(g)(4)?			
56	Does the fire department use Rapid Intervention Teams (RIT)?			
57	Does the fire department have thermal imaging cameras? If yes, indicate how many, if each apparatus carries one, and if each apparatus does not carry one, indicate how a camera is deployed to a fire scene?			How old is the TIC? _____

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58	Does the fire department have a blood borne pathogens plan that complies with OSHA 29 CFR 1910.1030?			
59	Please list the total number of Infectious disease exposures for past three years	Last year: 2 year ago: 3 years ago:		
60	Please list the total number of hazardous materials or chemical exposures for past three years.	Last year: 2 year ago: 3 years ago:		
61	Please list the total number of non-fatal fire fighter injuries for past three years (these are injuries that qualify for reporting under TFIRS).	Last year: 2 year ago: 3 years ago:		
62	Please list the total number of fatal fire fighter injuries for past three years (these are injuries that qualify for reporting under TFIRS).	Last year: 2 year ago: 3 years ago:		
63	Can the city determine the number and extent of job-related injuries and illness over the past five years? If yes, please attach a report with this information.			
64	Does the fire department have a written job description for every position in the fire department, including volunteer or reserve personnel? If yes, please attach copies of all job descriptions.			
65	Does the city have any recruitment and selection procedures for new members? If yes, please attach a copy of the recruitment and selection procedures.			
66	Does the department have any special standards that must be met in regards to training, physical ability, and medical status? Please describe, and attach additional sheets if necessary.			
67	Does the city or fire department conduct background checks on new paid or volunteer fire fighters as permitted under TCA 68-102-308?			

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Comprehensive Fire Management Review Questionnaire				
68	Does the city encourage or require fire fighter certification? Describe in comments space, attach additional sheets if necessary.			
69	Does the fire department maintain employee medical surveillance and exposure to hazardous materials records in accordance with OSHA 29 CFR 1910.120?			
70	Does the fire department maintain personnel records on paid personnel?			
71a	Are paid personnel medical records kept in a separate file?			
72	Does the fire department maintain personnel records on volunteers?			
72a	Are volunteer personnel medical records kept in a separate file?			
73	Does the fire department verify annually that all personnel who drive fire department or city vehicles have a valid driver's license?			
74	What are the minimum requirements (type of driver's license, age, training, etc.) for a department member to be allowed to drive fire apparatus (engine, truck, ambulance, etc.)? Please explain if there are different permitted driving levels, for example driving a support vehicle (car, pickup, etc.) non-emergency versus fire apparatus and emergency response. Use additional sheets if needed.			
75	Please list the total number of accidents involving fire department vehicles for past three years.	Last year: I year ago: 2 years ago:		
76	If fire fighters respond to calls in their personal vehicles, please list the total number of accidents involving personal vehicles for past three years.	Last year: I year ago: 2 years ago:		

№	ITEM	YES	NO	COMMENTS
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77	Does the city of department require immediate drug screening/testing for drivers involved in an accident while driving fire department vehicles or apparatus or while responding in personal vehicles if personal vehicle response is allowed?			
78	Does the fire department conform to the overtime regulations prescribed for fire departments under the Fair Labor Standards Act (FLSA)?			
78a	What is the length of the overtime calculation cycle used by the fire department?			
79	Does the department have any incentive or recognition programs for paid/career employees?			
80	Does the department have any incentive or recognition programs for volunteers?			
81	Does the department have a succession and/or workforce development plan? If so, please attach a copy.			
Communications				
82	Does the city provide its own dispatching?			
83	Does the fire department handle dispatching duties? If not, who provides dispatching for the fire department?			
84	Does the fire department have its own radio frequency and a current FCC license?			
85	Can area fire departments effectively communicate with each other (interoperability)?			
86	Does an SOG/SOP for communications exist?			
Response Time and Responses				

№	ITEM	YES	NO	COMMENTS
	Comprehensive Fire Management Review Questionnaire			
87	Are records maintained on response times?			
88	Is the fire department's reported response time measured from the time the phone first rings in the dispatch center until the first unit arrives on the scene? If not, describe how response time is measured, and use additional sheets if necessary.			
89	Can response times be broken down by ring time, call processing time, turnout time, and travel time, or some combination of those individual components?			
90	Are there geographic factors or man-made obstructions that affect response time?			
91	Are streets adequately marked?			
92	What is the department's average response time?			
93	On what percent of calls does the first unit arrive on the scene within six minutes, thirty-five seconds (6:35) from the time the phone rings in dispatch?			
94	What is the fire department's normal first alarm (initial response) to a structure fire (number of engines, trucks, chiefs, etc.)? Please describe in the comments space or attach additional sheets if needed.			
95	Does the fire department have minimum staffing requirements per apparatus? If so, please describe in the comments section or attach additional sheets if needed.			
96	Does the fire department have minimum staffing requirements per shift? If so, please describe in the comments section or attach additional sheets if needed.			
97	Does the department have a sufficient overtime budget or other means to maintain minimum staffing levels throughout the year?			

