



Department of Military Affairs and Public Safety

Cabinet Secretary Jeff S. Sandy, CFE, CAMS
State Fire Marshal Kenneth E. Tyree, Jr.

Phone: (304) 558-2191

Fax: (304) 558-2537

OFFICE OF THE STATE FIRE MARSHAL

1207 Quarrier St, 2nd Floor
Charleston, WV 25301
www.firemarshal.wv.gov

To: All WV Fire Departments

From: WV State Fire Marshal's

Date: Office January 12, 2018

Subject: 2018 Updated Forms

In accordance with WV Code §8-15-8, §87-6, and §87-8, you will find enclosed the updated 2018 Certification and Disbursement Application for State Funds, a calendar detailing the timeline for submission of fire loss data (NFIRS Incident Reports), **and** the new Fire Department Self-Evaluation Form to the WV State Fire Marshal's Office. I would ask that you review the above referenced codes (statutes) to insure your understanding of them, since our reporting requirements to the State Treasurer's office pertain to each of them.

Please return the 2018 Certification and Disbursement Application for State Funds by January 31, 2018 **and** return the Fire Department Self-Evaluation forms by **February 28, 2018.**

Failure to return these completed and signed forms shall result in this office notifying the WV State Treasurer's office that your department has not complied, which shall cause your department to be placed on the ineligible list for receiving allocation from the municipal pensions and protection fund and the Fire Protection Fund.

If you have questions, please feel free to contact our office at 304-558-2191 extension 53224 or 53227.

Sincerely,

A handwritten signature in blue ink, appearing to read "K.E. Tyree, Jr.", written over a faint background.

Kenneth E. Tyree, Jr.
State Fire Marshal

KT/cm



Department of Military Affairs and Public Safety

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OFFICE OF THE STATE FIRE MARSHAL 1207

Fax: (304) 558-2537

Quarrier St, 2nd Floor
Charleston, WV 25301
www.firemarshal.wv.gov

Year 2018 Certification and Disbursement Application
For State Funds Insurance Premium Tax Money

Return this completed and signed application to this office no later than January 31, 2018.

ALL 2017 NFIRS REPORTS MUST BE SUBMITTED TO RECEIVE FUNDS!

Fire Department Data: (All Fields are required - Complete Front and Back)
Please print legibly and provide signature on the back.

Form with multiple fields for Department Name, Mailing Address, Dept. Physical Address, Dept. Email Address, Department Phone, Dept. Fax, Department Type, FEIN TAX NUMBER, Total Number of ACTIVE Volunteer Members, Total Number of ACTIVE Paid Members, Do All Fire Dept Apparatus Have An Emergency Vehicle Permit?, Do All Privately Owned Vehicles Using Lights And Sirens Have An EVP?, ISO Rating, Substations?, Chief's Name, Chief's Home Phone, Chief's Work Phone, Chief's Cell Phone, Chief's Home Address, Chief's Email Address, Ass't Chief's Name, Ass't Chief's Home Phone, 8am-4pm Contact Person, Contact Person's Phone, NFIRS Reporting Officer, NFIRS Rpt Officer's Phone, NFIRS Rpt Officer's Email, NFIRS Rpt Officer's Alternate Email, President's Name, President's Home Phone, President's Work Phone, President's Cell Phone, President's Home Address, President's Email Address.

II. Fire Reporting:

§ 8-15-8a Eligibility for allocation from municipal pensions and protection fund and the Fire Protection Fund.

(a) In order to be eligible to receive revenues allocated from the municipal pensions and protection fund or the Fire Protection Fund, each volunteer or part volunteer fire company or department must meet the following requirements:

(1) Submit and maintain current submission of fire loss data to the State Fire Marshal;

To obtain more information about NFIRS 5.0, visit the website at www.nfirs.fema.gov, or contact the SFMO Fire Department Services Division at (304) 558-2191, Ext. 53224 or by email at nfirs@wv.gov.

III. Membership:

§ 8-15-8a Eligibility for allocation from municipal pensions and protection fund and the Fire Protection Fund.

(2) Complete or be in the process of receiving firefighters training, including section one of the West Virginia University fire service extension or its equivalent. The fire company or department must have at least ten members certified as having completed the training or if a volunteer fire company or department has twenty or fewer members, fifty percent of the active volunteer members must have completed such training.

Total Number of Members: _____ Total Number of **ACTIVE** Members: _____

Total Number of Active Members with Fire Fighter I Certification: _____

IV. Statement:

I, _____, herewith certify that as of _____
(Printed Name of Chief) (Appointed / Elected Date)

I have been duly appointed or elected as the Chief of this department and that this fire department or fire company complies with all Federal and State laws to the best of my knowledge. I am aware that by neglecting to submit any and all incident reports in a timely manner, my department may not be certified to receive state funding.

All required information contained in this application is complete, true and accurate.

Date: _____ Fire Chief's Signature: _____

Return this completed and signed application to:

WV State Fire Marshal's Office
Fire Department Services Division
1207 Quarrier St., 2nd Floor
Charleston, WV 25301

No later than January 31, 2018.

