

DEPARTMENT OF HOMELAND SECURITY
FEDERAL EMERGENCY MANAGEMENT AGENCY
NATIONAL FIRE DEPARTMENT CENSUS

O.M.B. NO.1660-0070
Expires August 31, 2015

PAPERWORK BURDEN DISCLOSURE NOTICE

Public reporting burden for this data collection is estimated to average 25 minutes per response. The burden estimate includes the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and submitting this survey. You are not required to respond to this collection of information unless a valid OMB control number is displayed on this survey. Send comments regarding the accuracy of the burden estimate and any suggestions for reducing the burden to: Information Collections Management, Department of Homeland Security, Federal Emergency Management Agency, 1800 South Bell Street, Arlington, VA 20598-3005, Paperwork Reduction Project (1660-0070) . **NOTE: Do not send your completed form to this address.**

Fire Department Name

Fire Department Identification Number (FDID) The FDID is a unique identifier assigned by the state for fire incident reporting purposes. If FDID is unknown, leave blank.

Fire Department Headquarters Address *(physical location of the fire department)*

Address Line 1

Address Line 2

City State County Zip Code

Fire Department Mailing Address *(if different than headquarters address)*

Address Line 1

Address Line 2

Post Office Box Number City State Zip Code

Number of Stations: *Please indicate the total number of fire stations within your department.*

Note: If your fire department is comprised of two or more independently incorporated fire companies; please list the names and addresses of those companies on the enclosed supplemental address sheet. An example of this would include a county fire department that is comprised of two or more independently incorporated fire companies.

Fire Department Headquarters Telephone Number () () Fire Department Headquarters Fax Number () () Fire Department E-mail Address: *Please complete only if this is a department e-mail address. Do not use personal e-mail address.*

Fire Department Web Address: *If your fire department maintains a web site, please provide the web address URL.*

Organization Type - Select the choice that best describes your fire department.

- Local *(includes career, combination, volunteer fire departments and fire districts.)*
- State Government *(includes state forest fire agencies and state institution fire departments)*
- Regional/metropolitan transportation authority or airport fire department
- Federal Government - Executive branch agency fire department
- Federal Government - Department of Defense fire department
- Private or industrial fire brigade
- Contract fire department
- Other *(please explain)* _____

Emergency Management

Emergency Management (EM): integration and coordination of all-hazards mitigation, prevention, preparedness, response, and recovery activities within a community for all (or most) agencies such as fire, EMS, public information, volunteer service, etc.

Is your fire department the primary agency responsible for emergency management in your community? Yes No

If no, then what agency is the primary agency responsible for emergency management in your community?

Population Protected *Provide the total permanent resident population protected by your department and the source for the information provided.*

U.S. Census Estimate Other *(please explain)* _____

Area Protected

Provide an estimate of the total primary response area in square miles protected by your department.

Number of active firefighting personnel Counting all stations, how many active *career, volunteer, and paid per call* firefighting personnel does your department have? (Please indicate the number next to the category.)

Career

_____ Indicate total number of full-time paid fire officers and firefighters within your department.

Volunteer

_____ Indicate the total number of active firefighting volunteers within your department. A volunteer is defined as a member who receives no compensation for his or her services.

Paid per call

_____ Indicate the total number of firefighters in the department who are not full-time paid firefighters but receive compensation for their participation.

Number of non-firefighting support personnel. _____ Non-firefighting volunteers _____ Civilian full-time and part-time employees

Specialized Services Provided

Some departments provide specialized services. As you read through the lists below, please check each of the specialized services your department provides.

- Wildfire/Urban-Wildland Interface
- Airport/Aviation
- Fireboat
- EMS Ambulance Transport
- EMS Non-Transport Response
- Basic Life Support (BLS, First Responder/EMT-Basic Level of Care)
- Advanced Life Support (ALS, EMT-Paramedic/EMT-Intermediate Level of Care)
- HAZMAT Team (Technician Level)
- Vehicle Extrication
- Technical/Specialized Rescue, (Confined Space Rescue, Rope Rescue, Swiftwater Rescue, Dive Rescue, Building Collapse Rescue/Urban Search and Rescue, etc.)
- Fire Inspection/Code Enforcement
- Fire/Injury Prevention/Public Education
- Departmental (in-house) Training Academy
- Fire Investigation/Fire Cause Determination
 - Sworn (Investigators have power to arrest)
 - Non-Sworn
- Juvenile Firesetter Intervention Program

United States Fire Administration Programs

Is your fire department familiar with United States Fire Administration programs and publications? Yes No

If yes, how? (check all that apply)

- Web site <http://www.usfa.dhs.gov>
- Publications
- National Fire Academy Courses
- National Fire Incident Reporting System (NFIRS)
- Public Fire Education Programs
- Other (please explain) _____

Survey Completed by: (Please provide contact information for the person completing this survey)

Name (Please print)

Telephone Number

()

Fax Number

()

E-mail Address

Supplemental Address Sheet
(Please make additional copies if necessary.)

Fire Company Name

Address Line 1

Address Line 2

City

State

Zip Code

Fire Company Name

Address Line 1

Address Line 2

City

State

Zip Code

Fire Company Name

Address Line 1

Address Line 2

City

State

Zip Code

Fire Company Name

Address Line 1

Address Line 2

City

State

Zip Code

Fire Company Name

Address Line 1

Address Line 2

City

State

Zip Code