№	ITEM	YES	NO	COMMENTS
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98	Please provide the total number of responses (runs) the fire department made for the last full calendar year. Attach any relevant department report, such as the fire department annual report for the most recent calendar year.			
99	Type of Response	No. of Responses		Comments (if any)
99a	All responses (All TFIRS codes)			
99b	All fires (TFIRS codes 1XX)			
99c	Structure fires only (TFIRS codes 111-123)			
99d	Residential structure fires only (TFIRS codes 111-123 and property use code 419)			
99e	EMS or rescue (TFIRS codes (3XX)			
100	What was the annual fire loss for the last three years? List in the comments space.	Last year: 1 year ago: 2 years ago:		
101	What percent of fires are investigated to determine cause?			
102	On what percent of fires is the cause determined (i.e. not reported as unknown, undetermined, or under investigation)?			
Equipment				
103	Please complete an Apparatus and Equipment Form (located in this survey packet) for all fire apparatus, first out and reserve. Are all forms completed and attached?			
104	Is there a list of make, model, and year of all motorized fire apparatus by station assigned? Note: please complete the Apparatus Roster in this survey packet.			

№	ITEM	YES	NO	COMMENTS
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105	Does all fire apparatus meet NFPA standards in effect at the date of manufacture? If not, please describe and attach additional sheets.			
106	Does the fire department perform an annual pump test on all apparatus equipped with a rated fire pump according to NFPA Standard 1911 and are adequate records kept?			
107	Does the fire department have pump test records for all apparatus with fire pumps for at least the last three years?			
108	Can the fire department determine the approximate size and feet of fire hose and hose accessories on each piece of apparatus that carries hose and the approximate size and feet of fire hose in reserve?			
109	Does the fire department perform an annual test on all fire hose according to NFPA Standard 1962 and are adequate records kept?			
110	Does the fire department have hose testing records for at least the last three years?			
111	Can the city determine the number and size of ground ladders?			
112	Are all ground ladders tested annually to the NFPA 1932 standard?			
113	If the department has aerial ladders, platforms, snorkels, or other aerial devices, are the aerial devices tested annually to the NFPA 1914 standard?			
113 a	If the department has aerial ladders, platforms, snorkels, or other aerial devices, are the aerial devices subjected to non-destructive testing (NDT) at least every five years to the NFPA 1914 standard?			
114	Do all turnout gear/Personal Protective Equipment /PPE (coat, pants, boots, helmet, gloves, protective hoods, etc.) meet NFPA and OSHA standards?			

№	ITEM	YES	NO	COMMENTS
115	Does the department have a policy for the regular inspection of turnout gear/PPE? If yes, please describe, and attach additional sheets if necessary.			
116	Does the fire department have any policies regarding the wearing of turnout gear/PPE? If so, please describe and attach additional sheets if necessary?			
117	If the fire department has policies regarding the wearing of turnout gear/PPE, and they followed and enforced?			
118	Is all turnout gear/PPE that is damaged or defective immediately removed from service and repaired or replaced as appropriate?			
119	Does the department have a replacement schedule for turnout gear/PPE? If yes, please describe, and attach additional sheets if necessary.			
120	Does the fire department have a written respiratory protection program that meets the requirements of OSHA 1910.134? If yes, attach a copy of the plan.			Copy attached?
121	Does the department have an inventory of all self-contained breathing apparatus (SCBA) listed by unit or personnel assigned to and the number of spare air bottles available?			
122	Does the department's self-contained breathing apparatus (SCBA) meet NFPA requirements in effect at the date of manufacture?			

Comprehensive Fire Management Review Questionnaire (table title)

№	ITEM	YES	NO	COMMENTS
	Comprehensive Fire Management Review Questionnaire			
123	Are all personnel who wear respiratory protection (SCBA, respirators, etc.) fit tested annually as required by OSHA Respirator Standard 1910.134 and are appropriate records maintained?			
124	Does the fire department have a system for refilling air bottles? Please describe.			
125	If the department has its own breathing air compressor, does the department test the quality of the output air **quarterly** as required by NFPA Standard 1989 Section 5.1, or **semi-annually** per OSHA 1910.430(b)(4), and maintain appropriate records?			Quarterly testing? Semiannual testing? Records maintained?
126	If another fire department or private company refills the department's air bottles, does that department or company test the quality of the output air quarterly as required by NFPA Standard 1989 Section 5.1 and maintain appropriate records?			
127	Does the fire department have a policy and practice in place to inspect regularly hand tools and equipment, place damaged equipment out of service, and repair or replace them as appropriate? If yes, please describe and use additional sheets if necessary.			
Facilities				
128	Are fire department facilities used for purposes other than for the fire department? If yes, please describe and use additional sheets if necessary.			
129	Does every fire station have a backup generator that starts automatically in the event of a power failure?			