Important Notice--USFA Assistance to Firefighters' Grants

The SFMO is working closely with FEMA to ensure FD compliance with grant funding requirements as they concern NFIRS. *FEMA will be automatically notified each quarter of departments that are delinquent in submitting their incident reports. If your department fails to report consistently, including for the 12 month period after your USFA grant award begins, FEMA has assured us your department will be unable to close out your grant funding at the end of your award year. In extreme cases of reporting negligence, FEMA can take steps to freeze grant awards.*

Fire Loss Data Submission Reporting Dates

CALENDAR YEARS 2017 THROUGH 2023

Fire Loss Data For

Quarter of: Fire Loss Data Submission Deadline Last Day of Grace Period

Jul, Aug, Sept 2016 Friday, December 30, 2016 Thursday, March 30, 2017
 Oct, Nov, Dec 2016 Friday, March 31, 2017 Thursday, June 29, 2017
 Jan, Feb, Mar 2017 Friday, June 30, 2017 Thursday, September 28, 2017
Calendar Year 2017 Apr, May, Jun 2017 Friday, September 29, 2017 Thursday, December 28, 2017

Jul, Aug, Sept 2017 Friday, December 29, 2017 Thursday, March 29, 2018
 Oct, Nov, Dec 2017 Friday, March 30, 2018 Thursday, June 28, 2018
 Jan, Feb, Mar 2018 Friday, June 29, 2018 Thursday, September 27, 2018
Calendar Year 2018 Apr, May, Jun 2018 Friday, September 28, 2018 Thursday, December 27, 2018

Jul, Aug, Sept 2018 Monday, December 31, 2018 Monday, April 01, 2019
 Oct, Nov, Dec 2018 Friday, March 29, 2019 Thursday, June 27, 2019
 Jan, Feb, Mar 2019 Friday, June 28, 2019 Thursday, September 26, 2019
Calendar Year 2019 Apr, May, Jun 2019 Monday, September 30, 2019 Monday, December 30, 2019

Jul, Aug, Sept 2019 Tuesday, December 31, 2019 Monday, March 30, 2020
 Oct, Nov, Dec 2019 Tuesday, March 31, 2020 Monday, June 29, 2020
 Jan, Feb, Mar 2020 Tuesday, June 30, 2020 Monday, September 28, 2020
Calendar Year 2020 Apr, May, Jun 2020 Wednesday, September 30, 2020 Tuesday, December 29, 2020

Jul, Aug, Sept 2020 Thursday, December 31, 2020 Wednesday, March 31, 2021
 Oct, Nov, Dec 2020 Wednesday, March 31, 2021 Tuesday, June 29, 2021
 Jan, Feb, Mar 2021 Wednesday, June 30, 2021 Tuesday, September 28, 2021
Calendar Year 2021 Apr, May, Jun 2021 Thursday, September 30, 2021 Wednesday, December 29, 2021

Jul, Aug, Sept 2021 Friday, December 30, 2022 Thursday, March 30, 2023
 Oct, Nov, Dec 2021 Thursday, March 31, 2022 Wednesday, June 29, 2022
 Jan, Feb, Mar 2022 Thursday, June 30, 2022 Wednesday, September 28, 2022
Calendar Year 2022 Apr, May, Jun 2022 Friday, September 30, 2022 Thursday, December 29, 2022

Jul, Aug, Sept 2022 Friday, December 30, 2022 Thursday, March 30, 2023
 Oct, Nov, Dec 2022 Friday, March 31, 2023 Thursday, June 29, 2023
 Jan, Feb, Mar 2023 Friday, June 30, 2023 Thursday, September 28, 2023
Calendar Year 2023 Apr, May, Jun 2023 Friday, September 29, 2023 Thursday, December 28, 2023



WV State Fire Marshal's Office

Fire Department Evaluation

DATE:

CHIEF:

(Must be completed by Chief, Acting Chief, or legal designee from the local Fire Dept.)

FIRE DEPARTMENT

NAME:	FDID:	COUNTY:
ADDRESS:		
MAILING ADDRESS		STREET ADDRESS
CITY	STATE	ZIP CODE
PHONE:	FAX:	TYPE: <input type="checkbox"/> VOLUNTEER <input type="checkbox"/> PART-PAID <input type="checkbox"/> PAID
GPS: LAT:	LON:	ISO RATING: DEPARTMENT FEIN No.:

ORGANIZATION

ON FILE:	<input type="checkbox"/> ART. INCORP.	<input type="checkbox"/> BY-LAWS	<input type="checkbox"/> FIRE DISTRICT	<input type="checkbox"/> MUTUAL AID AGREEMENTS	<input type="checkbox"/> APP. MAINT. RECORDS		
MEETINGS:	<input type="checkbox"/> MONDAY	<input type="checkbox"/> TUESDAY	<input type="checkbox"/> WEDNESDAY	<input type="checkbox"/> THURSDAY	<input type="checkbox"/> FRIDAY	<input type="checkbox"/> SATURDAY	<input type="checkbox"/> SUNDAY
	<input type="checkbox"/> EVERY WEEK	<input type="checkbox"/> EVERY TWO WEEKS	<input type="checkbox"/> OTHER	TIME OF MEETING			
NOTIFICATION:	<input type="checkbox"/> PAGER	<input type="checkbox"/> PHONE	<input type="checkbox"/> RADIO	<input type="checkbox"/> SIREN	<input type="checkbox"/> OTHER		

