



# 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  YES  NO

NUMBER OF OFFICERS WITH TRAINING:

ALL CHIEF OFFICERS FIRE OFFICER 2  YES  NO

NUMBER OF OFFICERS WITH TRAINING:

IS THIS DEPARTMENT NATIONAL INCIDENT MANAGEMENT SYSTEM (NIMS) COMPLIANT?  YES  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

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