№	ITEM	YES	NO	COMMENTS
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130	If the fire station(s) do not have automatic start generators, does the fire department have backup power sources? If yes, please describe and use additional sheets if necessary.			
131	Does the city have an adequate number and location of fire facilities?			
Training				
132	Does the fire department have a dedicated or designated training officer? If yes, please identify the training officer and provide contact information.			
133	Are training records maintained on all personnel? If yes, how are they maintained (paper, electronic, etc.) and who maintains them?			
134	Is training conducted on a routine basis? If yes, indicated frequency in the comments section or attach additional sheets if necessary.			
135	How many active fire suppression personnel does the fire department have? Include all personnel who respond to structure fires and participate in structural firefighting operations.			
136	What is the total number of company (at the fire station and/or not at a training facility) training hours related to structural firefighting for all active suppression personnel?			
137	Does the fire department have a training facility of its own or access to a regional training facility?			
138	If the fire department has a training facility of its own or access to a regional training facility, what is the physical address of the facility?			

№	ITEM	YES	NO	COMMENTS
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139	If the department has a training facility or access to a training facility, does it have a burn building? If so, in the comments space, enter the type of construction of the burn building (fire-resistive or non-combustible) and describe the burn building.			
140	If the department has a training facility or access to a training facility, does it have a drill tower? If so, in the comments space enter the height of the drill tower in stories.			Height of drill tower in stories:
141	If the department has a training facility or access to a training facility, in the comments space enter the size of the open area on the training facility grounds in acres or square feet.			
142	What is the total number of hours for structural firefighting training drills conducted at the fire department training facility for all fire department members?			
143	Does the fire department have a training library? If so, are there sufficient books, aids, and other items to have an effective training program? If not, what is needed to have an effective training program? Attach additional sheets if necessary.			
144	Does the fire department train at least 4 times per year for at least 3 hours per training session with mutual aid and/or automatic aid departments?			
145	How many officers are on the fire department that participate in structural firefighting activities?	Number of officers:		
146	How many officers have at least Fire Officer I certification from the Tennessee Fire Fighting Commission or other certifying organization?	Number of officers with at least FO-I certification:		
147	Did the fire department conduct fire officer training in the last year? If so, enter the total number of officers and the total number of training hours per year in the comments space.			Total number of officer training hours:

№	ITEM	YES	NO	COMMENTS
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148	Does the fire department have a new driver training program in place with a set number of training hours? If so, enter the total number of training hours for new drivers.			
149	Does the fire department conduct driver training for existing drivers annually? If so, enter the total number of drivers and the total number of training hours per year in the comments space.			Total number of drivers: Total hours of existing driver training:
150	Did the fire department conduct hazardous materials training in the last year? If so, enter the total number of fire suppression personnel and the total number of training hours per year in the comments space.			No of personnel: Total hazmat training hours:
151	Does the fire department have a recruit or fire trainee program in place with a set number of training hours for new personnel before they can make an interior fire attack? If so, in the comments space enter the total number of training hours for the entire program and how long it takes to complete the program.			
152	Are any firefighters trained to the levels shown below? If not, in the comments space please indicate the number of fire fighters trained to these levels			
152 a	Emergency Medical Responder (EMR) or higher			
152 b	Level "B" hazardous materials response			
152 c	Firefighter 2 (TN Commission on Firefighter Standards)			
152 d	Vehicle Rescue Technician			

		Comprehensive Fire Management Review Questionnaire			
№	ITEM	YES	NO	COMMENTS	
153	Does the fire department perform pre-fire planning inspections and create or update written pre-fire plans complete with notes and sketches on commercial, industrial, religious, educational, and multi-family (apartments, condos, etc.) structures? If so, in the comments space enter how often these pre-fire planning inspections occur (semi-annually, annually, bi-annually, or other frequency.				
154	List the number of each type of facility below and also list the number of completed pre-fire plans for each facility type				

		Type of Facility	No. of Buildings	Number of completed pre-fire plans
155 a		Commercial		
155 b		Industrial		
155 c		Religious		
155 d		Educational		
155 e		Multi-family (apts, condos)		
155 f		Totals		

№	ITEM	YES	NO	COMMENTS	
156	Are all pre-fire plans available to the incident commander on the scene? If yes, indicate how they are available (i.e. notebook, laptop, MDT, etc.)				
157	Please attach an example of a pre-fire plan for a typical risk in the community. Copy attached?				
Support Services					
158	Are there external support groups that exist for the fire department? If yes, please describe in the comments section and attach additional sheets if needed.				