COMPLIANCE

ADEQUATE HOUSING FOR APPARATUS?	<input type="checkbox"/> YES <input type="checkbox"/> NO	DETAILS:
DOES YOUR DEPT. HAVE SUBSTATIONS?	<input type="checkbox"/> YES <input type="checkbox"/> NO	HOW MANY?
NFIRS COMPLIANT?	<input type="checkbox"/> YES <input type="checkbox"/> NO	EVP COMPLIANT? <input type="checkbox"/> YES <input type="checkbox"/> NO
AVERAGE NUMBER OF RUNS PER YEAR:		
ANNUAL SCBA FLOW TEST	<input type="checkbox"/> YES <input type="checkbox"/> NO	TESTING SCHEDULED? <input type="checkbox"/> YES <input type="checkbox"/> NO
PERFORMED BY:		SCHEDULED TESTING DATE:
ANNUAL FIRE PUMP TEST	<input type="checkbox"/> YES <input type="checkbox"/> NO	SCHEDULED TESTING DATE:
PERFORMED BY:		
ANNUAL HOSE TEST	<input type="checkbox"/> YES <input type="checkbox"/> NO	SCHEDULED TESTING DATE:
PERFORMED BY:		
MAIN FIRE APPARATUS OPERATIONAL?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
WORKERS COMPENSATION	<input type="checkbox"/> YES <input type="checkbox"/> NO	EXPIRATION DATE:
POLICY #:		AGENT NAME:
INSURANCE ON FIRE DEPARTMENT?	<input type="checkbox"/> YES <input type="checkbox"/> NO	EXPIRATION DATE:
POLICY #:		AGENT NAME:
INSURANCE ON APPARATUS?		EXPIRATION DATE:
POLICY #:		AGENT NAME:

MEMBERSHIP

TOTAL MEMBERS:		TOTAL ACTIVE MEMBERS:	
ACTIVE MEMBERS W/ FF LEVEL 1:		ACTIVE MEMBERS W. HAZMAT:	
ACTIVE MEMBERS W. FIRST AID/CPR:			
ALL OFFICERS FIRE OFFICER 1	<input type="checkbox"/> YES <input type="checkbox"/> NO	NUMBER OF OFFICERS WITH TRAINING:	
ALL CHIEF OFFICERS FIRE OFFICER 2	<input type="checkbox"/> YES <input type="checkbox"/> NO	NUMBER OF OFFICERS WITH TRAINING:	
IS THIS DEPARTMENT NATIONAL INCIDENT MANAGEMENT SYSTEM (NIMS) COMPLIANT?	<input type="checkbox"/> YES <input type="checkbox"/> NO	NUMBER OF OFFICERS WITH TRAINING:	

CONTACT INFORMATION

CHIEF'S NAME:		CHIEF'S ADDRESS:	
HOME:	WORK:	CELL:	
CHIEF'S EMAIL:			
ASST. CHIEF'S NAME:		ASST. CHIEF'S ADDRESS:	
HOME:	WORK:	CELL:	
ASST. CHIEF'S EMAIL:			
PRESIDENTS'S NAME:		PRESIDENT'S ADDRESS:	
HOME:	WORK:	CELL:	
PRESIDENT'S EMAIL:			
NFIRS REPORTING OFFICER:		NFIRS REPORTING OFFICER EMAIL:	
HOME:	WORK:	CELL:	

NARRATIVE



FIRE DEPARTMENT EVALUATION

AERIAL

DATE: _____
FDID: _____

FIRE DEPT:		COUNTY:	
CURRENT MOTOR VEHICLE INSPECTION STICKER:		<input type="checkbox"/> YES	<input type="checkbox"/> NO
MAKE:		EXP. DATE:	
YEAR:		MODEL:	
EVP#:	LICENSE:		
VIN:		UNIT #:	
RADIO:	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	FUEL:	<input type="checkbox"/> DIESEL <input type="checkbox"/> GASOLINE
PUMP:	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	SIZE:	
BOOSTER TANK:	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	SIZE:	
DATE OF MOST RECENT PUMP TEST:		DATE OF MOST RECENT AERIAL TEST:	
GENERATOR:	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	WATTS:	
TYPE:	<input type="checkbox"/> HYDRAULIC <input type="checkbox"/> GASOLINE <input type="checkbox"/> DIESEL	<input type="checkbox"/> PTO	<input type="checkbox"/> OTHER
LIGHT PLANT:	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	WATTS:	
DECK GUN:	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	(MINIMUM 1,000 GPM)	

