



WV State Fire Marshal's Office

Fire Department Evaluation

DATE: _____ INSPECTOR: _____

FIRE DEPARTMENT

NAME: _____ FDID: _____ COUNTY: _____

ADDRESS: _____

MAILING ADDRESS _____ STREET ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

TYPE: VOLUNTEER PART-PAID PAID PHONE: _____ FAX: _____

GPS: LAT: _____ LON: _____ ±ISO RATING: _____

INSURANCE: _____ LOCAL AGENT: _____

DEPARTMENT CHIEF

NAME: _____

ADDRESS: _____

MAILING ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

PHONE: _____ EMAIL: _____ @ _____

DEPARTMENT PRESIDENT

NAME: _____

ADDRESS: _____

MAILING ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

PHONE: _____ EMAIL: _____ @ _____

ORGANIZATION

ON FILE: ART. INCORP. BY-LAWS FIRE DISTRICT MUTUAL AID AGREEMENTS APP. MAINT. RECORDS

±MEETINGS: MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY SATURDAY SUNDAY

EVERY WEEK EVERY TWO WEEKS OTHER TIME OF MEETING: _____

±NOTIFICATION: PAGER PHONE RADIO SIREN OTHER

± = Item not required, Informational purposes only.

COMPLIANCE

ADEQUATE HOUSING FOR APPARATUS YES NO DETAILS:

±NFIRS COMPLIANT YES NO EVP COMPLIANT YES NO

SCBA REPAIR CONTRACT YES NO DETAILS:

ANNUAL FIRE PUMP TEST YES NO DETAILS:

ANNUAL HOSE TEST YES NO DETAILS:

WORKERS COMPENSATION YES NO EXPIRATION DATE:

POLICY #: AGENT NAME:

MEMBERSHIP

NUMBER OF **ACTIVE** MEMBERS:

ACTIVE MEMBERS W. LEVEL 1 NUMBER: PERCENTAGE OF TOTAL: %

ACTIVE MEMBERS W. HAZMAT NUMBER: PERCENTAGE OF TOTAL: %

ACTIVE MEMBERS W. FIRST AID/CPR NUMBER: PERCENTAGE OF TOTAL: %

ALL OFFICERS FIRE OFFICER 1 YES NO NUMBER: PERCENTAGE OF TOTAL: %

ALL CHIEF OFFICERS FIRE OFFICER 2 YES NO NUMBER: PERCENTAGE OF TOTAL: %

±IS THIS DEPARTMENT NIMS COMPLIANT? YES NO

NARRATIVE

± = Item not required, Informational purposes only.