№	ITEM	YES	NO	COMMENTS
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159	Does the city perform routine (i.e. preventative and/or minor repairs) apparatus and equipment maintenance and keep maintenance records? If not, indicate how this maintenance and repair is done.			
160	Does the city perform extend (i.e. major repairs) apparatus and equipment maintenance and keep maintenance records? If not, indicate how this maintenance and repair is done.			
161	Is there a formal operational budget and/or capital improvement program budget preparation process?			
162	If the department is a volunteer fire department, does the department handle its own finances and recordkeeping? If so, describe the process (use additional sheets if necessary).			
163	If the department is a volunteer fire department, does the department comply with the annual financial reporting requirements for volunteer fire departments required by T.C.A. 68-102-3? If so, attach a copy of the most recent *Annual Financial Report of Cash Receipts, Disbursements, and Balances* report.			
Water Supply				
164	Can the city determine fire flow capabilities of the water system(s) and the fire department regarding water needed for fire suppression activities (public and private)?			
165	Can high hazard areas be identified on the water system map and determination made of needed fire flows for each individual property?			
166	Does the city/fire department conduct spots checks of the water system's fire flow capability by conducting fire flow tests?			

№	ITEM	YES	NO	COMMENTS
	Comprehensive Fire Management Review Questionnaire			
167	Does the city have the latest copy of the ISO rating report on the water system? If so, please attach a copy.			
168	Does the fire department have a designated water supply officer?			
169	Does anyone conduct inspections of fire hydrants in your community?			
170	If hydrants are inspected, what department(s) and/or who conducts the inspections?			
171	How often are fire hydrants inspected (every 6 months, 1 year, 2 years, etc.)?			
172	Does the inspection include flushing (operating the fire hydrant and flowing water from the hydrant) the hydrants?			
173	If hydrants are flushed, what percentage of the hydrants are flushed as part of the inspection?			
174	If fire hydrants are flushed, are they flushed once a year or twice a year?			
175	Does each inspection include a static pressure test (opening the fire hydrant all the way with the caps on)?			
176	If hydrants are subject to a static pressure test, what percentage of the hydrants are tested?			
177	If fire hydrants are subject to a static pressure test, are they tested once a year or twice a year?			
178	What is the average number of fire hydrants requiring maintenance or repairs annually?			
179	What percentage of fire hydrants open and close in the same direction?			
180	What percentage of fire hydrants have the same size operating nut?			
181	Do all pumper outlets have the same size and type of thread?			
182	Number of hydrants with a 6-inch or larger branch connection, a 4" or larger pumper connection, and two 2½" hose connections. Indicate the size and thread type in the comments section.			

№	ITEM	YES	NO	COMMENTS
	Comprehensive Fire Management Review Questionnaire			
183	Number of hydrants with a 6-inch or larger branch connection, a 4" or larger pumper connection, but without 2½" hose connections. Indicate the size and thread type in the comments section.			
184	Number of fire hydrants with a 6-inch or larger branch connection, no pumper connection, but with two or more 2½" hose connections.			
185	Number of hydrants with less than a 6-inch branch connection.			
186	Number of flush type hydrants			
187	Number of cisterns or suction points			

Non-Emergency (Essential) Services

1. Pre-Fire Planning: [ ] Yes   [ ] No   Number of Preplans on file: _____
        [ ] All commercial occupancies   [ ] Target Hazards only
        [ ] All occupancies listed on the ISO Batch report

2. Public Education Programs: [ ] Yes   [ ] No   Explain: _____

3. Distribution/installation of smoke detectors: [ ] Yes   [ ] No

4. Commercial Occupancy Fire Company Inspections: [ ] Yes   [ ] No

5. Special Event Participation: [ ] Yes   [ ] No   Explain: _____

6. Community First Aid and/or CPR: [ ] Yes   [ ] No   Explain: _____

7. Fire Investigations: [ ] Yes   [ ] No   Explain: _____
        Do Investigators carry weapons? [ ] Yes [ ] No   Explain: _____