REQUIRED EQUIPMENT:		
800 FEET MINIMUM OF 2 1/2 IN. OR LARGER SUPPLY HOSE TESTED IN ACCORDANCE WITH SUBSECTION 6.10	(800 ft.) MIN.	<input type="checkbox"/> YES <input type="checkbox"/> NO
400 FEET MINIMUM OF 1 1/2 IN. TO 2 IN. ATTACK HOSE TESTED IN ACCORDANCE WITH SUBSECTION 6.10	(400 ft.) MIN.	<input type="checkbox"/> YES <input type="checkbox"/> NO
ONE OR MORE PERMANENTLY INSTALLED MONITORS WITH NOZZLES CAPABLE OF DISCHARGING 1000 GPM (4000 L/MIN)	(2) MIN.	<input type="checkbox"/> YES <input type="checkbox"/> NO
FOUR LADDER BELTS MEETING THE REQUIREMENTS OF NFPA 1983, STANDARD ON LIFE SAFETY ROPE AND EQUIPMENT FOR EMERGENCY SERVICES	(4) MIN.	<input type="checkbox"/> YES <input type="checkbox"/> NO
TWO PORTABLE HAND LIGHTS MOUNTED IN BRACKETS FASTENED TO THE APPARATUS	(2) MIN.	<input type="checkbox"/> YES <input type="checkbox"/> NO
ONE APPROVED DRY CHEMICAL PORTABLE FIRE EXTINGUISHER WITH A MINIMUM 80-B:C RATING MOUNTED IN A BRACKET FASTENED TO THE APPARATUS	(1) MIN.	<input type="checkbox"/> YES <input type="checkbox"/> NO
ONE FIRST AID KIT	(1) MIN.	<input type="checkbox"/> YES <input type="checkbox"/> NO
TWO OR MORE WHEEL CHOCKS, MOUNTED IN READILY ACCESSIBLE LOCATIONS, THAT TOGETHER WILL HOLD THE APPARATUS, WHEN LOADED TO ITS GVWR OR GCWR, ON A HARD SURFACE WITH A 20 PERCENT GRADE WITH THE TRANSMISSION IN NEUTRAL AND THE PARKING BRAKE RELEASED	(2) MIN.	<input type="checkbox"/> YES <input type="checkbox"/> NO
ONE SELF-CONTAINED BREATHING APPARATUS (SCBA) COMPLYING WITH NFPA 1981, FOR EACH ASSIGNED SEATING POSITION, MOUNTED IN BRACKETS FASTENED TO THE APPARATUS OR STORED IN CONTAINERS SUPPLIED BY THE SCBA MANUFACTURER	(1) MIN., ONE PER SEAT	<input type="checkbox"/> YES <input type="checkbox"/> NO
ONE SPARE SCBA CYLINDER FOR EACH SCBA CARRIED, EACH MOUNTED IN A BRACKET FASTENED TO THE APPARATUS OR STORED IN A SPECIALLY DESIGNED STORAGE SPACE	(1) MIN., ONE PER SEAT	<input type="checkbox"/> YES <input type="checkbox"/> NO
ONE TRAFFIC VEST FOR EACH SEATING POSITION, EACH VEST TO COMPLY WITH ANSI/ISEA 207, STANDARD FOR HIGH-VISIBILITY PUBLIC SAFETY VESTS, AND HAVE A FIVE-POINT BREAKAWAY FEATURE THAT INCLUDES TWO AT THE SHOULDERS, TWO AT THE SIDES, AND ONE AT THE FRONT	MIN. OF ONE PER SEAT	<input type="checkbox"/> YES <input type="checkbox"/> NO

COMMENTS:



FIRE DEPARTMENT EVALUATION

AUXILLARY VEHICLE

DATE: _____

FDID: _____

FIRE DEPT: _____

COUNTY: _____

CURRENT MOTOR VEHICLE INSPECTION STICKER: YES NO EXPIRATION DATE: _____

VEHICLE: _____

MAKE: _____

MODEL: _____

YEAR: _____

EVP#: _____

LICENSE: _____

VIN: _____

UNIT: _____

RADIO: YES NO

FUEL: DIESEL GASOLINE

CURRENT MOTOR VEHICLE INSPECTION STICKER: YES NO EXPIRATION DATE: _____

VEHICLE: _____

MAKE: _____

MODEL: _____

YEAR: _____

EVP#: _____

LICENSE: _____

VIN: _____

UNIT: _____

RADIO: YES NO

FUEL: DIESEL GASOLINE

CURRENT MOTOR VEHICLE INSPECTION STICKER: YES NO EXPIRATION DATE: _____

VEHICLE: _____

MAKE: _____

MODEL: _____

YEAR: _____

EVP#: _____

LICENSE: _____

VIN: _____

UNIT: _____

RADIO: YES NO

FUEL: DIESEL GASOLINE

CURRENT MOTOR VEHICLE INSPECTION STICKER: YES NO EXPIRATION DATE: _____

VEHICLE: _____

MAKE: _____

MODEL: _____

YEAR: _____

EVP#: _____

LICENSE: _____

VIN: _____

UNIT: _____

RADIO: YES NO

FUEL: DIESEL GASOLINE

UTILITY TASK VEHICLE

MAKE:	MODEL:
YEAR:	LICENSE:
VIN:	UNIT:
RADIO: <input type="checkbox"/> YES <input type="checkbox"/> NO	FUEL: <input type="checkbox"/> DIESEL <input type="checkbox"/> GASOLINE

UTILITY TASK VEHICLE

MAKE:	MODEL:
YEAR:	LICENSE:
VIN:	UNIT:
RADIO: <input type="checkbox"/> YES <input type="checkbox"/> NO	FUEL: <input type="checkbox"/> DIESEL <input type="checkbox"/> GASOLINE

UTILITY TASK VEHICLE

VEHICLE:	
MAKE:	MODEL:
YEAR:	LICENSE:
VIN:	UNIT:
RADIO: <input type="checkbox"/> YES <input type="checkbox"/> NO	FUEL: <input type="checkbox"/> DIESEL <input type="checkbox"/> GASOLINE

BOAT

MAKE:	MODEL:
YEAR:	LICENSE:
UNIT:	
RADIO: <input type="checkbox"/> YES <input type="checkbox"/> NO	FUEL: <input type="checkbox"/> DIESEL <input type="checkbox"/> GASOLINE

BOAT

MAKE:	MODEL:
YEAR:	LICENSE:
UNIT:	
RADIO: <input type="checkbox"/> YES <input type="checkbox"/> NO	FUEL: <input type="checkbox"/> DIESEL <input type="checkbox"/> GASOLINE

BOAT

MAKE:	MODEL:
YEAR:	LICENSE:
UNIT:	
RADIO: <input type="checkbox"/> YES <input type="checkbox"/> NO	FUEL: <input type="checkbox"/> DIESEL <input type="checkbox"/> GASOLINE



FIRE DEPARTMENT EVALUATION

ENGINE/PUMPER

DATE: _____

FDID: _____

CURRENT MOTOR VEHICLE INSPECTION STICKER:		<input type="checkbox"/> YES	<input type="checkbox"/> NO	EXP. DATE:
MAKE:				MODEL:
YEAR:	EVP#:	LICENSE:		
VIN:				UNIT #:
RADIO:	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	FUEL:	<input type="checkbox"/> DIESEL <input type="checkbox"/> GASOLINE	
PUMP:	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	SIZE:		
BOOSTER TANK:	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	SIZE:		
DATE OF MOST RECENT PUMP TEST:		DATE OF MOST RECENT AERIAL TEST:		
GENERATOR:	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	WATTS:		
TYPE:	<input type="checkbox"/> HYDRAULIC <input type="checkbox"/> GASOLINE <input type="checkbox"/> DIESEL	<input type="checkbox"/> PTO	<input type="checkbox"/> OTHER	
LIGHT PLANT:	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	WATTS:		
DECK GUN:	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	(MINIMUM 1,000 GPM)		

REQUIRED EQUIPMENT:			
800 FEET MINIMUM OF 2 1/2 IN. OR LARGER SUPPLY HOSE SUBSECTION 6.10	(800 ft.) MIN.	<input type="checkbox"/> YES	<input type="checkbox"/> NO
400 FEET MINIMUM OF 1 1/2 IN. TO 2 IN. ATTACK HOSE	(400 ft.) MIN.	<input type="checkbox"/> YES	<input type="checkbox"/> NO
ONE HANDLINE NOZZLE, 200 GPM (750 L/MIN)	(1) MIN.	<input type="checkbox"/> YES	<input type="checkbox"/> NO
TWO HANDLINE NOZZLES, 95 GPM (360 L/MIN)	(2) MIN.	<input type="checkbox"/> YES	<input type="checkbox"/> NO
14 FT EXTENSION LADDER	(1) MIN.	<input type="checkbox"/> YES	<input type="checkbox"/> NO
24 FT EXTENSION LADDER	(1) MIN.	<input type="checkbox"/> YES	<input type="checkbox"/> NO
TWO PIKE POLE OR EQUIVALENT, MOUNTED IN A BRACKET FASTENED TO THE APPARATUS	(2) MIN.	<input type="checkbox"/> YES	<input type="checkbox"/> NO
ONE 6 LB (2.7 KG) FLATHEAD OR PICKHEAD AXE MOUNTED IN A BRACKET FASTENED TO THE APPARATUS	(1)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
ONE 6 LB (2.7 KG) PICKHEAD AXE MOUNTED IN A BRACKET FASTENED TO THE APPARATUS	(1)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
TWO PORTABLE HAND LIGHTS MOUNTED IN BRACKETS FASTENED TO THE APPARATUS	(2)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
ONE APPROVED DRY CHEMICAL PORTABLE FIRE EXTINGUISHER WITH A MINIMUM 80-B:C RATING MOUNTED IN A BRACKET FASTENED TO THE APPARATUS	(1)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
ONE FIRST AID KIT	(1)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
TWO OR MORE WHEEL CHOCKS, MOUNTED IN READILY ACCESSIBLE LOCATIONS, THAT TOGETHER WILL HOLD THE APPARATUS, WHEN LOADED TO ITS GVWR OR GCWR, ON A HARD SURFACE WITH A 20 PERCENT GRADE WITH THE TRANSMISSION IN NEUTRAL AND THE PARKING BRAKE RELEASED	(2) MIN.	<input type="checkbox"/> YES	<input type="checkbox"/> NO
ONE SELF-CONTAINED BREATHING APPARATUS (SCBA) COMPLYING WITH NFPA 1981, FOR EACH ASSIGNED SEATING POSITION, BUT NOT FEWER THAN FOUR, MOUNTED IN BRACKETS FASTENED TO THE APPARATUS OR STORED IN CONTAINERS SUPPLIED BY THE SCBA MANUFACTURER	(1) MIN. PER SEAT	<input type="checkbox"/> YES	<input type="checkbox"/> NO
ONE SPARE SCBA CYLINDER FOR EACH SCBA CARRIED, EACH MOUNTED IN A BRACKET FASTENED TO THE APPARATUS OR STORED IN A SPECIALLY DESIGNED STORAGE SPACE	(1) MIN. PER SEAT	<input type="checkbox"/> YES	<input type="checkbox"/> NO
ONE TRAFFIC VEST FOR EACH SEATING POSITION, EACH VEST TO COMPLY WITH ANSI/ISEA 207, STANDARD FOR HIGH-VISIBILITY PUBLIC SAFETY VESTS, AND HAVE A FIVE-POINT BREAKAWAY FEATURE THAT INCLUDES TWO AT THE SHOULDERS, TWO AT THE SIDES, AND ONE AT THE FRONT	MIN. OF ONE PER SEAT	<input type="checkbox"/> YES	<input type="checkbox"/> NO

MEMO:



FIRE DEPARTMENT EVALUATION

MINI PUMPER/INITIAL ATTACK UNIT

DATE: _____

FDID: _____

FIRE DEPT: _____		COUNTY: _____	
CURRENT MOTOR VEHICLE INSPECTION STICKER:		<input type="checkbox"/> YES	<input type="checkbox"/> NO
		EXP. DATE: _____	
MAKE: _____		MODEL: _____	
YEAR: _____	EVP#: _____	LICENSE: _____	
VIN: _____		UNIT #: _____	
RADIO:	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	FUEL:	<input type="checkbox"/> DIESEL <input type="checkbox"/> GASOLINE
PUMP:	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	SIZE: _____	
BOOSTER TANK:	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	SIZE: _____	
DATE OF MOST RECENT PUMP TEST: _____		DATE OF MOST RECENT AERIAL TEST: _____	
GENERATOR:	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	WATTS: _____	
TYPE:	<input type="checkbox"/> HYDRAULIC <input type="checkbox"/> GASOLINE <input type="checkbox"/> DIESEL	<input type="checkbox"/> PTO	<input type="checkbox"/> OTHER
LIGHT PLANT:	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	WATTS: _____	
DECK GUN:	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	(MINIMUM 1,000 GPM)	

REQUIRED EQUIPMENT:		
300 FEET MINIMUM OF 2 1/2 IN. OR LARGER SUPPLY HOSE	(300 ft.) MIN.	<input type="checkbox"/> YES <input type="checkbox"/> NO
400 FEET MINIMUM OF 1 1/2 IN. TO 2 IN. ATTACK	(400 ft.) MIN.	<input type="checkbox"/> YES <input type="checkbox"/> NO
TWO HANDLINE NOZZLES, 95 GPM (360 L/MIN) MINIMUM	(2) MIN.	<input type="checkbox"/> YES <input type="checkbox"/> NO
TWO PORTABLE HAND LIGHTS MOUNTED IN BRACKETS FASTENED TO THE APPARATUS	(2)	<input type="checkbox"/> YES <input type="checkbox"/> NO
ONE APPROVED DRY CHEMICAL PORTABLE FIRE EXTINGUISHER WITH A MINIMUM 80-B:C RATING MOUNTED IN A BRACKET FASTENED TO THE APPARATUS	(1)	<input type="checkbox"/> YES <input type="checkbox"/> NO
ONE FIRST AID KIT	(1)	<input type="checkbox"/> YES <input type="checkbox"/> NO
TWO OR MORE WHEEL CHOCKS, MOUNTED IN READILY ACCESSIBLE LOCATIONS, THAT TOGETHER WILL HOLD THE APPARATUS, WHEN LOADED TO ITS GVWR OR GCWR, ON A HARD SURFACE WITH A 20 PERCENT GRADE WITH THE TRANSMISSION IN NEUTRAL AND THE PARKING BRAKE RELEASED	(2) MIN.	<input type="checkbox"/> YES <input type="checkbox"/> NO
ONE SELF-CONTAINED BREATHING APPARATUS (SCBA) COMPLYING WITH NFPA 1981, FOR EACH ASSIGNED SEATING POSITION, MOUNTED IN BRACKETS FASTENED TO THE APPARATUS OR STORED IN CONTAINERS SUPPLIED BY THE SCBA MANUFACTURER	(1) MIN., ONE PER SEAT	<input type="checkbox"/> YES <input type="checkbox"/> NO
ONE SPARE SCBA CYLINDER FOR EACH SCBA CARRIED, EACH MOUNTED IN A BRACKET FASTENED TO THE APPARATUS OR STORED IN A SPECIALLY DESIGNED STORAGE SPACE	(1) MIN., ONE PER SEAT	<input type="checkbox"/> YES <input type="checkbox"/> NO
ONE TRAFFIC VEST FOR EACH SEATING POSITION, EACH VEST TO COMPLY WITH ANSI/ISEA 207, STANDARD FOR HIGH-VISIBILITY PUBLIC SAFETY VESTS, AND HAVE A FIVE-POINT BREAKAWAY FEATURE THAT INCLUDES TWO AT THE SHOULDERS, TWO AT THE SIDES, AND ONE AT THE FRONT	MIN. OF ONE PER SEAT	<input type="checkbox"/> YES <input type="checkbox"/> NO

COMMENTS:



FIRE DEPARTMENT EVALUATION

QUINT

DATE: _____

FDID: _____

FIRE DEPT: _____		COUNTY: _____	
CURRENT MOTOR VEHICLE INSPECTION STICKER: _____		<input type="checkbox"/> YES	<input type="checkbox"/> NO
EXP. DATE: _____			
MAKE: _____		MODEL: _____	
YEAR: _____	EVP#: _____	LICENSE: _____	
VIN: _____		UNIT #: _____	
RADIO: _____	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	FUEL: _____	<input type="checkbox"/> DIESEL <input type="checkbox"/> GASOLINE
PUMP: _____	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	SIZE: _____	
BOOSTER TANK: _____	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	SIZE: _____	
DATE OF MOST RECENT PUMP TEST: _____		DATE OF MOST RECENT AERIAL TEST: _____	
GENERATOR: _____	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	WATTS: _____	
TYPE: _____	<input type="checkbox"/> HYDRAULIC <input type="checkbox"/> GASOLINE <input type="checkbox"/> DIESEL	<input type="checkbox"/> PTO	<input type="checkbox"/> OTHER
LIGHT PLANT: _____	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	WATTS: _____	
DECK GUN: _____	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	(MINIMUM 1,000 GPM)	