8. Home Safety/Fireplace Checks: [ ] Yes   [ ] No   Explain: _____

9. Special Event Standby's (Football games, etc.): [ ] Yes   [ ] No

10. Fire Hydrant Maintenance: [ ] Yes   [ ] No   Number of times per year: _____
        Are records available? [ ] Yes   [ ] No
        Does the Water Dept conduct maintenance or testing?   [ ] Yes   [ ] No
        How often are hydrants flow tested? _____
        Do you have dry hydrants or access points designated for water supply? [ ] Yes   [ ] No

11. SCBA Maintenance: [ ] Yes [ ] No
        Annual Service Tests: [ ] Yes   [ ] No   By: _____
        Are records available? [ ] Yes   [ ] No
        Annual Fit Tests? [ ] Yes   [ ] No

12. Other: _____

13. Other: _____

14. Other: _____

15. Other: _____

If necessary, please attach any information about these programs if you believe it will help understand them or explain them.

List or describe the biggest challenges and/or problems that the fire department faces:

List or describe the biggest challenges and/or problems that the city faces with regard to fire protection:

List the top five needs that would improve operations for the fire department:

Please provide any other pertinent information that you feel would be helpful; in understanding the departments operations and challenges and/or would assist in improving overall operations:

Apparatus Roster

Unit ID	Type Unit (engine, truck, tanker, etc.)	Condition Code	Rated pump capacity in gpm	Water tank capacity in gallons	Total number of feet of 2.5" or larger hose carried	Year made, manufacturer, first out or reserve, station assigned to, other remarks	Replacement Cost
Use the following condition codes: **1** = New or like new, **2** = good condition, **3** = operational with minor flaws, **4** = major problems or unreliable, **5** = safety problems or not useable.							
Eng. 1	Engine	2	1,500	750	1,400	1997 Smeal, first out, Station 1	$123,000

Apparatus Roster							
Unit ID	Type Unit (engine, truck, tanker, etc.)	Condition Code	Rated pump capacity in gpm	Water tank capacity in gallons	Total number of feet of 2.5" or larger hose carried	Year made, manufacturer, first out or reserve, station assigned to, other remarks	Replacement Cost

APPARATUS AND EQUIPMENT FORM

Complete one form for **each** first out and reserve fire engine, ladder truck, or service truck

Jurisdiction _____ Date _____ Type (Engine, Ladder, Other) _____ No. _____

Make _____ Year _____ F.S. Location _____

VIN #: _____ Insured by: _____ Policy #: _____

In service _____ Reserve _____ Pump capacity _____ gpm   Height of Aerial Ladder or Elevating Platform _____ ft

Is pump tested? Yes _____ No _____ List 3 most recent pumper service test _____ , _____ , _____

Date of last Nondestructive Test for Aerial Device _____ List 3 most recent service _____ , _____ , _____

Hose carried : _____ ft.   2½" _____ ft   3" _____ ft   3½" _____ ft   4" _____ ft   5" _____ ft

Is hose tested? Yes _____ @ _____ psi No _____ List 3 most recent dates _____ _____ _____

EQUIPMENT	Engine	Ladder/ Service
Water tank (gallons)		
HOSE CARRIED:		
15' soft suction or 20' hard		
2½" hose or larger carried		
1½", 1¾", or 2" hose carried		
Master stream devices (1,000 gpm)		
2½" playpipe with 1", 1-1/8", 1¼ " tips		
2½" combination spray with shutoff		
1½" or 1¾" combination spray with shutoff		
SCBA (30 minute minimum)		
Extra SCBA cylinders		
Salvage covers (min 12'x14')		
Electric hand lights		
Hose clamp		
Hydrant hose gate 2½"		
Gated-wye (2½"x 1½"x1½"		
Radio - mounted		
Radio - portable		

EQUIPMENT	Engine	Ladder/ Service
LADDERS CARRIED		
12' to 16' roof		
16' roof or longer		
10' attic or longer		
14' combination or longer		
24' extension or longer		
35' extension or longer		
Pike pole - 3' or 4'		
Pike pole - 6' or longer		
Electric gen. (3,000 watt min)		
Port. Floodlight (500 watt)		
Smoke eject. (5,000 cfm)		
Thermal cutting unit		
Saw, power (chain or rotary)		
Elevated stream device		
Spray nozzle (1,000 gpm)		
Aerial ladder/platform		
Annual pump test		
Annual hose test		
Annual aerial test		
Aerial NDT (5 years min.)		

First Alarm Personnel Response

Please provide the following information for personnel that responded, on the **first (initial)** alarm to **structure fire** alarms within the jurisdiction during the previous 12 months. Record the number of personnel that responded on each incident.

First-Alarm Personnel Response								
		Your fire department					Automatic Aid Companies	
Date	Time	Chief Officer(s)	Off-duty Vol.	On-duty Vol	Off-duty Paid	On-duty Paid			

Chief Officers:	Enter the number of responding Chief Officers **who did not perform firefighting duties**; do not include the number counted in this column in the categories below
Off-duty Vol.:	Enter the total number of call or volunteer personnel, including officers performing firefighting duties, who responded from home, business, etc.
On-duty Vol.:	Enter the total number of call or volunteer personnel, including officers performing firefighting duties, who responded from a scheduled on-duty assignment at the fire station
Off-duty Paid:	Enter the total number of paid personnel, including officers performing firefighting duties, who responded from an off-duty status.
On-duty Paid:	Enter the total number of paid personnel, including officers performing firefighting duties, who responded from an on-duty assignment at the fire station.
Automatic Aid	Enter the total number of personnel from other departments responding with automatic-aid apparatus (dispatched/responded on the initial alarm). Please identify in the appropriate column header the department providing the automatic aid.

Number of Personnel by Service Type

Please provide the total number and type of service for the positions indicated below

Position	Number/Type					
Fire Chief	Paid:		Volunteer:		Public Safety Officer:	
Deputy Chief	Paid:		Volunteer:		Public Safety Officer:	
Assistant Chief	Paid:		Volunteer:		Public Safety Officer:	
Battalion Chief	Paid:		Volunteer:		Public Safety Officer:	
Captain	Paid:		Volunteer:		Public Safety Officer:	
Lieutenant	Paid:		Volunteer:		Public Safety Officer:	
Sergeant	Paid:		Volunteer:		Public Safety Officer:	
Driver	Paid:		Volunteer:		Public Safety Officer:	
Firefighter	Paid:		Volunteer:		Public Safety Officer:	
Chief's Aide	Paid:		Volunteer:		Public Safety Officer:	
Non-fire Force	Paid:		Volunteer:		Public Safety Officer:	
	Paid:		Volunteer:		Public Safety Officer:	
	Paid:		Volunteer:		Public Safety Officer:	

Company Staffing

Please provide the following existing company staffing (do not include vacant but budgeted for positions):

Company	Fire Station	Paid Members			Volunteer Members		
		Company Officers	Firefighters	Total	Company Officers	Firefighters	Total
TOTALS							

Performance Measures					
Department:					
Measure	<year>	<year>	<year>	<year>	<year>
Population					
Total appraised property value in millions					
Total fire department operating budget					
Calls for service					
Non-emergency calls					
Emergency calls					
Fire responses (Codes 1XX)					
Structure fires (Codes 111-123)					
EMS responses (Codes 32X)					
Percentage of Fires Confined to the Area or Room of Origin					
Fire inspections					
Fire code - notice					
Fire code violations found					
Fire code citations issued					
Percent of fire code violations cleared in 90 days					
Number of full-time equivalents (FTE's)					
Number of budgeted certified positions					
Total response time					
Dispatch time (ring time and call processing time)					
Fire response time (turnout time and travel time)					
Percent fire cause determined					
Total Fire Loss					
EMS Service Level					
ISO Rating					
Number of fire stations					
Total number of fire apparatus					
Total number of apparatus					
(a) number of fire engines					
(b) number of ladder trucks					
(c) number of rescue vehicles					
(d) number of other apparatus					
(e) number of non-firefighting vehicles					

Performance Measures					
Department:					
Measure	<year>	<year>	<year>	<year>	<year>
Average number of training hours taken by individual sworn employees (paid or volunteer)					

A non-emergency call is where the department does not respond with lights and siren. An emergency call is a response with lights a siren.

Notice (Notice of Inspection Results). This term describes the method used to notify the responsible party of the results of a fire inspection. A notice may inform the responsible party that there are no violations, or that one or more violations exist. Generally, there is usually only one notice for each inspection of an occupancy. For example, the first visit to a business may find three code violations, and the owner receives a copy of the inspection report or other notice of the results of the inspection. That should be reported as one notice and three violations. When the inspector goes back to check for compliance, all code violations were corrected and no new violations were found. This should be reported as one notice.

Violation (A violation of the fire code). This term describes a single code violation. An inspection may find several violations. Report the number of fire code violations found.

Citation (A citation to appear in court or before a judge). A citation is issued when the fire department is not able to gain voluntary compliance and must cite the responsible party to appear before a judge. Ideally, this number should be very low as voluntary compliance is the desired outcome.

If your fire department has other performance measures please attach a copy of those performance measures.

On the next two pages are spreadsheets for listing your fire department's most recent structure fire responses. A structure fire, according to TFIRS codes, is a fire response that is coded using TFIRS codes 111 through 123 only. You can use either spreadsheet, as they both ask for the same thing: data on structure fires for the last 26 months (3 years), but the second one asks for the data to be separated by years and performs some calculations.

The first spreadsheet is simply a list that you fill in.

The second spreadsheet is an embedded Excel spreadsheet with formulas. If you decide to use that one, you will need to double-click somewhere in the spreadsheet to open it. Once it is open, fill in the data fields but do not alter any of the formulas that create total and averages. After it is filled in, double-click somewhere outside of the spreadsheet to close it.

MTAS Fire Study Worksheet
Structure Fire Summary for Past 36 Months

Date: _____

YEAR: _____ (Inside City Limits)

Incident #	Date	Alarm Time	Time F.D. Notified by Dispatch	Time First Unit Arrived	Time All First Alarm Units Arrived	№ Engines on First Alarm	№ Ladders on First Alarm	№ Service Companies on First Alarm	№ Personnel on First Alarm	Dollar loss

MTAS Fire Study Worksheet
Structure Fire Summary for Past Three Years

Date:

YEAR: (Inside City Limits)

Incident #	Date	Alarm Time	Arrival Time	Response Time	# Alarms	Personnel	Engines	Aerial	Other	Dollar loss
			Totals	----	----	----	----	----	----	$ -
			Averages	#DIV/0!	#DIV/0!	#DIV/0!	#####	1	#####	#DIV/0!

YEAR: (Inside City Limits)

Incident #	Date	Alarm Time	Arrival Time	Response Time	# Alarms	Personnel	Engines	Aerial	Other	Dollar loss
			Totals	----	----	----	----	----	----	$ -
			Averages	#DIV/0!	#DIV/0!	#DIV/0!	#####	#####	#####	#DIV/0!

YEAR: (Inside City Limits)

Incident #	Date	Alarm Time	Arrival Time	Response Time	# Alarms	Personnel	Engines	Aerial	Other	Dollar loss
			Totals	----	----	----	----	----	----	$ -
			Averages	#DIV/0!	#DIV/0!	#DIV/0!	#####	#####	#####	#DIV/0!
			Three Year Totals	----	----	----	----	----	----	0
			Three Year Avgerages	#DIV/0!	#DIV/0!	#DIV/0!	#####	#####	#####	0

MTAS Fire Study Worksheet
Personnel Resources

Page:

Department: Date:

Position/Rank	Name	Paid / Vol	M/F	FF Certification Level	Date Started	Retire. Yr	Annual Pay

MTAS Fire Study Worksheet
Personnel Resources

Page:

Department: Date:

Position/Rank	Name	Paid / Vol	M/F	FF Certification Level	Date Started	Retire. Yr	Annual Pay

MTAS Fire Study Worksheet
Fire Station(s) and Other Facilities Resources

Department: _____   Date: _____

Station ID	Description & Address	Type Facility	Year Built	Condition	Sq Ft	Replacement Cost

Fire Station(s) and Other Facilities Resources

Department: _____   Date: _____

Station ID	Number of Apparatus Bays	Size of Bay 1 (L x W x door height)	Size of Bay 2 (L x W x door height)	Size of Bay 3 (L x W x door height)	Size of Bay 4 (L x W x door height)

MTAS Fire Study Worksheet
Equipment Resources

Department: _____   Date: _____

Qty.	Equipment Type & Description	Year	Make	Model	Condition	Station/ Unit	Replacement Cost

20 Largest Buildings in Hydranted Service Area

Please list the twenty largest (square footage) buildings in your 1st alarm response area within 1,000' of a hydrant. If the building is partially sprinkled then note the square footage of what is not sprinkled. See the Building Construction table below for the description of the construction types.

№	Name of business/building	Sprinkler status (FS/PS/NS)	Address	Square Footage - per story & total	No of stories	NFPA 220 construction classification	Year Built
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							
17							
18							
19							
20							

20 Largest Buildings in Non-Hydranted Service Area

Please list the twenty largest (square footage) buildings in your 1st alarm response area that are more than 1,000' from a hydrant. If the building is partially sprinkled then note the square footage of what is not sprinkled. See the Building Construction table below for the description of the construction types.

№	Name of business/building	Sprinkler status (FS/PS/NS)	Address	Square Footage - per story & total	No of stories	NFPA 220 construction classification	Year Built
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							
17							
18							
19							
20							

Buildings Three or More Stories (or over 32 feet) in Height

Please list all buildings three or more stories in height or 32 feet or taller to the eve on one or more sides. Identify the buildings/business' name, address, square footage (total & per story), number of stories or feet to the eve on the tallest side, construction and year the building was built. Use additional sheets if necessary.

№	Name of business/building	Sprinkler status (FS/PS/NS)	Address	Square Footage - per story & total	No of stories	NFPA 220 construction classification	Year Built
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							
17							
18							
19							
20							

NFPA 220& ISO Building Construction Table:

Construction Description	NFPA 220	ISO Class	Walls	Floor / Roof
Wood frame	V	1	Combustible, or Non Combustible or Slow Burning	Combustible
Ordinary (Joisted Masonry)	III	2	Non Combustible	Combustible
Heavy Timber	IV	2	Slow Burning	Combustible
Non-combustible (All Metal)	II	3	Metal Non Combustible or Slow Burning	Metal, Non Combustible or Slow Burning Metal
Non-combustible (Masonry)	II	4	Masonry = 4" Fire Resistive (protected metal) with a Fire Resistance	Non Combustible or Slow Burning
Modified –Fire Resistive	II	5	Masonry = 4" Fire Resistive (protected metal) with a Fire Resistance Rating = 1 hr. but < 2 hrs.	Same as Class 6 but deficient in thickness Fire Resistive (protected metal) with a Fire Resistance Rating = 1 hr. but < 2 hrs.
Fire resistive	I	6	Solid Masonry = 4" Hollow Masonry = 12" Fire Resistive (protected metal) with a Fire Resistance Rating = 2 hrs.	Monolithic concrete = 4" "Joist Systems" or Pan-Type concrete Fire Resistive (protected metal) assemblies with a Fire Resistance Rating = 2 hrs.

Defined Material	Description/examples	Flame Spread Rating	Fire Resistance Rating
Combustible	Materials which will ignite and burn. Also assemblies which include combustible materials. Examples: wood, vinyl siding, most foam plastics	over 25	N/A
Slow Burning	Materials or assemblies with a listed Flame Spread Rating of greater than 0, but not greater than 25. Example: common spun fiberglass insulation	1 – 25	N/A
Noncombustible	Materials, no part of which will ignite and burn when subjected to a fire. Also, masonry materials less than 4" in thickness. Examples: aluminum, glass, gypsum board, plaster, steel.	0	None or less than 1 hour
Unprotected Metal	Same as Noncombustible above	0	None or less than 1 hour
Protected Metal	Metal protected by materials so that the resulting fire resistance rating is not less than 1 hour. Examples: steel structural members protected by gypsum board, plaster, cementitious mixtures, sprayed fibers, or masonry materials	N/A	1 hour minimum
Fire Resistive	Noncombustible materials or assemblies with a Fire Resistance Rating of at least 1 hour. Examples: protected metal assemblies listed above	N/A	1 hour minimum
Masonry	Adobe, brick, cement, reinforced concrete, gypsum blocks, hollow concrete blocks, stone, tile, similar materials not less than 4" in thickness	N/A	Varies with material and thickness

Required Maps (GIS drawn maps preferred)

Map 1

1. A GIS map showing the total response area for the fire department. The map should include: basic map features, streets, water, and property parcels if available. If the fire department is responsible for providing fire protection to areas outside the city limits, include those areas, too, but differentiate between the city/town limits and other fire protection areas . Include any reserve area, such as the city's urban growth boundary.

2. Show all fire station locations as well as the current city limit boundaries.

3. Draw a polygon around each fire station for the first due engine company response area at a distance of 1½-miles as measured over roads (may be called centerline miles in a GIS system).

4. Where station coverage areas overlap, draw both areas and set the overlap area to toggle either way for the overlapping coverage.

5. Draw a polygon around the main station for the "ladder/service company response area" at a distance of 2½-miles as measured over roads.

6. In a table, calculate the square miles for the following areas:
    a. Total square miles inside the entire response area.
    b. Total square miles inside the entire city limit boundary.
    c. Total square miles inside each station's response area (if applicable – including the overlap area).
    d. Total square miles inside each ladder/service company's response area.
    e. Total square miles inside the overlapping area(s) (if applicable).

Map 2

1. The same base map as map 1 with the addition of the footprint of all buildings, or a dot locating all buildings, and with any building consisting or 3 or more stories or 32 feet in height or higher color coded.

Map 3

1. Same map as map 2 with all fire hydrant locations and hydrants color coded to show available fire flows in the following ranges (if you use different colors, include a key on the map):
    a. Less than 500 gpm in red
    b. 500 to 999 gpm in orange
    c. 1,000 to 1,499 gpm in green
    d. 1,500 or higher in blue

Map 4

1. Same map as map 2 except show water tanks, pump stations, water plant, water feeds, water lines and sizes, and fire hydrant locations with hydrant color codes as requested above.

A CD with the data files (generally referred to as shape files) for these maps that will work with the program ArcGIS.