REQUIRED EQUIPMENT:		
300 FEET MINIMUM OF 2 1/2 IN. OR LARGER SUPPLY HOSE TESTED IN ACCORDANCE WITH SUBSECTION 6.10	(300 ft.) MIN.	<input type="checkbox"/> YES <input type="checkbox"/> NO
400 FEET MINIMUM OF 1 1/2 IN. TO 2 IN. ATTACK HOSE TESTED	(400 ft.) MIN.	<input type="checkbox"/> YES <input type="checkbox"/> NO
ONE HANDLINE NOZZLE, 200 GPM (750 L/MIN)	(1) MIN.	<input type="checkbox"/> YES <input type="checkbox"/> NO
TWO HANDLINE NOZZLES, 95 GPM (360 L/MIN)	(2) MIN.	<input type="checkbox"/> YES <input type="checkbox"/> NO
FOUR LADDER BELTS MEETING THE REQUIREMENTS OF NFPA 1983, STANDARD ON LIFE SAFETY ROPE AND EQUIPMENT FOR EMERGENCY SERVICES	(4) MIN.	<input type="checkbox"/> YES <input type="checkbox"/> NO
TWO PORTABLE HAND LIGHTS MOUNTED IN BRACKETS FASTENED TO THE APPARATUS	(2) MIN.	<input type="checkbox"/> YES <input type="checkbox"/> NO
ONE APPROVED DRY CHEMICAL PORTABLE FIRE EXTINGUISHER WITH A MINIMUM 80-B:C RATING MOUNTED IN A BRACKET FASTENED TO THE APPARATUS	(1) MIN.	<input type="checkbox"/> YES <input type="checkbox"/> NO
ONE FIRST AID KIT	(1) MIN.	<input type="checkbox"/> YES <input type="checkbox"/> NO
TWO OR MORE WHEEL CHOCKS, MOUNTED IN READILY ACCESSIBLE LOCATIONS, THAT TOGETHER WILL HOLD THE APPARATUS, WHEN LOADED TO ITS GVWR OR GCWR, ON A HARD SURFACE WITH A 20 PERCENT GRADE WITH THE TRANSMISSION IN NEUTRAL AND THE PARKING BRAKE RELEASED	(2) MIN.	<input type="checkbox"/> YES <input type="checkbox"/> NO
ONE SELF-CONTAINED BREATHING APPARATUS (SCBA) COMPLYING WITH NFPA 1981, FOR EACH ASSIGNED SEATING POSITION, MOUNTED IN BRACKETS FASTENED TO THE APPARATUS OR STORED IN CONTAINERS SUPPLIED BY THE SCBA MANUFACTURER	(1) MIN., ONE PER SEAT	<input type="checkbox"/> YES <input type="checkbox"/> NO
ONE SPARE SCBA CYLINDER FOR EACH SCBA CARRIED, EACH MOUNTED IN A BRACKET FASTENED TO THE APPARATUS OR STORED IN A SPECIALLY DESIGNED STORAGE SPACE	(1) MIN., ONE PER SEAT	<input type="checkbox"/> YES <input type="checkbox"/> NO
ONE TRAFFIC VEST FOR EACH SEATING POSITION, EACH VEST TO COMPLY WITH ANSI/ISEA 207, STANDARD FOR HIGH-VISIBILITY PUBLIC SAFETY VESTS, AND HAVE A FIVE-POINT BREAKAWAY FEATURE THAT INCLUDES TWO AT THE SHOULDERS, TWO AT THE SIDES, AND ONE AT THE FRONT	MIN. OF ONE PER SEAT	<input type="checkbox"/> YES <input type="checkbox"/> NO

COMMENTS:



FIRE DEPARTMENT EVALUATION SERVICE TRUCK

DATE: _____
FDID: _____

FIRE DEPT: _____ COUNTY: _____

CURRENT MOTOR VEHICLE INSPECTION STICKER: YES NO EXPIRATION DATE: _____

MAKE: _____ MODEL: _____

YEAR: _____ EVP#: _____ LICENSE: _____

VIN: _____ UNIT: _____

RADIO: YES NO N/A FUEL: DIESEL GASOLINE

GENERATOR: YES NO N/A WATTS: _____

TYPE: HYDRAULIC GASOLINE DIESEL PTO OTHER

LIGHT PLANT: YES NO N/A WATTS: _____

REQUIRED EQUIPMENT:

TWO PORTABLE HAND LIGHTS MOUNTED IN BRACKETS FASTENED TO THE APPARATUS	(2) MIN.	<input type="checkbox"/> YES <input type="checkbox"/> NO
ONE APPROVED DRY CHEMICAL PORTABLE FIRE EXTINGUISHER WITH A MINIMUM 80-B:C RATING MOUNTED IN A BRACKET FASTENED TO THE APPARATUS	(1) MIN.	<input type="checkbox"/> YES <input type="checkbox"/> NO
ONE FIRST AID KIT	(1) MIN.	<input type="checkbox"/> YES <input type="checkbox"/> NO
TWO OR MORE WHEEL CHOCKS, MOUNTED IN READILY ACCESSIBLE LOCATIONS, THAT TOGETHER WILL HOLD THE APPARATUS, WHEN LOADED TO ITS GVWR OR GCWR, ON A HARD SURFACE WITH A 20 PERCENT GRADE WITH THE TRANSMISSION IN NEUTRAL AND THE PARKING BRAKE RELEASED	(2) MIN.	<input type="checkbox"/> YES <input type="checkbox"/> NO
ONE SELF-CONTAINED BREATHING APPARATUS (SCBA) COMPLYING WITH NFPA 1981, FOR EACH ASSIGNED SEATING POSITION, MOUNTED IN BRACKETS FASTENED TO THE APPARATUS OR STORED IN CONTAINERS SUPPLIED BY THE SCBA MANUFACTURER	(1) MIN., ONE PER SEAT	<input type="checkbox"/> YES <input type="checkbox"/> NO
ONE SPARE SCBA CYLINDER FOR EACH SCBA CARRIED, EACH MOUNTED IN A BRACKET FASTENED TO THE APPARATUS OR STORED IN A SPECIALLY DESIGNED STORAGE SPACE	(1) MIN., ONE PER SEAT	<input type="checkbox"/> YES <input type="checkbox"/> NO
ONE TRAFFIC VEST FOR EACH SEATING POSITION, EACH VEST TO COMPLY WITH ANSI/ISEA 207, STANDARD FOR HIGH-VISIBILITY PUBLIC SAFETY VESTS, AND HAVE A FIVE-POINT BREAKAWAY FEATURE THAT INCLUDES TWO AT THE SHOULDERS, TWO AT THE SIDES, AND ONE AT THE FRONT	MIN. OF ONE PER SEAT	<input type="checkbox"/> YES <input type="checkbox"/> NO

COMMENTS:



FIRE DEPARTMENT EVALUATION

TANKER

DATE: _____

FDID: _____

FIRE DEPT: _____		COUNTY: _____	
CURRENT MOTOR VEHICLE INSPECTION STICKER: <input type="checkbox"/> YES <input type="checkbox"/> NO		EXP. DATE: _____	
MAKE: _____		MODEL: _____	
YEAR: _____	EVP#: _____	LICENSE: _____	
VIN: _____		UNIT #: _____	
RADIO: <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	FUEL: <input type="checkbox"/> DIESEL <input type="checkbox"/> GASOLINE		
PUMP: <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	SIZE: _____		
BOOSTER TANK: <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	SIZE: _____		
DATE OF MOST RECENT PUMP TEST: _____			
GENERATOR: <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A		WATTS: _____	
TYPE: <input type="checkbox"/> HYDRAULIC <input type="checkbox"/> GASOLINE <input type="checkbox"/> DIESEL <input type="checkbox"/> PTO <input type="checkbox"/> OTHER			
LIGHT PLANT: <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A		WATTS: _____	
DECK GUN: <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A (MINIMUM 1,000 GPM)			

REQUIRED EQUIPMENT:		
200 FEET MINIMUM OF 2 1/2 IN. OR LARGER SUPPLY HOSE TESTED IN ACCORDANCE WITH SUBSECTION 6.10	(200 ft.) MIN.	<input type="checkbox"/> YES <input type="checkbox"/> NO
400 FEET MINIMUM OF 1 1/2 IN. TO 2 IN. ATTACK HOSE TESTED	(400 ft.) MIN.	<input type="checkbox"/> YES <input type="checkbox"/> NO
ONE HANDLINE NOZZLE, 200 GPM (750 L/MIN)	(1) MIN.	<input type="checkbox"/> YES <input type="checkbox"/> NO
TWO HANDLINE NOZZLES, 95 GPM (360 L/MIN)	(2) MIN.	<input type="checkbox"/> YES <input type="checkbox"/> NO
TWO PORTABLE HAND LIGHTS MOUNTED IN BRACKETS FASTENED TO THE APPARATUS	(2) MIN.	<input type="checkbox"/> YES <input type="checkbox"/> NO
ONE APPROVED DRY CHEMICAL PORTABLE FIRE EXTINGUISHER WITH A MINIMUM 80-B:C RATING MOUNTED IN A BRACKET FASTENED TO THE APPARATUS	(1) MIN.	<input type="checkbox"/> YES <input type="checkbox"/> NO
ONE FIRST AID KIT	(1) MIN.	<input type="checkbox"/> YES <input type="checkbox"/> NO
TWO OR MORE WHEEL CHOCKS, MOUNTED IN READILY ACCESSIBLE LOCATIONS, THAT TOGETHER WILL HOLD THE APPARATUS, WHEN LOADED TO ITS GVWR OR GCWR, ON A HARD SURFACE WITH A 20 PERCENT GRADE WITH THE TRANSMISSION IN NEUTRAL AND THE PARKING BRAKE RELEASED	(2) MIN.	<input type="checkbox"/> YES <input type="checkbox"/> NO
ONE SELF-CONTAINED BREATHING APPARATUS (SCBA) COMPLYING WITH NFPA 1981, FOR EACH ASSIGNED SEATING POSITION, MOUNTED IN BRACKETS FASTENED TO THE APPARATUS OR STORED IN CONTAINERS SUPPLIED BY THE SCBA MANUFACTURER	MIN., ONE PER SEAT	<input type="checkbox"/> YES <input type="checkbox"/> NO
ONE SPARE SCBA CYLINDER FOR EACH SCBA CARRIED, EACH MOUNTED IN A BRACKET FASTENED TO THE APPARATUS OR STORED IN A SPECIALLY DESIGNED STORAGE SPACE	MIN., ONE PER SEAT	<input type="checkbox"/> YES <input type="checkbox"/> NO
ONE TRAFFIC VEST FOR EACH SEATING POSITION, EACH VEST TO COMPLY WITH ANSI/ISEA 207, STANDARD FOR HIGH-VISIBILITY PUBLIC SAFETY VESTS, AND HAVE A FIVE-POINT BREAKAWAY FEATURE THAT INCLUDES TWO AT THE SHOULDERS, TWO AT THE SIDES, AND ONE AT THE FRONT	MIN., OF ONE PER SEAT	<input type="checkbox"/> YES <input type="checkbox"/> NO

MEMO: