CITY OF PHOENIX, ARIZONA FIRE DEPARTMENT

FORMS MANUAL VOLUME 9



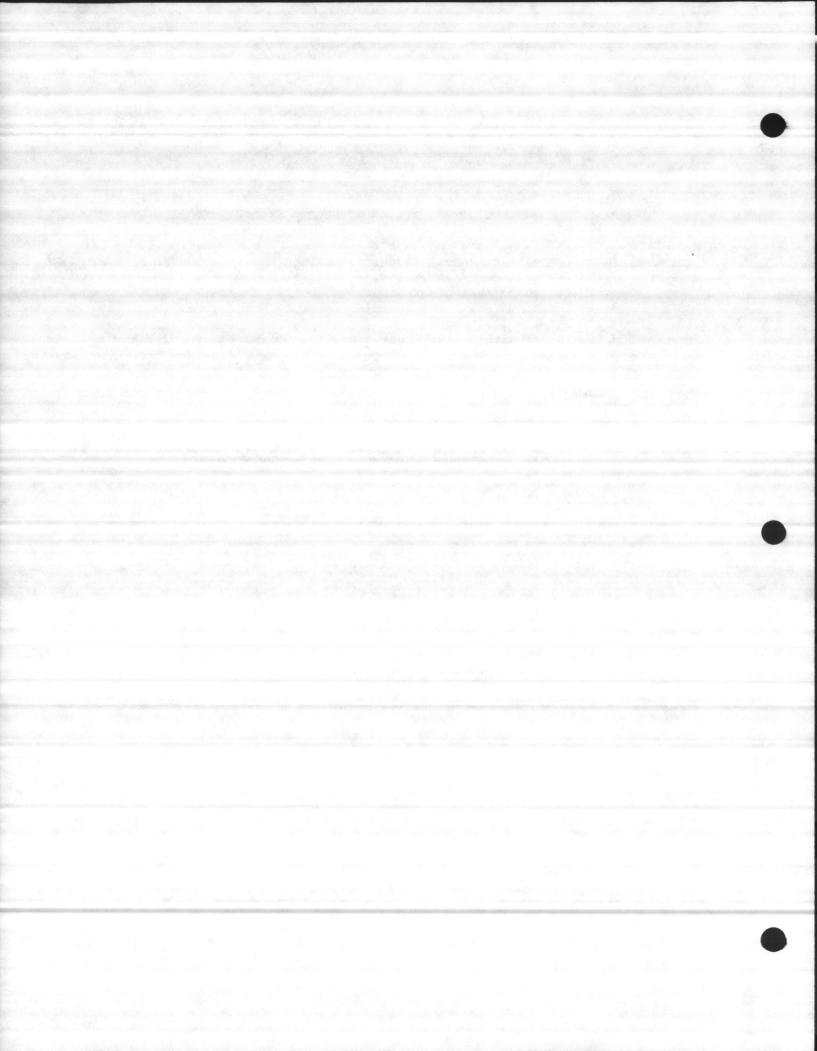
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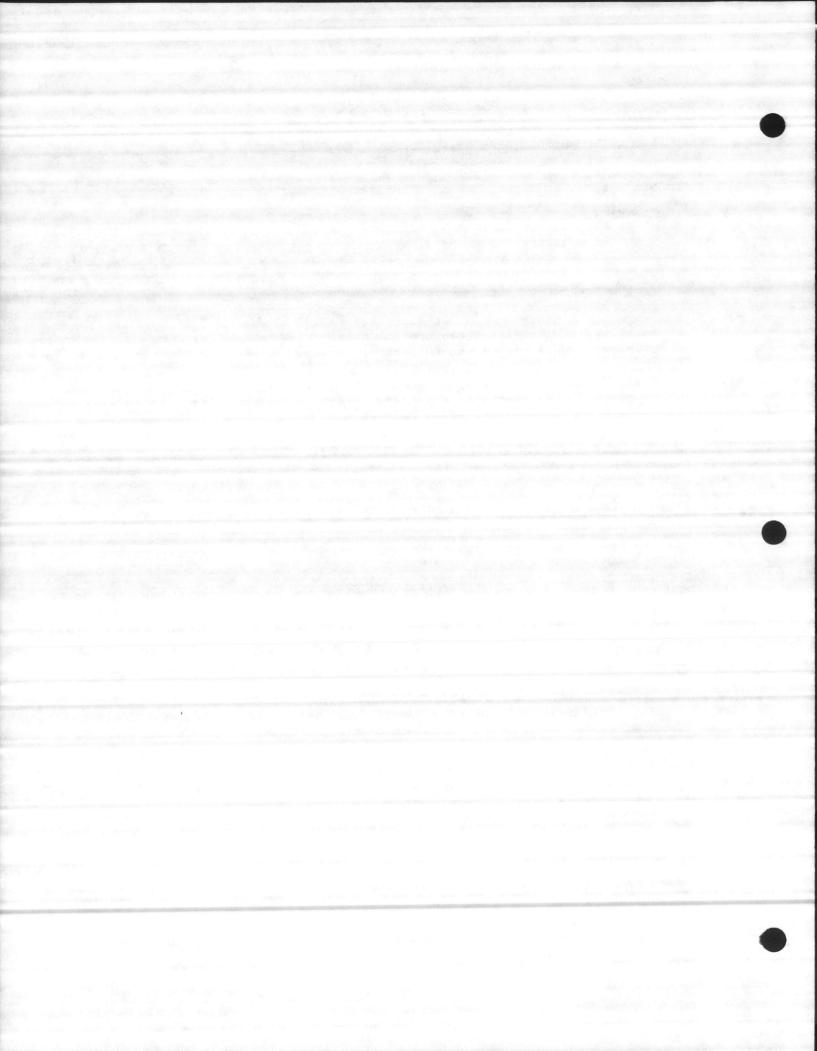
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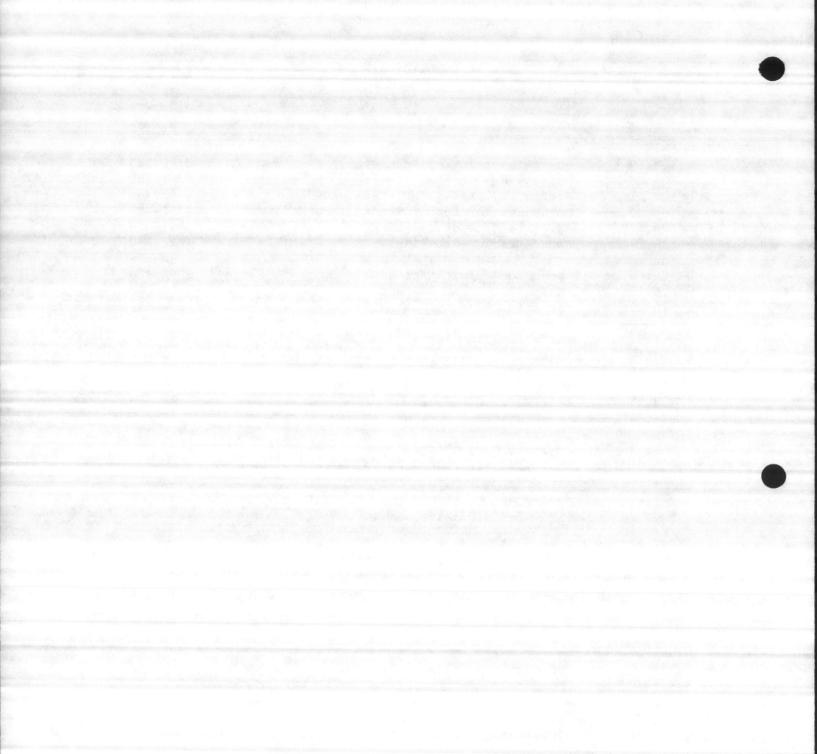
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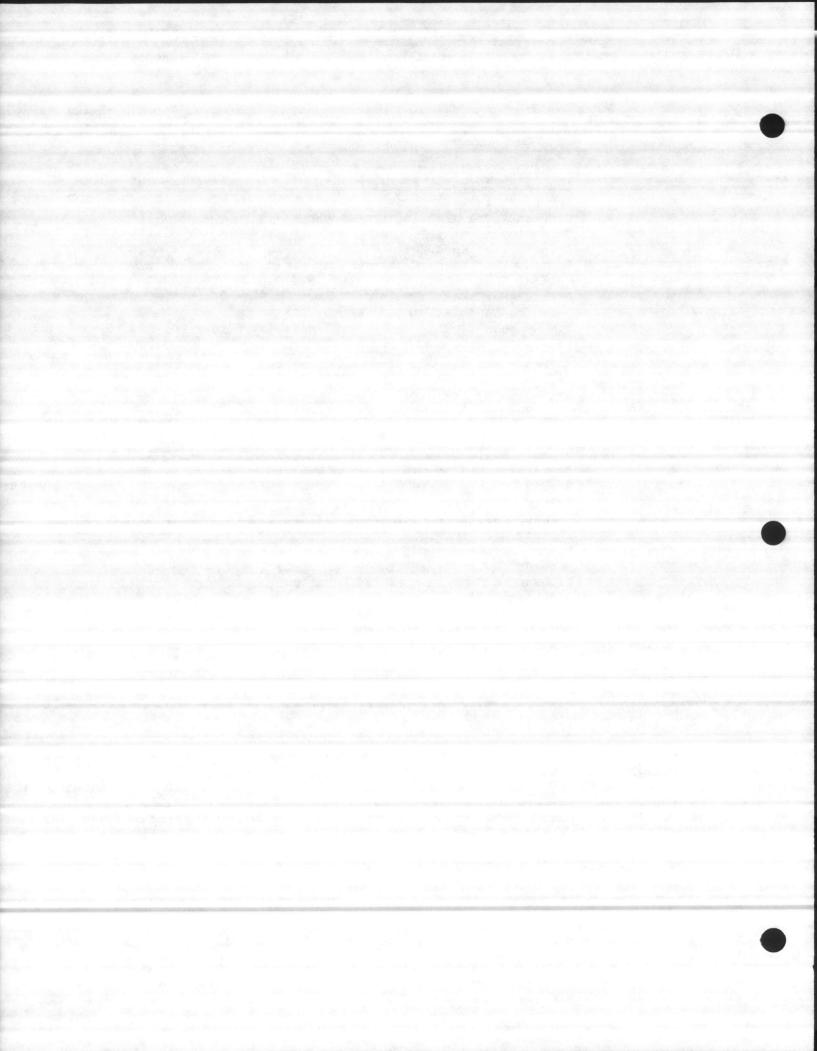
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Administrative Services/Information Services
PURPOSE CONTENTS

# PHOENIX FIRE DEPARTMENT FORMS MANUAL

M.P. 901.01 12/83-R

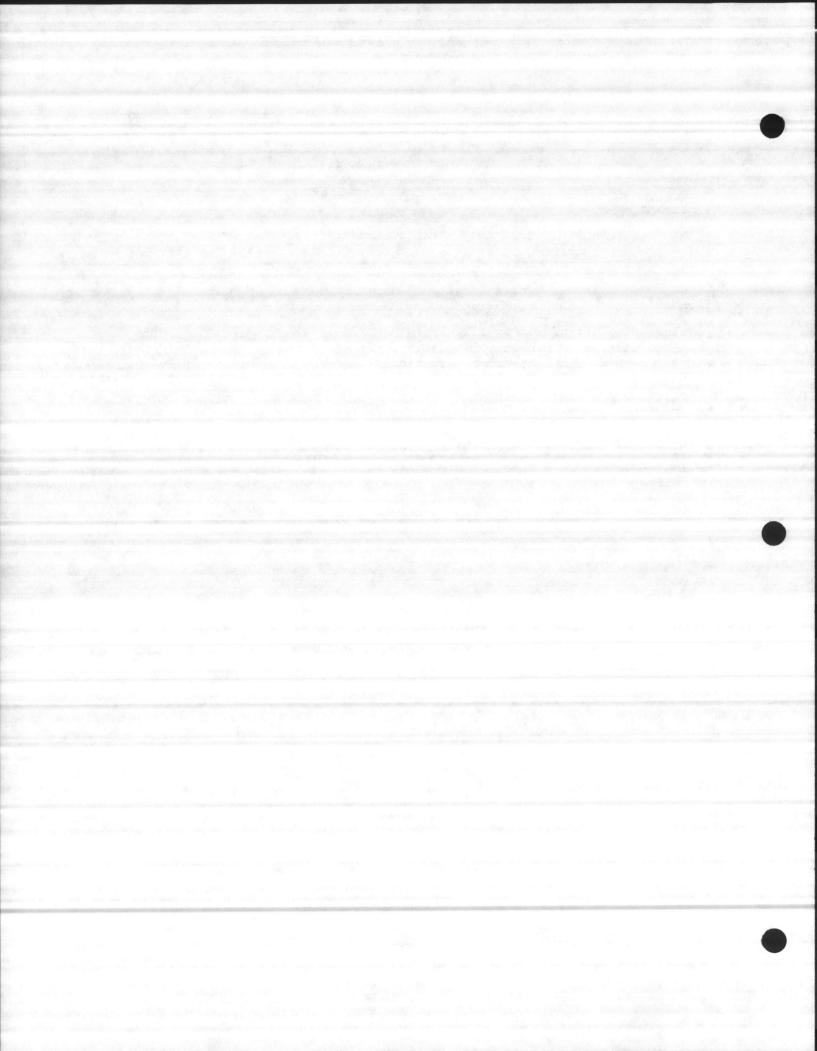
#### PURPOSE

The forms manual is used to provide a standard procedure for the use of both Fire Department and City of Phoenix forms. It is designed for reporting and record keeping.

### CONTENTS

Volume Nine is indexed by Fire Department Divisions. Example: (Monthly Apparatus Report) Resource Management, (Triage Tags) Emergency Services. Under each section, the forms are placed in a numerical order beginning with the lowest number. Also for convenience an index listing the forms in alphabetical order is included.

Only those forms used at company level or by District Managers are listed. Forms used by a limited number of personnel have not been included in this manual.



ESTABLISHING A NEW FORM OR REVISION OF AN EXISTING FORM

Page 1 of 4

## PHOENIX FIRE DEPARTMENT FORMS MANUAL

M.P. 901.02 12/83-R

#### PURPOSE/POLICY:

To describe the procedures and responsibilities in the preparation and processing of a D.S.R. Specifically, for the request of a new or revised form.

#### RESPONSIBILITY

1. Request Originator

#### D.S.R.

Complete Items 1, 2 & 6

On the Divisional Service/Supply Request Form #92-15D, provide a sample of material to be used for printing stock. Record the amount needed. Provide an original form and special instructions.

Item 3

Complete the accounting data for all printing requests.

Item 6

- A. Signature indicates approval for request.
- B. Retain goldenrod copy.
- C. Forward D.S.R. to Information Services.

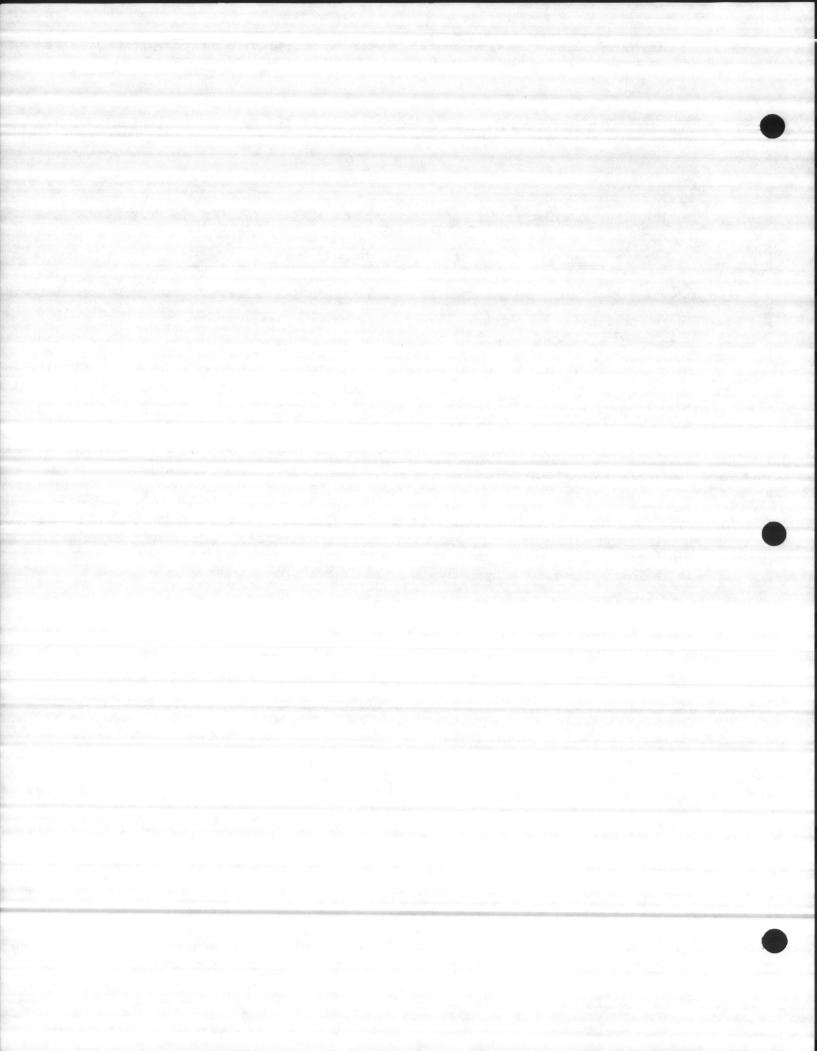
#### 3. Information Services

2. Approving Authority:

Deputy Chief

#### Action to be Taken

- A. Upon receipt of a D.S.R., the new form is assigned a number. If the request is for a revision, a current revision date is added to form.
- B. Assigns a City Print Shop Requisition number to job or a Purchase Requisition number if job is to be sent to an outside vendor.
- C. Requisition and two copies of form are sent to the Records Management Administrator for approval for all printing requiring an outside vendor.



ESTABLISHING A NEW FORM OR REVISION OF AN EXISTING FORM

Page 2 of 4

# PHOENIX FIRE DEPARTMENT FORMS MANUAL

M.P. 901.02

8/84-R

### RESPONSIBILITY

- 4. Varitype
- 5. Information Services

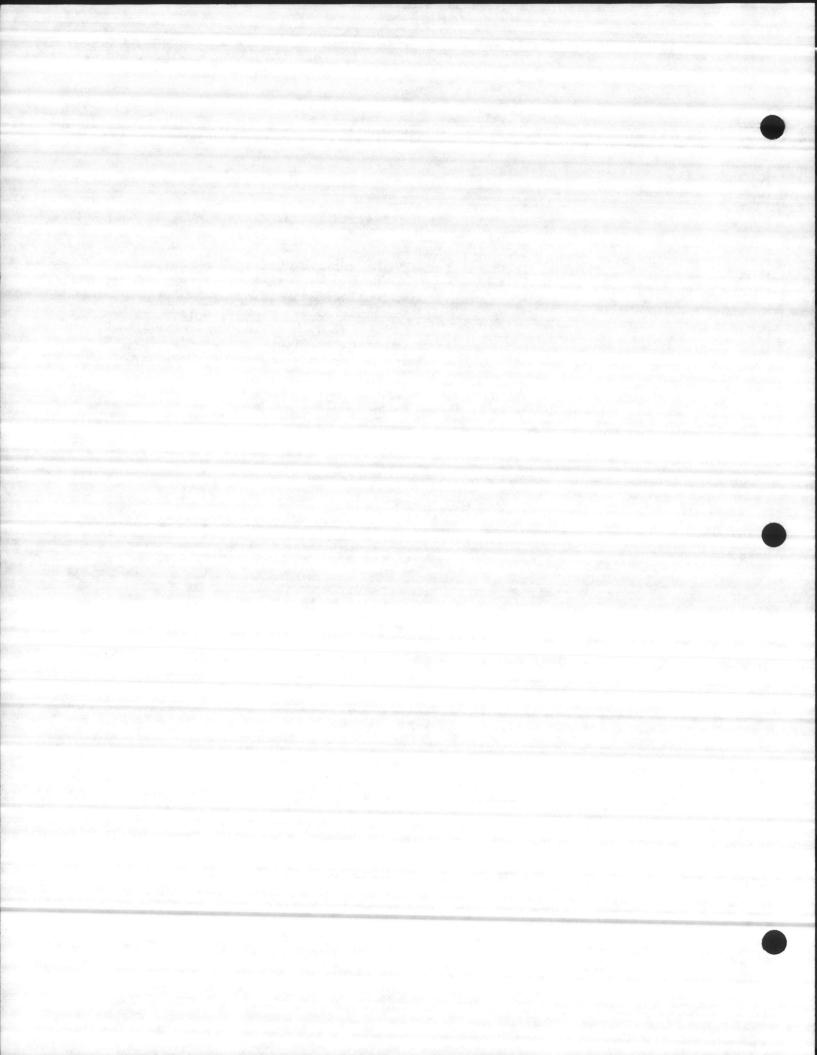
### D.S.R.

A master is produced and a copy is sent to Information Services.

A. The copy is forwarded to originator for review. When review process is complete and author of form has completed a review slip Form #90-70.2D, checking "yes OK to print," varitype is notified. The request is sent to the Print Shop.

# CITY OF PHOENIX, ARIZONA FIRE DEPARTMENT REVIEW SLIP

TO:	DATE:
PLEASE REVIEW ATT	ACHED MATERIAL AND RETURN
NO LATER THAN:	
COMMENTS:	
A STATE OF THE STATE OF	
NO.	DATE REVIEWED
NO.	
INITIAL WHEN REVIE	
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ESTABLISHING A NEW FORM OR REVISION OF AN EXISTING FORM

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### PHOENIX FIRE DEPARTMENT FORMS MANUAL

M.P. 901.02 8/84-R

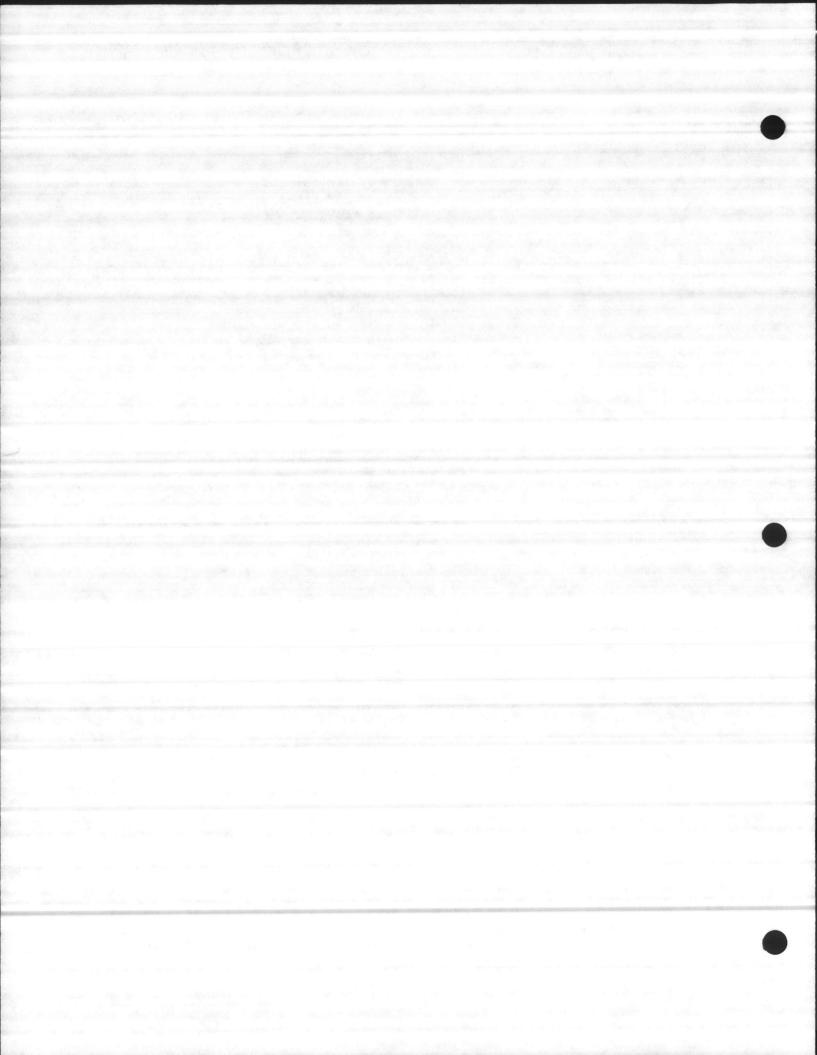
- B. A 90-76D Forms Instruction Sheet is sent to author or responsible division for completion.
- C. Completed job is delivered to requesting division or distributed as per instruction. Information services will retain a one year stock.
- D. Request originator will receive their copy of the D.S.R. with printing cost added.

Completes the 90-76D Forms Instruction Sheet.

NEW FORMS WILL NOT BE INCLUDED IN VOLUME 9 UNTIL FORM #90-76D HAS BEEN COMPLETED AND SENT TO INFORMATION SERVICES.

Volume 9 will be revised on a quarterly basis.

6. Request Originator



# ESTABLISHING A NEW FORM OR REVISION OF AN EXISTING FORM

Page 4 of 4

# PHOENIX FIRE DEPARTMENT FORMS MANUAL

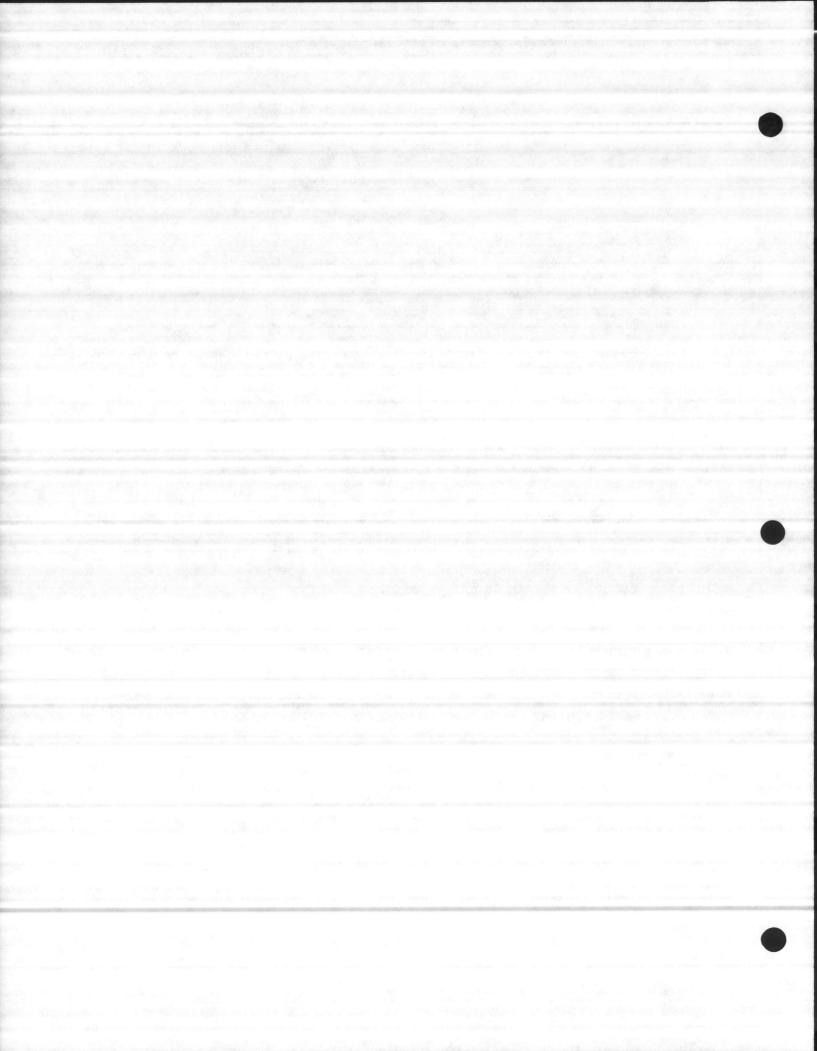
M.P. 901.02

8/84-R

City of Phoenix, Arizona Fire Department Forms Instruction Sheet

	FORM NUMBER ( assigned by Information Services )  TITLE OF FORM:
3.	PURPOSE OF THIS FORM:
4.	WHO IS RESPONSIBLE FOR COMPLETING THIS FORM?
5.	WHEN IS IT TO BE COMPLETED?
6.	INSTRUCTIONS FOR COMPLETION:
7.	WHAT IS THIS FORM'S ROUTING?
	WHERE AND FOR HOW LONG IS THIS FORM TO BE KEPT ON FILE?
-	WHO HAS THE AUTHORITY/RESPONSIBILITY FOR REVISING THIS FORM?
a.	WHAT PROGRAM, IF ANY, IS THIS FORM ASSOCIATED WITH?
-	

90-76 1/82-8



PROVISIONS FOR "IN-HOUSE" FORMS
(NON-NUMBERED)

# PHOENIX FIRE DEPARTMENT FORMS MANUAL

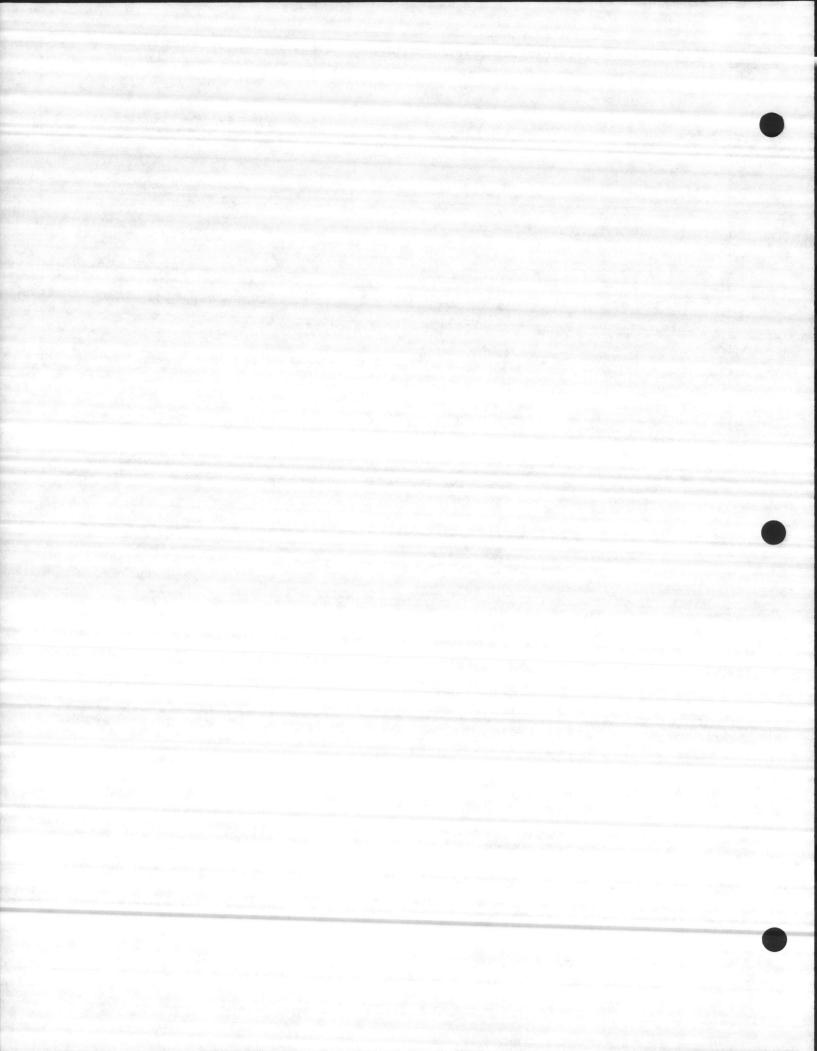
M.P. 901.03 12/83-R

### PURPOSE/POLICY:

To provide a limited use of forms designed for immediate work areas.

### RESTRICTIONS:

- 1. Form cannot be used by other divisions or departments.
- 2. Form cannot be sent thru interoffice mail.
- 3. Reproduction and stock of "special" form is the responsibility of originator.
- 4. These forms will not be identified by the number system which is used by the Fire Department.



Administrative Services/Information Services
OBSOLETE FORMS

# PHOENIX FIRE DEPARTMENT FORMS MANUAL

M.P. 901.04 12/83-R

### PURPOSE:

To maintain a stock and record of forms in current use.

### RESPONSIBILITY

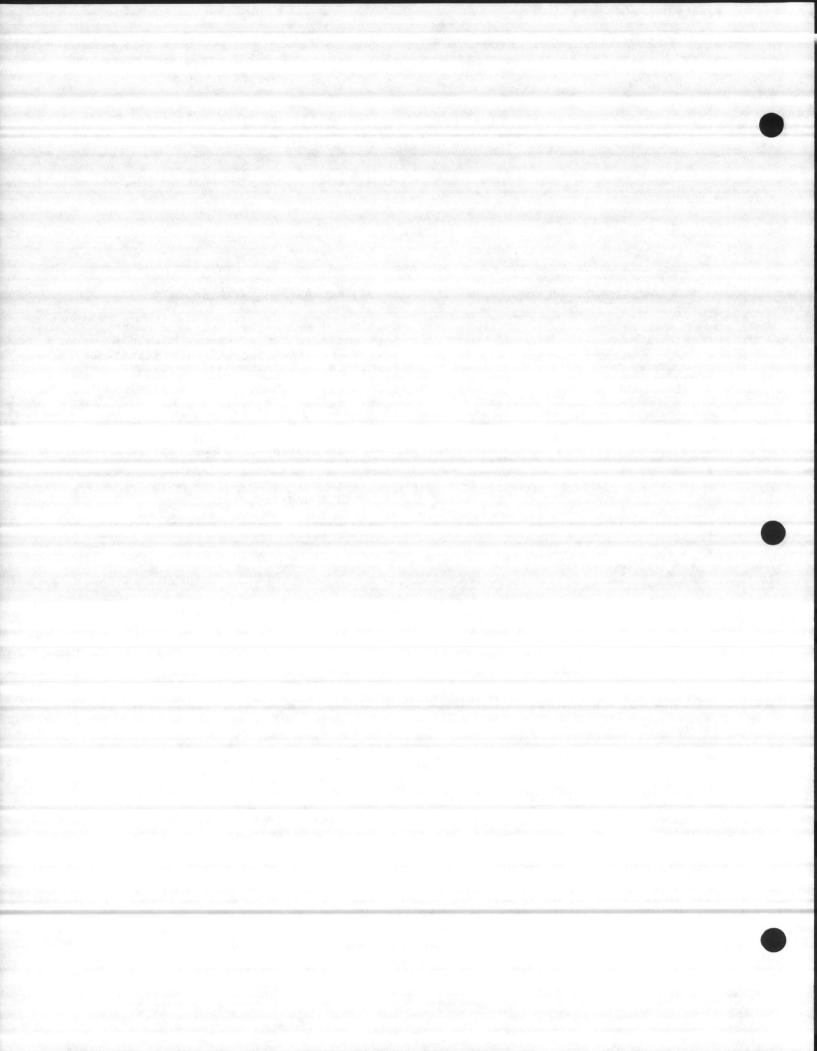
# Author/Deputy Chief

Information Services

### ACTION TO BE TAKEN

Notify the supervisor of Information Services immediately when a form has been determined obsolete. Notification should be placed on a D.S.R., listing form title, number, revision date, and instructions to discard stock.

- A. Stock will be removed.
- B. Forms control card destroyed.
- C. Form number will be taken out of control log and made available for future use.
- D. City Forms Controller will be notified.



SKY HARBOR RESPONSE CARD

#90-28.1D

New 8/78

# PHOENIX FIRE DEPARTMENT FORMS MANUAL

M.P. 902.01 12/83-N

#### PURPOSE

To record information necessary to respond to incident.

### INDIVIDUAL RESPONSIBLE FOR COMPLETING

The person in charge of apparatus responding to incident.

#### WHEN FORM IS TO BE COMPLETED

As incident is being dispatched by alarm or being directly received from control tower.

#### INSTRUCTIONS FOR COMPLETION

Record type of call, location, responding companies and radio channel assigned for incident.

### ROUTING

None.

#### RETENTION

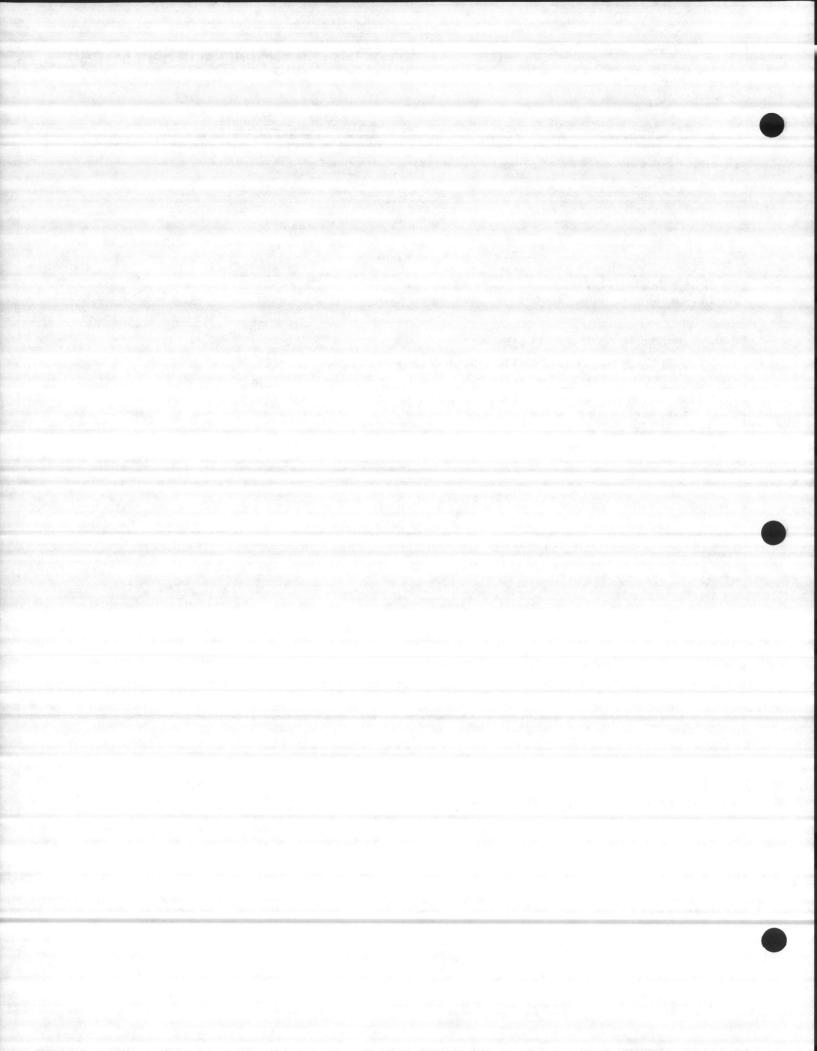
Keep as long as needed for incident.

#### AUTHORITY

Assistant Chief of Emergency Services

#### PROGRAM

Emergency Services



SKY HARBOR RESPONSE CARD

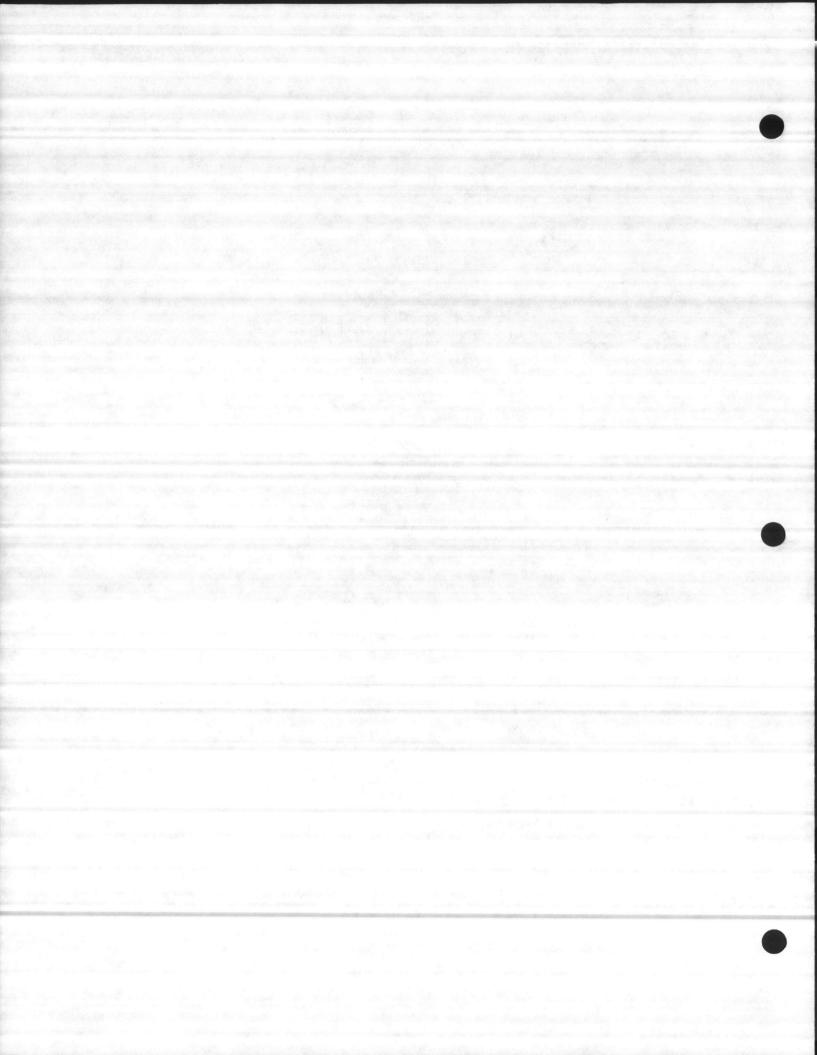
#90-28.1D

New 8/78

# PHOENIX FIRE DEPARTMENT FORMS MANUAL

M.P. 902.01 12/83-N

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TACTICAL WORKSHEET

#92-121D

Rev. 10/82

# PHOENIX FIRE DEPARTMENT FORMS MANUAL

M.P. 902.03 12/83-R

#### PURPOSE

Used by Command and Sector Officers as a worksheet for fires or any other emergency.

### INDIVIDUAL RESPONSIBLE FOR COMPLETING

Command or Technician.

#### WHEN FORM IS TO BE COMPLETED

During fire or other emergency incident.

#### INSTRUCTIONS FOR COMPLETION

Use as needed for incident. The Chief Officer responsible for the incident completes the evaluation portion on the back side of the worksheet.

#### ROUTING

Transfers with Command during incident.

#### RETENTION

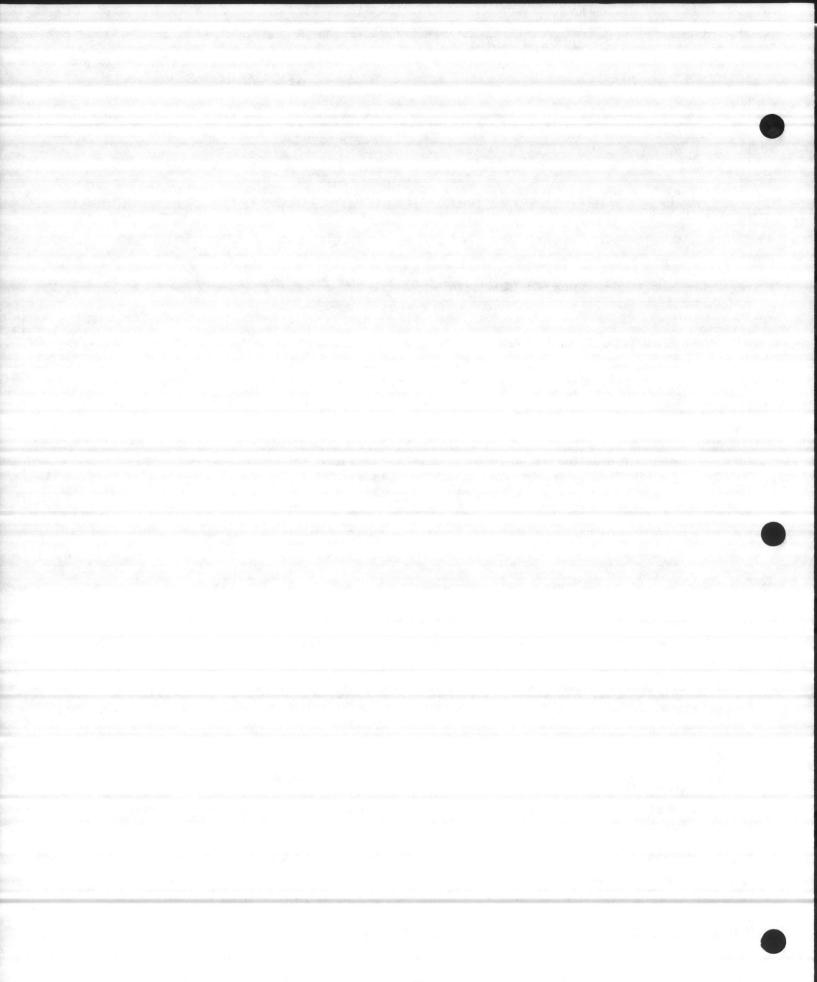
Worksheet only-not filed. If incident is to be critiqued, held until critique for Critique Officer to Utilize.

#### AUTHORITY

Assistant Chief of Emergency Services

#### PROGRAM

**Emergency Services** 



TACTICAL WORKSHEET

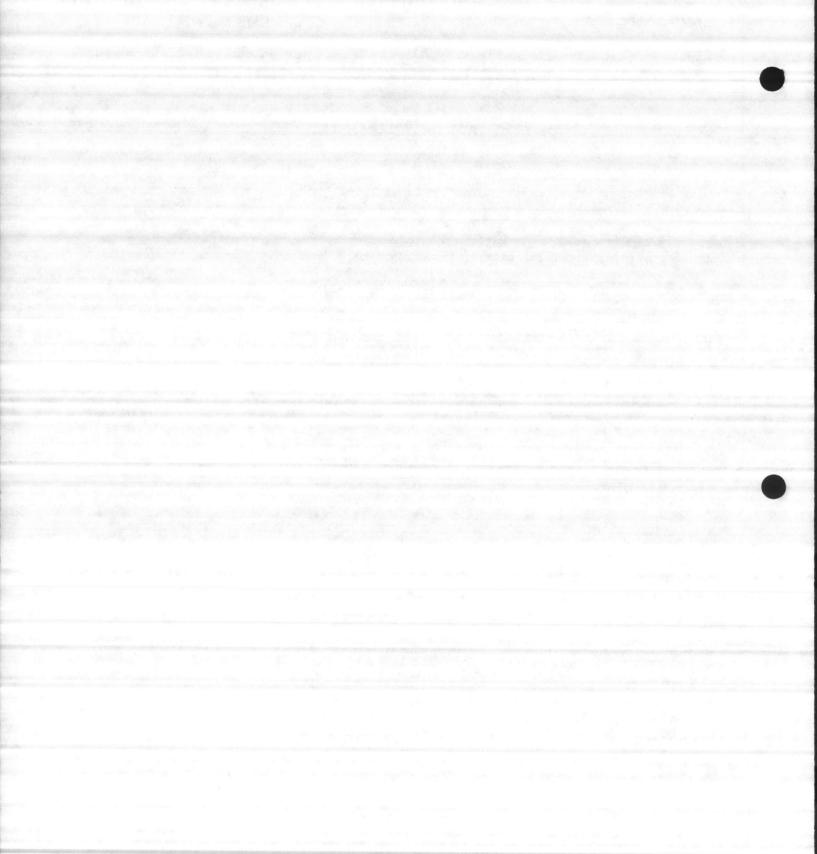
#92-121D

Rev. 10/82

# PHOENIX FIRE DEPARTMENT FORMS MANUAL

M.P. 902.03 12/83-R

92-1210 REV. 10-82	TACTIO	CALWORKS	HEET INCIDENT NO.	TIME			
2 + 1  ADDRESS:	☐ FIRST ALARM		INITIAL REPORT: CMD LOCATION ALL CLEAR STANDPIPE SPRINKLER	BY _	□s □w	□A □B	
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RESPONSE CARD

#92-122D

Rev. 2/82

# PHOENIX FIRE DEPARTMENT FORMS MANUAL

M.P. 902.04 12/83-R

#### PURPOSE

Record information necessary to respond to incident.

## INDIVIDUAL RESPONSIBLE FOR COMPLETING

Person in charge of apparatus responding to an incident.

#### WHEN FORM IS TO BE COMPLETED

As incident is being dispatched by alarm if MDT or station terminal is not on line.

#### INSTRUCTIONS FOR COMPLETION

Record type of call, address, responding units and radio channel assigned for incident.

#### ROUTING

None.

#### RETENTION

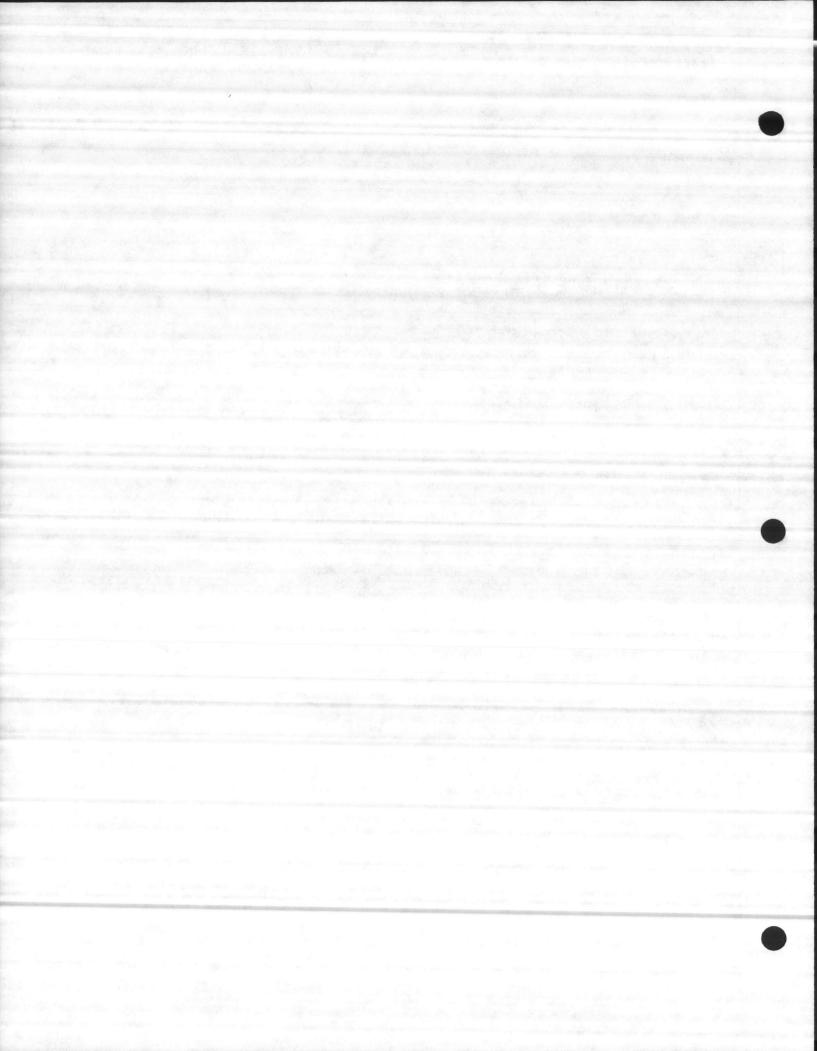
Kept as long as needed for incident.

#### AUTHORITY

Assistant Chief of Emergency Services

#### PROGRAM

Emergency Services



Emergency Services/Fire

RESPONSE CARD

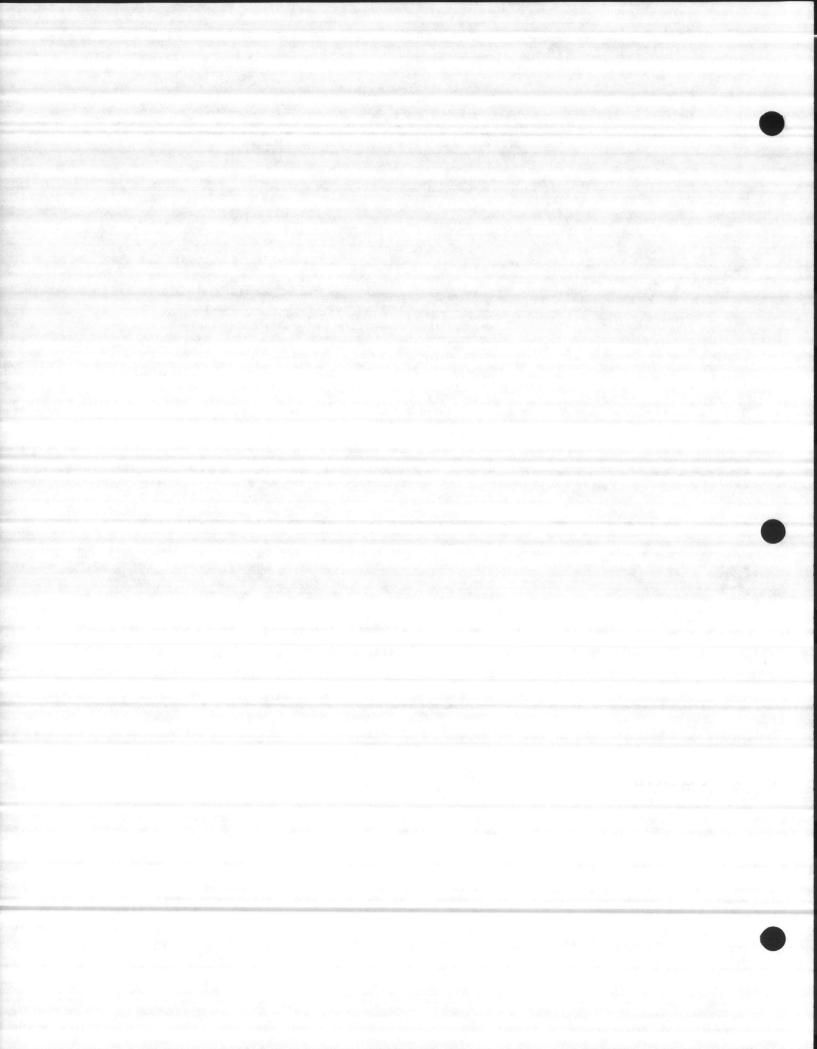
#92-122D

Rev. 2/82

# PHOENIX FIRE DEPARTMENT FORMS MANUAL

M.P. 902.04 12/83-R

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Operations/EMS

RELEASE (LIABILITY) MAJOR MEDICAL DRILL

#92-13.2D

New 2/80

## PHOENIX FIRE DEPARTMENT FORMS MANUAL

M.P. 902.05 12/83-N

#### PURPOSE

Liability release for City of Phoenix.

## INDIVIDUAL RESPONSIBLE FOR COMPLETING

EMS Division personnel conducting the drill.

### WHEN FORM IS TO BE COMPLETED

Before start of drill.

## INSTRUCTIONS FOR COMPLETION

Fill in all self-explanatory blanks. Signatures required by participant, witness and guardian if under age.

ROUTING

EMS

RETENTION

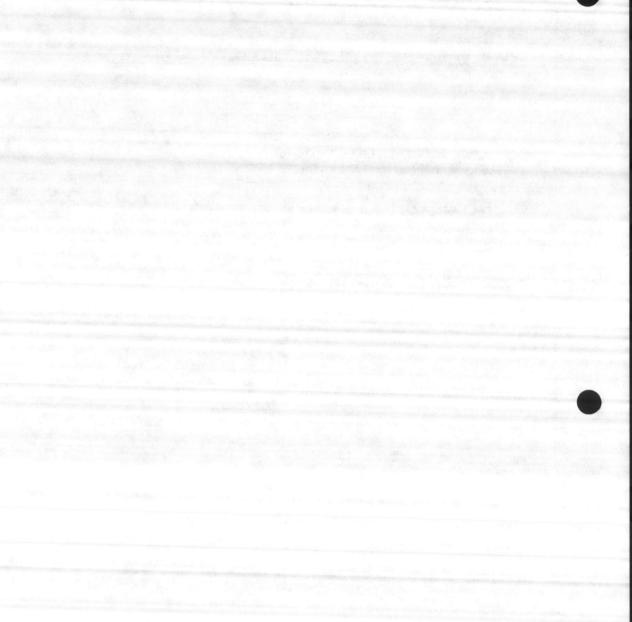
Indefinitely

AUTHORITY

EMS Division

PROGRAM

EMS



Operations/EMS

RELEASE (LIABILITY) MAJOR MEDICAL DRILL

#92-13.2D

New 2/80

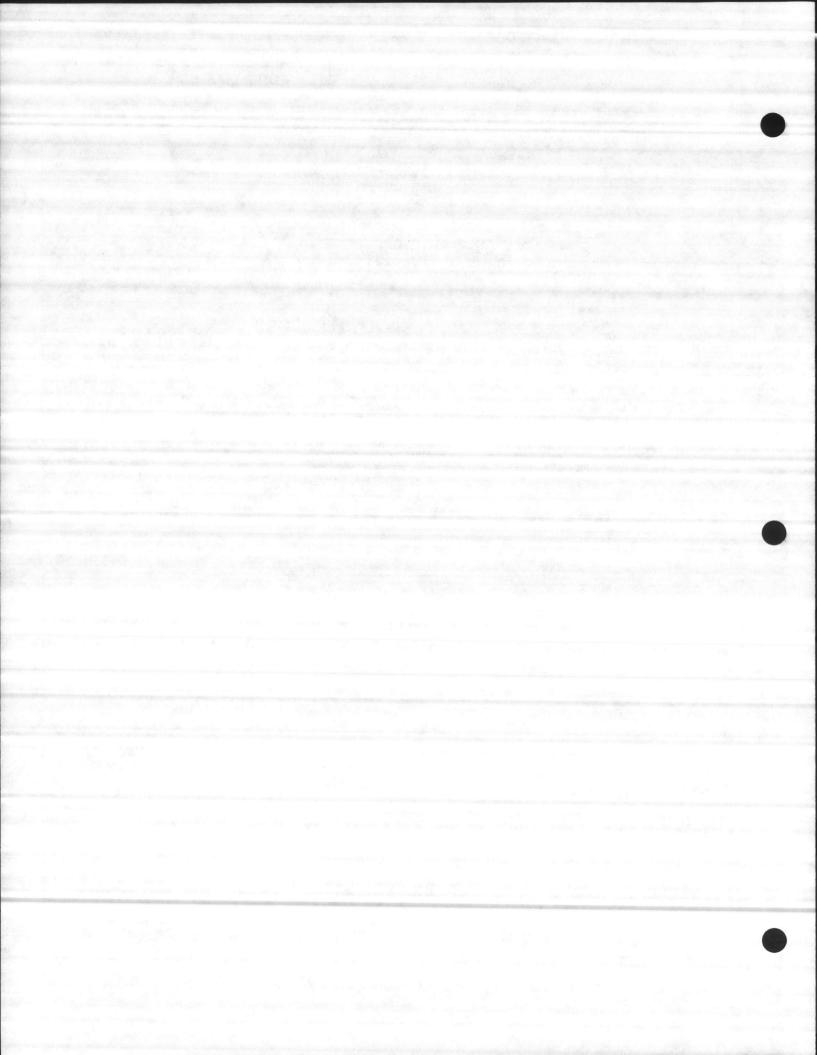
## PHOENIX FIRE DEPARTMENT FORMS MANUAL

M.P. 902.05 12/83-N

## CITY OF PHOENIX, ARIZONA FIRE DEPARTMENT

## RELEASE

THE CONSTRUCTION OF	being permitted to be in-
In consideration of(Parci	lcipant)
	me Fire Department of the City of Phoenix,
do he	ereby release and hold harmless the said
(Participant, Parent, Guardian)	
ity of Phoenix, it's employees and age	ents from any and all liability for any
amage or injury which	may receive while being
nvolved in the Major Medical Drill or	received while accompanying City of Phoenix
ire Department officers from any cause	whatsoever. This release of liability
nd agreement given by	to the said City of Phoenix, arent, Guardian)
	as to any right of action that might accrue
o, my/b	ner/his heirs or my/her/his personal repre-
(Participant)	
entatives.	
Furthermore, I	agree to assume all risks for
Furthermore, I (Participant, Paren	agree to assume all risks for
	agree to assume all risks for nc, Guardian) pating in the Major Medical Drill and in
particip	pating in the Major Medical Drill and in
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TRIAGE TAGS 1, 2, 3 AND 4

#92-23D Thru #92-26D New 5/83

## PHOENIX FIRE DEPARTMENT FORMS MANUAL

M.P. 902.06 12/83-N

#### PURPOSE

To mark and triage patients at EMS incidents when required.

## INDIVIDUAL RESPONSIBLE FOR COMPLETING

Treatment crews at EMS incidents.

### WHEN FORM IS TO BE COMPLETED

At the EMS incident scene.

#### INSTRUCTIONS FOR COMPLETION

Fill in all blanks. Refer to M.P. 210.05.

Attach top portion to patient's wrist or ankle, bottom of tag remains with transportation officer.

#### RETENTION

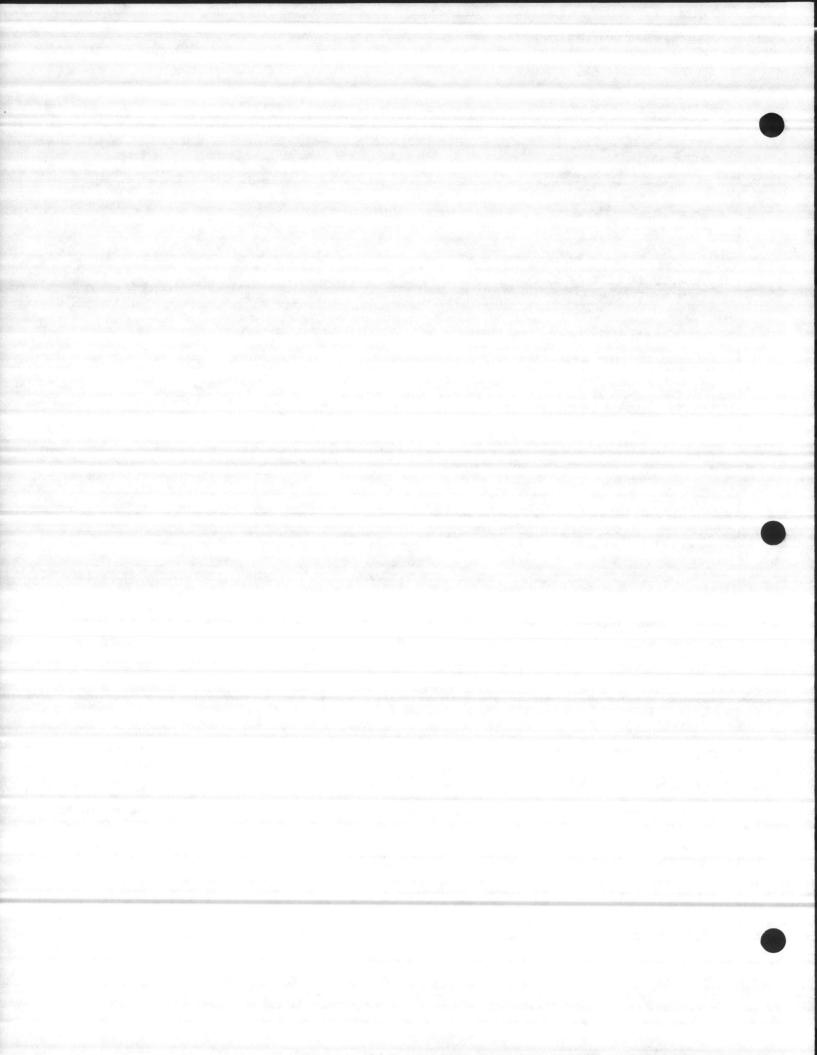
Duration of incident.

## AUTHORITY

EMS Division, Assistant Chief of Emergency Services

#### PROGRAM

Emergency Services



TRIAGE TAGS 1, 2, 3 AND 4

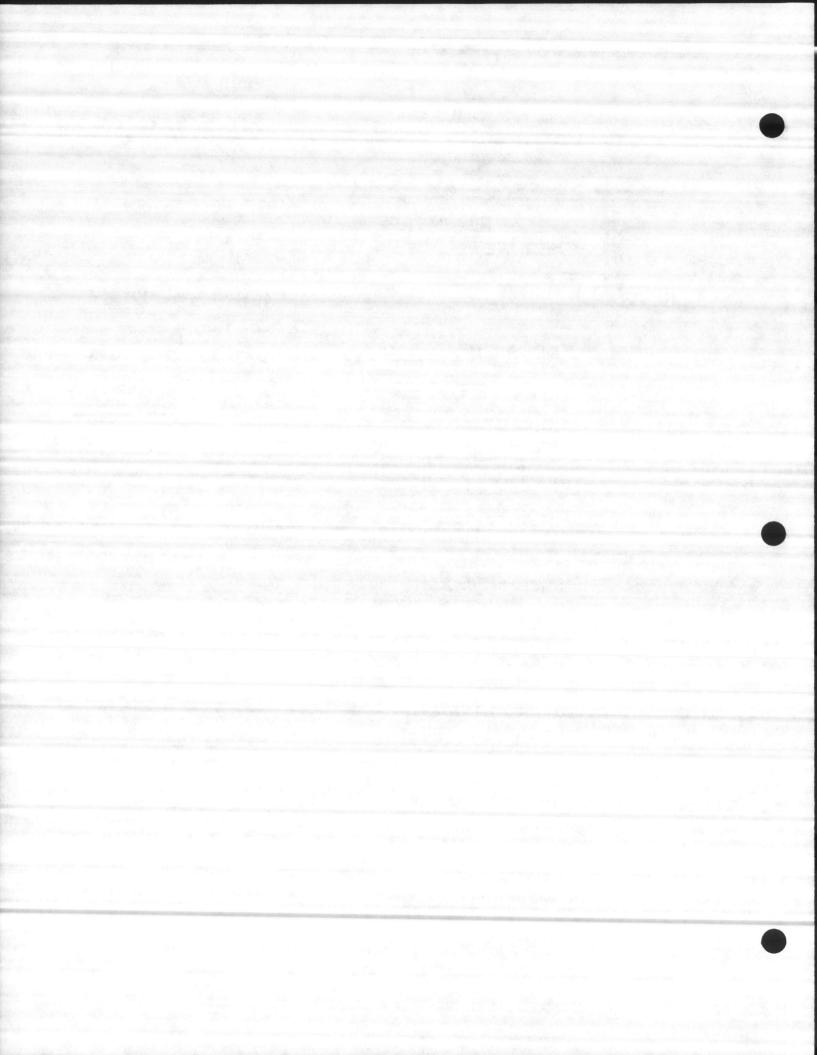
#92-23D Thru #92-26D

New 5/83

## PHOENIX FIRE DEPARTMENT FORMS MANUAL

M.P. 902.06 12/83-N

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HOSPITAL	
TREATMENT (SEE BACK)	
NAME	
AMBULANCE	
HOSPITAL	
IMMEDIATE PRIORITY	



TRIAGE TAGS 1, 2, 3 AND 4

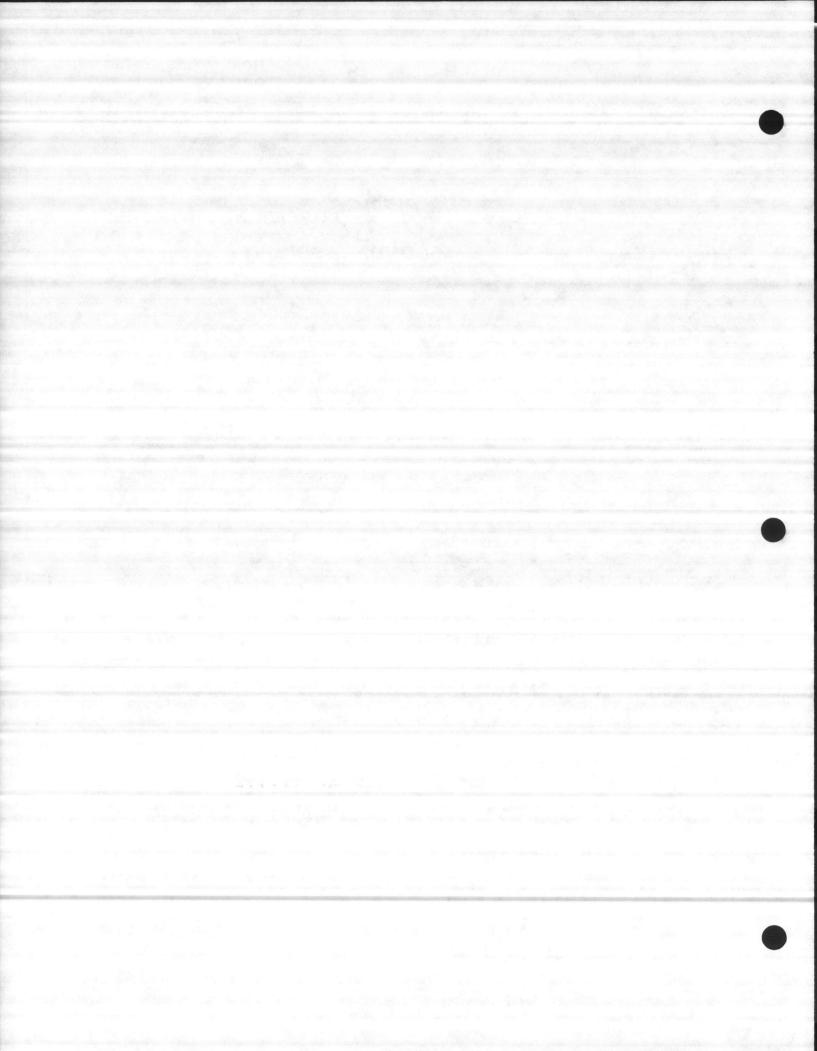
#92-24D

New 5/83

## PHOENIX FIRE DEPARTMENT FORMS MANUAL

M.P. 902.06 12/83-N

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TRIAGE TAGS 1, 2, 3 AND 4

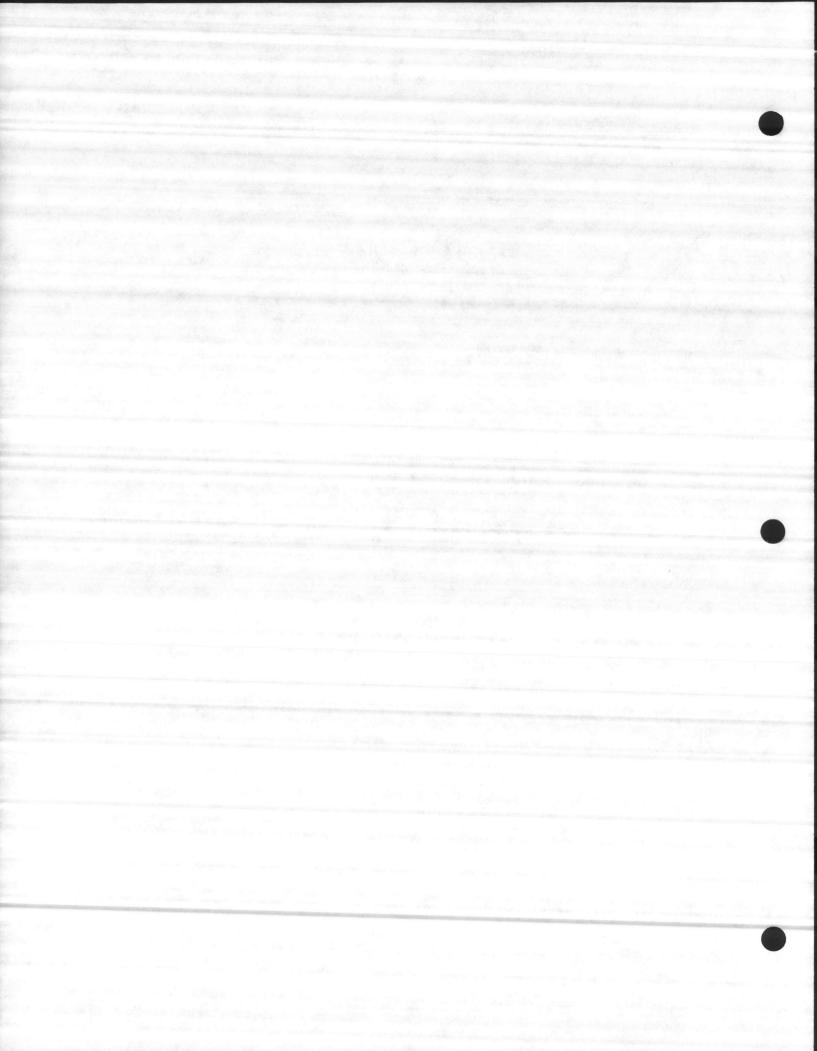
#92-25D

New 5/83

## PHOENIX FIRE DEPARTMENT FORMS MANUAL

M.P. 902.06 12/83-N

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TRIAGE TAGS 1, 2, 3 AND 4

#92-26D

New 5/83

## PHOENIX FIRE DEPARTMENT FORMS MANUAL

M.P. 902.06 12/83-N

## 92-26D New 5-83 PHOENIX FIRE DEPARTMENT

Nº 404261



CO

NAME

LOCATION FOUND\_\_\_\_\_

TIME\_\_\_\_

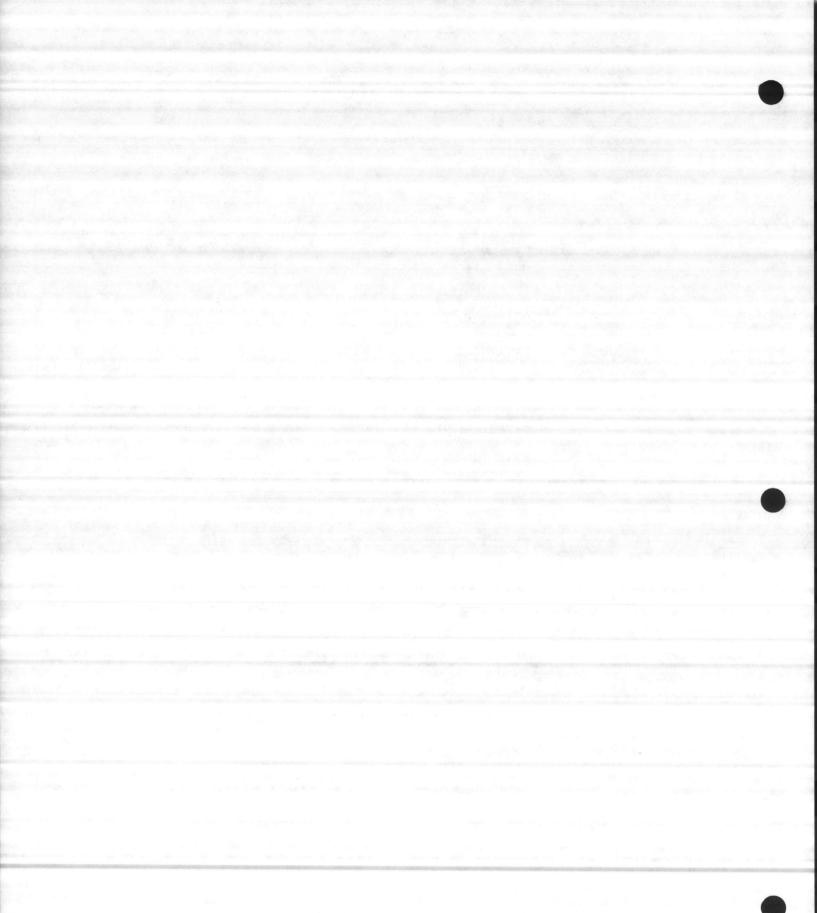
(901-H) PRIORITY

NAME \_\_\_\_

AMBULANCE

HOSPITAL \_\_\_\_

Nº 404261 (901-H) PRIORITY 4



TRAUMA SUPPORT KIT - REPORT OF USE

#92-35D

New 4/83

## PHOENIX FIRE DEPARTMENT FORMS MANUAL

M.P. 902.07 12/83-N

#### PURPOSE

Documentation of use and evaluation of effectiveness.

## INDIVIDUAL RESPONSIBLE FOR COMPLETING

Paramedic that uses kit.

#### WHEN FORM IS TO BE COMPLETED

Soon as possible after use.

### INSTRUCTIONS FOR COMPLETION

Fill in all self-explanatory blanks.

### ROUTING

To EMS Division along with the pink copy of the EMS incident report.

## RETENTION

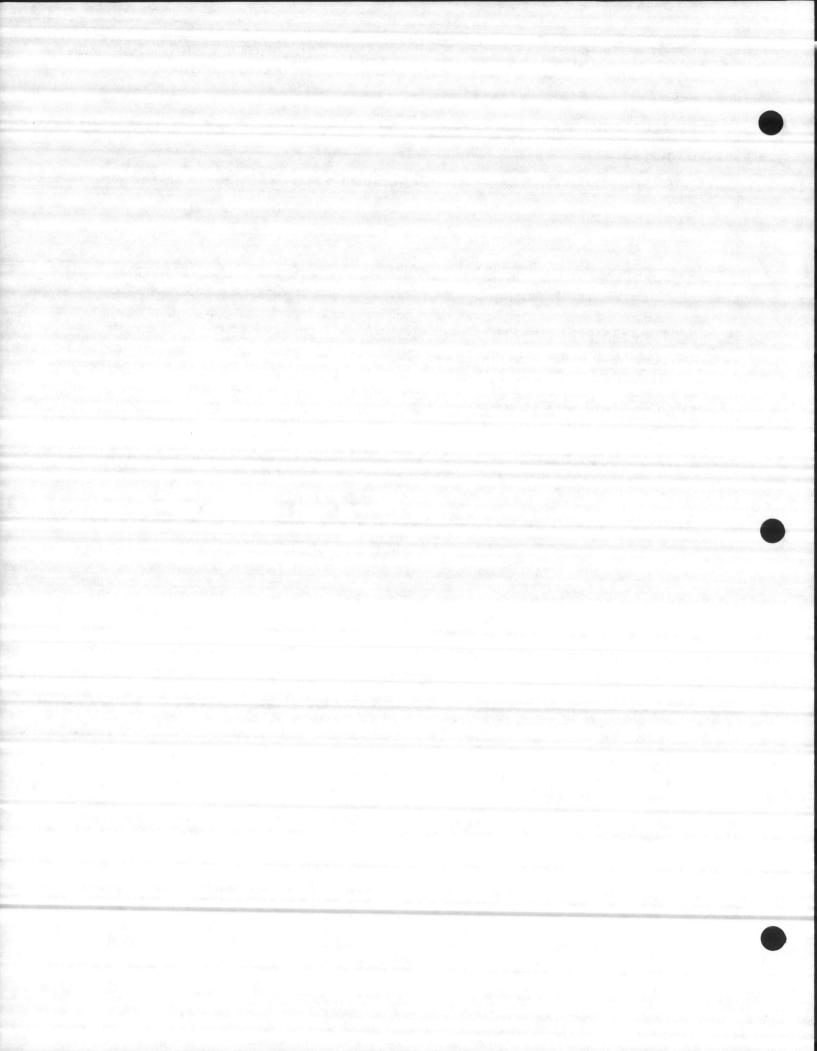
Indefinitely.

### AUTHORITY

EMS Division, Assistant Chief of Emergency Services

### PROGRAM

Emergency Services



TRAUMA SUPPORT KIT - REPORT OF USE

#92-35D

New 4/83

## PHOENIX FIRE DEPARTMENT FORMS MANUAL

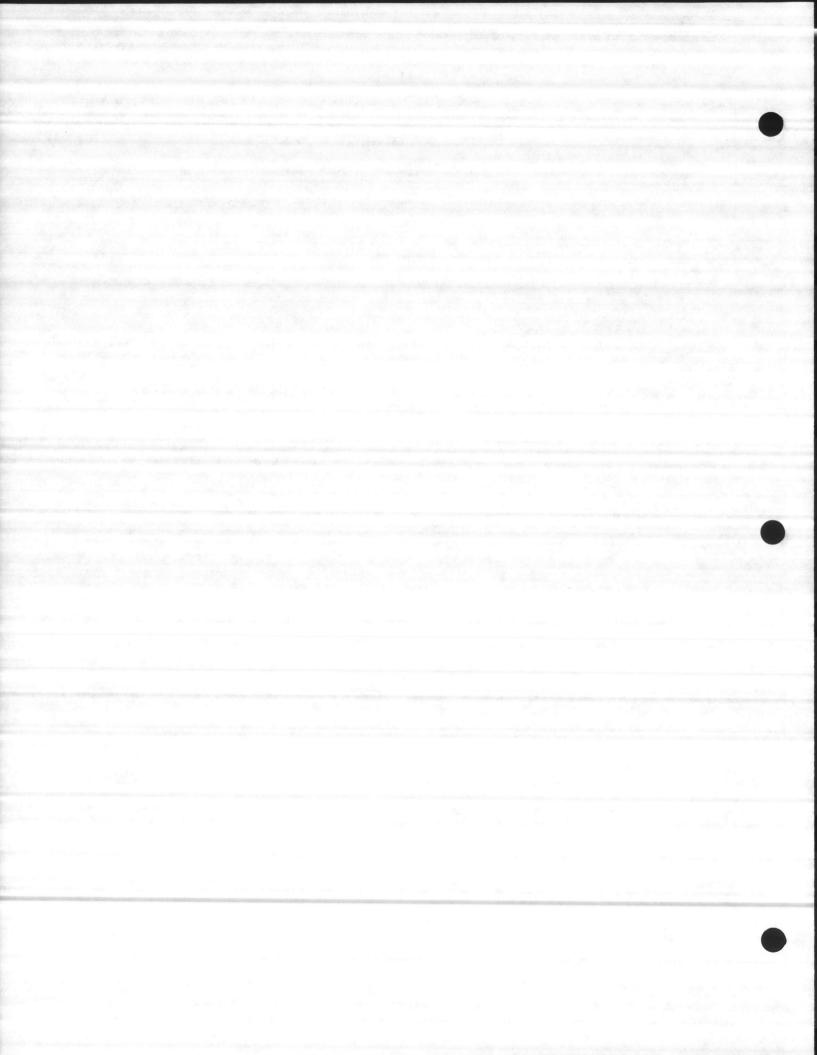
92-35D NEW 4 83

M.P. 902.07 12/83-N

#### CITY OF PHOENIX, ARIZONA FIRE DEPARTMENT

### TRAUMA SUPPORT KIT - REPORT OF USE

This report is to be completed each time a Trauma Support Kit is used. Forward a copy with an attached EMS Incident Report (pink copy) to the EMS Division for filing. Cert. No. \_\_\_\_\_ Assignment \_\_\_ Name \_ \_\_\_\_\_ Time \_\_\_\_\_ Card \_\_ Location of Incident No. of Patients Treated \_\_\_\_\_\_ Total No. of Patients at Scene \_\_\_\_\_ \*Who Assumed Patient Care Enroute to Hospital? Treatment: Life Saving Precautionary \_\_ \*Other A.L.S. Prehospital Personnel on the Scene Patch: How \_ Hospital \_\_\_\_\_ Physician \_\_\_\_ Time \_ \*Other Agencies On Scene \*EMS Division Notified Time/Date \_ **OUT OF CITY** COMMENTS:



EMS/RESCUE INCIDENT

#92-45 Rev. 5/84

## PHOENIX FIRE DEPARTMENT FORMS MANUAL

M.P. 902.08 8/84-R

#### PURPOSE

To document medical emergency and treatment of patient by Phoenix Fire Department. THIS FORM IS A LEGAL DOCUMENT.

#### INDIVIDUAL RESPONSIBLE FOR COMPLETING

First arriving company officer or, if ALS skills are used, by the medic on the scene.

#### WHEN FORM IS TO BE COMPLETED

At the scene for each patient treated. A form must be completed for each incident, even if put available in route or aid refused.

#### INSTRUCTIONS FOR COMPLETION

Complete form as per C.A.D. instruction manual. Signature required. If paramedic treatment is started or a patch is made to a base hospital, medic must complete and sign form.

### ROUTING

White copy with patient; pink copy Fire Department records; yellow copy to EMS Division, golden rod copy to hospital with paramedic. Information also recorded in station log book.

#### RETENTION

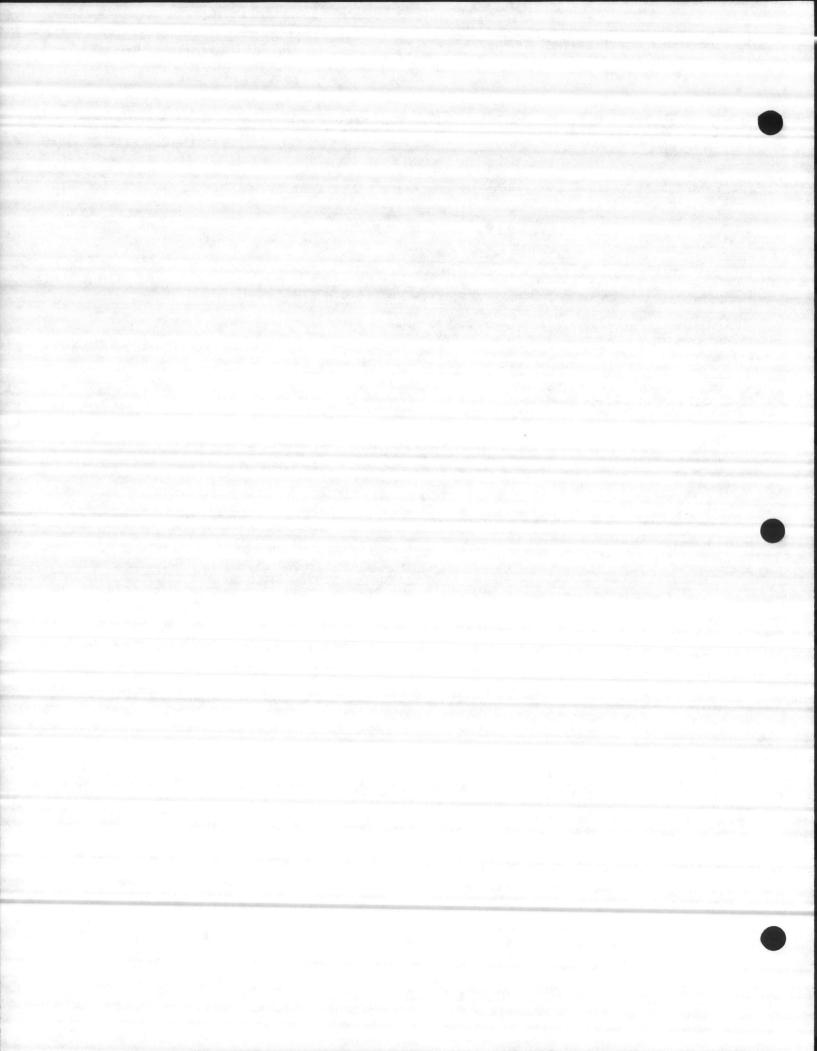
Indefinitely

#### AUTHORITY

Emergency Services/EMS Division

#### PROGRAM

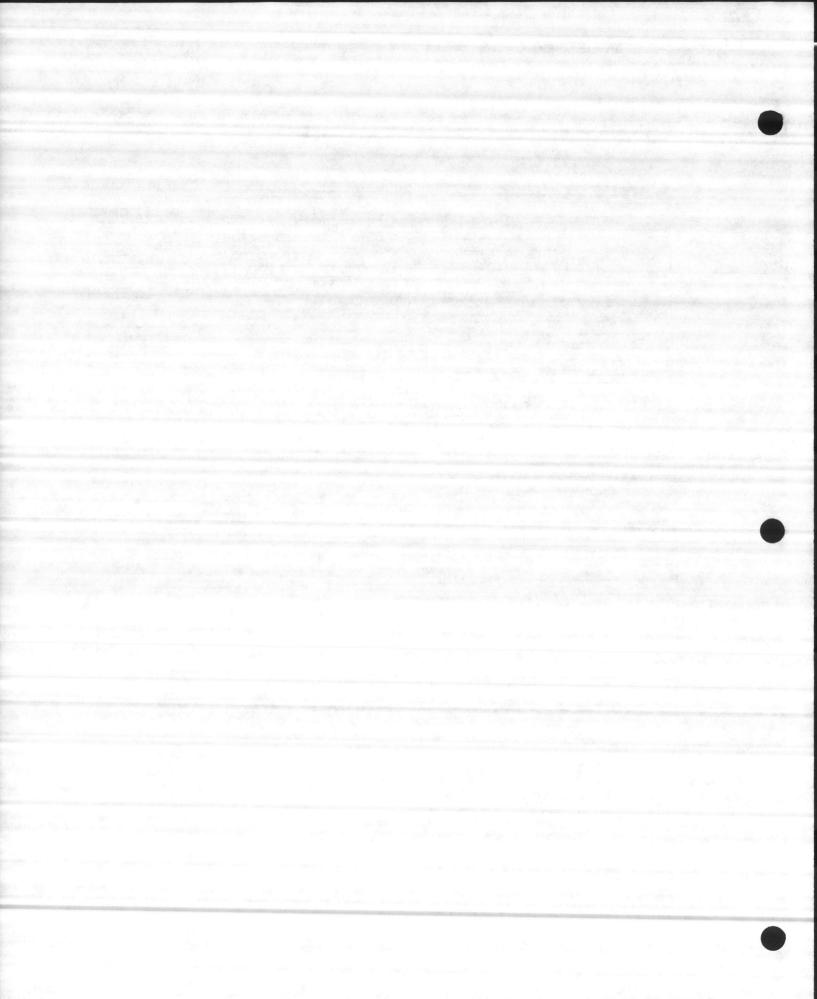
Emergency Services, Incident Report System



## PHOENIX FIRE DEPARTMENT FORMS MANUAL

M.P. 902.08 8/84-R

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MEDICAL INCIDENT WORKSHEET

#92-45.2D

New 3/79

## PHOENIX FIRE DEPARTMENT FORMS MANUAL

M.P. 902.09 12/83-R

#### PURPOSE

Provides a worksheet for EMS incidents.

INDIVIDUAL RESPONSIBLE FOR COMPLETING Command and sectors at EMS incidents.

### WHEN FORM IS TO BE COMPLETED

During an EMS incident.

#### INSTRUCTIONS FOR COMPLETION

Fill in all self-explanatory blanks.

#### ROUTING

Transfers with command during incident.

### RETENTION

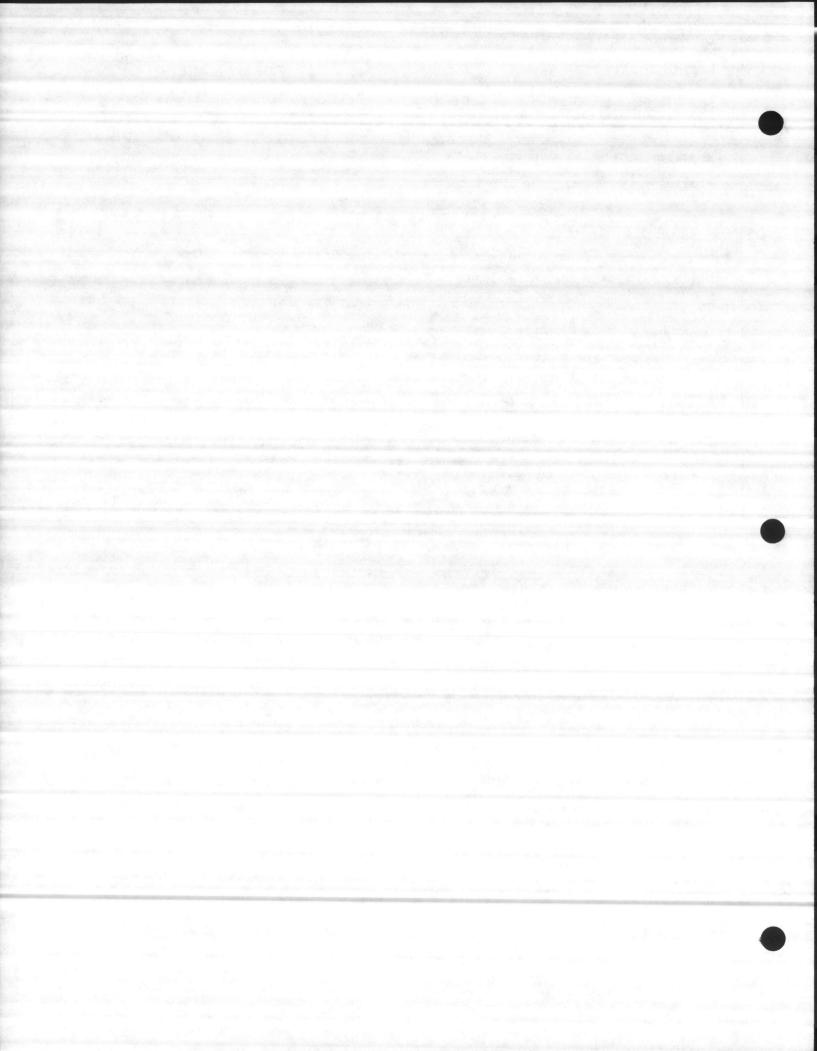
Duration of incident.

### AUTHORITY

Assistant Chief, Emergency Services

### PROGRAM

Emergency Services



MEDICAL INCIDENT WORKSHEET

#92-45.2D

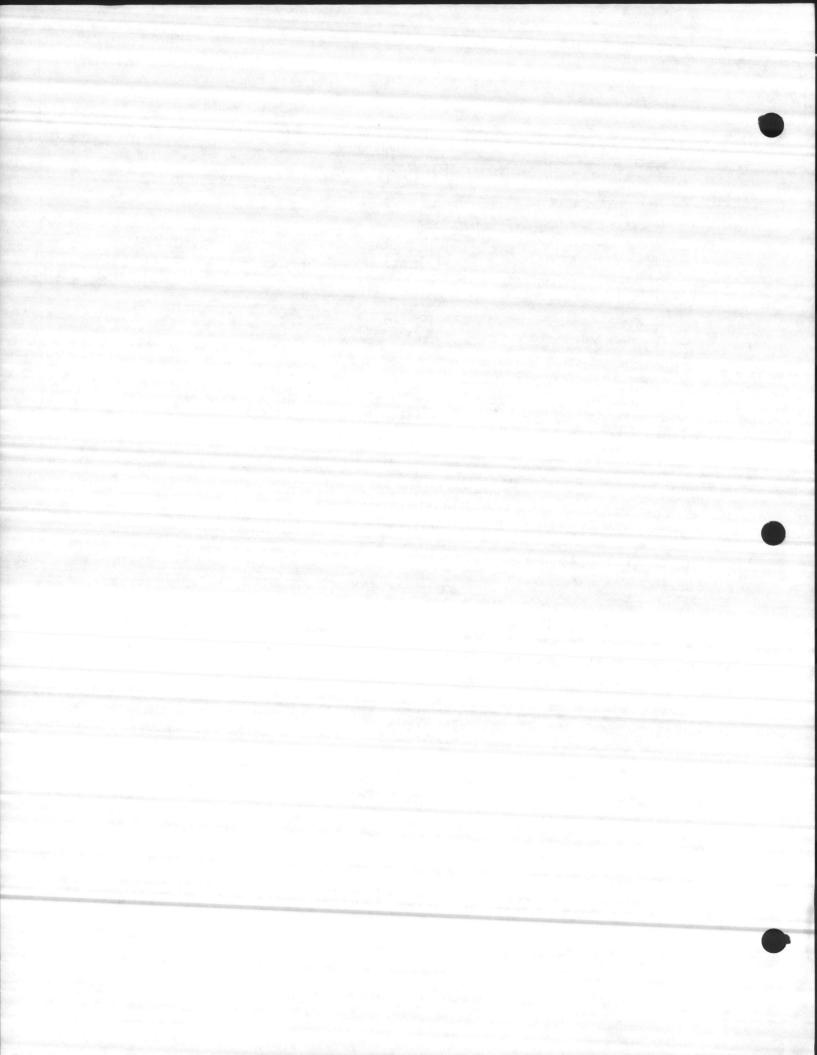
New 3/79

## PHOENIX FIRE DEPARTMENT FORMS MANUAL

M.P. 902.09 12/83-R

## CITY OF PHOENIX, ARIZONA FIRE DEPARTMENT

	REPORT COMMAND POST LOCATION (TO	ALARM AND STAGING)
	STAGING LOCATION	
	INITIAL REPORT	EXTRICATION OFFICER
	SITE SAFETY	SECTOR CREWS
	NUMBER OF PATIENTS	
	MANPOWER NEEDS	
	TRIAGE MODE	TREATMENT OFFICER
	TRIAGE TAGS	SECTOR CREWS
	ASSEMBLY AREA	
	ALL CLEAR	
	UHF RADIOS	
	OUTSIDE SUPPORT	TRANSPORTATION OFFICER
	POLICE LIASON	SECTOR CREWS
	TRAFFIC CONTROL	
	SECTOR IDENTIFICATION VEST	
	EXTRICAT	TION OFFICER ONLY
	SITE SAFETY	NUMBER OF 1 & 2 INJURIES
10.	MANPOWER NEEDS	COMMENTS
	TRIAGE MODE & TAGS	
	EQUIPMENT NEEDS	
	ALL CLEAR	
_	PROGRESS REPORTS	
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## MEDICAL INCIDENT WORKSHEET

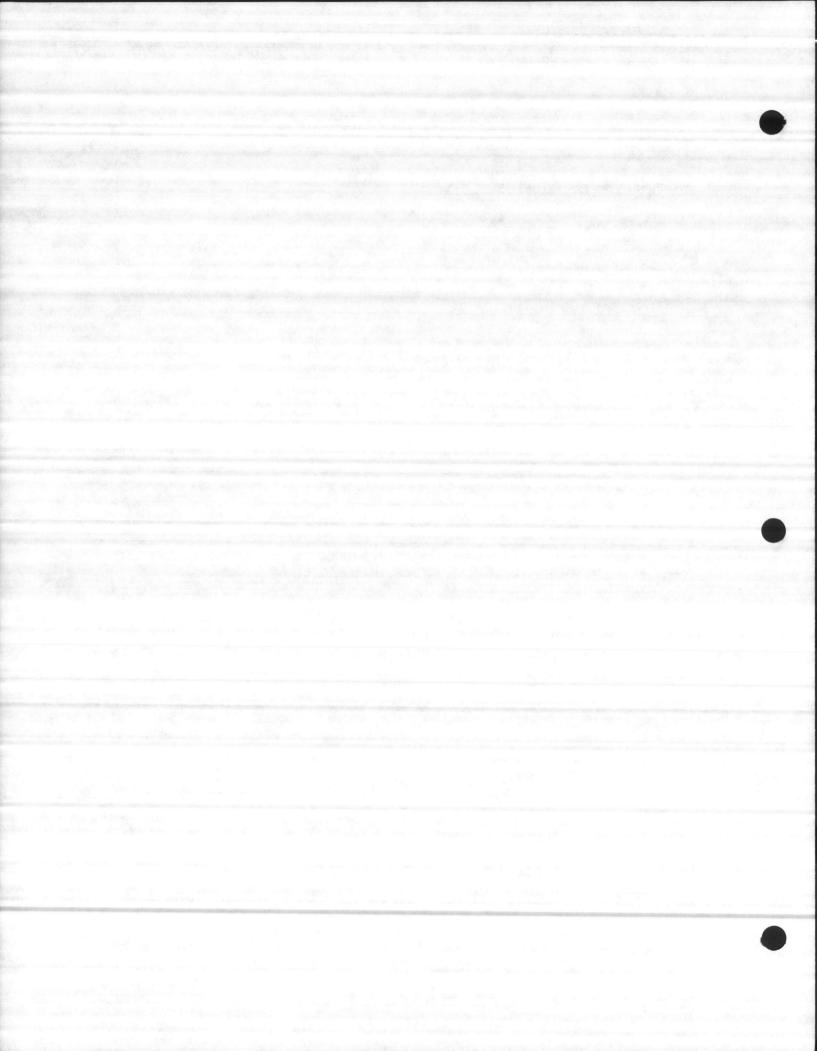
#92-45.2D

New 3/79

## PHOENIX FIRE DEPARTMENT FORMS MANUAL

M.P. 902.09 12/83-R

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HELICOPTER TRANSPORTATION INFORMATION SHEET

#92-45.4D

Rev. 10/80

## PHOENIX FIRE DEPARTMENT FORMS MANUAL

M.P. 902.10 8/83-R

#### PURPOSE

To evaluate use and effectiveness of helicopter service.

## INDIVIDUAL RESPONSIBLE FOR COMPLETING

Responder or Deputy Chief dispatched to incident.

### WHEN FORM IS TO BE COMPLETED

At incident.

## INSTRUCTIONS FOR COMPLETION

Fill in all self-explanatory blanks.

### ROUTING

To EMS Division.

### RETENTION

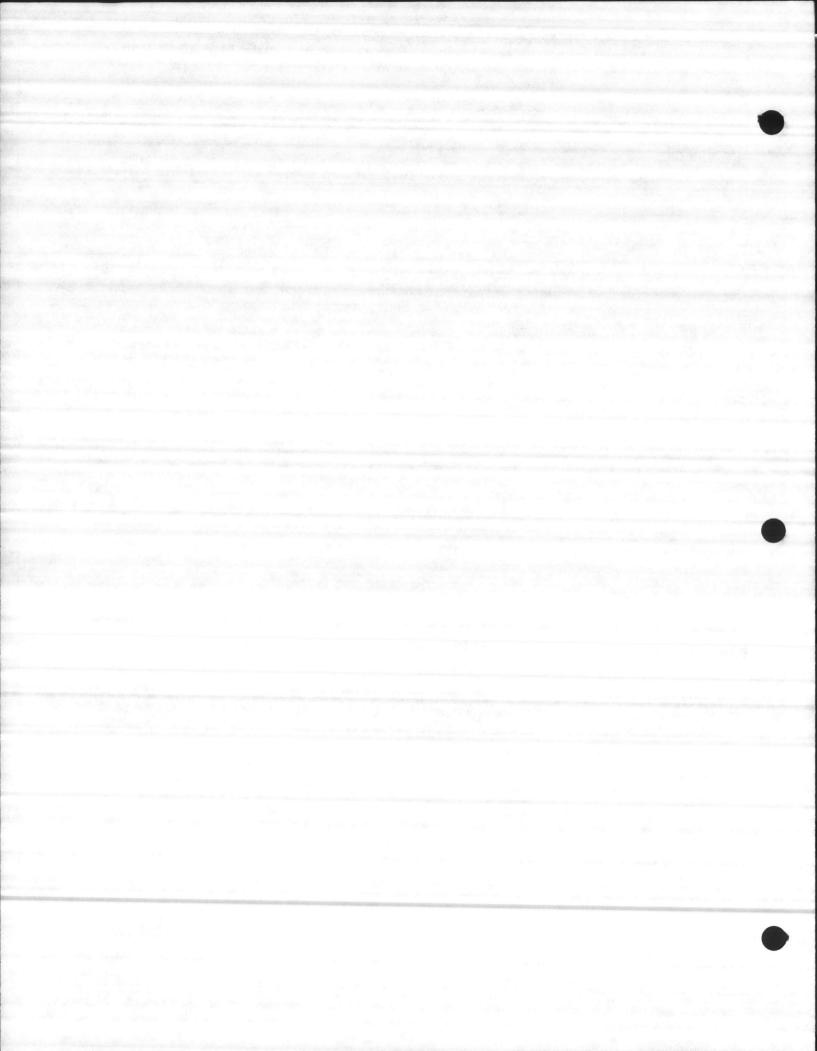
Six months at EMS Division.

## AUTHORITY

EMS Deputy Chief

### PROGRAM

Emergency Services/EMS



## HELICOPTER TRANSPORTATION INFORMATION SHEET

#92-45.4D

Rev. 10/80

## PHOENIX FIRE DEPARTMENT FORMS MANUAL

M.P. 902.10 8/83-R

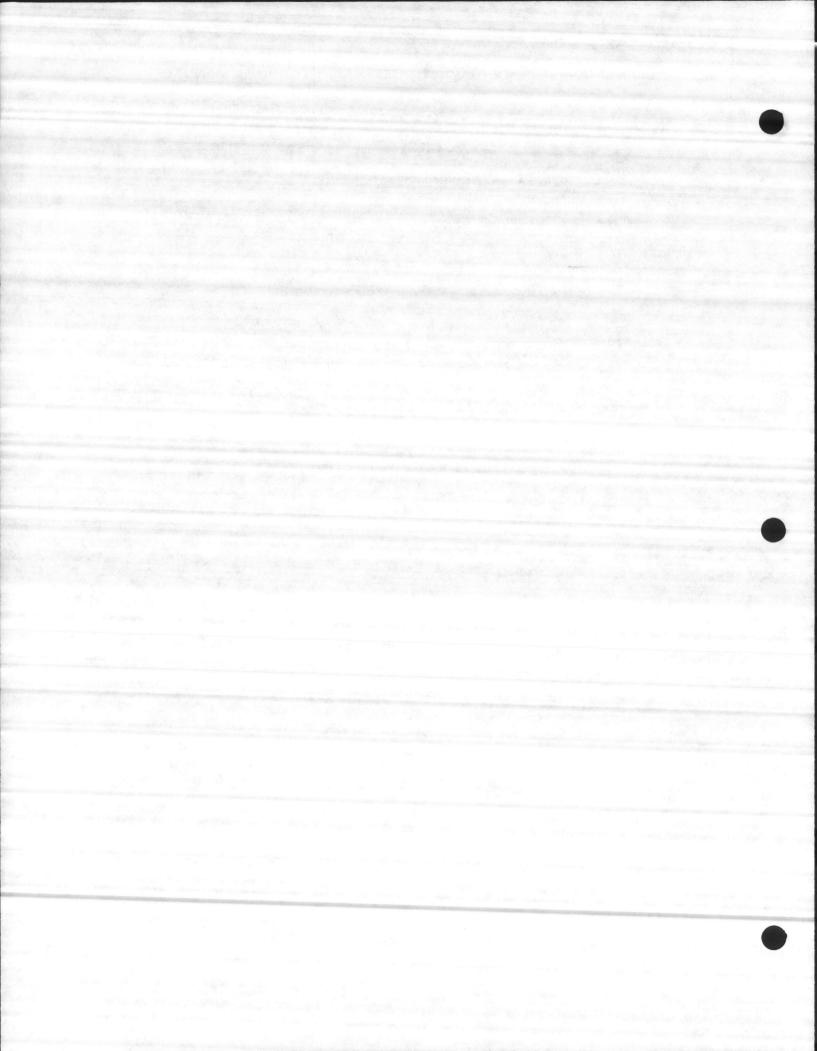
#### CITY OF PHOENIX, ARIZONA FIRE DEPARTMENT

#### HELICOPTER TRANSPORTATION INFORMATION SHEET

(For Office Use Only)

(For Office Use Only) The following information is needed to help us evaluate the effectiveness and efficiency of air ambulance transportation in the City of Phoenix. THIS FORM MUST BE COMPLETED BY THE OFFICER IN CHARGE, EVERY TIME A HELICOPTER IS USED. Unit or Agency Requesting Helicopter: ☐ Patient Fire or Paramedic (Unit No.) Alarm Headquarters Base Hospital Physician Officer Reporting: \_ \_ Company/Shift: \_\_\_\_\_ \_\_ Date: \_ Address of Incident: \_ Card No.: \_\_\_ Total Number of Patients at Incident: \_\_\_\_\_\_ Number Transported by Helicopter: \_\_\_\_ Helicopter Transporting: Air Evac (JCL/Good Sam) Survival Flight (Phx. Baptist) Other\_ E.T.A. \_\_\_\_ Dispatch Time \_ On Scene \_\_ Type of Medical Incident: \_\_ Hospital Destination: \_ \_\_\_\_ Did Patient arrive at intended Hospital: \_\_\_ If patient did not arrive at original destination, to which hospital was the patient transported: HELICOPTER TRANSPORTATION WAS USED BECAUSE (CHECK ONE OR MORE) Not accessible to ground ambulance. ☐ Transport time/distance necessitated helicopter transport. ☐ Serious/critical medical condition necessitated rapid helicopter transport. Medical condition of patient required a specialty hospital: ☐ Trauma Poisoning ☐ Paranatal Head, neck & spine Burn Other \_ ☐ Cardiac Helicopter was used as both a paramedic unit and transport unit. Ground Ambulance Status: Available and enroute. On the scene. Time O/S \_\_ General Comments: \_\_\_

92-45.4D REV. 10-80



FIRE DEPARTMENT EMS/RESCUE INCIDENT SUPPLEMENT

#92-45.6D

New 11/81

PHOENIX FIRE DEPARTMENT FORMS MANUAL

M.P. 902.11 12/83-N

## PURPOSE

Supplement sheet for #92-45.

## INDIVIDUAL RESPONSIBLE FOR COMPLETING

First arriving company officer or, if an ALS unit is used, a medic on the scene.

## WHEN FORM IS TO BE COMPLETED

At the scene for each patient treated when additional comments are needed.

## INSTRUCTIONS FOR COMPLETION

Fill in year and serial number. Record comments. Signature required.

#### ROUTING

White copy with patient; pink copy Fire Department records; yellow copy to EMS Division, golden rod copy to hospital with paramedic. Information also recorded in station log book.

#### RETENTION

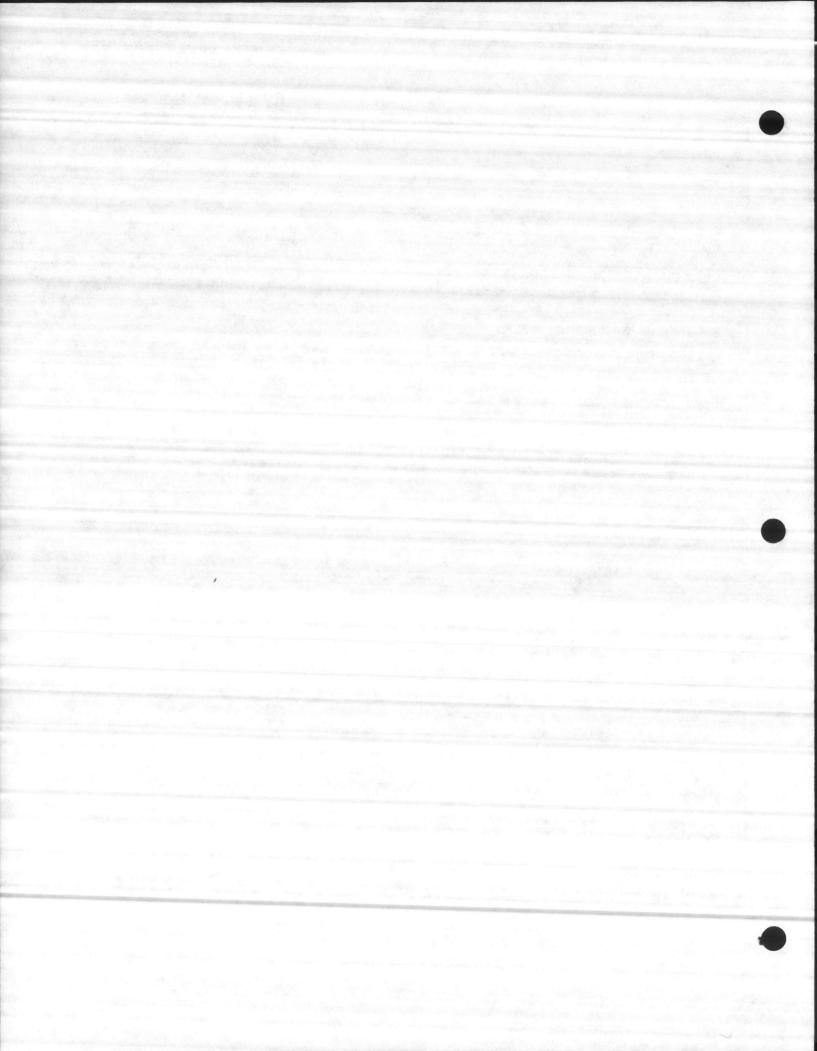
Indefinitely

#### AUTHORITY

EMS Division

#### PROGRAM

Emergency Services, Incident Report System



FIRE DEPARTMENT EMS/RESCUE INCIDENT SUPPLEMENT

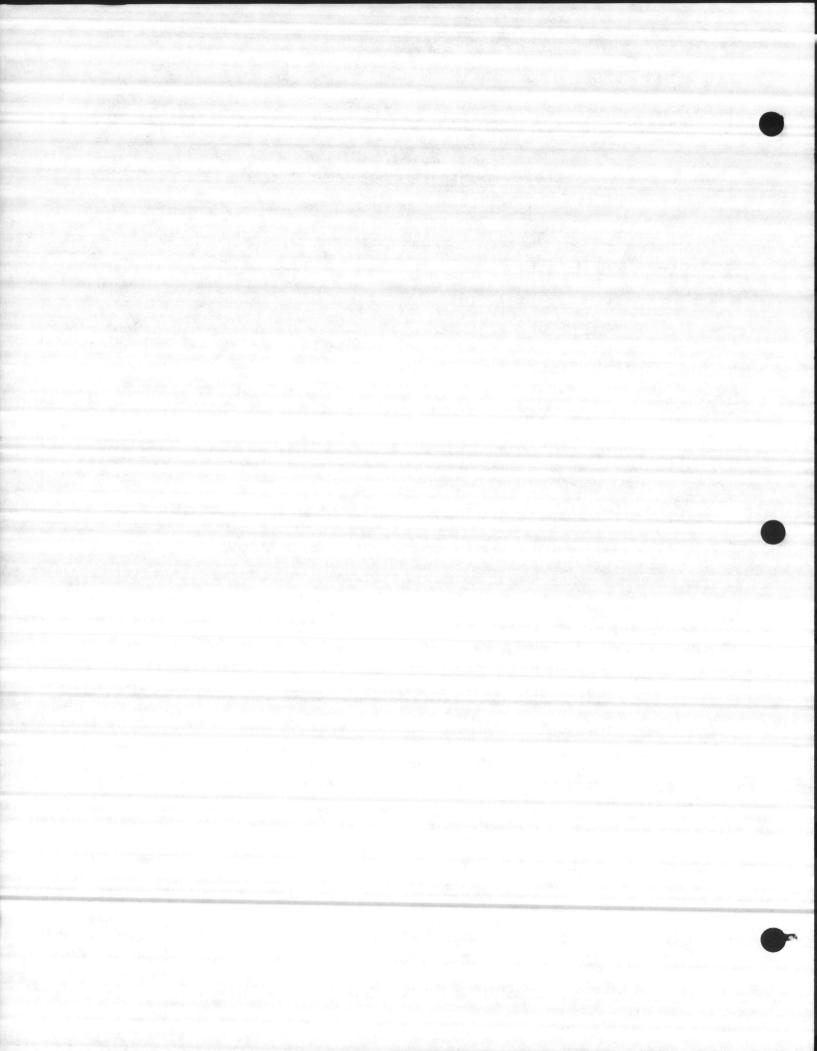
#92-45.6D

New 11/81

## PHOENIX FIRE DEPARTMENT FORMS MANUAL

M.P. 902.11 12/83-N

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PARAMEDIC UNIT MEDICAL STOCK REPLACEMENT

#92-45.7D

New 10/80

## PHOENIX FIRE DEPARTMENT FORMS MANUAL

M.P. 902.12 12/83-N

#### PURPOSE

To keep a record of supplies received from hospitals so payment can be made.

#### INDIVIDUAL RESPONSIBLE FOR COMPLETING

Paramedic

#### WHEN FORM IS TO BE COMPLETED

Each time supplies are restocked from a hospital, not patient chargeable.

#### INSTRUCTIONS FOR COMPLETION

Fill in all self-explanatory blanks. Signature required.

#### ROUTING

White copy-hospital; pink copy-EMS Division.

#### RETENTION

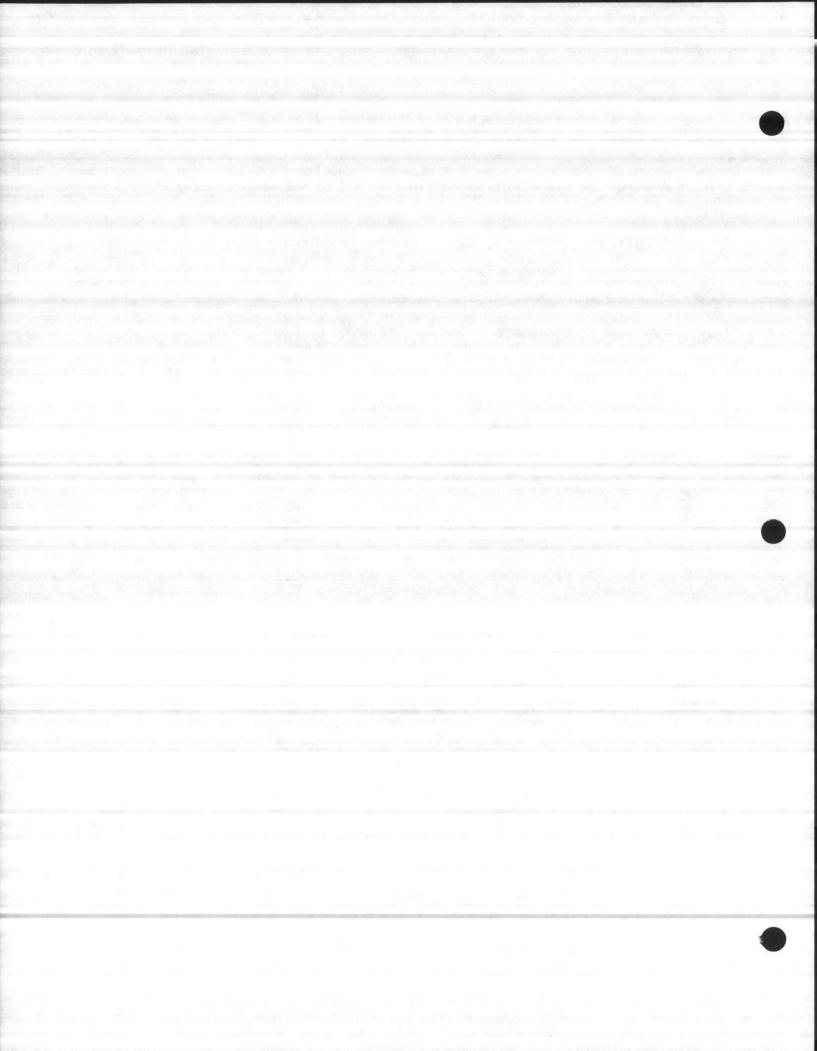
Indefinitely

#### AUTHORITY

EMS

#### PROGRAM

EMS



PARAMEDIC UNIT MEDICAL STOCK REPLACEMENT

#92-45.7D

New 10/80

### PHOENIX FIRE DEPARTMENT FORMS MANUAL

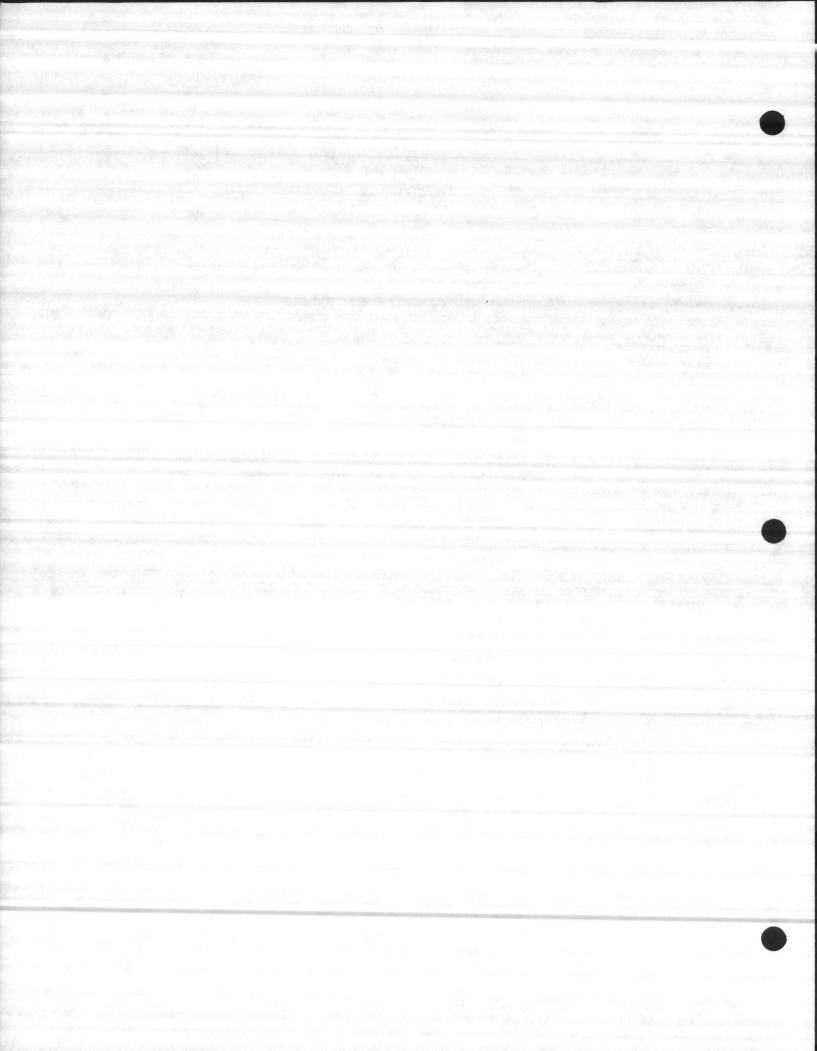
M.P. 902.12 12/83-N

#### CITY OF PHOENIX, ARIZONA FIRE DEPARTMENT PARAMEDIC UNIT MEDICAL STOCK REPLACEMENT

Paramedio	Signature		t Date P			
COST	QUANTITY	SIZE		COST	YTITHAUD	
		Same of the same o	Endotrachael Tubes			Oz Mask
			D5W			Oz Nasal
20,236			Lactated Ringers			O₂ Connecting Tubing
			Normal Saline			ECG Monitor Pads
			IV Catheters		Andrew Marie	Paper Tape
		200	Blood Tubing			Suction Catheters
			Peds Tubing			Yankauer Tip
			Regular Tubing			OTHER:
			Vacutainer Tubes			
		F 4.15	Syringes			- Capacita A
Anna -	ye	100	3-way Stopcock		Street - 4	

DISPOSITON:
WHITE COPY — RETAINED AT HOSPITAL
PINK COPY — HOSPITAL TO SEND TO PHOENIX FIRE DEPARTMENT. EMS DIVISION, 1130 NORTH 1ST STREET, PHOENIX, ARIZONA 85004;
AT LEAST QUARTERLY, WITH BILLING.

92-45.7D NEW 10-80



#### PARAMEDIC PERFORMANCE APPRAISAL PART 1 AND 2

#92-54D - 92-54.1D

New 12/83

## PHOENIX FIRE DEPARTMENT FORMS MANUAL

M.P. 902.13 8/84-N

PURPOSE

Base Hospital assessment of Paramedic skills.

### INDIVIDUAL RESPONSIBLE FOR COMPLETING

Paramedic Base Hospital Medical Director and Coordinator.

#### WHEN FORM IS TO BE COMPLETED

Annually, 30 days prior to the Paramedic's certification date.

#### INSTRUCTIONS FOR COMPLETION

Per Procedure, Volume 1, M.P. 105.12, Administrative Regulations.

#### ROUTING

One copy each to Paramedic, E.M.S. Office, and Base Hospital.

### RETENTION

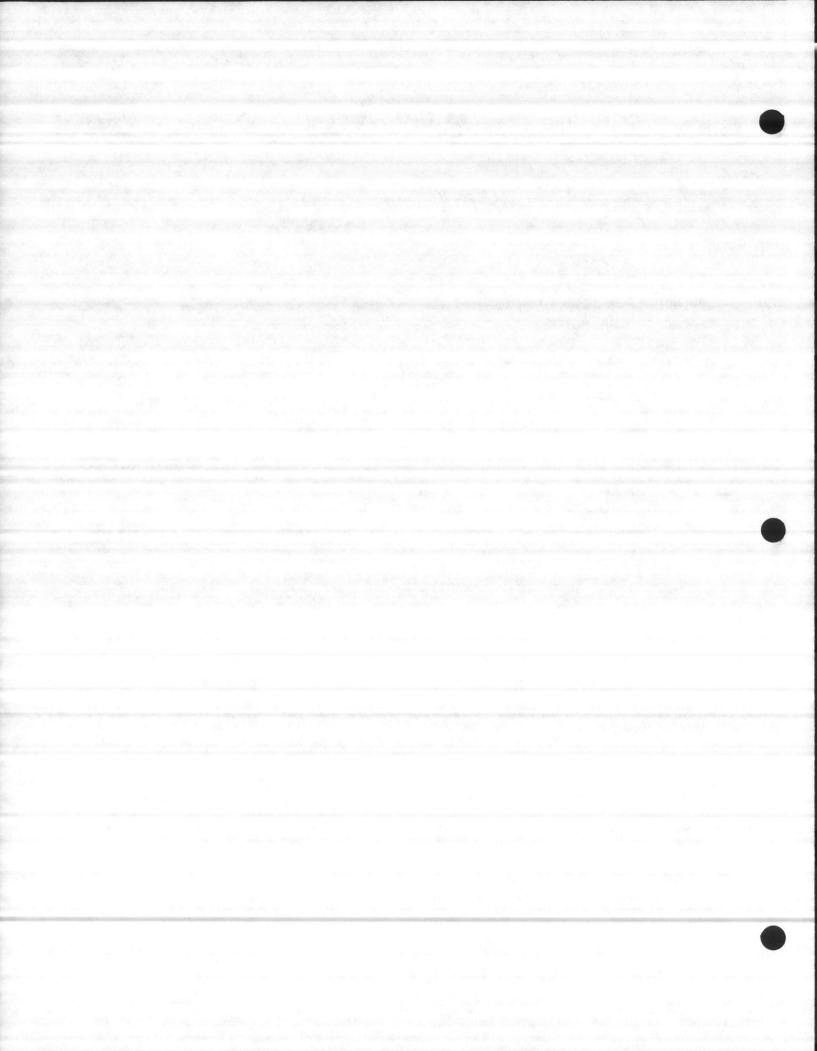
Indefinitely

#### AUTHORITY

E.M.S. Coordinator

#### PROGRAM

E.M.S.



### PARAMEDIC PERFORMANCE APPRAISAL

## PHOENIX FIRE DEPARTMENT FORMS MANUAL

#92-54D PART 1

New 12/83

M.P. 902.13

8/84-N

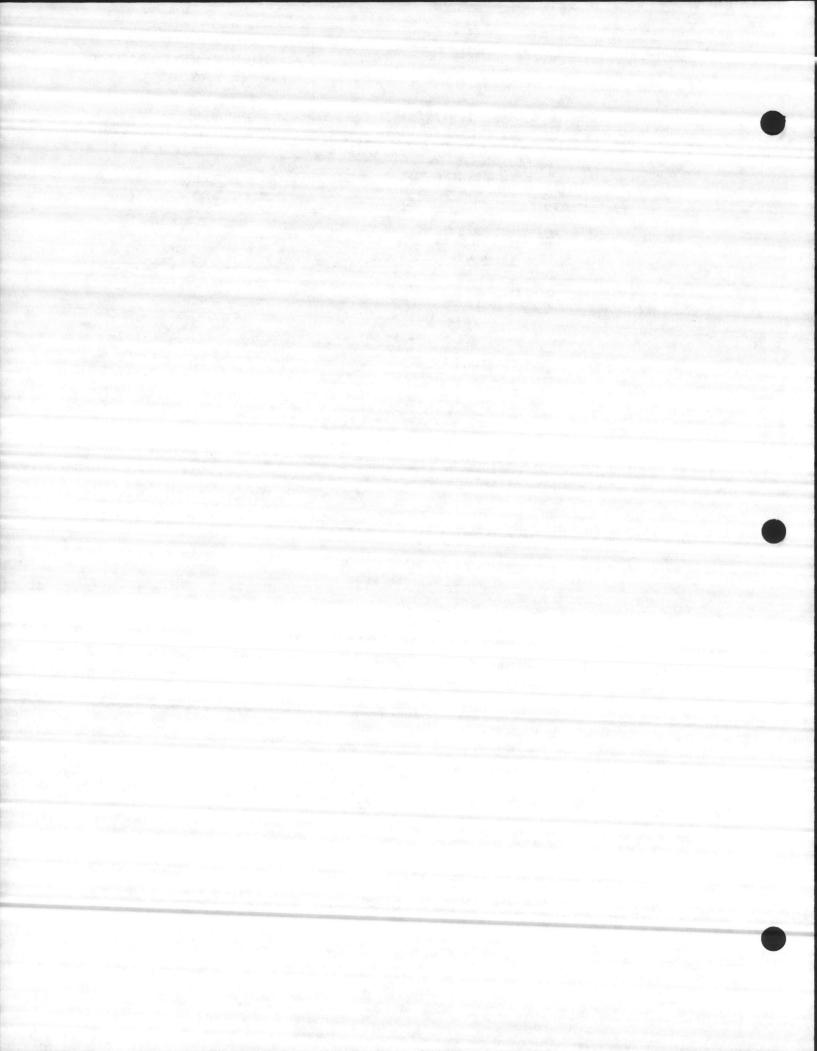
CITY OF PHOENIX, ARIZONA FIRE DEPARTMENT

### PARAMEDIC PERFORMANCE APPRAISAL - Part I

PARAMEDIC	BASE HOSPITAL	
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TREATMENT SKILLS		

DISTRIBUTION
WHITE - PARAMEDIC
YELLOW - PHOENIX FIRE DEPT EMS OFFICE
PINK - BASE HOSPITAL FILE

92-540 NEW 12 83



#92-54.1D PART 2

### PARAMEDIC PERFORMANCE APPRAISAL

New 12/83

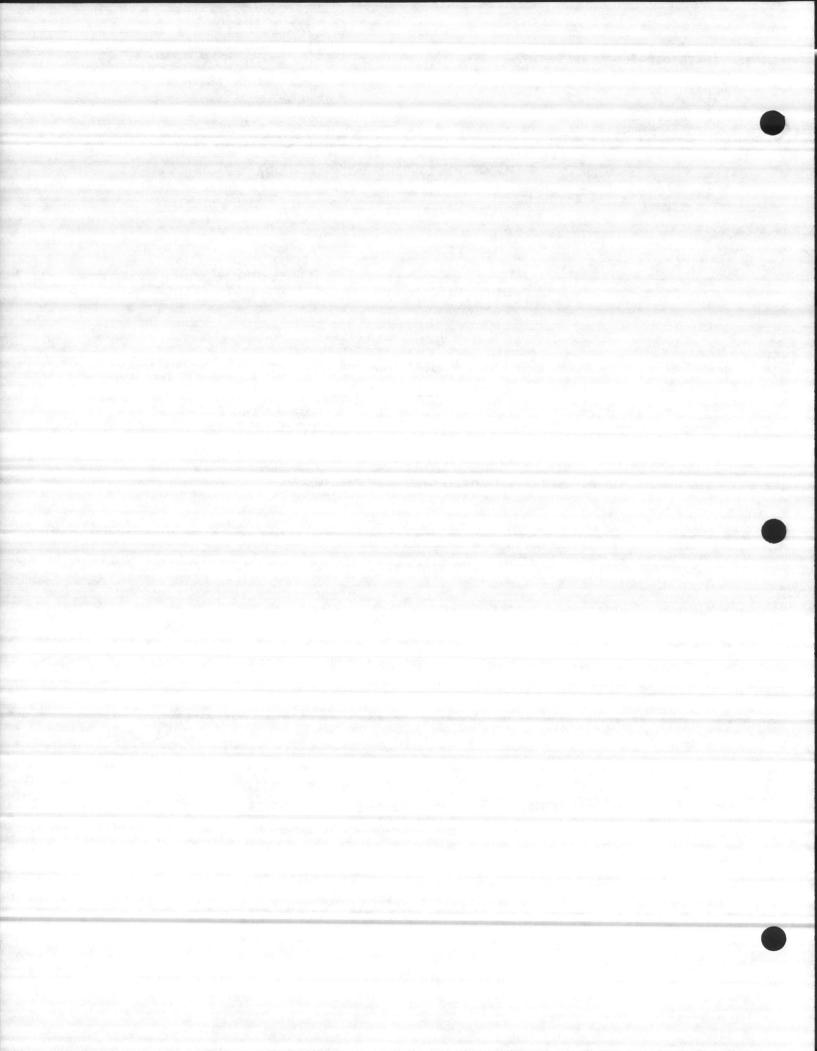
PHOENIX FIRE DEPARTMENT FORMS MANUAL

M.P. 902.13

8/84-N

CITY OF PHOENIX, ARIZONA

SECTION B - HOSPITAL		
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DRUG CHECK OFF SHEET

#92-62D

Rev. 1/83

## PHOENIX FIRE DEPARTMENT FORMS MANUAL

M.P. 902.14 12/83-R

#### PURPOSE

Document Paramedic exchange of drug box at shift change and check controlled drugs.

INDIVIDUAL RESPONSIBLE FOR COMPLETING
Paramedic representative from the ongoing and the offgoing shift.

### WHEN FORM IS TO BE COMPLETED

Daily at shift change.

#### INSTRUCTIONS FOR COMPLETION

Initials of Paramedic checking box next to the appropriate date, comments as to condition of contents of box.

#### ROUTING

Paramedic to EMS Division to Department of Health Services.

#### RETENTION

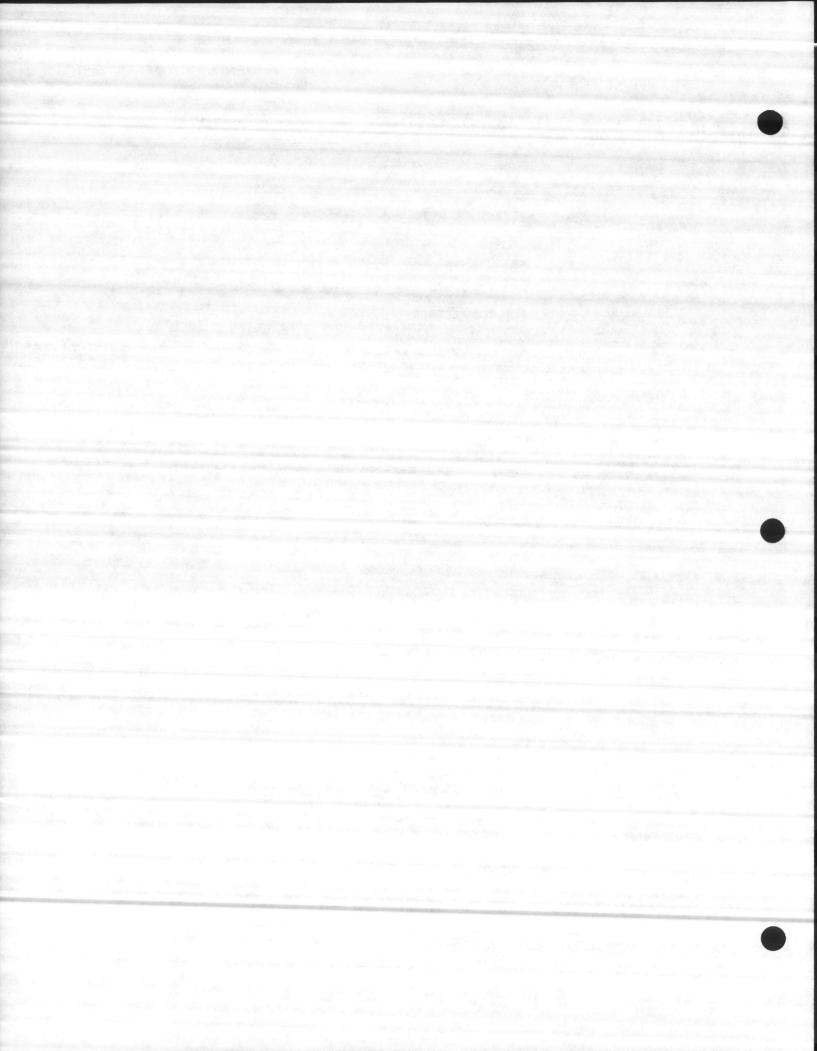
One year.

#### **AUTHORITY**

Emergency Medical Services

#### PROGRAM

Emergency Services



DRUG CHECK OFF SHEET

#92-62D

Rev. 1/83

### PHOENIX FIRE DEPARTMENT FORMS MANUAL

M.P. 902.13 12/83-R

#### PURPOSE

Document Paramedic exchange of drug box at shift change and check controlled drugs.

### INDIVIDUAL RESPONSIBLE FOR COMPLETING

Paramedic representative from the ongoing and the offgoing shift.

### WHEN FORM IS TO BE COMPLETED

Daily at shift change.

### INSTRUCTIONS FOR COMPLETION

Initials of Paramedic checking box next to the appropriate date, comments as to condition of contents of box.

#### ROUTING

Paramedic to EMS Division to Department of Health Services.

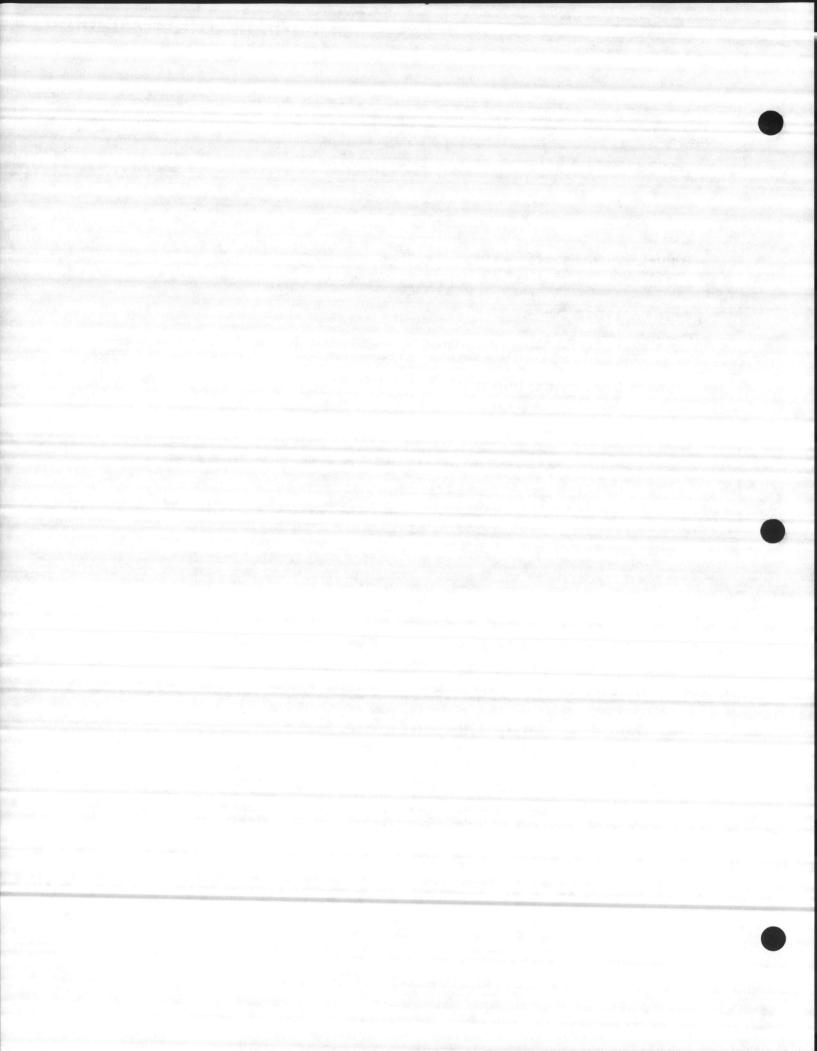
#### RETENTION

One year.

#### AUTHORITY

Emergency Medical Services

PROGRAM Emergency Services



DRUG CHECK OFF SHEET

#92-62D

Rev. 1/83

## PHOENIX FIRE DEPARTMENT FORMS MANUAL

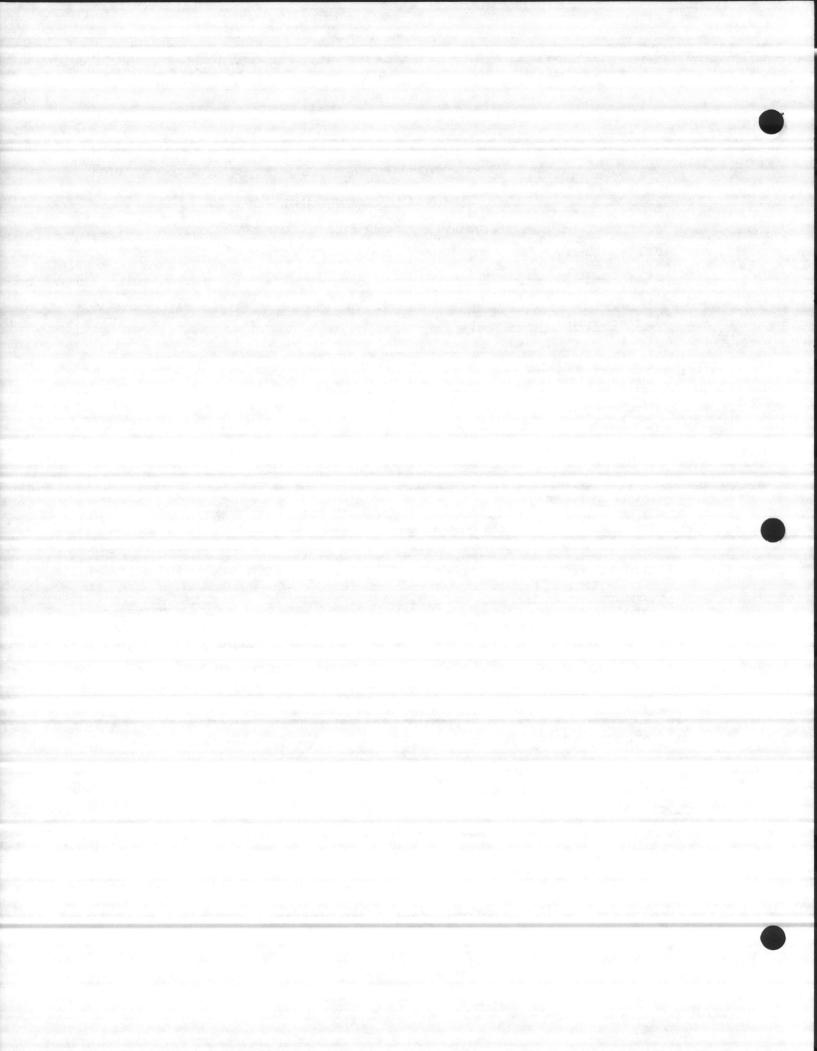
M.P. 902.14 12/83-R

City of Phoenix, Arizona FIRE DEPARTMENT

### DRUG CHECK OFF SHEET

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SEND TO EMS DIVISION THE 1ST OF EACH MONTH



PPMIS LEAVE REQUEST

#60-32D

Rev 5/83

## PHOENIX FIRE DEPARTMENT FORMS MANUAL

M.P. 903.01 8/84-R

#### PURPOSE

To report leave of any kind to Fire and/or City administrators to record each leave of absence by employee.

INDIVIDUAL RESPONSIBLE FOR COMPLETING
If sick or on industrial injury leave, by the District Manager. If used for vacation leave, employee will call his/her District Manager or Secretary two weeks prior to scheduled leave.

#### WHEN FORM IS TO BE COMPLETED

Immediately by the District Manager, or when the report of sick leave or industrial injury is made in case of an anticipated leave. Complete at earliest convenience or two weeks prior to vacation.

#### INSTRUCTIONS FOR COMPLETION

District Manager or Secretary will complete form after being notified.

#### ROUTING

District Manager to Payroll, to PPMIS. One copy retained by Payroll. One copy placed in employee's personnel file.

#### RETENTION

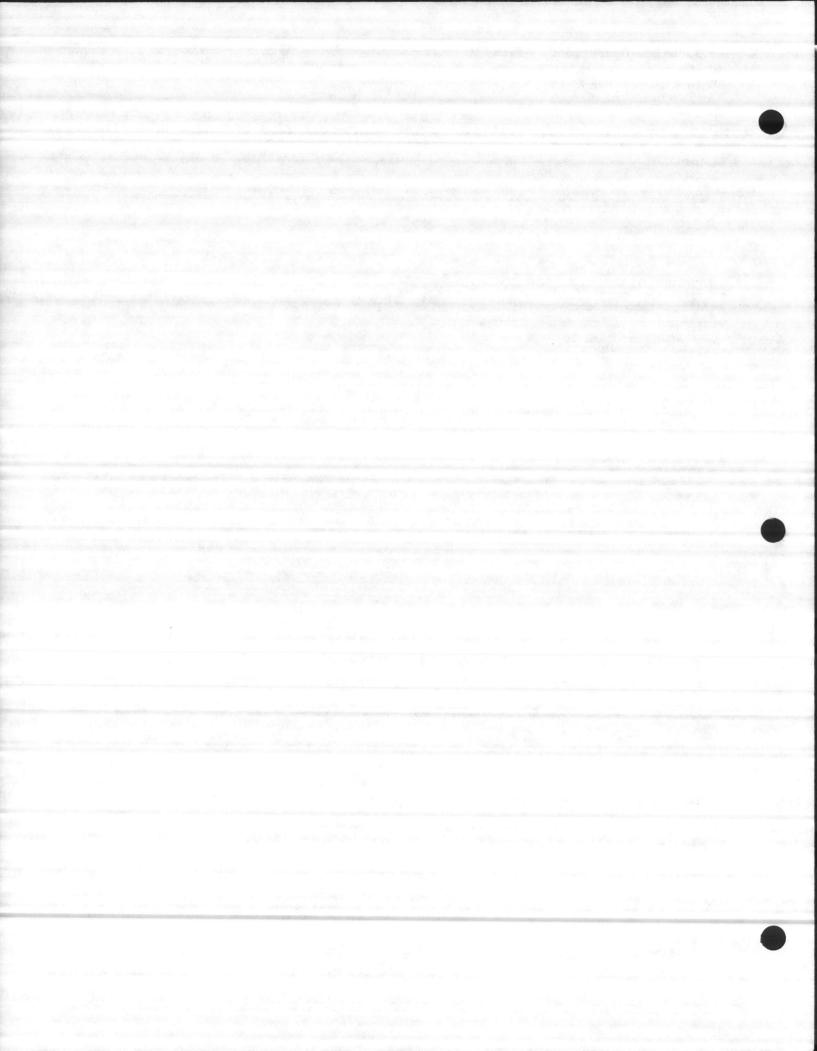
Kept in employee's permanent file.

#### AUTHORITY

City-wide form, City Personnel

#### PROGRAM

Payrol1



PPMIS LEAVE REQUEST

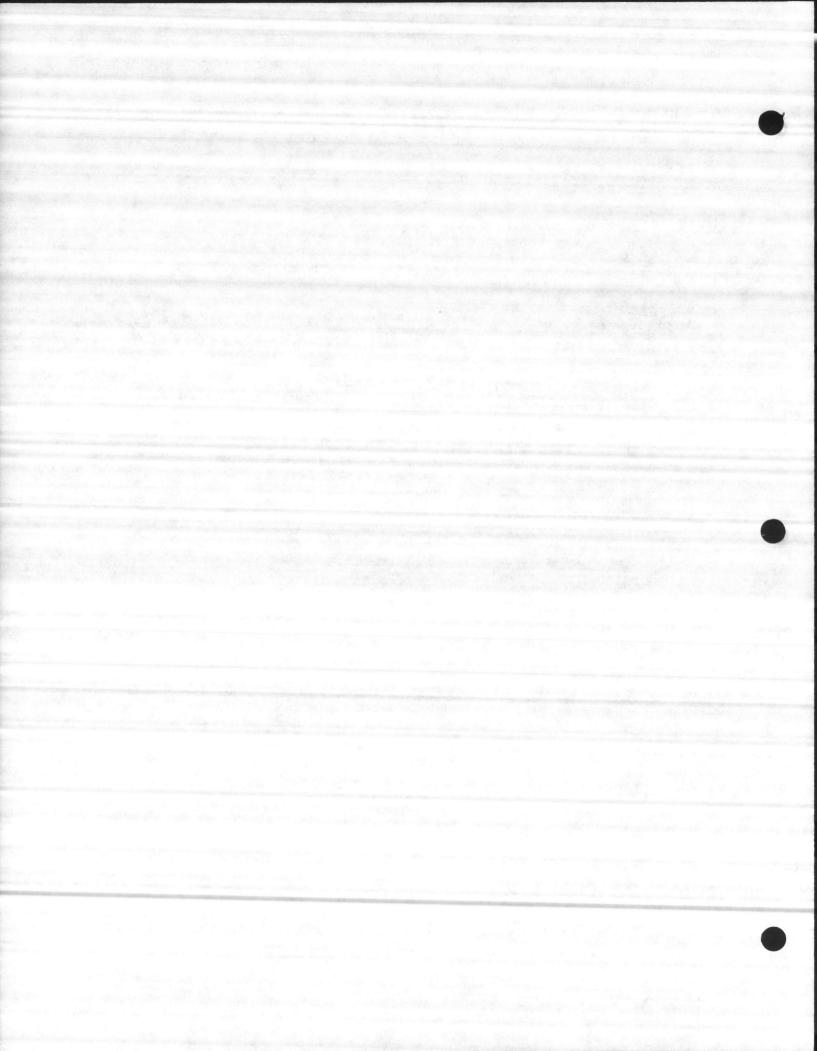
#60-32D

Rev. 5/83

## PHOENIX FIRE DEPARTMENT FORMS MANUAL

M.P. 903.01 8/84-R

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EMPLOYEE PERFORMANCE RATING REPORT

#60-53

Rev. 8/78

PHOENIX FIRE DEPARTMENT FORMS MANUAL

M.P. 903.02 8/84-R

#### PURPOSE

To record performance of employee since previous rating.

INDIVIDUAL RESPONSIBLE FOR COMPLETING
The City Personnel staff initiates, and the form is sent to the employee's immediate supervisor. In case of special gradings the form is usually initiated in the District headquarters. WHEN FORM IS TO BE COMPLETED

By the due date entered at the top right corner of the form.

#### INSTRUCTIONS FOR COMPLETION

A complete description of the evaluation procedures are contained in the Employee Performance Manual and Personnel Rule No. 11. Signature required. The supervisor completes a (worksheet) or copy of the rating report. The second level supervisor reviews the worksheet and puts his signature of approval on a typed rating report.

From City Personnel to Payroll to Department Head to District Manager's office. The employee and immediate supervisor review the rating report. Employee retains the pink copy. The other two copies are returned to the District Manager, to Payroll, to Personnel.

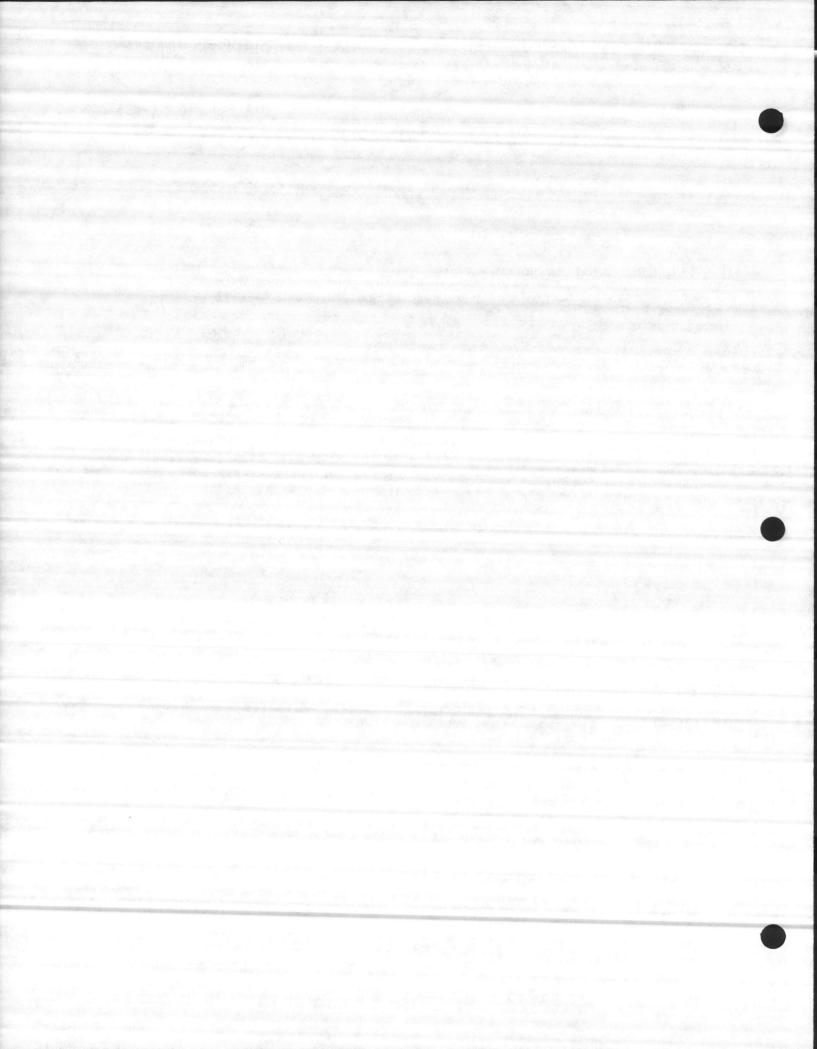
#### RETENTION

Duration of employment.

#### AUTHORITY

City-wide form, City Personnel PROGRAM

Personnel and Training



### EMPLOYEE PERFORMANCE RATING REPORT

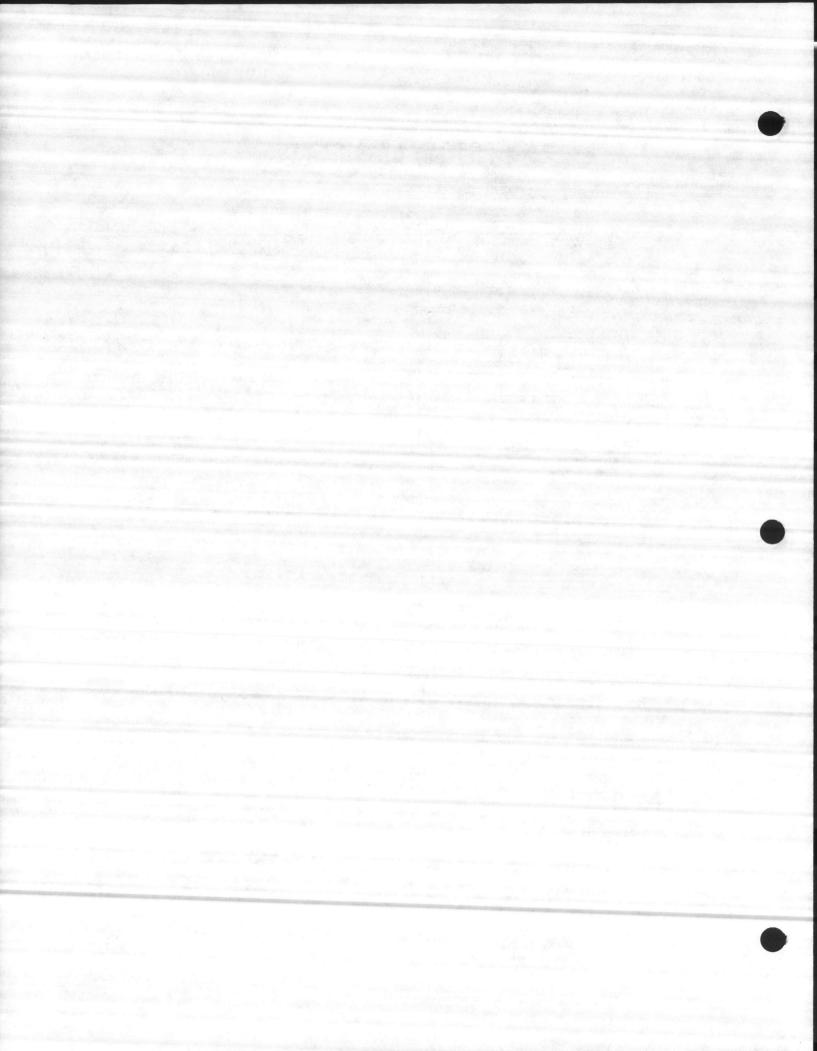
#60-53

Rev. 8/78

## PHOENIX FIRE DEPARTMENT FORMS MANUAL

M.P. 903.02 8/84-R

			ONNEL DEPARTMENT	Goldenrod - Desc Pink - Emp
	EMP.		DEPT.	SCHEDULED
	EMPLOYEE			UNSCHEDUL
	CLASS TITLE			PROBATION
CTION	1/1/2/3/4/	141	SECTION B Record job STRENGTHS- & superior	DUE DATE
WEETS STANDAGE		DOES NOT APPLY	OEFICIENCIES or job behavior require (Explain checks in Col. 4)	ring improvement or correc
	1 OBSERVANCE OF WORK HOURS	$\perp$		
-	2 USE OF SICK LEAVE	1		
	3 GROOMING & DRESS	1		
-	4 COMPLIANCE WITH RULES	1	SECTION C Record PROGRESS ACHIEVED in	amaine accurate as
	5 SAFETY PRACTICES	1	for improved work performance, for	r personal, or job qualifican
	& GETTING ALONG WITH FELLOW EMPLOYEES	H		
+	7 MEETING AND HANDLING THE PUBLIC  8 KNOWLEDGE OF WORK	+		
-	9 JOB SKILL LEVEL	H		
	10 WORK JUDGMENTS			
	11 PLANNING & ORGANIZING	H		
	12 MEETING DEADLINES	H		
	13 QUALITY OF WORK	H		
	14 VOLUME OF ACCEPTABLE WORK	+		
	15 ACCEPTS RESPONSIBILITY	- 5	ECTION D Record specific GOALS or IMPRI	OVEMENT PROGRAMS 10
	16 ACCEPTS DIRECTIONS	H	undertaken during next evaluation per	riod.
	17 ACCEPTS CHANGE	H		
	18 EFFECTIVENESS UNDER STRESS	H		
	19 OPERATION & CARE OF EQUIP	H		
	20 APPEARANCE OF WORK STATION			
	21 WORK COORDINATION			
	22 INITIATIVE	П		
	23 WRITTEN EXPRESSION	Te		
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	42 AFFIRMATIVE ACTION	-		



INTERVIEW RECORD OF UNSATISFACTORY PERFORMANCE

#60-71D

Rev. 4/78

## PHOENIX FIRE DEPARTMENT FORMS MANUAL

M.P. 903.03 8/84-R

#### PURPOSE

To formally inform employee, in writing, of performance less than satisfactory.

#### INDIVIDUAL RESPONSIBLE FOR COMPLETING

Employee's immediate supervisor.

#### WHEN FORM IS TO BE COMPLETED

As soon after unsatisfactory performance as practical.

#### INSTRUCTIONS FOR COMPLETION

Fill in all self-explanatory blanks. Review with District Manager and employee. Signature required.

#### ROUTING

Company Officer to District Manager to Assistant Chief's office. (Assistant Chief, Division of Personnel & Operations)

#### RETENTION

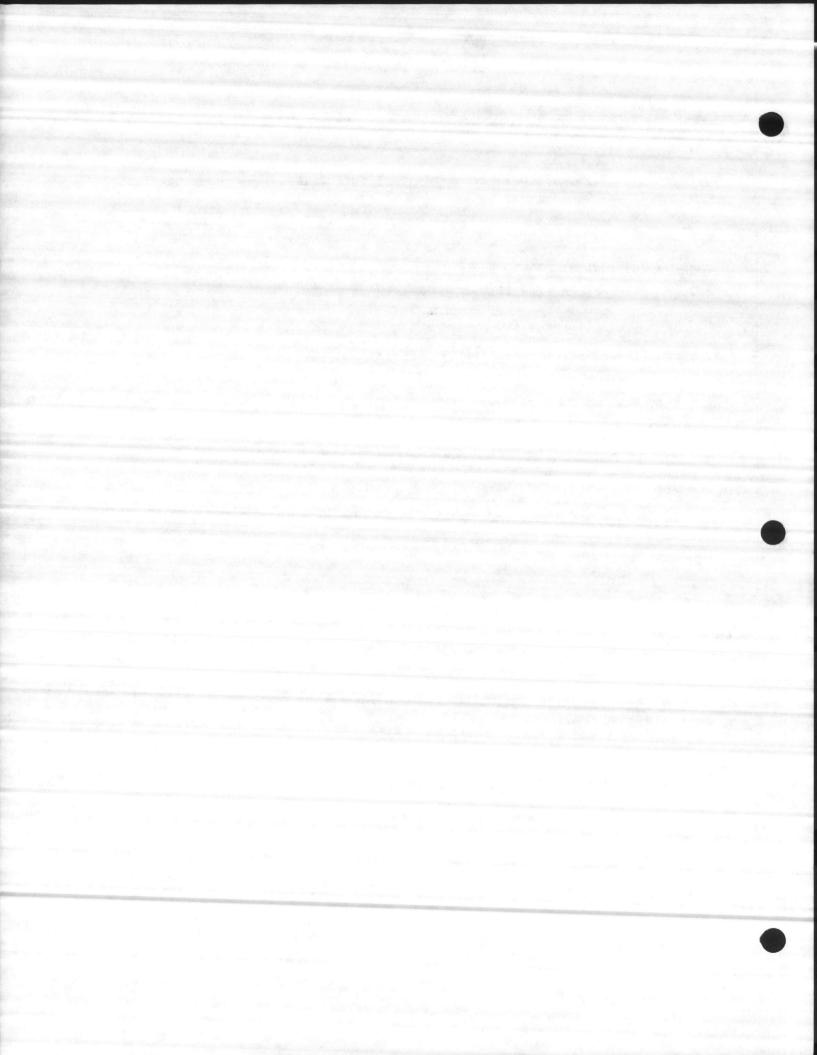
Duration of employment.

#### AUTHORITY

City Personnel Department

#### PROGRAM

Personnel and Training



# Personnel & Operations/Personnel INTERVIEW RECORD OF UNSATISFACTORY PERFORMANCE

PHOENIX FIRE DEPARTMENT FORMS MANUAL

#60-71D

Rev. 4/78

M.P. 903.03 8/84-R

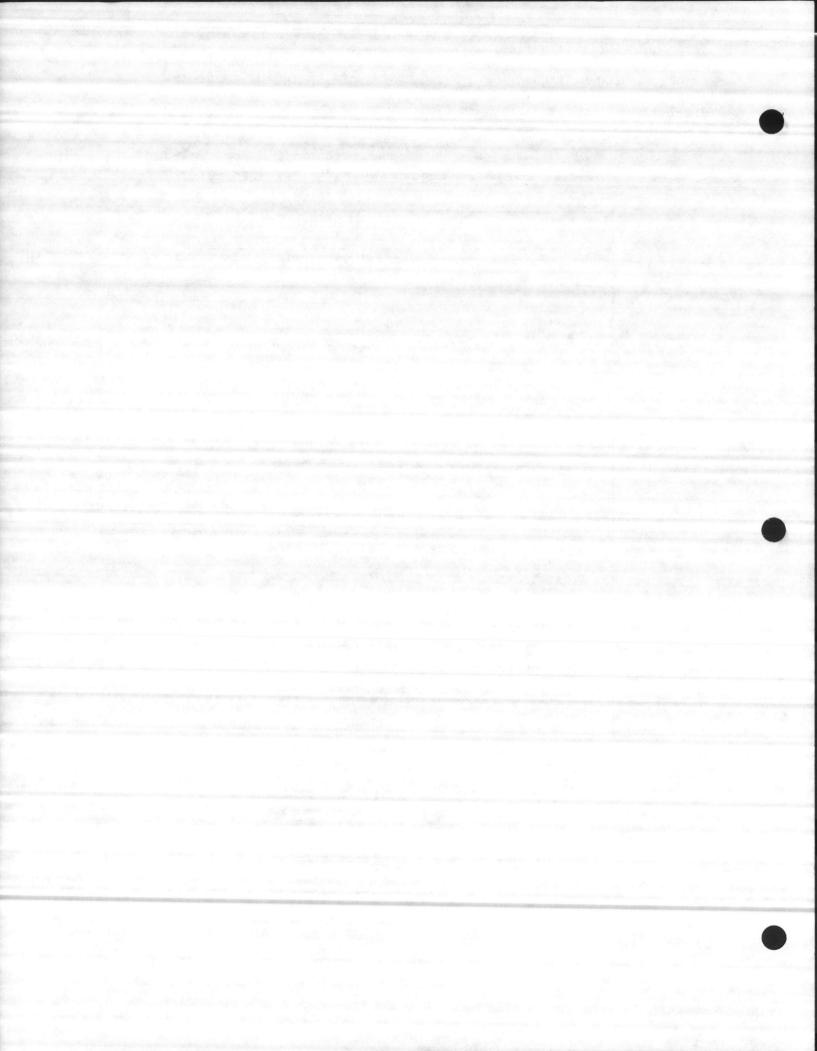
#### CITY OF PHOENIX, ARIZONA PERSONNEL DEPARTMENT

#### INTERVIEW RECORD OF UNSATISFACTORY PERFORMANCE

1. Employee	2. Department/Division
3. Classification	4. Date Prepared
5. Description and date of unsatisfactory	performance
6. Employee explanation and date of inte	srview
7. Supervisor's statement to employee	
An inches a constant with the	
8. Reporting Supervisor	9. Copy received—Employee

(Use reverse side if necessary)

60-71D REV. 4-78



#60-127D

Rev. 3/76

M.P. 903.04 8/84-R

#### PURPOSE

To formally initiate, in writing, a grievance or grievance appeal pertaining to standards of behavior set forth by the Administrative Regulations.

#### INDIVIDUAL RESPONSIBLE FOR COMPLETING

Personnel with grievance.

#### WHEN FORM IS TO BE COMPLETED

Refer to A.R. 2.61 for time limits.

#### INSTRUCTIONS FOR COMPLETION

A detailed step-by-step process is outlined in A.R. 2.61 (Grievance Procedures). Signature required.

#### ROUTING

Route through chain of command. White copy - Personnel Department. Yellow copy - Fire Department. Pink copy - Employee to keep.

#### RETENTION

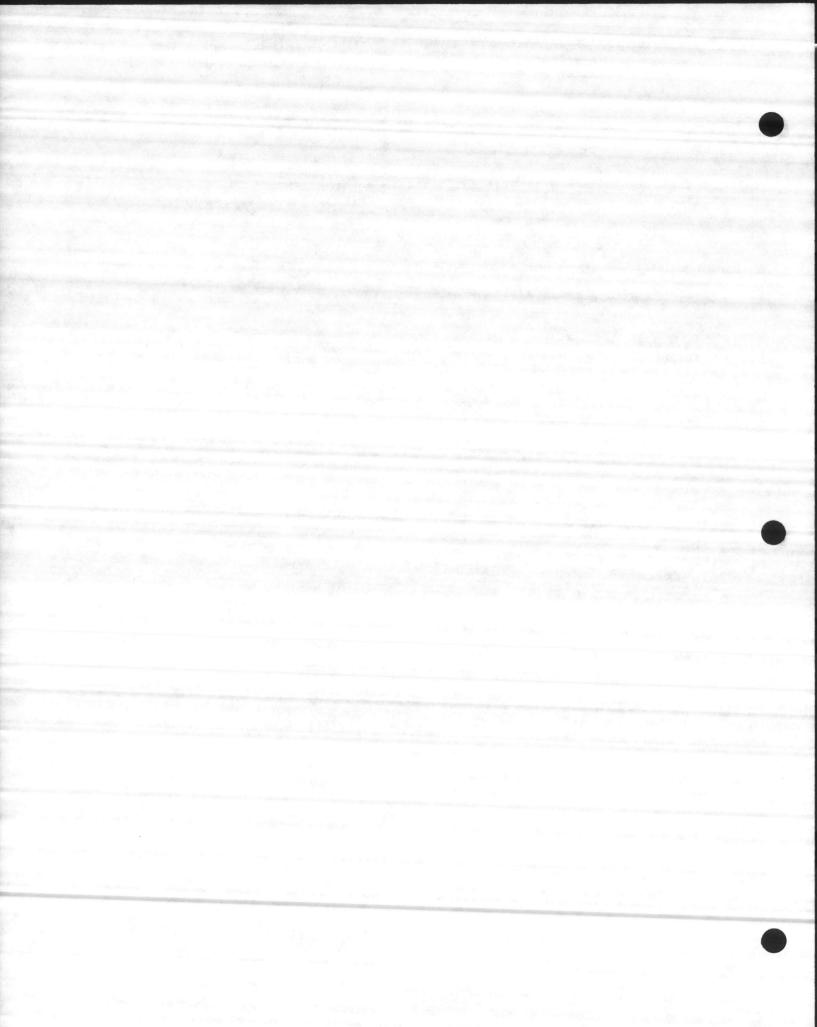
Permanently.

#### AUTHORITY

City Personnel Department

#### PROGRAM

City Personnel Grievance Procedure



### GRIEVANCE INITIATION OR APPEAL

#60-127D

Rev. 3/76

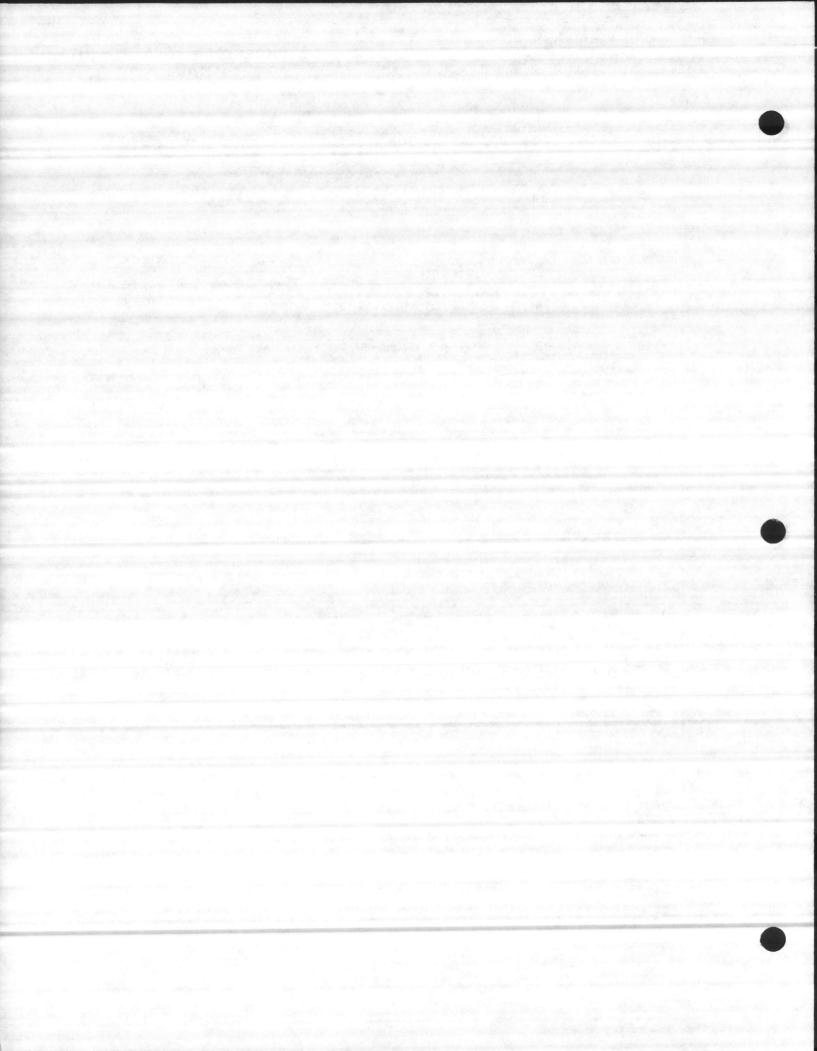
## PHOENIX FIRE DEPARTMENT FORMS MANUAL

M.P. 903.04 8/84-R

## CITY OF PHOENIX, ARIZONA GRIEVANCE INITIATION OR APPEAL

DISTRIBUTION: WHITE - PERSONNEL YELLOW - DEPARTMENT PINK - EMPLOYEE

INSTRUCTIONS				
This form is to be used to initiate a formal grievance or to appeal a grievance decision. Complete original and two (2) copies and distribute as noted above. Refer to A.R. 2.51 for proper grievance procedures and time limits. If you have any questions see your supervisor.				
This is: A NEW GRIEVANCE AN APPEAL OF GRIEVANCE DECISION	(Check one)			
EMPLOYEE'S NAME	JOS TITLE			
DEPARTMENT/DIVISION	WORK LOCATION			
<ol> <li>What is the action or situation about which you have a grievance? (B information.)</li> </ol>	de very specific, give names, dates and exact			
2. What policy or regulation do you think has been violated?				
. What do you think should be done about it?				
	and the state of the state of the state of the state of			
. Has this complaint been discussed with your immediate supervisor?	•			
SUPERVISOR'S NAME	TITLE			
MPLOYEE'S SIGNATURE				
ATE	50-: 27D			
	₩€V. 3-78			



FIRE UNIT - EMPLOYEE GRIEVANCE FORM

#60-164D

Rev. 11/79

## PHOENIX FIRE DEPARTMENT FORMS MANUAL

M.P. 903.05 8/84-R

#### PURPOSE

To formally initiate, in writing, a grievance pertaining to the current Memorandum of Understanding.

#### INDIVIDUAL RESPONSIBLE FOR COMPLETING

Employee with grievance.

#### WHEN FORM IS TO BE COMPLETED

See time limit requirements in current M.O.U.

#### INSTRUCTIONS FOR COMPLETION

A complete step-by-step process is contained in current M.O.U.

#### ROUTING

White and canary copies - Immediate Supervisor, pink copy - Labor Relations Office of the City, goldenrod copy - Grievant's copy.

#### RETENTION

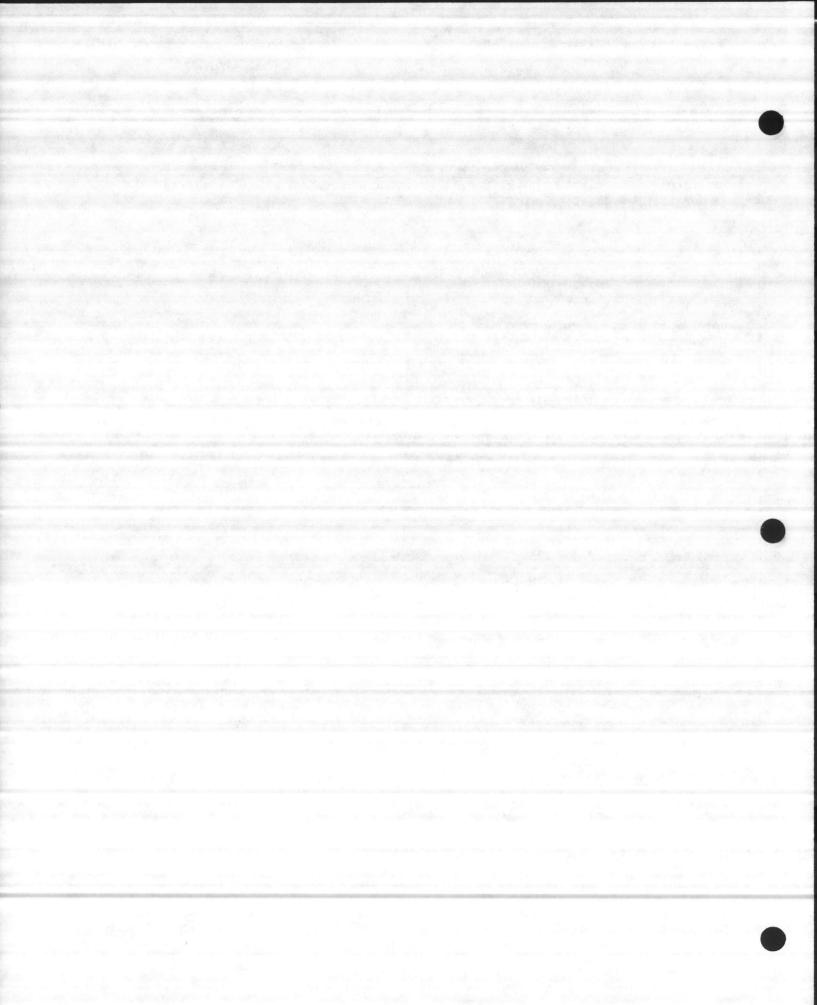
Permanently

#### AUTHORITY

City of Phoenix Labor Relations Office

#### PROGRAM

M.O.U. Grievance Procedure



### FIRE UNIT - EMPLOYEE GRIEVANCE FORM

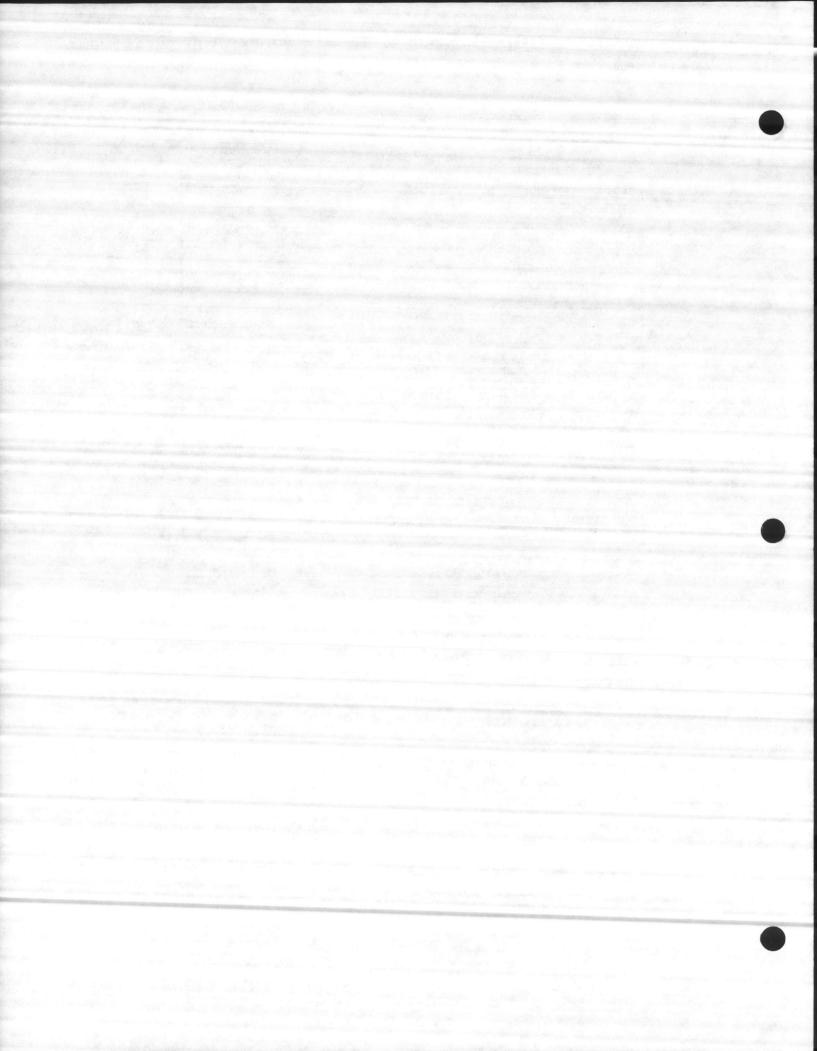
#60-164D

Rev. 11/79

## PHOENIX FIRE DEPARTMENT FORMS MANUAL

M.P. 903.05 8/84-R

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EMPLOYEE GRIEVANCE FORM - ATTACHMENT

#60-165D

Rev. 11/79

## PHOENIX FIRE DEPARTMENT FORMS MANUAL

M.P. 903.06 8/84-R

#### PURPOSE

Supplement sheet for #60-164D.

#### INDIVIDUAL RESPONSIBLE FOR COMPLETING

Employee with grievance.

#### WHEN FORM IS TO BE COMPLETED

If space is needed when using Form #60-164D.

#### INSTRUCTIONS FOR COMPLETION

Fill in all self explanatory blanks. Signature required.

#### ROUTING

White and canary copies to Immediate Supervisor, pink copy to City of Phoenix Labor Relations, goldenrod copy to Grievant.

#### RETENTION

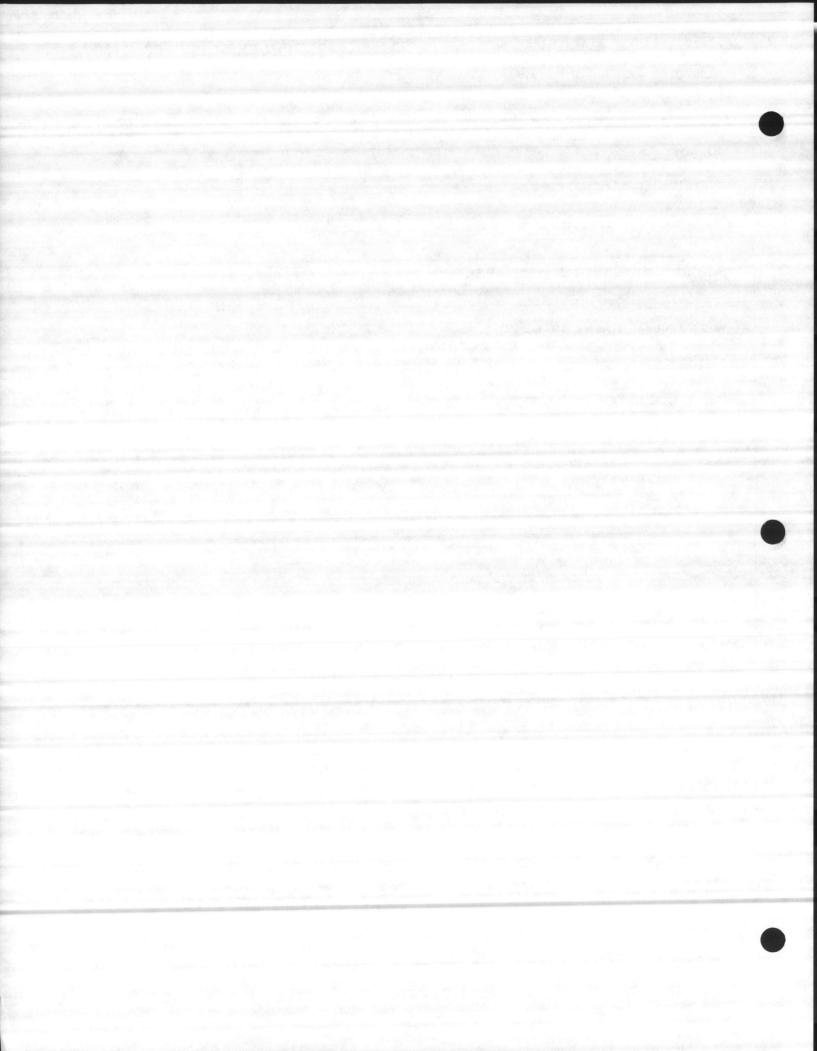
Permanently

#### **AUTHORITY**

City of Phoenix Labor Relations Office

#### PROGRAM

M.O.U. Grievance Procedure



# Personnel & Operations/Personnel EMPLOYEE GRIEVANCE FORM - ATTACHMENT

#60-165D

Rev. 11/79

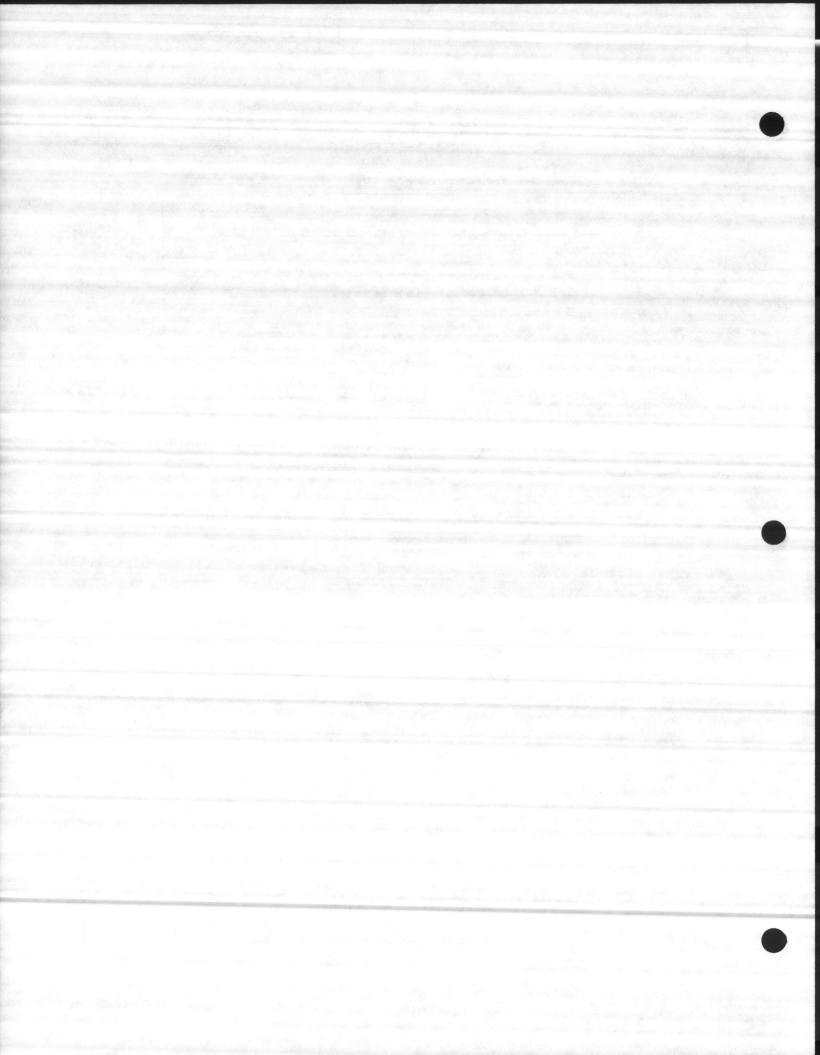
## PHOENIX FIRE DEPARTMENT FORMS MANUAL

FOR ADDITIONAL FACTS OR OFFICE

M.P. 903.06 8/84-R

ADDITIONAL FACTS OR RESPONSE	DISTRIBUTION
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EMPLOYEE GRIEVANCE FORM — ATTA	CHMENT	IMETRUCTIONS: Press print or 1799.
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## PHOENIX FIRE DEPARTMENT FORMS MANUAL

#90-1D

Rev. 4/84

M.P. 903.07 8/84-R

#### PURPOSE

To maintain a current department home telephone and address list.

#### INDIVIDUAL RESPONSIBLE FOR COMPLETING

The employee.

#### WHEN FORM IS TO BE COMPLETED

As soon as possible after change (within 24 hours).

#### INSTRUCTIONS FOR COMPLETION

Fill in all blanks that have changed. Signature required.

#### ROUTING

From District Manager to Payroll and Time Management.

#### RETENTION

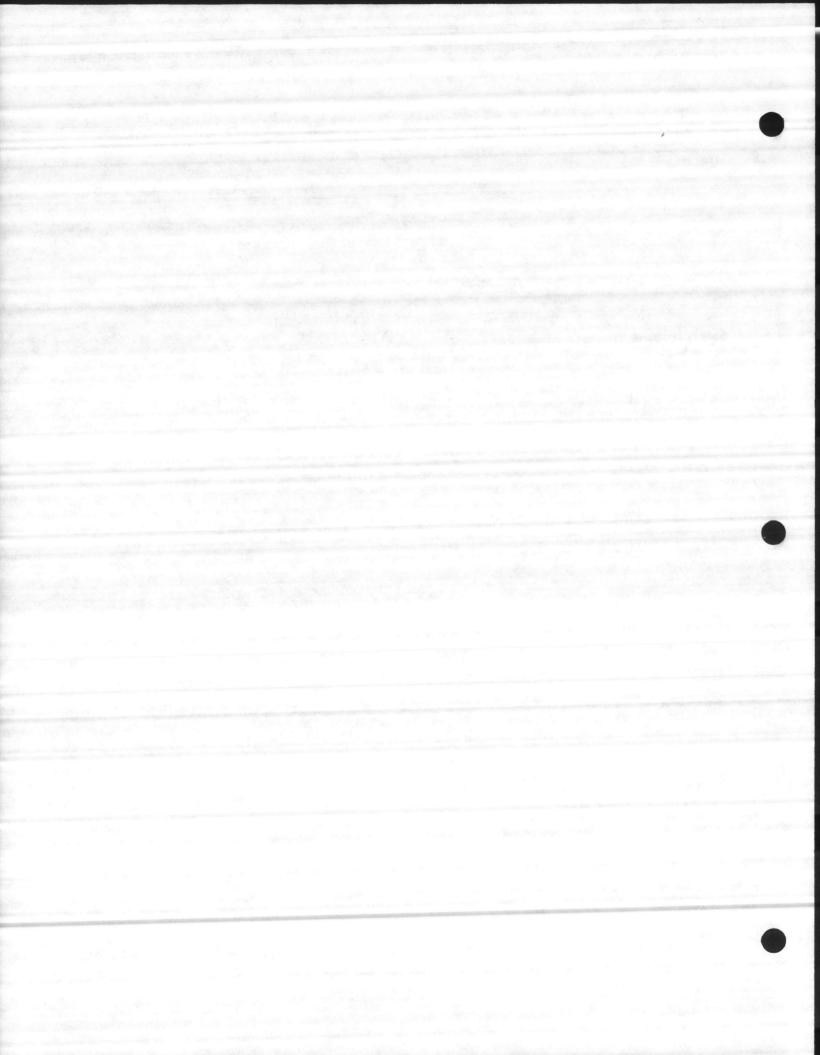
Duration of employment.

#### **AUTHORITY**

Assistant Chief, Personnel & Operations

#### PROGRAM

Personnel



# Personnel & Operations/Personnel EMPLOYEE DATA CHANGE REPORT

#90-1D Rev. 4/84

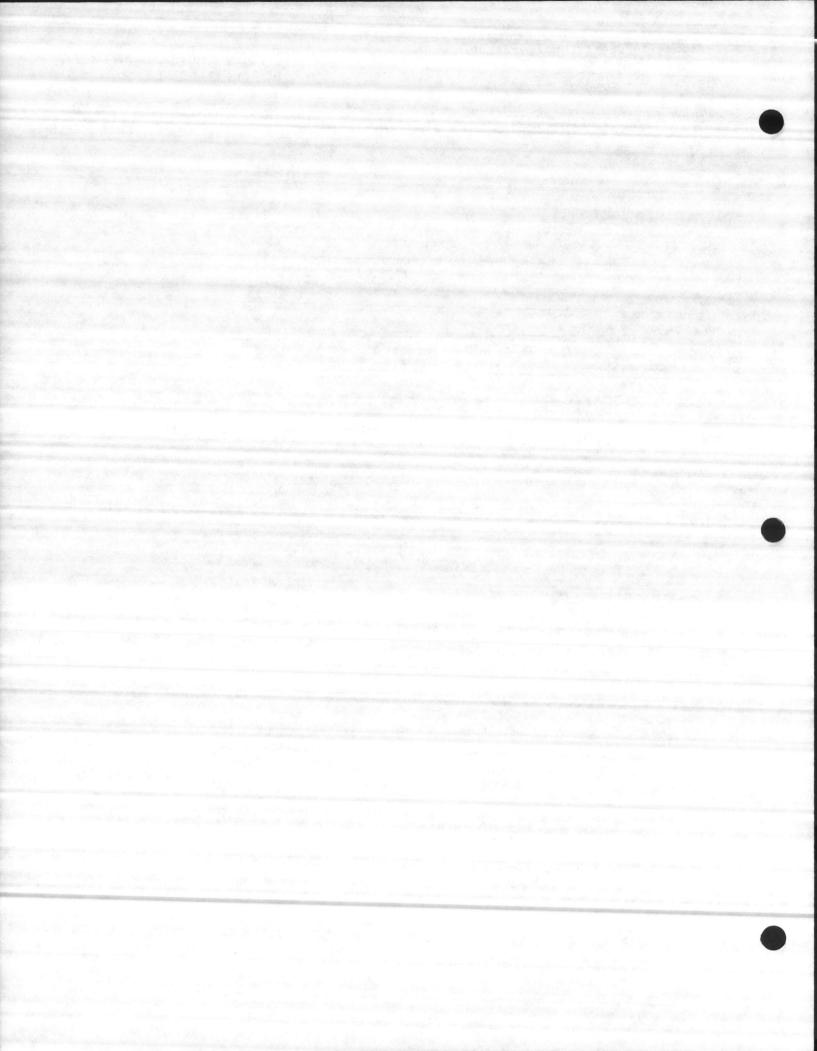
## PHOENIX FIRE DEPARTMENT FORMS MANUAL

M.P. 903.07 8/84-R

#### CITY OF PHOENIX, ARIZONA FIRE DEPARTMENT

#### **EMPLOYEE DATA CHANGE REPORT**

Date received			
Name (LAST)	(FIRST)	North Committee	reported and the second
ican	(FIRST)	(MT)	(RANK)
Phone Number Change:	and the second		
Address Change:			
Driver's License Change: Number	Expiration Date	(MONTH) (YEAR)	Class
Emergency Notification Change:			
Name		Phone _	
Entered By	•	Date Entered _	
***	manufacture of the second of t	en de maria de la composición de la co	
Only information which has changed needs. Information is for City use and will be held in	to be entered. n strict confidence.		
DISPOSITION: VHITE — Pire Department Payroll ELLOW — Section or District File INK - Employee			
The state of the second	The first that the second of the second		90-10 REV 4/84



OUTSIDE WORK PERMIT

#90-12

New 1/59

## PHOENIX FIRE DEPARTMENT FORMS MANUAL

M.P. 903.08 8/84-R

#### PURPOSE

Record information concerning employment outside the Fire Department.

#### INDIVIDUAL RESPONSIBLE FOR COMPLETING

Employee.

#### WHEN FORM IS TO BE COMPLETED

When requested by Administration.

#### INSTRUCTIONS FOR COMPLETION

Fill in all information above double lines. Signature required.

#### ROUTING

Employee - Personnel Control - Employee.

#### RETENTION

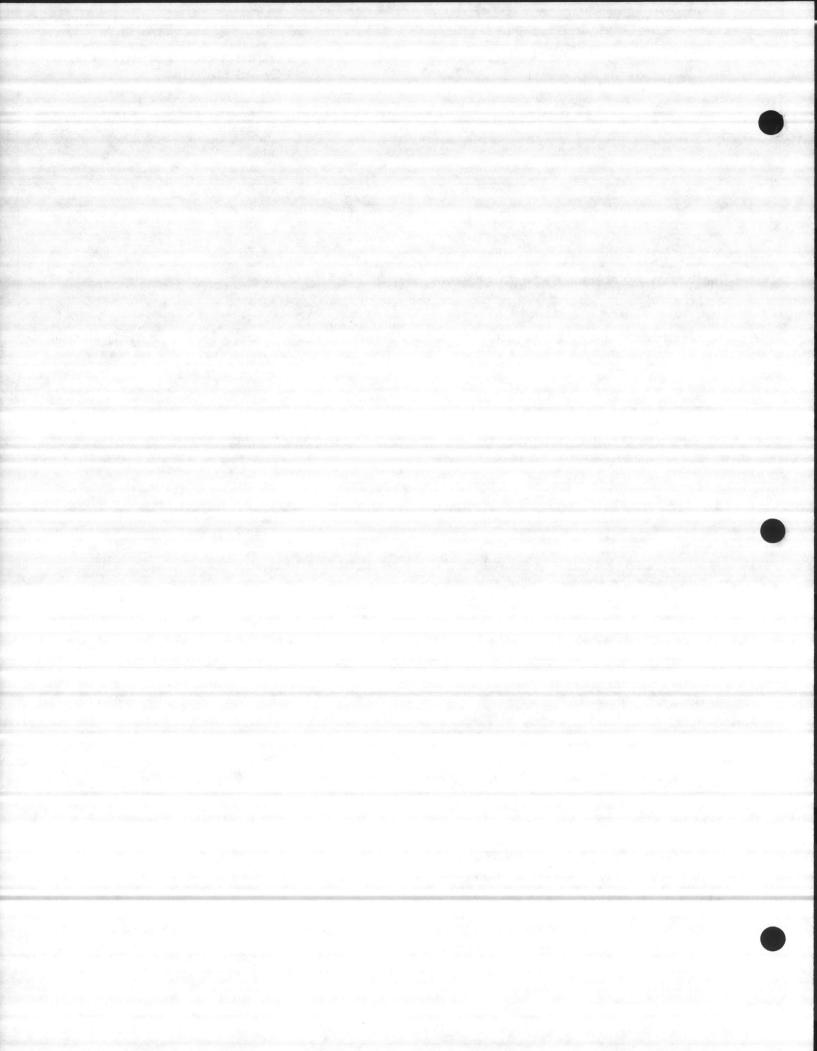
At Administration's discretion.

#### AUTHORITY

Administration - Personnel & Operations

#### PROGRAM

Personnel and Training



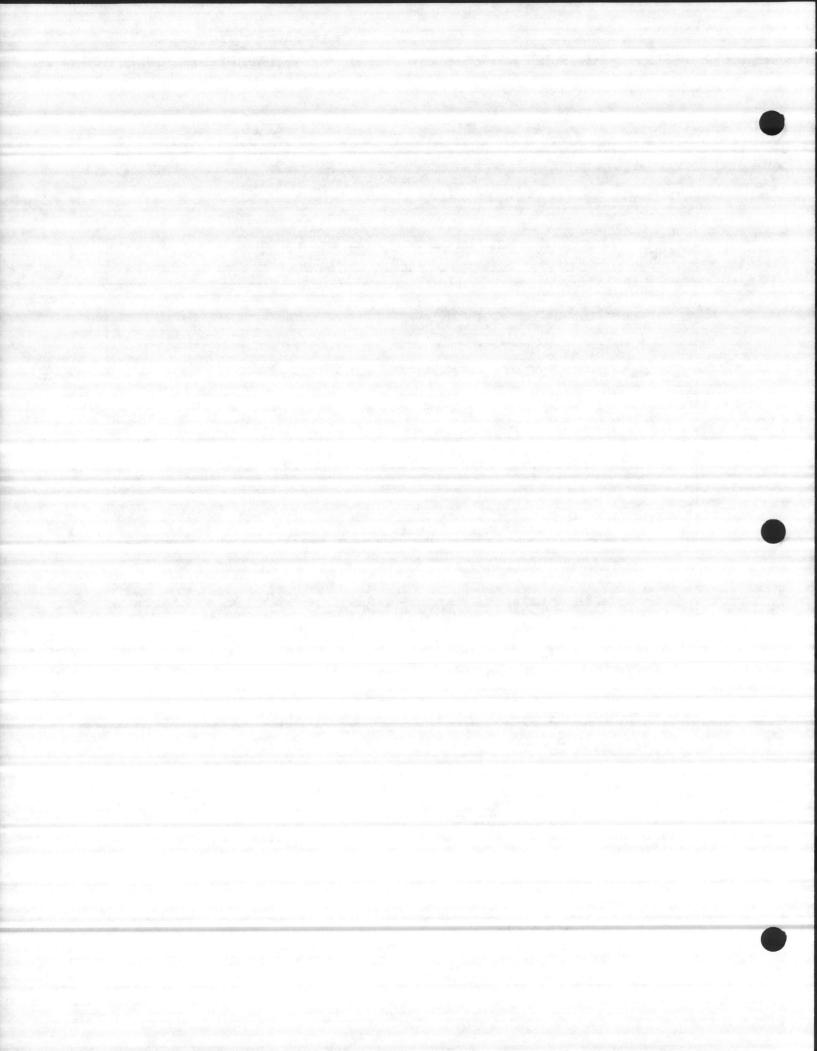
#90-12

New 1/59

M.P. 903.08 8/84-R

90-12 New 1-59 CITY OF PEOENIX, ARIZONA FIRE DEPARTMENT OUTSIDE WORK PERMIT

			SERTAL NUMBER	RANK	DIVISION
INPLOYEE'S NAME			SERIAL NUMBER		01110101
OUTIES OF CUTSIDE EMPLOYMENT				WORKING HOURS	
			OF THIS APPLICATION	OF OTHER PERMITS	AT FIRE DEP
OGATION OF OUTSIDE EMPLOYMENT			SUPERVISOR - OUTSIDE		PHONE
AME OF FIRM			BUSINESS ADDRESS		PHONE
OF.	THE FIRE DEPARTMENT. IS PERMIT VOIDS PREVIOUS		UTSIDE EMPLOYMENT, SUBJECT TO		- 1
DATE	oufles		COCATION	HQ	URS
3. TH	IS PERMIT IS IN ADDITION	TO PREVIOUS PERMIT			
DATE	OUTLES		LOCATION	I HO	URS
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4. I SH RU HO	OULD THE OUTSIDE WORK OF LEE OR REGULATION OF THE MESTLY REPORT ALL THE DE	MOITIONS CHANGE SO DEPARTMENT, THIS PO TAILS IN CONNECTION DIVISION (	ERFERE WITH MY FIRE DEPARTMENT AS TO CONFLICT WITH MY DUTIE CHMIT IS YOLD. I FURTHER UND MY WITH ANY OUTSIDE WORK, I WIE EMPLOYEE (SIGNATURE)  OR SECTION OFFICE  SUPERVISOR (SIGNATURE)	T OUTIES AND UNDERST. S. AS A FIREMAN OR WI'ERSTAND THAT IF I FA LL BE SUBJECT TO DIST  APPROVED	AND THAT TH ANY IL TO WISSAL.  DISAPPROVED
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REPORT OF LEAVE

#90-18D

Rev. 4/83

## PHOENIX FIRE DEPARTMENT FORMS MANUAL

M.P. 903.09 8/84-R

#### PURPOSE

Documentation and Leave Management.

#### INDIVIDUAL RESPONSIBLE FOR COMPLETING

District Manager.

#### WHEN FORM IS TO BE COMPLETED

Form is started when employee reports sick and completed upon employee's return to duty.

#### INSTRUCTIONS FOR COMPLETION

Fill in self-explanatory blanks. Signature required.

#### ROUTING

Pink copy is filed at District Office. White copy goes to Personnel Control Division Chief to be placed in employee's personnel file.

#### RETENTION

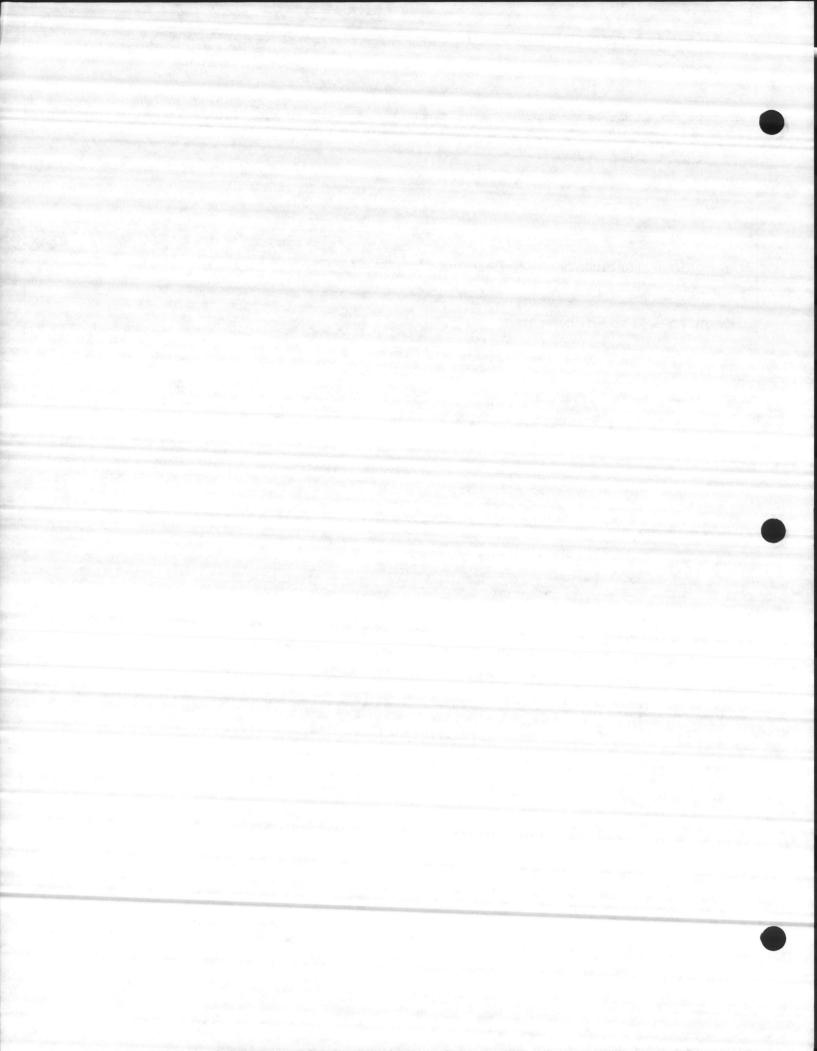
Indefinitely

#### AUTHORITY

Assistant Chief Personnel & Operations

#### PROGRAM

Leave Management



REPORT OF LEAVE

#90-18D

Rev. 4/83

## PHOENIX FIRE DEPARTMENT FORMS MANUAL

M.P. 903.09 8/84-R

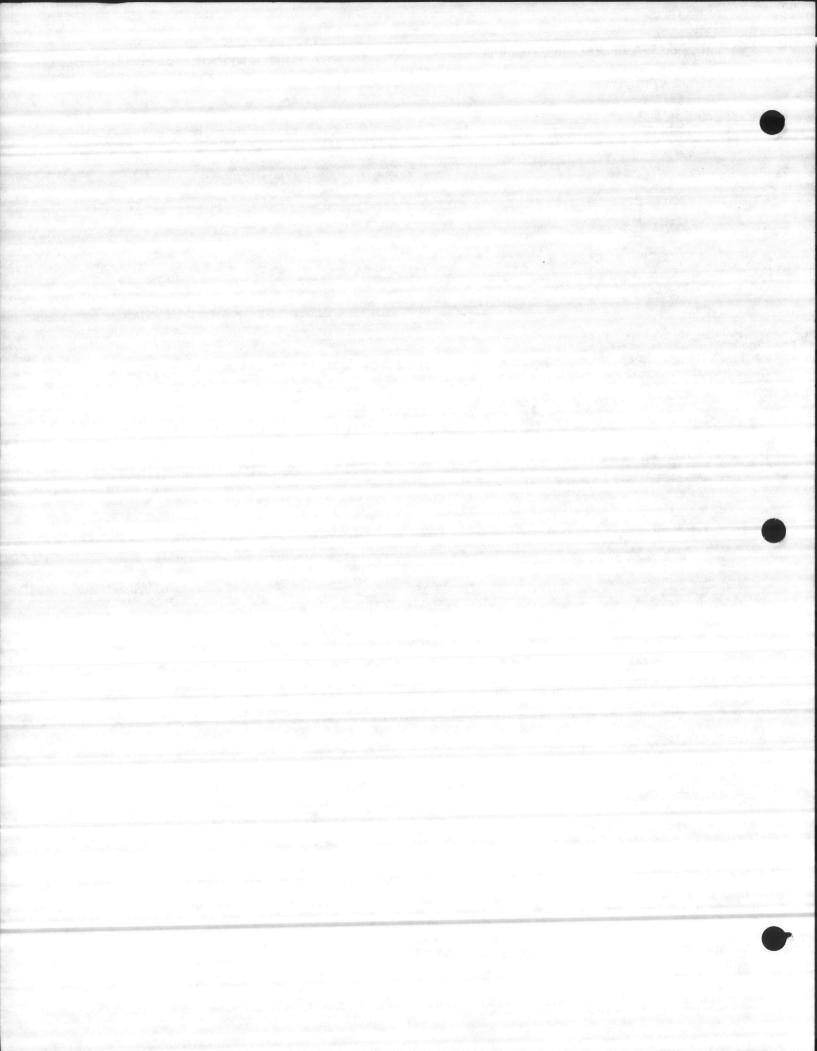
#### CITY OF PHOENIX, ARIZONA FIRE DEPARTMENT

### REPORT OF LEAVE

Employee Name	Section Station	s
Number of illnesses this 12 month period		
Employee Contact #1 Time Date		Phone
Comments		
Employee Contact #2 Time Date		Phone
Comments		
en e		
EMPLOYEE CONTACT WAIVED	and the provided of the first term and the second of the s	
EMPLOYEE COUNSELED ON SICK LEAVE USAGE		
EMPLOYEE WILL PROVIDE PROOF OF MEDICAL T FOR FUTURE SICK LEAVE INCIDENTS	REATMENT	
	Employee Signature	Name of the last
ection Head/District Manager		
	Approve	Disapprove

WHITE COPY - PERSONNEL FILE PINK COPY - DISTRICT OR SECTION FILE

30-180 SEV 4 83



DISCIPLINE FOLLOW-UP RECORD

#90-18.1D

New 4/80

## PHOENIX FIRE DEPARTMENT FORMS MANUAL

M.P. 903.10 8/84-R

#### PURPOSE

To provide documentation of supervisors discipline follow-up with employee.

#### INDIVIDUAL RESPONSIBLE FOR COMPLETING

Immediate supervisor.

#### WHEN FORM IS TO BE COMPLETED

Following the follow-up action taken with regards to the employee.

#### INSTRUCTIONS FOR COMPLETION

Fill in all self-explanatory blanks, signature required.

#### ROUTING

Company officer to the District Manager, Personnel Control Officer, to the Employee's permanent file.

#### RETENTION

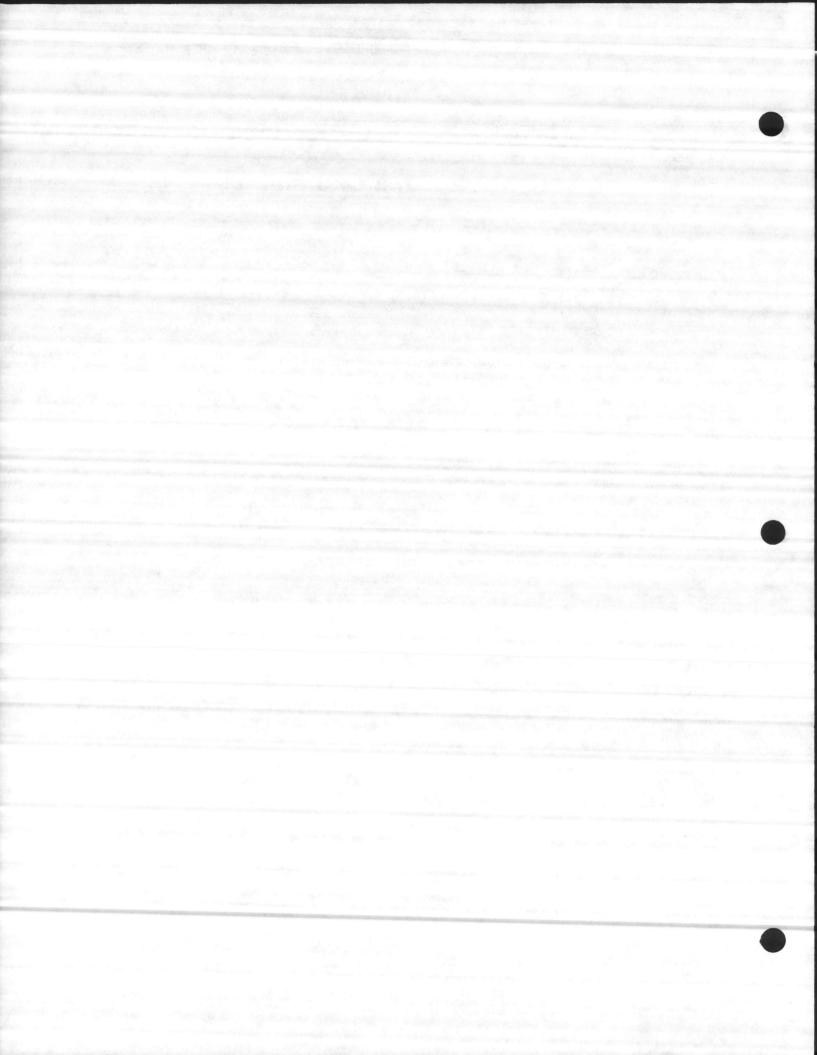
For duration of employee's employment.

#### AUTHORITY

Assistant Chief of Personnel & Operations

#### PROGRAM

Personnel and Training



DISCIPLINE FOLLOW-UP RECORD

#90-18.1D

New 4/80

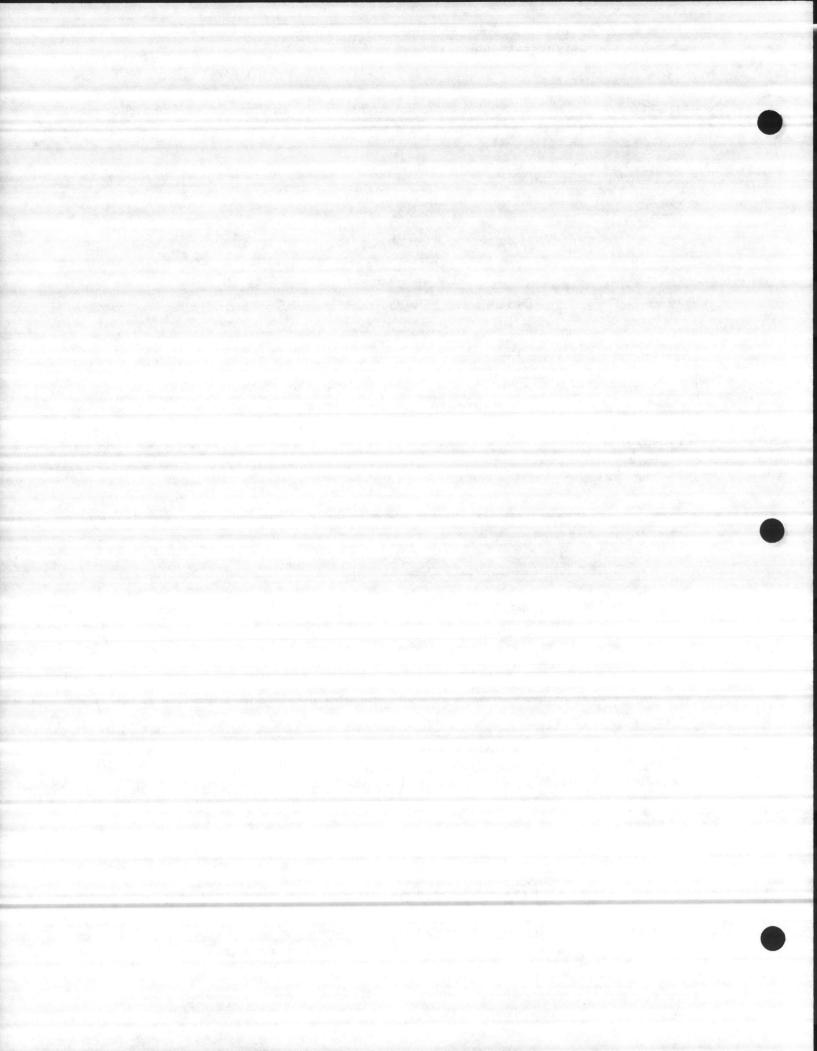
## PHOENIX FIRE DEPARTMENT FORMS MANUAL

M.P. 903.10 8/84-R

#### CITY OF PHOENIX, ARIZONA FIRE DEPARTMENT

## DISCIPLINE FOLLOW-UP RECORD

EMPLOYEE	DATE	
INCIDENT	DATE	
FOLLOW-UP ACTION		
Counsel employee		
Consult supervisor	Name	
Refer to Training Academy	Name	Example and the second
☐ No action at this time		
COMMENTS		
		49.7
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	Signed	
		90-18.10 NEW 4-80



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OUTSIDE EMPLOYMENT STATUS OR CHANGE REPORT

#90-23D

New 2/83

FORMS MANUAL

M.P. 903.11 +8/84-N

#### PURPOSE

Record information concerning employment outside the Fire Department.

#### INDIVIDUAL RESPONSIBLE FOR COMPLETING

Employee.

#### WHEN FORM IS TO BE COMPLETED

No later than 10 (ten) days after outside employment begins or when there is a change in outside work activities.

#### INSTRUCTIONS FOR COMPLETION

Employee:	Fill in all lines ex	
District	Manager/Section Head	
	Received	by:

#### ROUTING

Employee - District Manager or Section Head - Employee.

### RETENTION

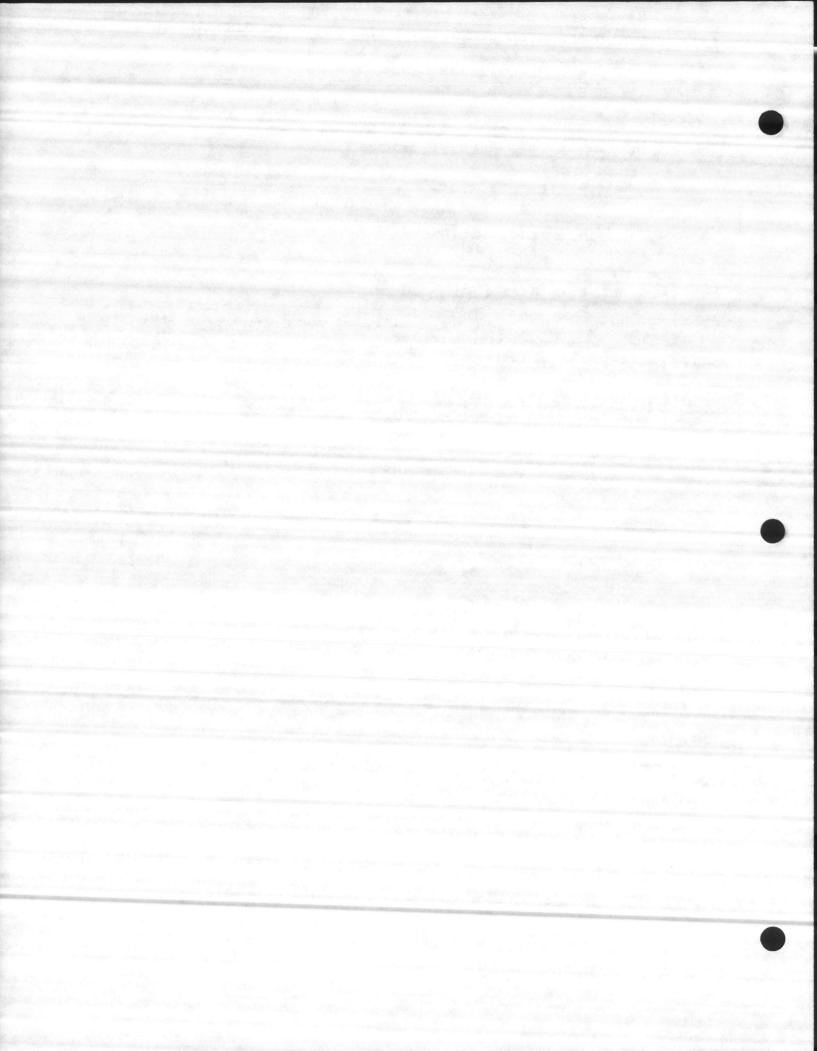
Permanent in District or Section Employee Personnel file; if none, in Personnel File - Administration.

#### AUTHORITY

Administration/Personnel & Operations

#### PROGRAM

Personnel



Personnel & Operations/Personnel
OUTSIDE EMPLOYMENT STATUS OR CHANGE REPORT

#90-23D

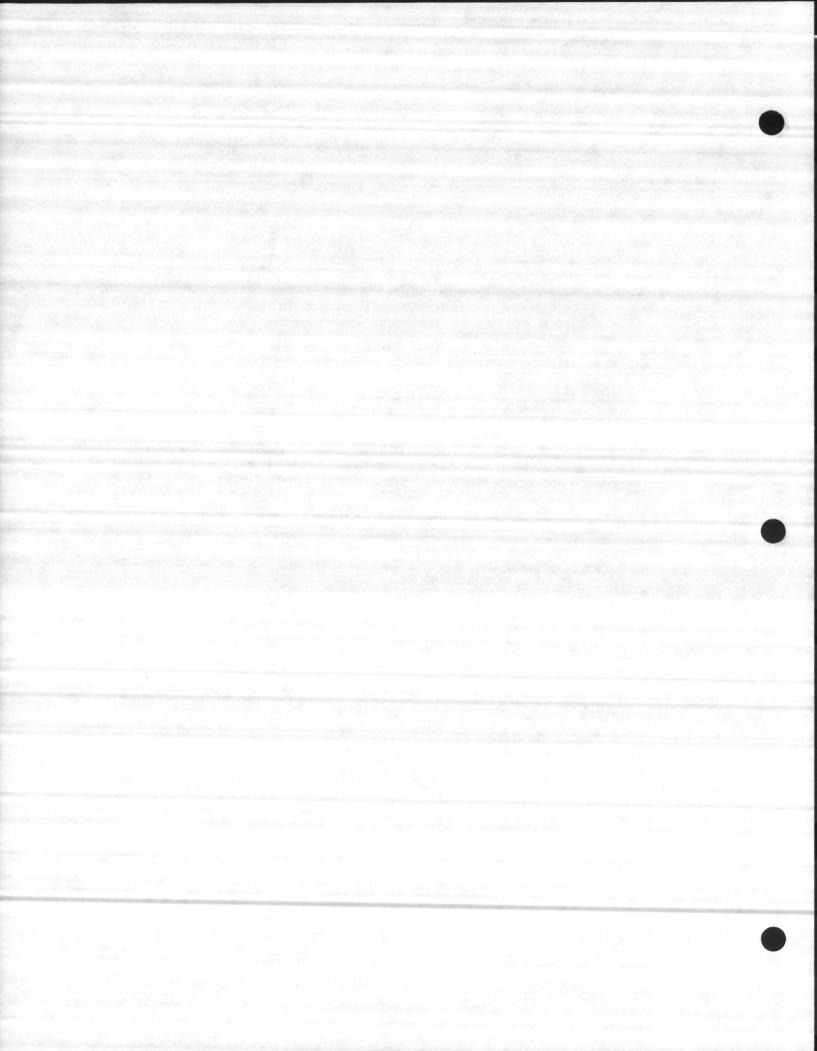
PHOENIX FIRE DEPARTMENT FORMS MANUAL

M.P. 903.11 8/84-R

# City of Phoenix, Arizona FIRE DEPARTMENT OUTSIDE EMPLOYMENT STATUS OR CHANGE REPORT

New 2/83

NAME: LAST	FIRST	M.I.	
DISTRICT OR SECTION:	And the second		
IF NOT SELF-EMPLOYED - EMPLOYER'S	NAME:		
DUTIES/TYPES OF WORK & APPROXIMATE	NUMBER OF HOURS WORKED	PER WEEK:	
FORWARD TO DISTRICT OR SECTION HEAD			
RECEIVED BY:	EMPLOYEE S	IGNA TURE:	
	DATI	E:	
WHITE COPY DISTRICT/SECTION FILE			



REQUEST FOR TRANSFER

#90-36D

Rev. 6/84

### PHOENIX FIRE DEPARTMENT FORMS MANUAL

M.P. 903.12 8/84-R

#### PURPOSE

To request for transfer of work assignment or shift change.

## INDIVIDUAL RESPONSIBLE FOR COMPLETING

Employee requesting transfer.

### WHEN FORM IS TO BE COMPLETED

When transfer is desired.

#### INSTRUCTIONS FOR COMPLETION

Employee requesting the assignment change must fill out all self explanatory blanks and sign where indicated. Submit form to immediate supervisor.

#### ROUTING

Employee to immediate supervisor to District Manager to affected District's "Request for Transfer Log."

#### RETENTION

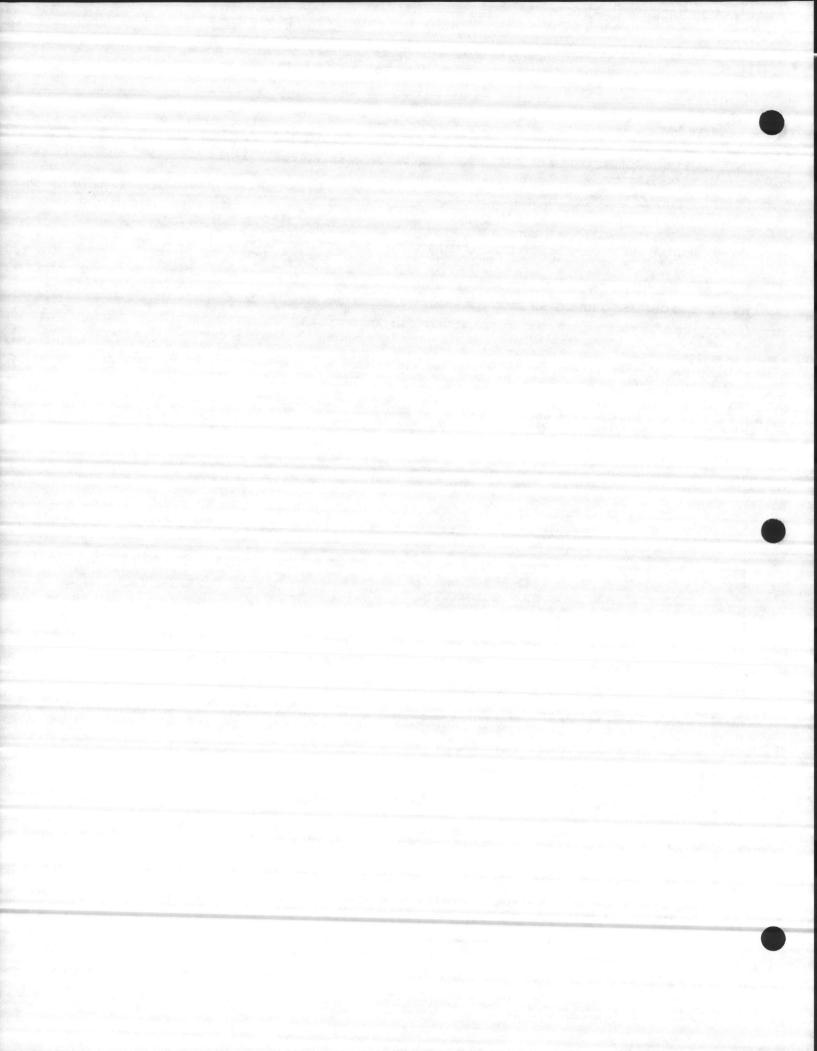
Retained for a maximum of 13 months (December 1st of current year to December 31st of the following year) in the Request for Transfer Log.

#### AUTHORITY

Assistant Chief/Operations

#### PROGRAM

Personnel/Payroll



REQUEST FOR TRANSFER

#90-36D

Rev. 6/84

## PHOENIX FIRE DEPARTMENT FORMS MANUAL

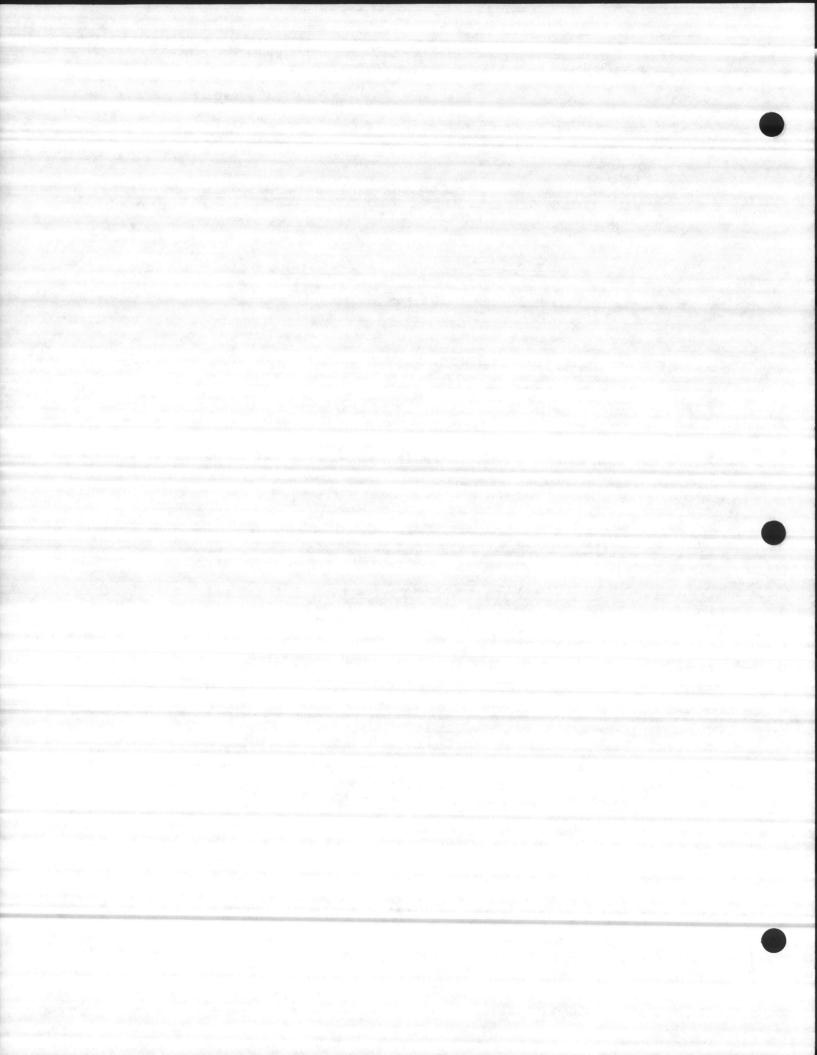
M.P. 903.12 8/84-R

### CITY OF PHOENIX, ARIZONA FIRE DEPARTMENT

### REQUEST FOR TRANSFER

·O:		
FROM:	RANK:	DATE:
REQUEST FOR TRANSFER		
FROM: Work Assignment	Shift: _	
TO: Work Assignment	Shift _	
Date of Classification	P/M Certification	Date
	Signature	
	APPROVI	E DISAPPROVE
CAPTAIN:	According to the second	
DISTRICT MANAGER/ SECTION HEAD:		
COMMENTS. (If disapproved)		
	12.00	
Date of Receipt:	Received By:	
Effective Date of Transfer:		
Distribution: Original — District Log Copy — Employee		

90-360 REV 6 8



VACATION PREFERENCE RECORD

#90-38.1D

Rev. 12/81

## PHOENIX FIRE DEPARTMENT FORMS MANUAL

M.P. 903.13 8/84-R

#### PURPOSE

To provide a standard place and format for Unit 5 employees to record their vacation preference, to accelerate the vacation assignment process.

## INDIVIDUAL RESPONSIBLE FOR COMPLETING

Any member wishing to receive vacations assignments for the coming year, including individuals wanting no vacation assignment.

### WHEN FORM IS TO BE COMPLETED

As soon as the vacation packet is received via the weekly communications mail.

## INSTRUCTIONS FOR COMPLETION

Under section area, enter the section of the calendar that the vacation day falls in, enter month and day of that month. Signature required.

#### ROUTING

Filed between the last page and back cover of station log in the shift envelope as provided in the vacation sign up packet.

#### RETENTION

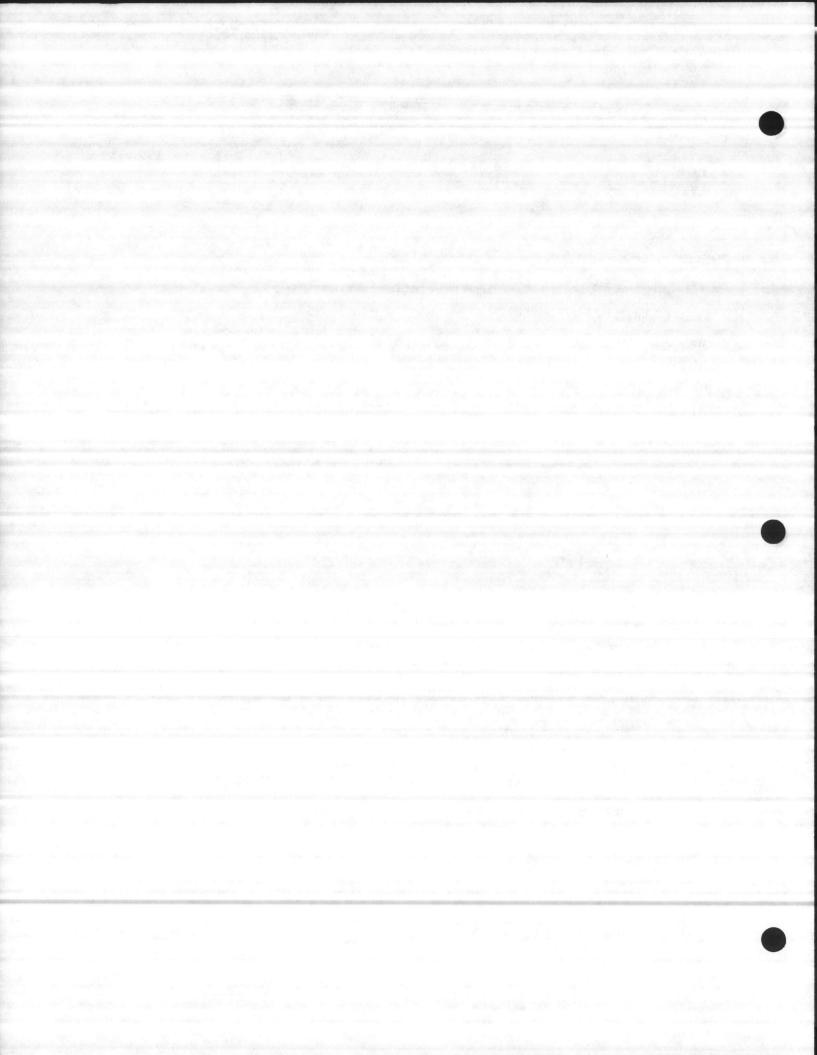
Until vacation assignments are completed or until January 1 of the next year.

### AUTHORITY

Time Management Officer

#### PROGRAM

Time Management



### VACATION PREFERENCE RECORD

#90-38.1D

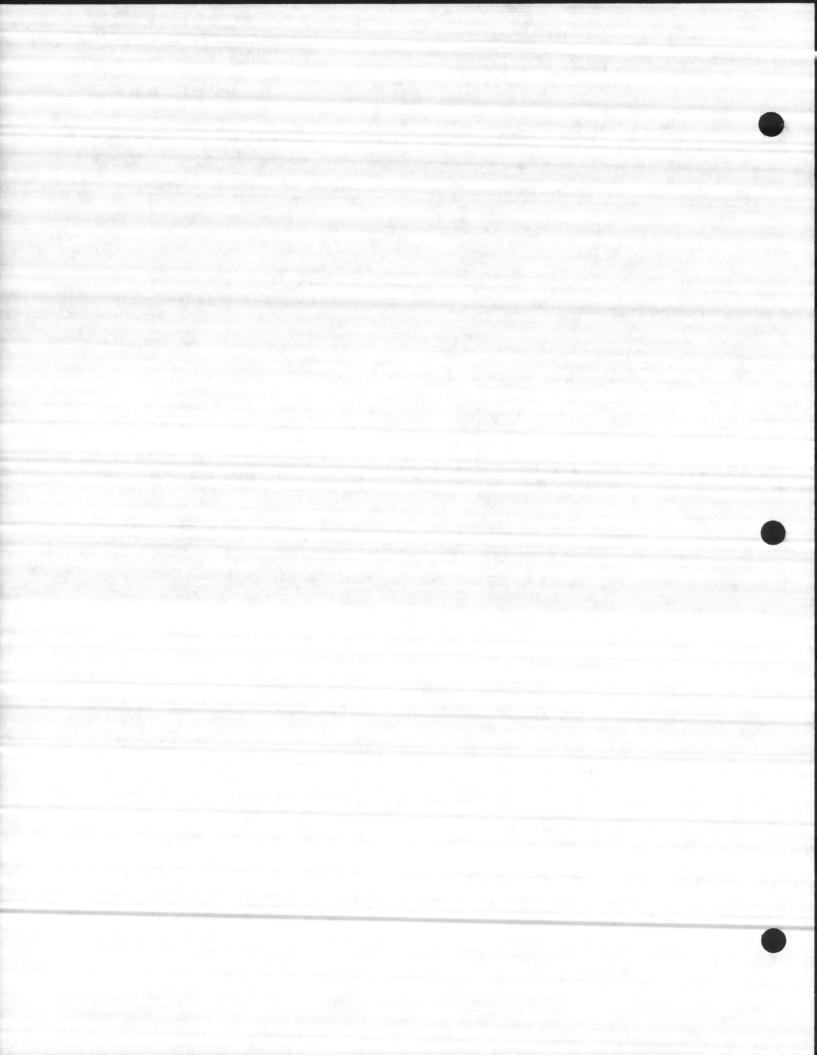
Rev. 12/81

## PHOENIX FIRE DEPARTMENT FORMS MANUAL

M.P. 903.13 8/84-R

## City of Phoenix, Arizona Fire Department VACATION PREFERENCE RECORD

NAME:	State of the second		STATION:	SHIFT:
RANK			TELEPHONE	(other than station)
			VACATION PREFERENCES	
PREFERENCE	SECTION	MONTH/S	DAYS	and the second second second
1st	A STATE			
1st				
1st	3,0			
2nd		by a second		
2nd				
3rd				e de la companya del companya de la companya del companya de la co
			<b>一大大型。</b>	
			EMPLOYEE SIGNATURE	



REQUEST TO CANCEL SCHEDULED VACATION

#90-39D

Rev. 5/83

## PHOENIX FIRE DEPARTMENT FORMS MANUAL

M.P. 903.14 8/84-R

#### PURPOSE

To record Emergency Services employees request to cancel scheduled vacation.

## INDIVIDUAL RESPONSIBLE FOR COMPLETING

The requesting employee.

## WHEN FORM IS TO BE COMPLETED

At least two weeks before scheduled vacation period begins.

## INSTRUCTIONS FOR COMPLETION

Fill in all self-explanatory blanks, signature required.

#### ROUTING

Employee to Captain, to District Manager, to Time Management Officer, to Payroll.

#### RETENTION

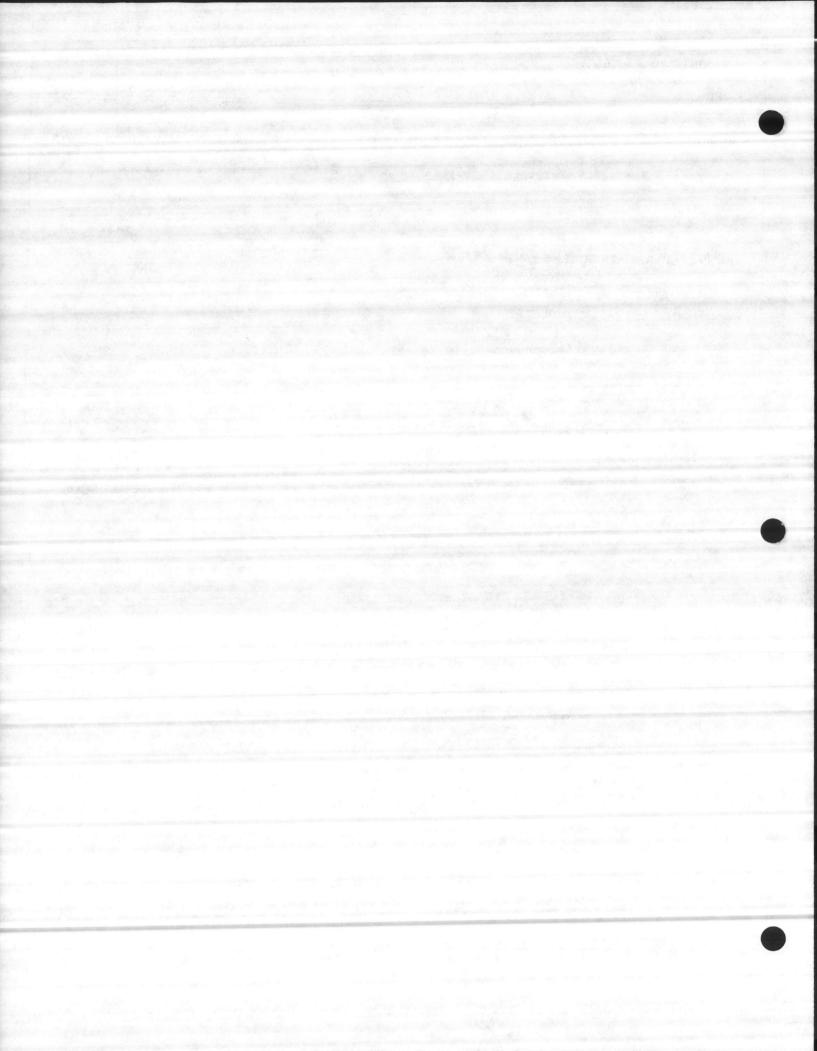
Employee's personnel file.

#### AUTHORITY

Assistant Chief of Personnel & Operations

#### PROGRAM

Time Management



REQUEST TO CANCEL SCHEDULED VACATION

#90-39D

Rev. 5/83

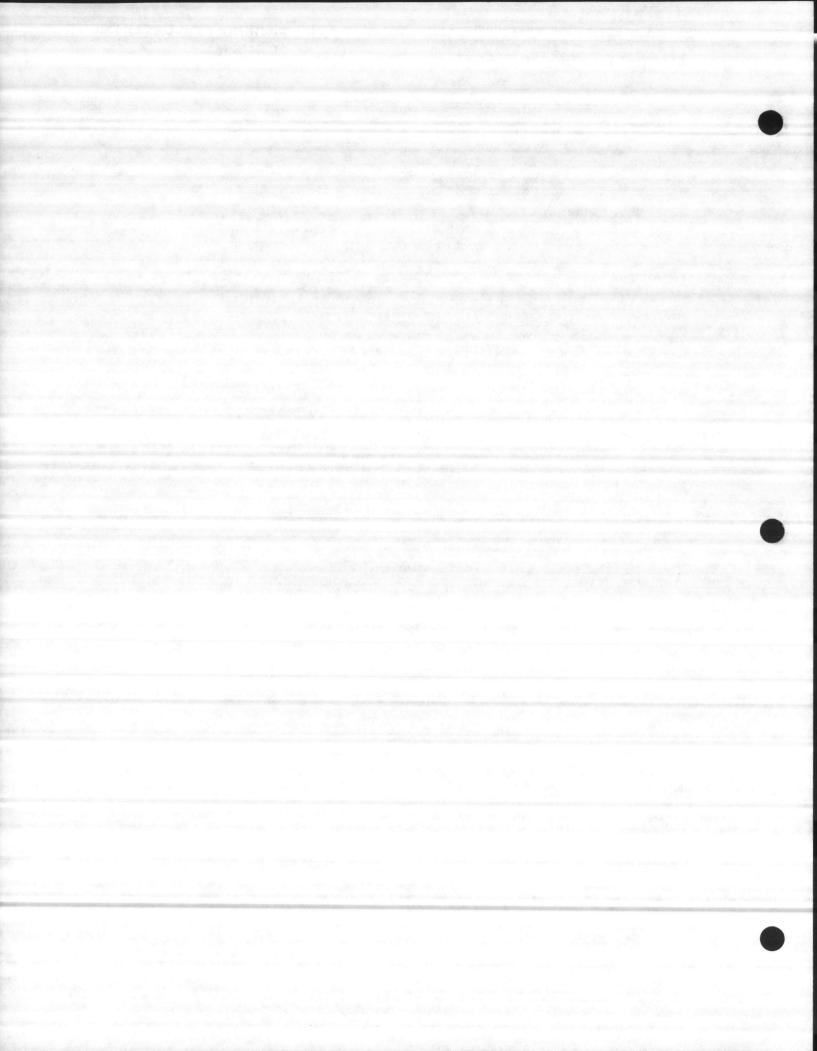
PHOENIX FIRE DEPARTMENT FORMS MANUAL

M.P. 903.14 8/84-R

# CITY OF PHOENIX, ARIZONA FIRE DEPARTMENT

### REQUEST TO CANCEL SCHEDULED VACATION

			Date	
	·PRINT)	, hereby r	equest that my	scheduled vacation
r	19	(Shifts	Hours	) be cancelled
I understand that if the C	Department has no time available to resche	dule this vacation, a	and if my total va	cation leave balance
xceeds the carry over hours	at the year's ending (December 31), I will	ose those excess h	ours. See MP 1	03.01 for schedule o
arry over hours.			Marine Control of the	
igned	Rank	Co		Shift
Signed	, Captain, Co.		Snift	
Signed	. District Manager			
signed	. Deputy Chief			
				90-390 REV 5.8



OUTSIDE EMPLOYMENT ROSTER

#90-57D

New 2/83

# PHOENIX FIRE DEPARTMENT FORMS MANUAL

M.P. 903.15 8/84-N

#### PURPOSE

To record all employees engaged in outside employment activities by District/Section.

### INDIVIDUAL RESPONSIBLE FOR COMPLETING

District Manager/Section Head

### WHEN FORM IS TO BE COMPLETED

Semi-annually (January & July)

#### INSTRUCTIONS FOR COMPLETION

When the District Manager or Section Head receives an Outside Employment Status or Change Report (Form #90-23D) he/she will record the required information on the Outside Employment Roster (Form #90-57D).

#### ROUTING

White copy: Personnel

Pink copy: District/section file

#### RETENTION

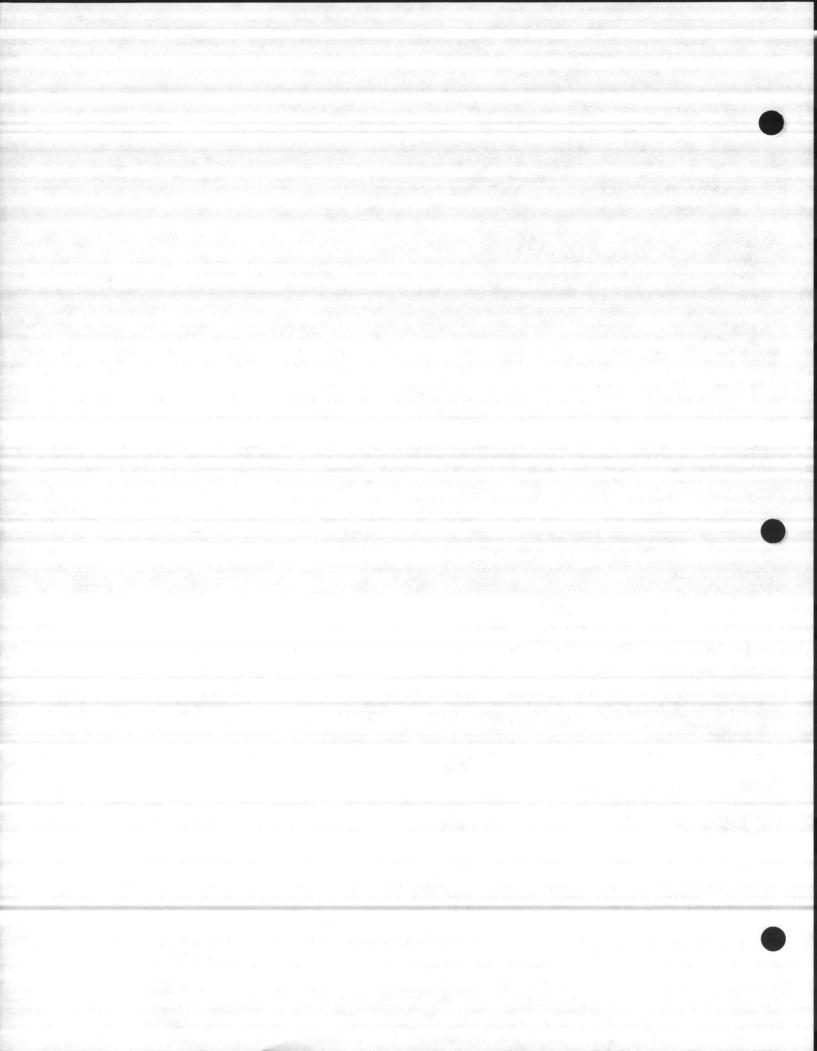
6 months

#### AUTHORITY

Administration - Personnel & Operations

#### PROGRAM

Personnel



OUTSIDE EMPLOYMENT ROSTER

#90-57D

New 2/83

# PHOENIX FIRE DEPARTMENT FORMS MANUAL

M.P. 903.15 8/84-N

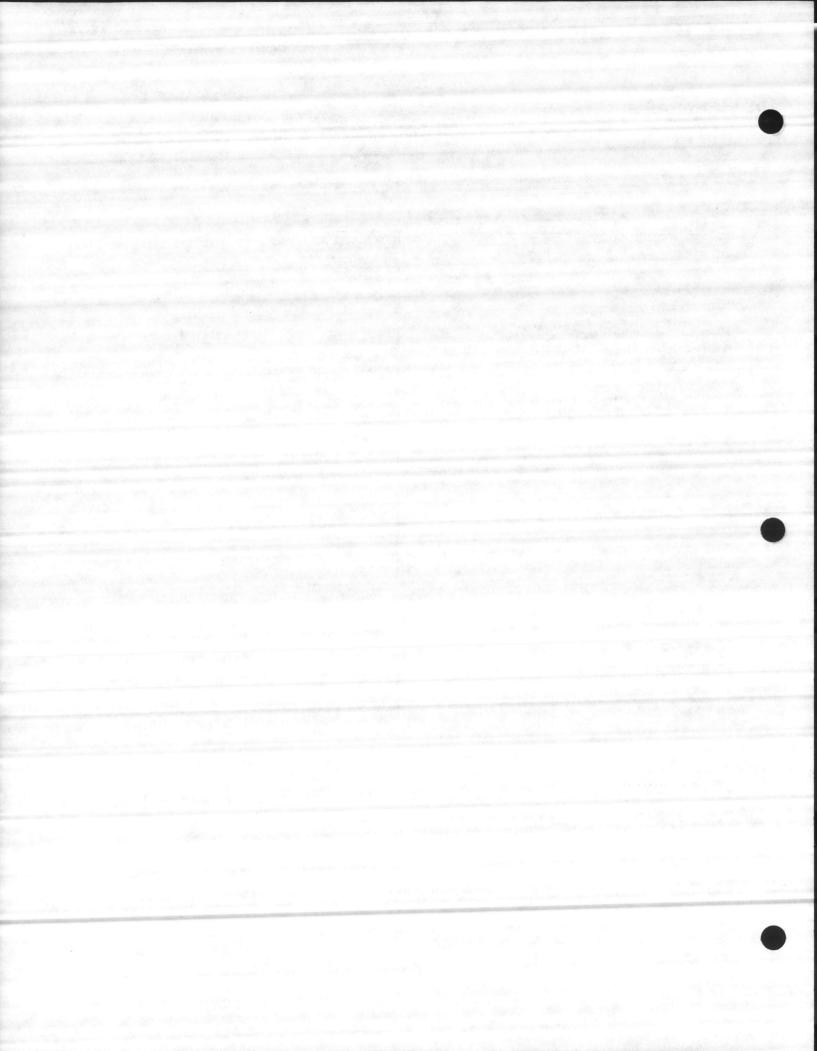
CITY OF PHOENIX, ARIZONA FIRE DEPARTMENT 90-57D NEW 2/83

### OUTSIDE EMPLOYMENT ROSTER

White Copy: Personnel Control Officer Pink Copy: District/Section File

District/Section \_\_\_\_\_

NAME	IF NOT SELF-EMPLOYED NAME OF EMPLOYER	DUTIES OR TYPE OF WORK	APPROXIMATE NUMBER OF HOURS WORKED PER WEEK
the same the same transfer and the		Par Carlotta Carlotta Carlotta	
The second second			
		and the second second	
		Accordance with the second	
		Service Committee and the service of	
		The second second second second	
		Probability of the Same	
			Managar (Alama)
		The same stated distribution of the second	



PERSONNEL ASSIGNMENT REPORT

#90-60D

New 4/83

# PHOENIX FIRE DEPARTMENT FORMS MANUAL

M.P. 903.16 8/84-R

#### PURPOSE

To aid District Managers with personnel assignments.

#### INDIVIDUAL RESPONSIBLE FOR COMPLETING

District Manager or Secretary.

#### WHEN FORM IS TO BE COMPLETED

At the discretion of District Manager or Secretary.

#### INSTRUCTIONS FOR COMPLETION

Self-explanatory.

#### ROUTING

Used and kept in District Office.

#### RETENTION

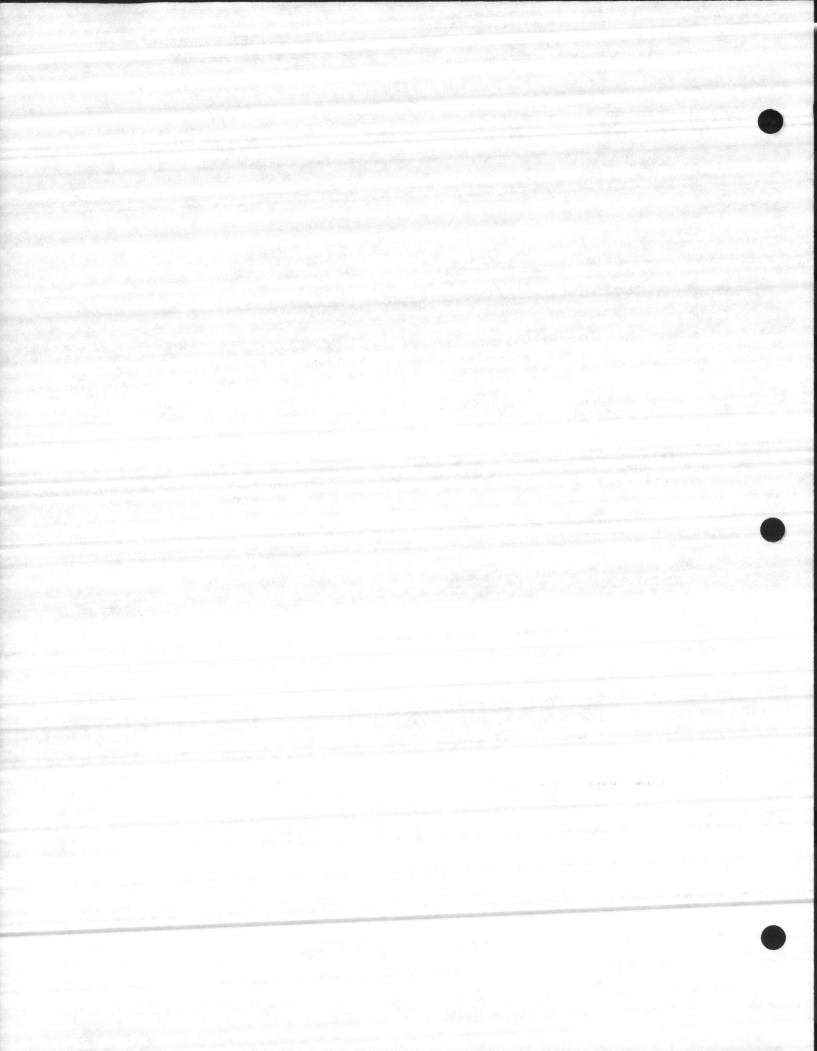
Discretion of District Manager or Secretary.

#### AUTHORITY

Assistant Chief Personnel & Operations

#### PROGRAM

Operations



# Personnel & Operations/Personnel PERSONNEL ASSIGNMENT REPORT

# PHOENIX FIRE DEPARTMENT FORMS MANUAL

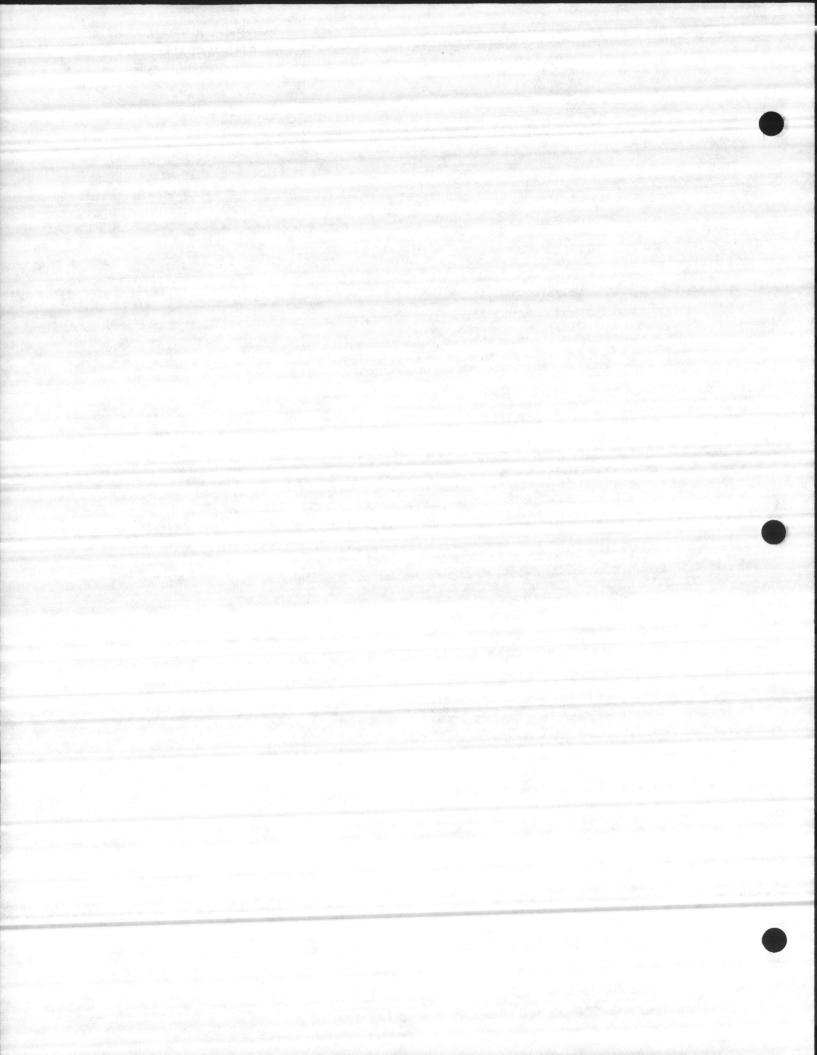
#90-60D

New 4/83

M.P. 903.16

8/84-R

		City of Phoenix, Arizo Fire Department	Ona	
Date:		PERSONNEL ASSIGNMENT RE	PORT	District:
	Chief			
56 hr.	Сптет		F.I.T.	
	Chief		F.I.T.	
	Chief:	F	F.I.T.	
6 hr.				
	The second second			
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		# 1		
				The second second second
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Personnel & Operations/Personnel REPORT OF ASSIGNMENT CHANGE

New 6/84 #90-81D

### PHOENIX FIRE DEPARTMENT FORMS MANUAL

8/84-N M.P. 903.17

#### PURPOSE

To have a complete and up-to-date Record of Personnel assignments.

### INDIVIDUAL RESPONSIBLE FOR COMPLETING

The District Manager or Division Head from which the employee is transferring.

### WHEN FORM IS TO BE COMPLETED

Prior to the transfer taking place.

### INSTRUCTIONS FOR COMPLETION

Self-explanatory.

#### ROUTING

District Manager/Division Head to affected District Manager/Division Head.

#### RETENTION

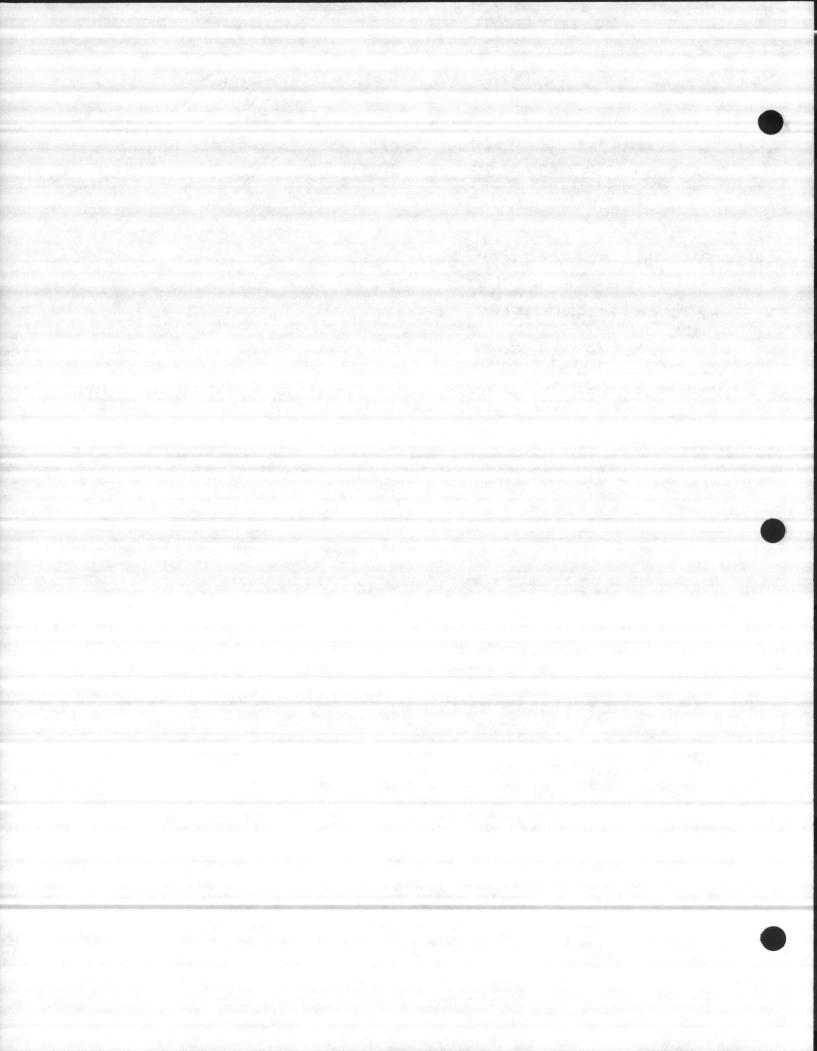
Payroll/personnel file - receiving District Manager's file - employees personnel file indefinitely.

#### AUTHORITY

Assistant Chief/Operations

#### PROGRAM

Personnel/Payroll



REPORT OF ASSIGNMENT CHANGE

#90-81D

New 6/84

# PHOENIX FIRE DEPARTMENT FORMS MANUAL

M.P. 903.17 8/84-N

#### CITY OF PHOENIX, ARIZONA FIRE DEPARTMENT

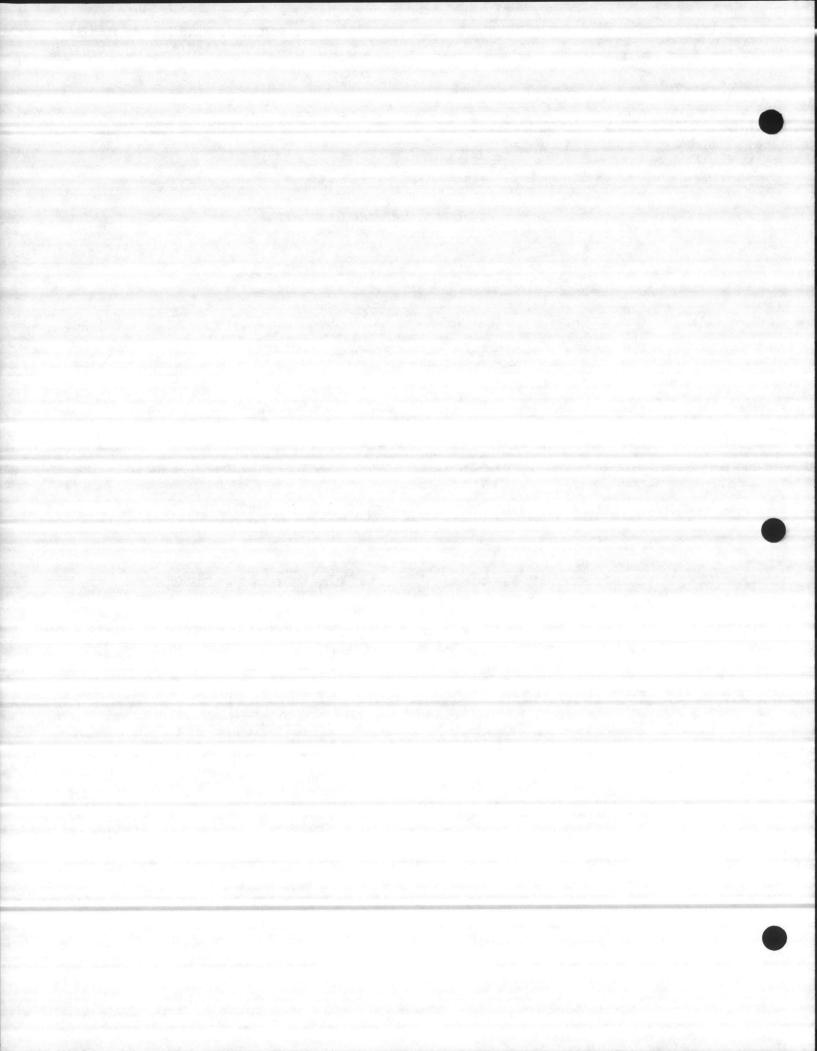
#### REPORT OF ASSIGNMENT CHANGE

EMPLOYEE NAME: _			
FROM: Division:		Section/Distr	net:
Shift: 1	Last Day Worked	Date:	Ending Time:
RECEIVING DIVISION			
TO: Division:	Section Section	on/District:	
Shift:	First Day Worked	Date:	Starting Time:
Signed:	A PARCENTAGE OF		Check if temporary assignment for Special Report
Date:			
			Projected date of return to Regular Assignment
			Date of return to Regular Assignment

Distribution:

Original: Payroll/Personnel File
Copy: Receiving Section/District
Copy: Employee's District File

10-010 NEW 6 84



OUT-OF-CLASS REQUEST

#90-82D

New 6/84

### PHOENIX FIRE DEPARTMENT FORMS MANUAL

M.P. 903.18 8/84-N

#### PURPOSE

For members to request to be placed on an out-of-class list for a particular rank.

### INDIVIDUAL RESPONSIBLE FOR COMPLETING

Employee requesting placement on the out-of-class list.

### WHEN FORM IS TO BE COMPLETED

When placement on the out-of-class list is requested.

### INSTRUCTIONS FOR COMPLETION

Employee requesting placement on the out-of-class list is responsible for filling out the entire form.

#### ROUTING

Employee to immediate supervisor to District Manager/file.

#### RETENTION

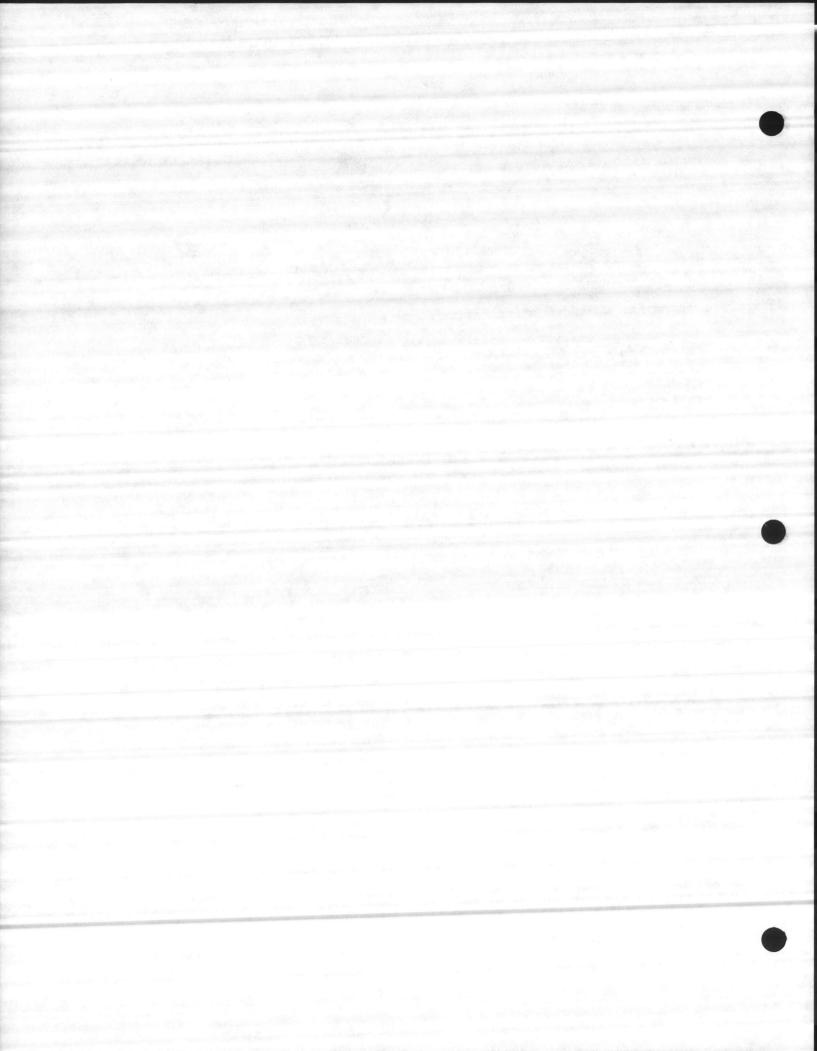
To be kept in the employee's district file until employee requests to be taken off the "out-of-class" list.

#### AUTHORITY

Assistant Chief/Operations

#### PROGRAM

Personnel/Payroll



OUT-OF-CLASS REQUEST

#90-82D

New 6/84

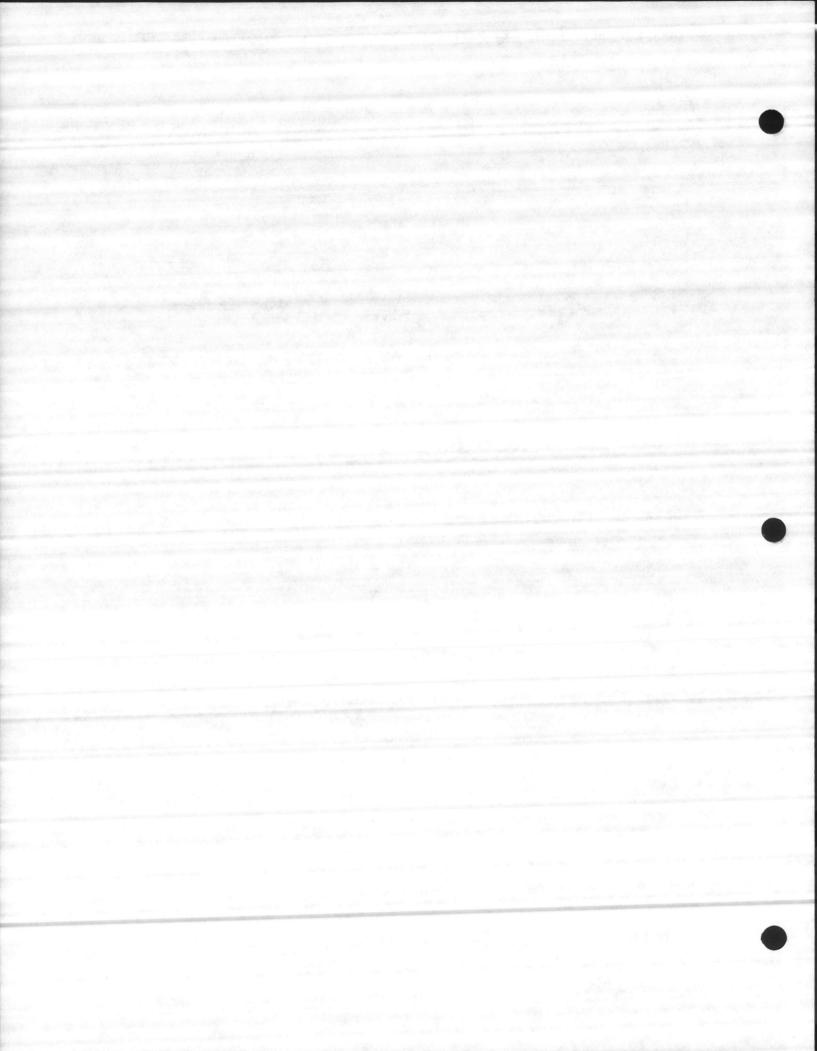
# PHOENIX FIRE DEPARTMENT FORMS MANUAL

M.P. 903.18 8/84-N

#### CITY OF PHOENIX, ARIZONA FIRE DEPARTMENT OUT OF CLASS REQUEST

O: District Manager	District #
ROM:	RANK:
request to have my name placed on the o	out-of-class list for the position of
anking on current eligible list	for position of
ate of employment or certification date _	
n station only	Rove, any station
embers requesting an out-of class assign	ment may maintain a vested interest in their permanent assignment but
ust agree to rove in an out-of-class assig	ment may maintain a vested interest in their permanent assignment but griment for at least 90 days. When not used in an out-of-class position, y vacant position in his/her current rank. Refer to M.P. 104-02.
ust agree to rove in an out-of-class assigned to fill any	gnment for at least 90 days. When not used in an out-of-class position,
iust agree to rove in an out-of-class assigned to fill any	gnment for at least 90 days. When not used in an out-of-class position, y vacant position in his/her current rank. Refer to M.P. 104-02.
iust agree to rove in an out-of-class assigned to fill any	gnment for at least 90 days. When not used in an out-of-class position, y vacant position in his/her current rank. Refer to M.P. 104 02.  Date
nust agree to rove in an out-of-class assigned to fill any be assigned to fill any signed  Distribution:  Original — District/Section File	gnment for at least 90 days. When not used in an out-of-class position, y vacant position in his/her current rank. Refer to M.P. 104 02.  Date

VEN 6 84



ABSENT WITH RELIEF REQUEST

#92-17D

Rev. 11/79

#### PHOENIX FIRE DEPARTMENT FORMS MANUAL

M.P. 903.19 8/84-R

#### PURPOSE

To record an absence with relief.

#### INDIVIDUAL RESPONSIBLE FOR COMPLETING

Employee.

#### WHEN FORM IS TO BE COMPLETED

At employee's discretion and/or two weeks prior to requested date.

#### INSTRUCTIONS FOR COMPLETION

Fill in all self-explanatory blanks, signature required.

#### ROUTING

Employee to supervisor to District Manager's Office where employee's field file is kept.

#### RETENTION

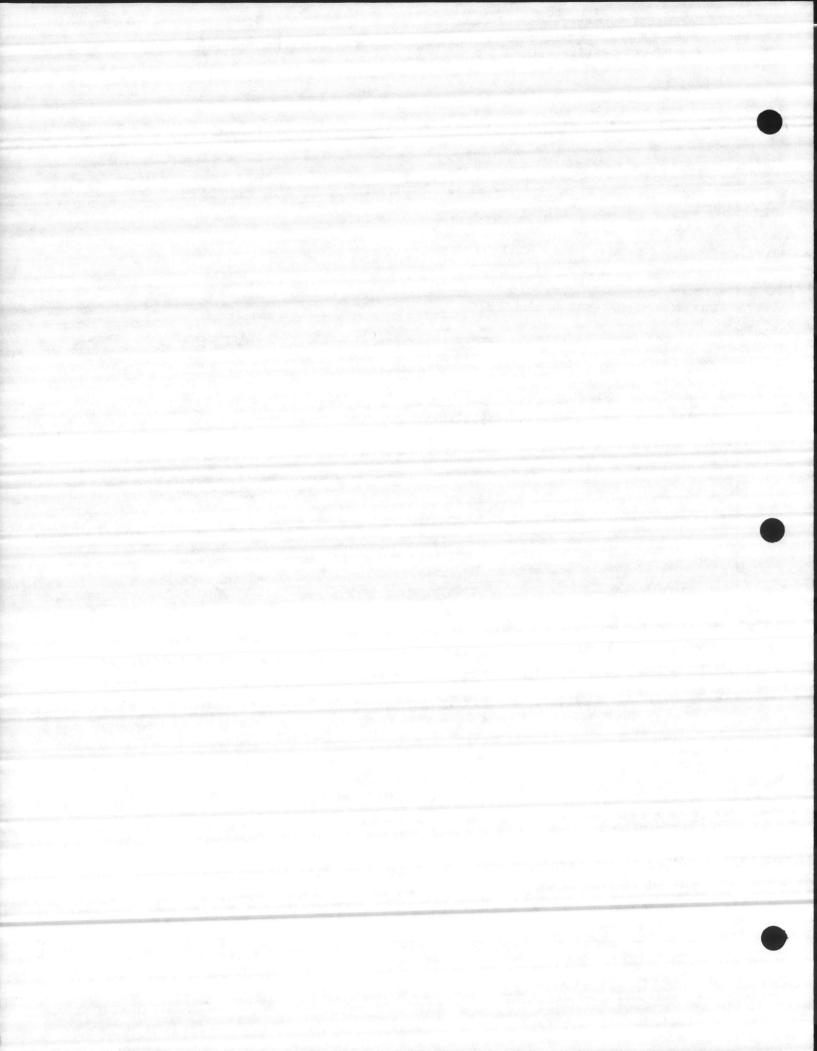
Permanent

#### AUTHORITY

Assistant Chief of Personnel & Operations

#### PROGRAM

Leave Management



ABSENT WITH RELIEF REQUEST

#92-17D

Rev. 11/79

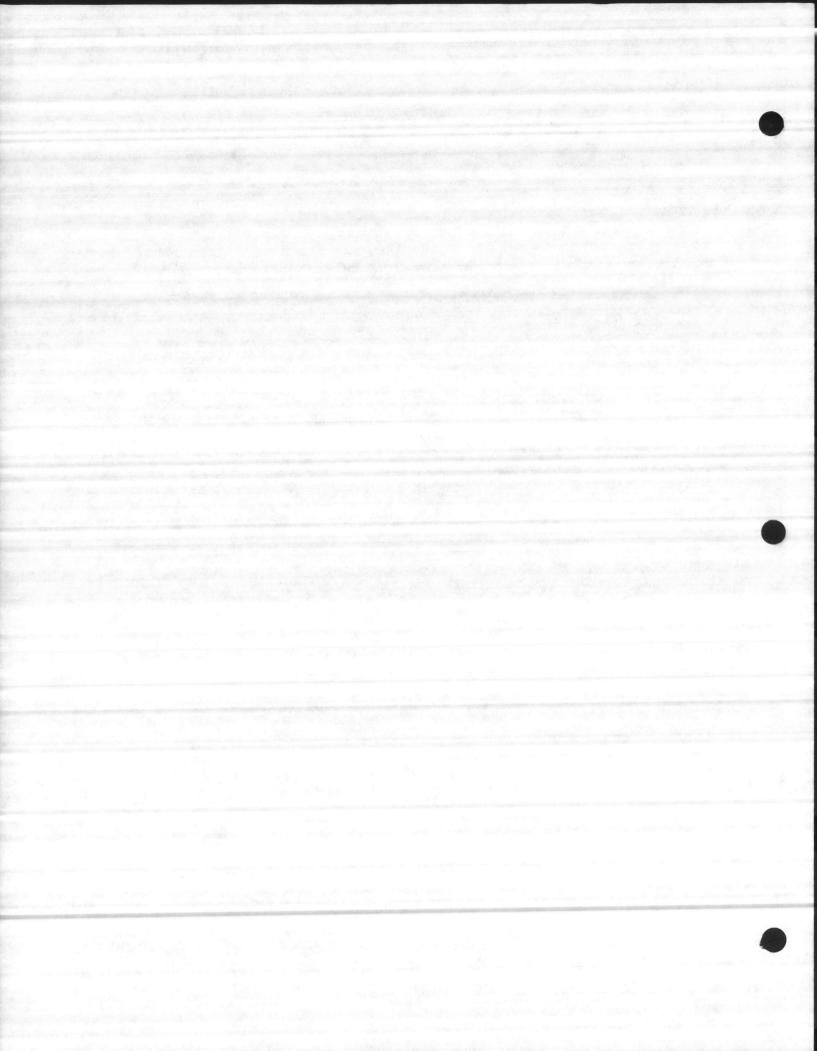
# PHOENIX FIRE DEPARTMENT FORMS MANUAL

M.P. 903.19 8/84-R

#### CITY OF PHOENIX, ARIZONA FIRE DEPARTMENT

	PINE DEPAR	WE'N!	
	ABSENCE WITH RE	LIEF REQUES	T Date
	A STATE OF THE STA	(Prin	ted name of member submitting request.)
I hereby make application f	or	hours	leave of absence with relief, to take effect
at on	. 19		
SIGNED:	Rank	Co	Platoon
	BELOW IS MY	RELIEF -	A CONTRACTOR OF THE CONTRACTOR
			Printed name of member providing relief.)
I agree to work as relief on	the date and time as noted above.		
SIGNED:	Rank	Co	Platoon
	REQUEST APPROVAL	RECOMMENDED	
SIGNED:	Capt. C	o. No	Platoon
This Request: APPROVED	REJECTED By	BATTALION	COMMANDER SIGNATURE

98-170 REV. 11-71



Personnel & Operations/Operations
UNIFORM INSPECTION RECORD

SWII CHAI INDIECTIO

Rev. 5/80

#### PHOENIX FIRE DEPARTMENT FORMS MANUAL

M.P. 903.20 8/84-R

#### PURPOSE

#92-8D

A record of uniform inspection.

#### INDIVIDUAL RESPONSIBLE FOR COMPLETING

Inspecting Officer.

#### WHEN FORM IS TO BE COMPLETED

Each time a uniform inspection is conducted.

#### INSTRUCTIONS FOR COMPLETION

Fill in all self-explanatory blanks.

#### ROUTING

Employee's personnel file at the District Manager's Office.

#### RETENTION

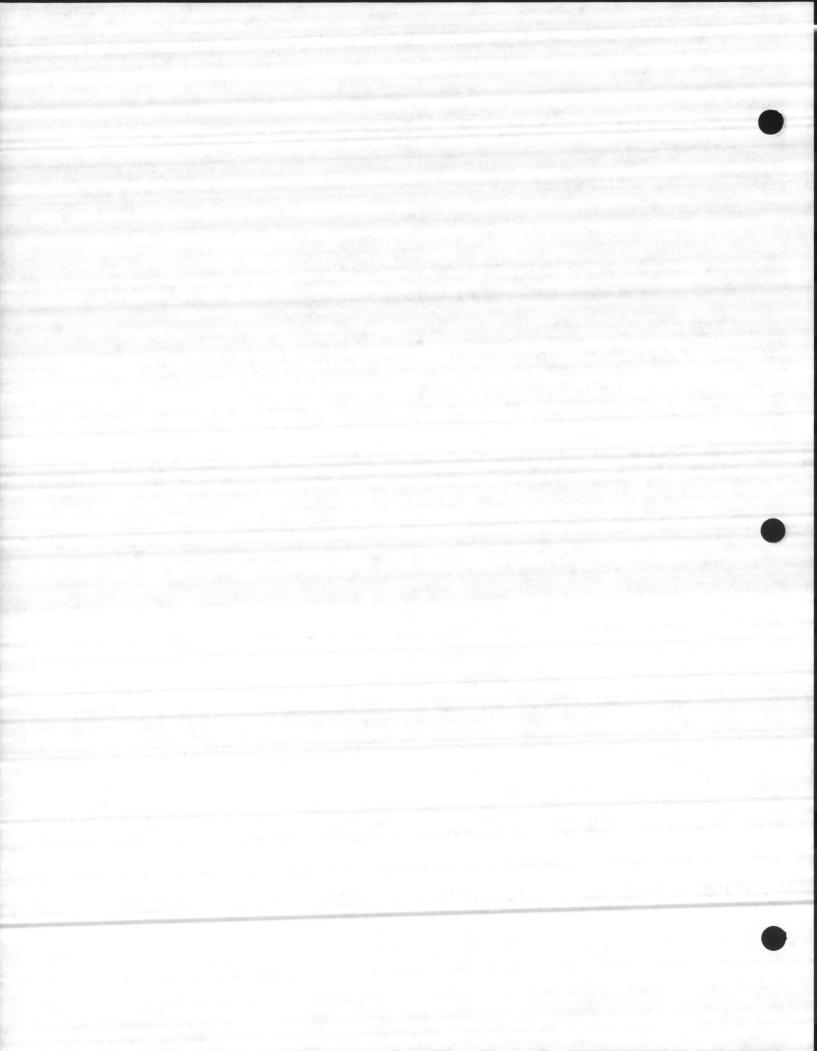
One year renewed at each inspection.

#### AUTHORITY

Assistant Chief of Personnel & Operations

#### PROGRAM

Operations



### Personnel & Operations/Operations

#### UNIFORM INSPECTION RECORD

#92-8D

Rev. 5/80

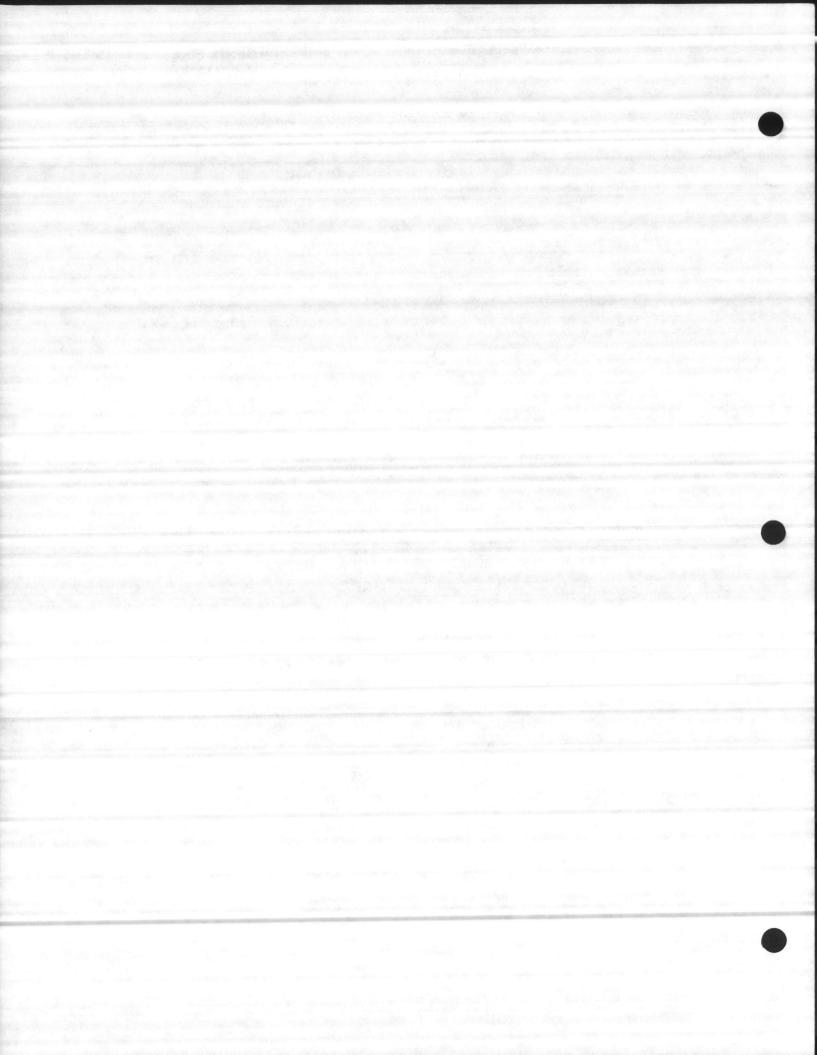
# PHOENIX FIRE DEPARTMENT FORMS MANUAL

FORM 92-40 REV 5/80

M.P. 903.20 8/84-R

#### CITY OF PHOENIX, ARIZONA FIRE DEPARTMENT UNIFORM INSPECTION RECORD

Station	Company	Date	
Captain			
The following uniform items are	required and are available at the static	on.	
Inspection of uniform items shall	he for availability condition and any		
Regulations.	be for availability, condition, and cor	mphance with M.P. 106.09 Unito	orms, Insignias and Ha
Protective Clothing		Brush Uniform	
	IDENT MARKINGS		
Coat		Brush Shirt	
Pants		Brush Shoes	
Suspenders		Drush Shoes	
Helmet			
Boots: Day			
Night		Physical Fitness Uniform	
Flashlight	Sa State of the same of the same of		
Hood		Shorts	
	- et <del> et la total alaski spekklida</del> l	Shoes	
		Socks	
		e file and the second s	
Dress Uniform			
		Fatigue Uniform	
Chill Chaser Jacket		rangue Omiorin	
w/Name Tag, Rank, Crest			
Trousers		T-Shirt	
Shirt		Pants	
T-Shirt		Sweat Shirt	
Tie	A CONTRACTOR OF THE PARTY OF TH	Shoes	
Badge		Socks	
Name Tag		Seit	
Collar Hardware			
Cond. Haidward	The second of the second		
		Bedding	
Optional Items:			
Optional items:		Mining Co.	
		White Bedspread	
Ball Cap	Watch Cap		
Paramedic Smock	Bump Hat (Eng)		
Wind Breaker	Blazer		
Sweat Pants			
NSPECTION MARKS:	Okay X Needs Replacing	O Not Available	N/A Not Applicable
General Appearance and Groomin			
Series at Appearance and Groomin	g		
Comments			
lattation Chief			



Personnel & Operations/Operations
SPECIAL SERVICE REQUEST

PHOENIX FIRE DEPARTMENT FORMS MANUAL

#150-4D

Rev. 1/79

M.P. 903.21 8/84-R

#### PURPOSE

To advise other agencies or City Departments of hazardous conditions.

#### INDIVIDUAL RESPONSIBLE FOR COMPLETING

Any Fire Department supervisor.

#### WHEN FORM IS TO BE COMPLETED

When a hazard is recognized.

#### INSTRUCTIONS FOR COMPLETION

Fill in all self-explanatory blanks.

#### ROUTING

From reporting agency-to agency in report.

#### RETENTION

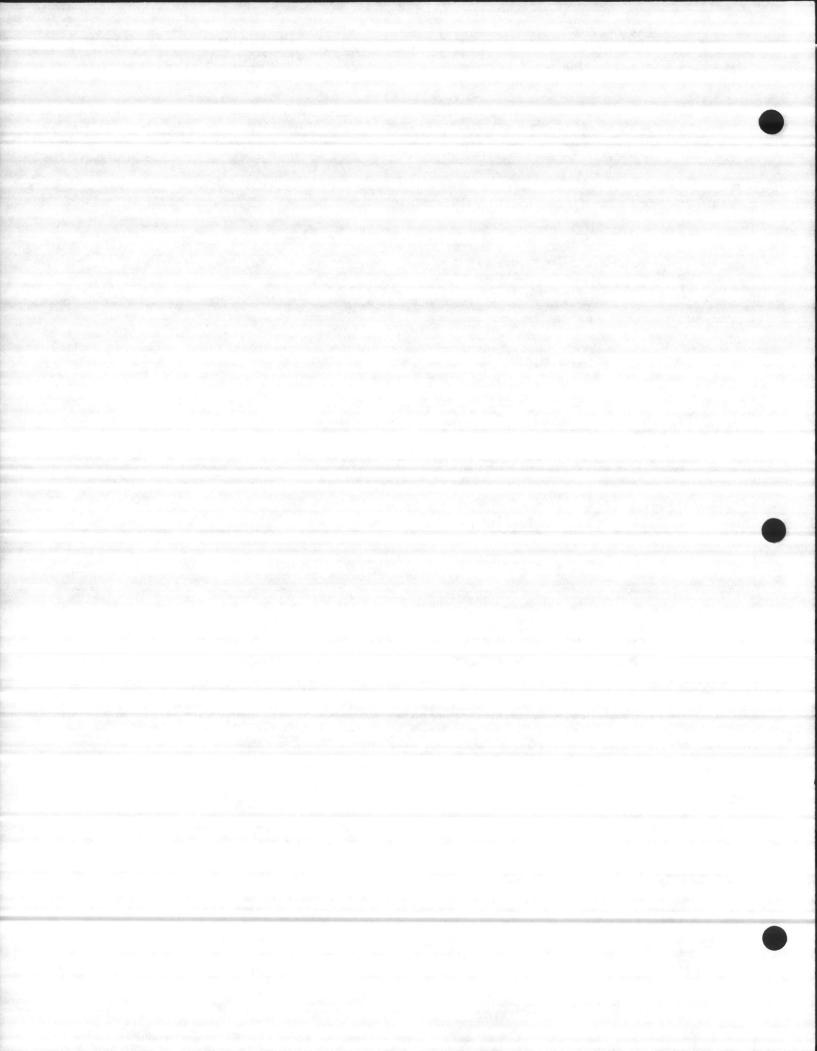
Until action has been taken.

#### AUTHORITY

City Manager

#### PROGRAM

City Safety



Personnel & Operations/Operations

SPECIAL SERVICE REQUEST

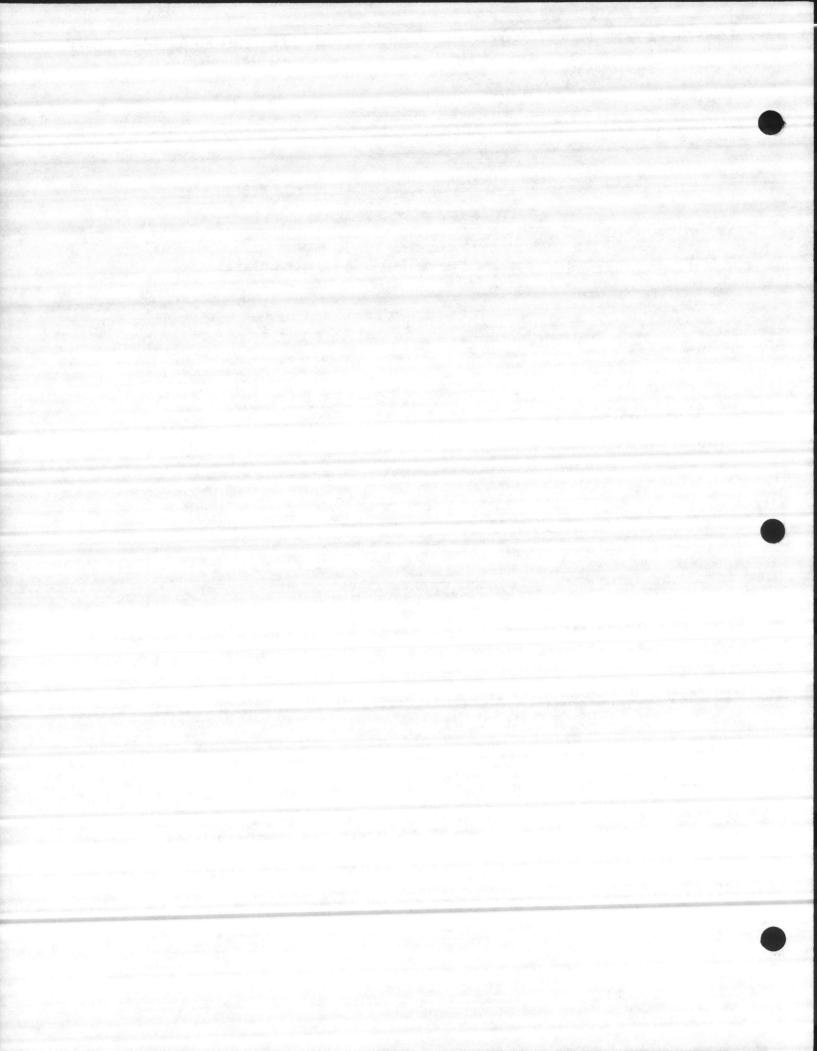
#150-4D

Rev. 1/79

# PHOENIX FIRE DEPARTMENT FORMS MANUAL

M.P. 903.21 8/84-R

150-40 REV. 1-79 CITY OF PHOENIX, ARIZONA INTER-DEPARTMENTAL SPECIAL SERVICE REPORT								
INSTRUCTIONS: This "Pink Slip" is to be used or normal operations. For conditions requiring immed	nly in reporting non-emergency deficiencies noted diate attention — use the telephone.							
Reported by	Dept							
Location	Date							
ACRES TO SECURITION OF SECURIT								
Circle	Circle Direction							
Corner NE SE NW SW	of Travel NB SB EB WB							
FILL IN WHEN APPROPRIATE								
Condition caused by								
Report received from	(NAME)							
(AODRESS)	(TEL NO.)							
	G OTHER DEPARTMENTS							
TRAFFIC ENGINEERING DEPARTMENT								
☐ Damaged Sign Post ☐ Sign Turned or Bent	☐ Traffic Vision Blocked							
Sign Defaced	Parking Meter No Out of Order							
Sign Missing	Street Light Out No.							
☐ Sign Damaged	☐ Damaged Street Light No.							
Other								
Check One C C C								
BUILDING & HOUSING SAFETY DEPARTMENT Building Inspections Division								
☐ Dangerous Construction (Not in R/W)	☐ No Permit-Construction (Not in R/W)							
☐ Dangerous Demolition	☐ No Permit-Demolition							
☐ Defective Wiring	☐ No Permit-Moving Structure							
Sign Ordinance Violation								
Other								
Zoning Inspections Section  Abandoned Automobiles on								
Private Property								
Other								
Housing Services Division	Charles and the second of the							
Open Vacant Buildings	☐ Dangerous Buildings							
Weeds or Trash in Vacant Lot	(for Possible Demolition)							
Other	A CONTRACTOR OF THE PROPERTY OF							
Electrical Maintenance Division								
☐ Damaged Traffic Signals								
Other								
ENGINEERING	And the second s							
☐ No Permit-Street Cut	☐ No Permit-Construction in R/W							
Construction Material in Street	☐ Dangerous Construction in R/W							
Other								
TREET MAINTENANCE DEPARTMENT  Damaged Street Paying								
☐ Needs Routine Attention	Clogged Storm Sewer							
☐ Needs Special Attention	Street Cleaning							
☐ Damaged Sidewalk	☐ Damaged Curbing-Driveway ☐ Blocked Drainageway							
☐ Irrigation Flooding								
Other								



## PHOENIX FIRE DEPARTMENT FORMS MANUAL

#41-407

Rev. 9/82

M.P. 904.01 8/84-R

#### PURPOSE

Permanent record of injury, and release of medical information to State Compensation Fund.

#### INDIVIDUAL RESPONSIBLE FOR COMPLETING

Insured employee.

#### WHEN FORM IS TO BE COMPLETED

With preliminary injury report. Immediately following injury.

#### INSTRUCTIONS FOR COMPLETION

Fill in all self-explanatory blanks, signature required.

#### ROUTING

Employee to his/her District Manager, to Fire Payroll, to City Personnel Safety.

#### RETENTION

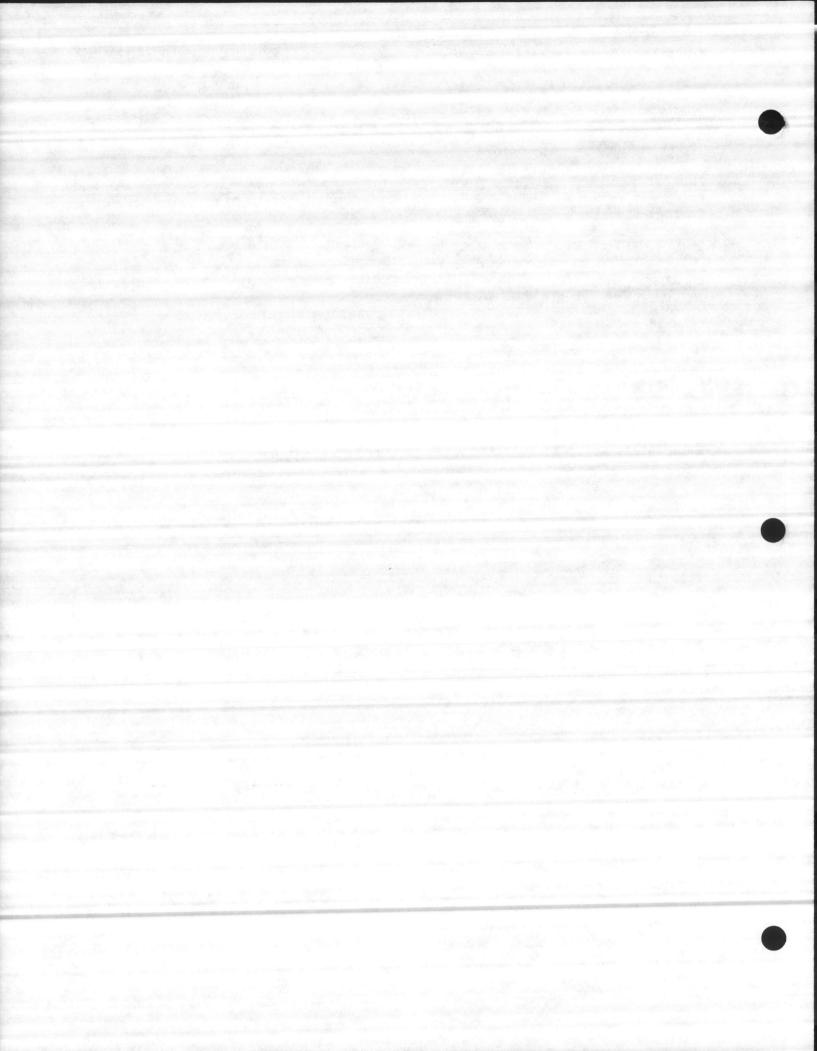
Personnel Department

#### AUTHORITY

Training/Development & Safety

#### PROGRAM

Time Management and Safety



Training/Development & Safety/Safety
STATE COMPENSATION FUND

# PHOENIX FIRE DEPARTMENT FORMS MANUAL

#41-407

Rev. 8/82

M.P. 904.01

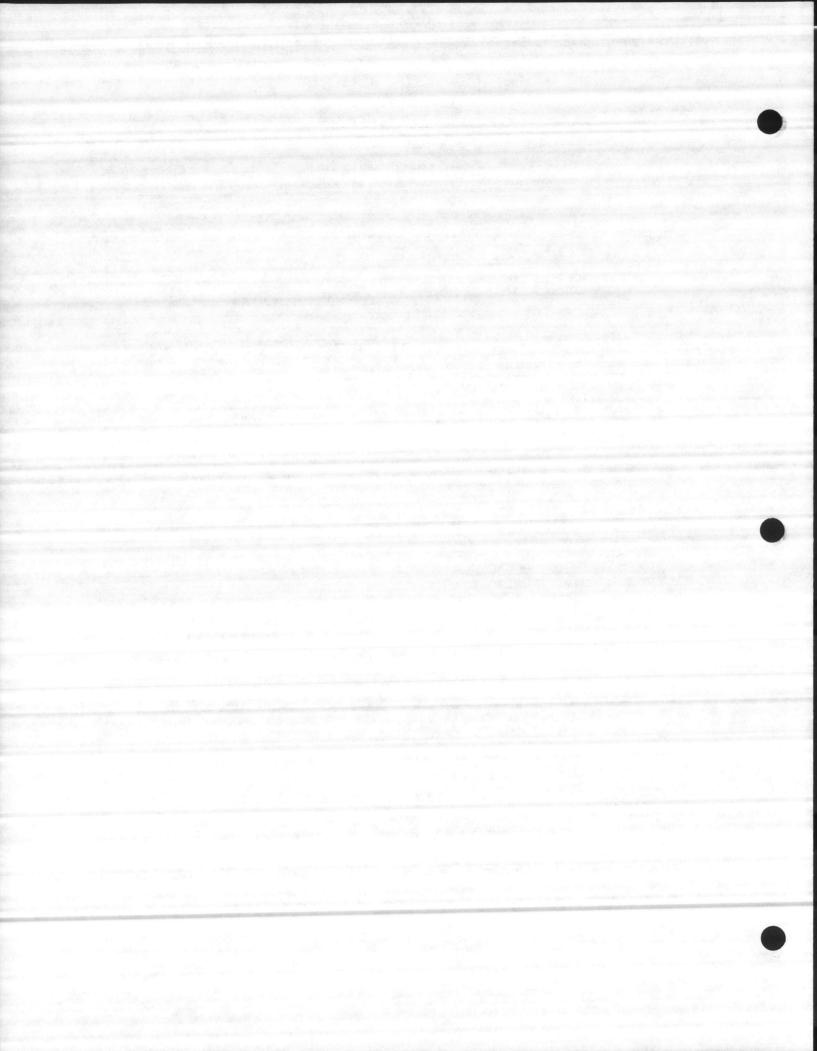
8/84-R

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MPORTANT

THE REVERSE SIDE OF THIS FORM MUST ALSO BE COMPLETED AND SIGNED BEFORE YOUR CLAIM CAN BE FULLY CONSIDERED IN ORDER TO DETERMINE YOUR ENTITLEMENT TO BENEFITS. COMPLETING AND SENDING IN THIS FORM IMMEDIATELY WILL ASSIST IN PREVENTING DELAY TO ANY BENEFITS TO WHICH YOU MAY BE ENTITLED.

41-407 Rev. 8/82



# Training/Development & Safety/Safety

### STATE COMPENSATION FUND

#41-407

Rev. 9/82

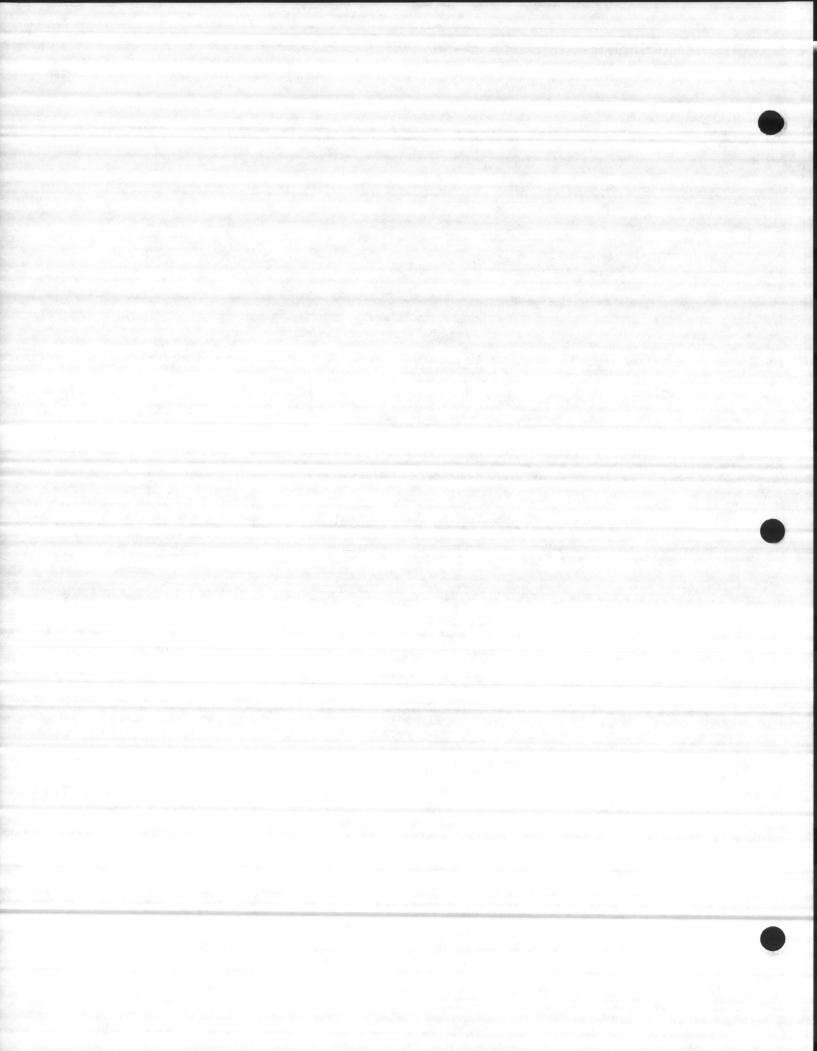
# PHOENIX FIRE DEPARTMENT FORMS MANUAL

M.P. 904.01

8/84-R

### STATE COMPENSATION FUND STATE OF ARIZONA

Claimant		Claim N	lo.	
Social Security No	Dat	e of Birtn		
AUTHORIZATI	ON TO RELEASE	MEDICAL IN	FORMATION	
By this medical authorization person or organization in the COMPENSATION FUND or information, records, reports and	he medical or he	alth-related f	eids to allow to examine and	copy any
Date		Claimant	1 Signature	
Address				
Strees		2-14	State	Z:a
Vitnessed				
1-407 Rev. 09/82				
				consideration



AN AGREEMENT ON DISPOSITION OF INDUSTRIAL COMPENSATION WARRANT #60-30D Rev. 12/79

# PHOENIX FIRE DEPARTMENT FORMS MANUAL

M.P. 904.02 8/84-R

#### PURPOSE

To release claims of money possibly received as a result of an industrial injury. It allows the City to recover the amount of money paid to offset the difference between regular pay versus workman's compensation coverage. Workman's compensation pays 66 2/3% of regular pay.

#### INDIVIDUAL RESPONSIBLE FOR COMPLETING

Injured employee.

#### WHEN FORM IS TO BE COMPLETED

With preliminary injury report. Immediately following injury.

#### INSTRUCTIONS FOR COMPLETION

Fill in all self-explanatory blanks, signature required.

#### ROUTING

Employee to his/her District Manager, to Fire Payroll, to City Personnel Safety.

#### RETENTION

Personnel Department

### **AUTHORITY**

Training/Development & Safety

# PROGRAM

Time Management and Safety



AN AGREEMENT ON DISPOSITION OF INDUSTRIAL COMPENSATION WARRANT

#60-30D Rev. 12/79

PHOENIX FIRE DEPARTMENT FORMS MANUAL

M.P. 904.02

8/84-R

#### CITY OF PHOENIX, ARIZONA

# AN AGREEMENT ON DISPOSITION OF INDUSTRIAL COMPENSATION WARRANT

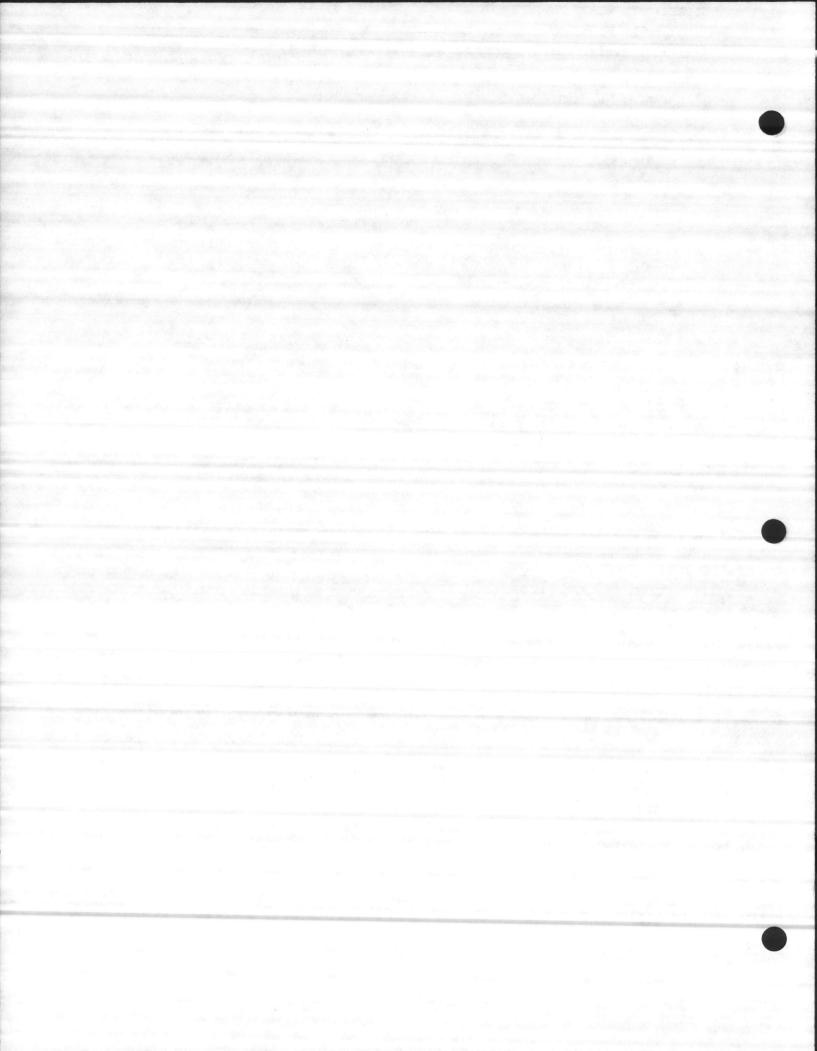
I, the undersigned, hereby-agree as follows:

That all warrants for compensation issued to me by The State Compensation Fund and The State Compensation Fund is hereby directed that all warrants be mailed to the City Controller, City of Phoenix. 251 W. Washington, Phoenix, Arizona 85003.

That the City Controller of Phoenix shall have, and he is hereby given the right and authority to endorse said warrants on behalf of the undersigned, and to cash the same.

DATES this day of	. 19	
	SIGNED	
	NAME (Print)	
	SOCIAL SECURITY NO.	
	DATE OF INJURY	

60-30D REV 12-79



PRELIMINARY INJURY REPORT

PHOENIX FIRE DEPARTMENT FORMS MANUAL

#90-4D

Rev. 7/81

M.P. 904.03

8/84-R

#### PURPOSE

Statement of injured person as to how the injury occurred and extent of injury.

# INDIVIDUAL RESPONSIBLE FOR COMPLETING

The injured employee if possible.

WHEN FORM IS TO BE COMPLETED
Immediately following injury.

# INSTRUCTIONS FOR COMPLETION

Fill in the blanks as clearly and completely as possible. Signature required.

## ROUTING

Employee to immediate supervisor to District Manager. White copy to Payroll, yellow copy to Safety, pink copy to City Safety.

#### RETENTION

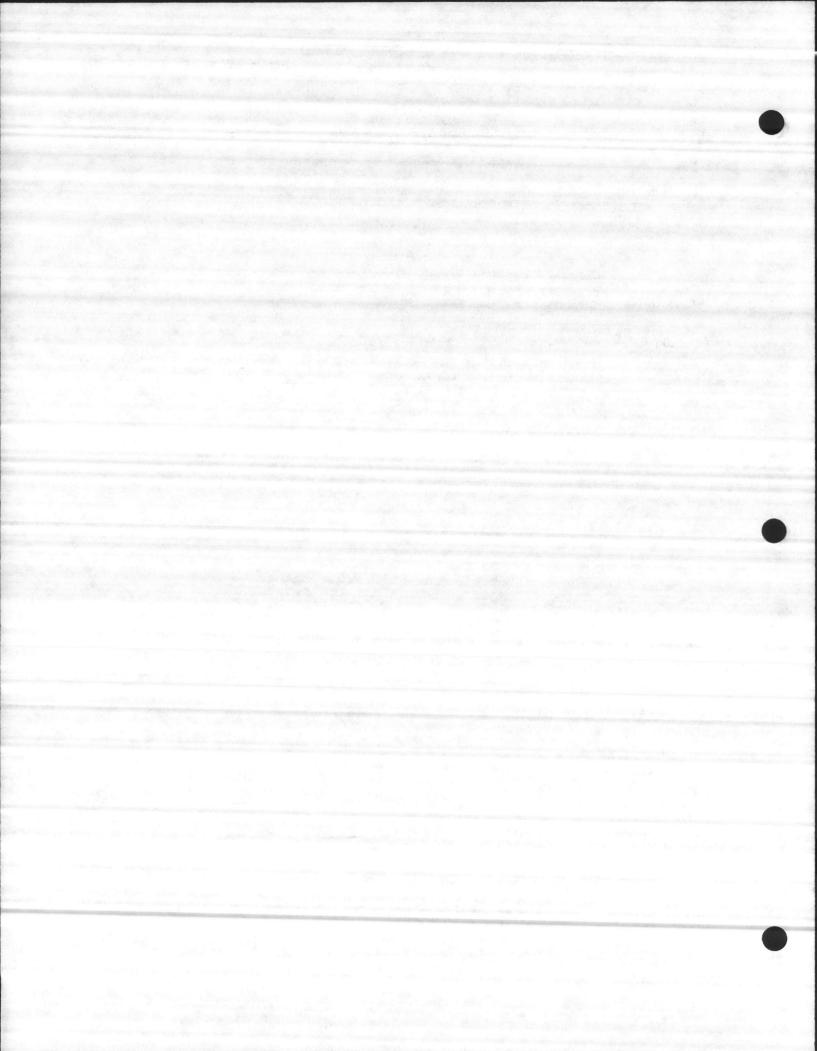
Permanently. One copy Personnel file, one copy Safety Division of Training/Development & Safety.

#### AUTHORITY

Training/Development & Safety, Division Chief of Safety

#### **PROGRAM**

Accident and Injury Prevention/Safety



# Training/Development & Safety/Safety PRELIMINARY INJURY REPORT

# PHOENIX FIRE DEPARTMENT FORMS MANUAL

#90-4D -

Rev. 7/81

M.P. 904.03

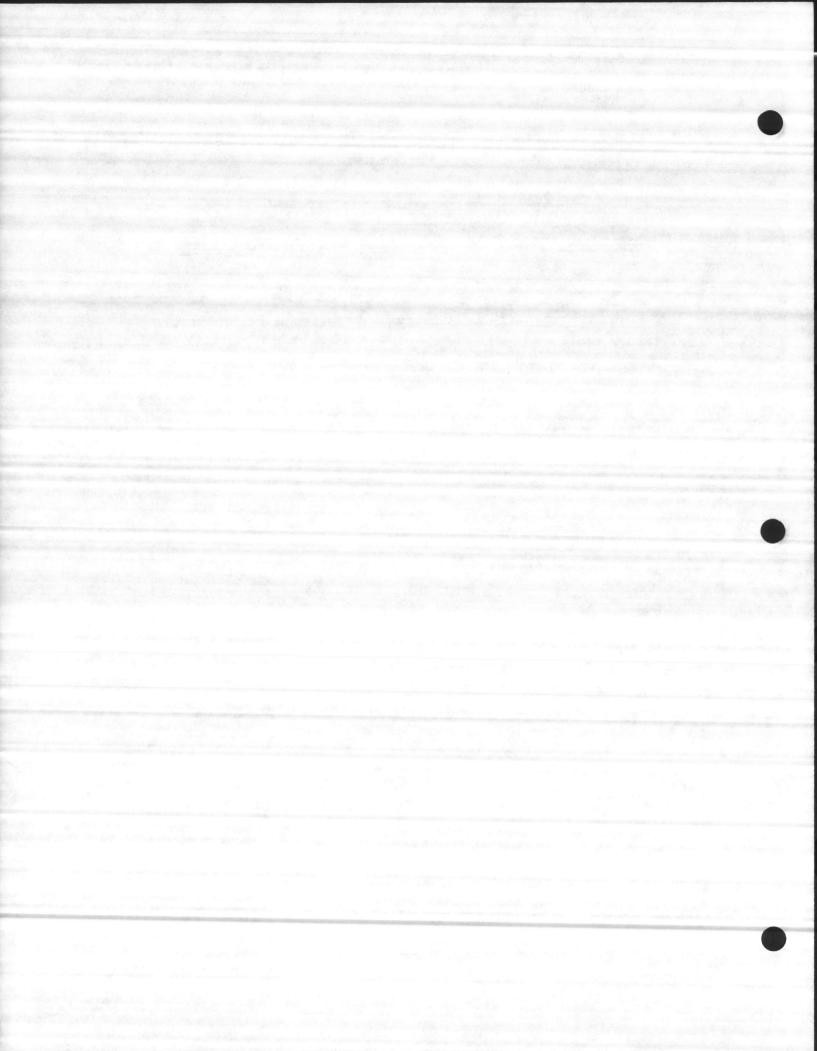
8/84-R

#### CITY OF PHOENIX, ARIZONA FIRE DEPARTMENT PRELIMINARY INJURY REPORT

INSTRUCTIONS
White — Psyroll
Yellow — Safety
Pink — City Safety

NOTE: All reportable industrial injuries are subject to review by The Fire Department Accident Review Committee. Injured Employee and Reviewing Authority Subject to appear before Accident Review Committee.

PLOYEE					SSM		TH DATE		COMPANY	SHIF
ME ADDRESS (mu	mbor & arrest)			CITY	The state of	STATE	ZIP CC	DE	PHONE NO.	A
EX: MALE	FEMALE	MARITA	L STATUS:	SINGLE	MARRIED	DIVORCED	WIDOWER	NO.	OF DEPENDENTS	
	DATE	Time	DATE EMPLOY	ER NOTIF.	PAR	T OF SOOY INJURED		8104 11	NURED	
ACCIDENT						. OF SOUT INSURED		No. of the Control of	LEFT BOTH	
BUTIT BOL RUC	Se - 16	PROGAGO	LE DATE RETURN	TO WORK		LAST DAY EMPL WO	PRKED		GP. NO.	
DORESS OR LOCA	TION OF ACCIO	ENT CITY CO	UNITY STATE ZIP	COOS			15/01/20 15/20		A. T. A	1000
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PERSON NOT IN CE	from sportfull co	Gurrad (Highting	g Fira, Priyureas htm	NAME & ADDRE	ra, Training, ed.; E58					
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# Training Development & Safety/Safety SAFETY PROCEDURE SUGGESTIONS OR CHANGES

PHOENIX FIRE DEPARTMENT FORMS MANUAL

#90-6D

New 5/83

M.P. 904.04

8/84-R

## PURPOSE

To receive safety suggestions from field personnel.

# INDIVIDUAL RESPONSIBLE FOR COMPLETING

Anyone with a suggestion.

WHEN FORM IS TO BE COMPLETED Anytime.

# INSTRUCTIONS FOR COMPLETION

Fill in all self explanatory blanks.

#### ROUTING

From employee to Safety Division Chief.

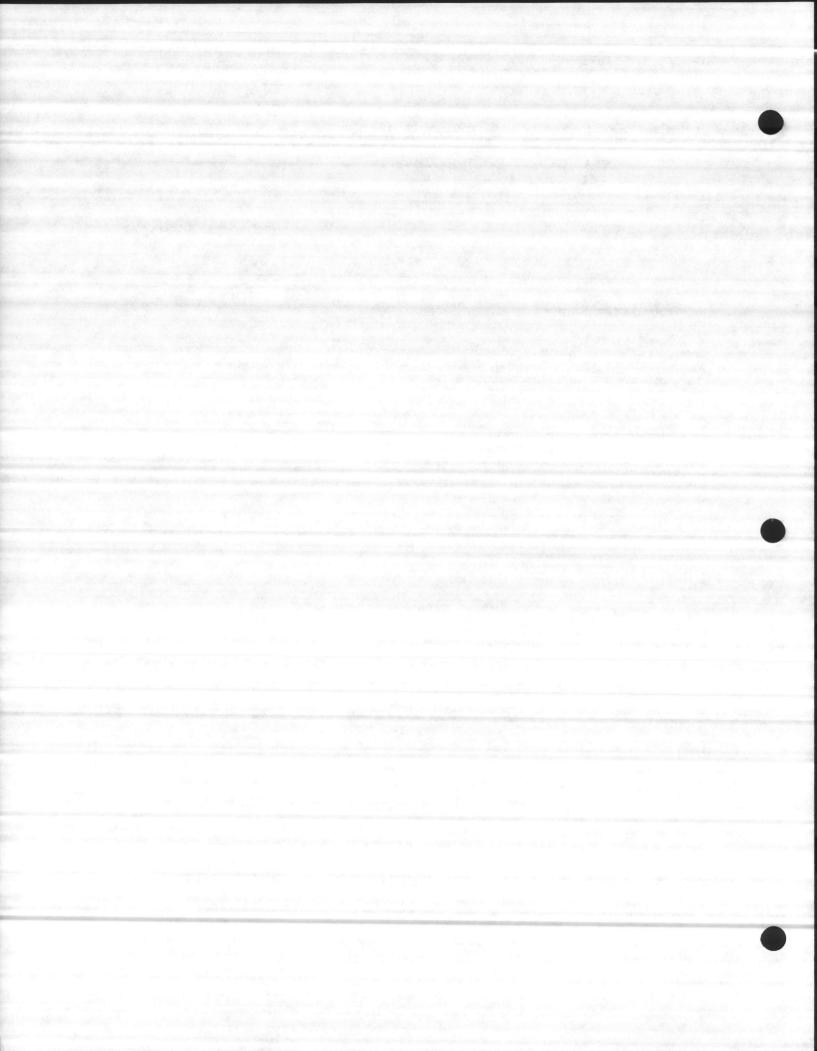
#### RETENTION

One year

### AUTHORITY

Safety Division

#### PROGRAM



# Training/Development & Safety/Safety SAFETY PROCEDURE SUGGESTIONS OR CHANGES

Thank you for your interest and comments.

PHOENIX FIRE DEPARTMENT FORMS MANUAL

#90-6D

New 5/83

M.P. 904.04

8/84-N

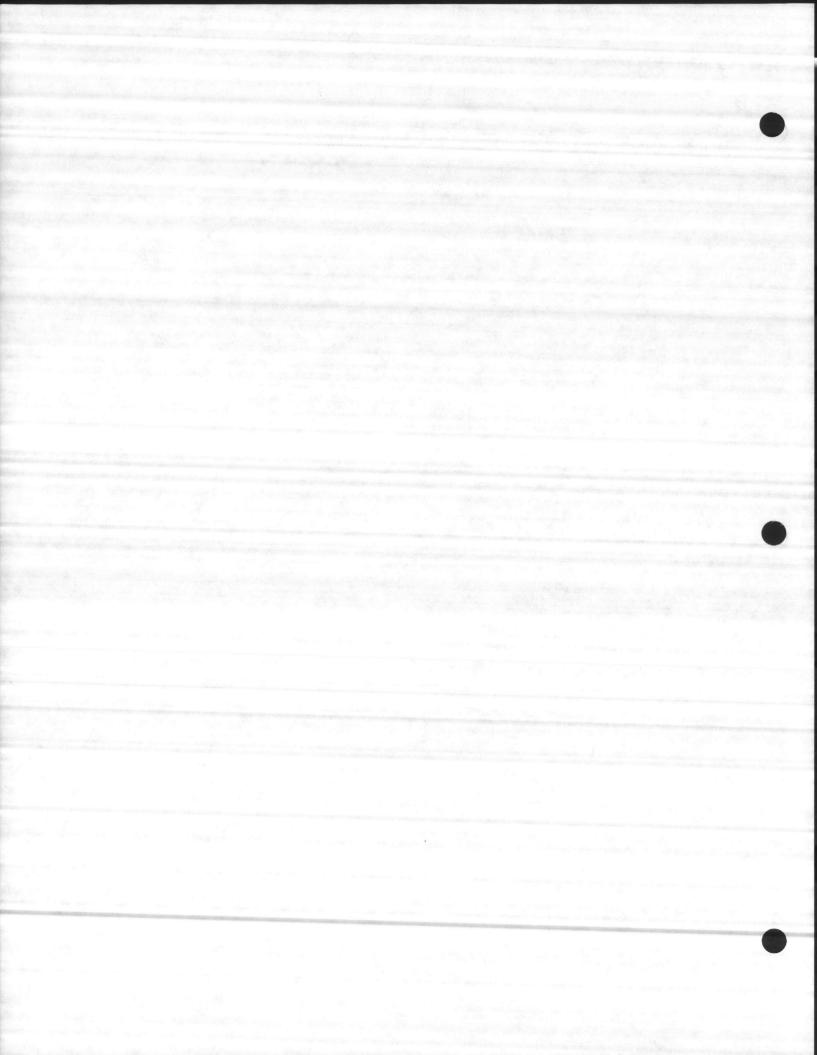
#### CITY OF PHOENIX, ARIZONA FIRE DEPARTMENT

## SAFETY PROCEDURE SUGGESTIONS OR CHANGES

This form is for your convenience in recommending improvements or changes in the current safety procedures. Please be specific with your recommendations and provide a brief explanation as to wny you feel this improvement or change is necessary. All suggestions will be reviewed by Fire Safety.

TO: Fire Safety DATE. SCBA Protective Clothing From: Fireground Safety Driver Safety Station Salety Physical Fitness

. 90-60 New 5/83



#### DRIVER'S VEHICLE ACCIDENT REPORT

#90-7D

New 7/79

PHOENIX FIRE DEPARTMENT FORMS MANUAL

M.P. 904.05

8/84-R

To record driver's explanation of what happened at the accident in which he was involved.

### INDIVIDUAL RESPONSIBLE FOR COMPLETING

Driver of vehicle involved.

# WHEN FORM IS TO BE COMPLETED Immediately to five days after accident.

#### INSTRUCTIONS FOR COMPLETION

Complete each blank or question as accurately as possible.

### ROUTING

One copy to Safety Division Chief, to Action Safety Subcommittee.

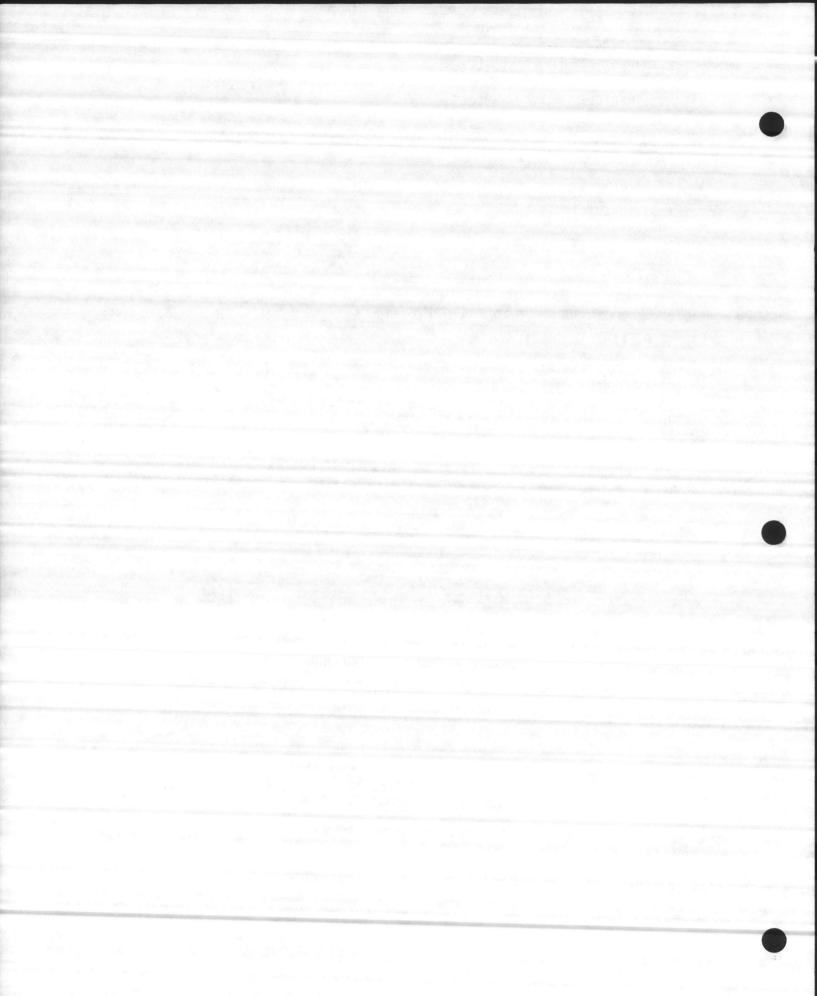
#### RETENTION

Throughout employee's career

#### AUTHORITY

Safety Officer

#### **PROGRAM**



# Training/Development & Safety/Safety DRIVER'S VEHICLE ACCIDENT REPORT

PHOENIX FIRE DEPARTMENT FORMS MANUAL

#90-7D

New 7/79

M.P. 904.05

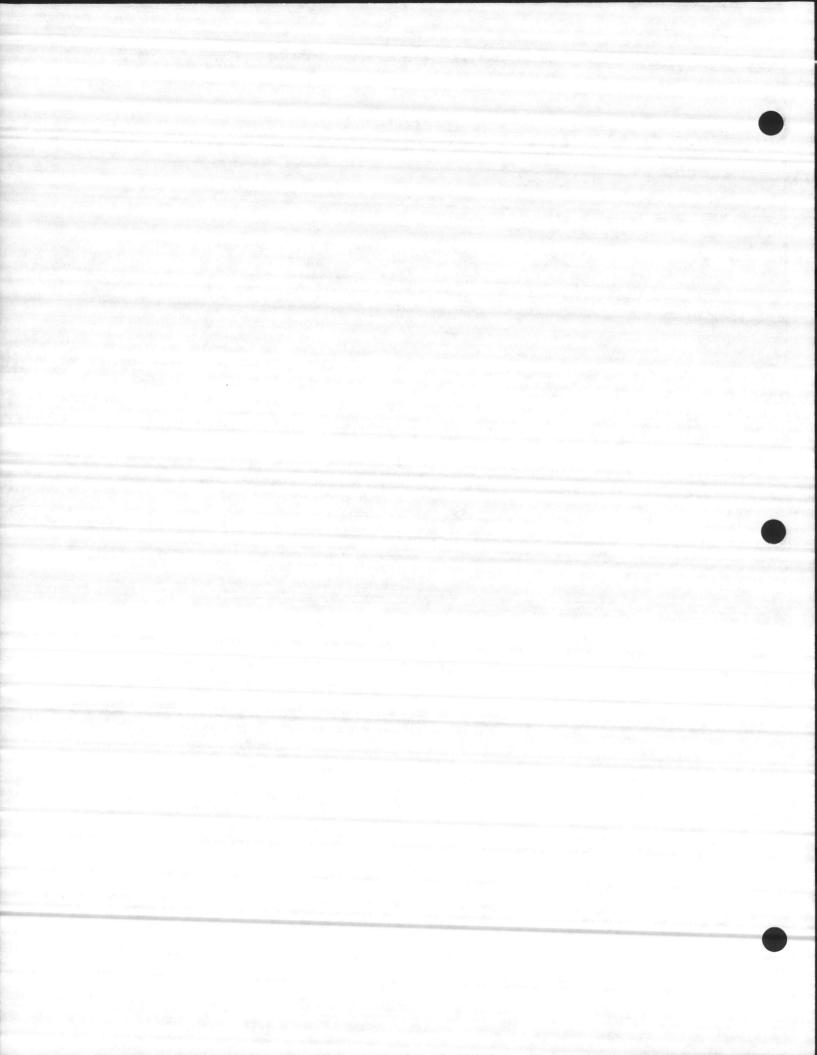
8/84-R

#### CITY OF PHOENIX, ARIZONA FIRE DEPARTMENT

ORIVER'S VEHICLE ACCIDENT REPORT (Complete within 5 days - return to Safety Officer)

	Date
	Time
ame of Driver	_Name of Supervisor
ocationEquip. #	_Sta/ShiftCompany
Vas Fire Department Venicie Code 3? Yes	
Did Police Department make a report of accident? Yes	
ire Department injuries: Yes No.	
Civilian injunes: YesNo	
eventy of vehicle damage: NONE MINOR MODERA  Over's statement of how accident happened:	TE EXTENSIVE FOTAL
	- 195.98 1999 - 197.98
eck the items that you believe were the contributing causes of	this accident:
inattention of driver	Mechanical failure
Onving too fast for conditions	Road conditions
Failed to allow sufficient clearance	Other driver's error
Improper use of mirrors	- Backing spotter error
Failed to check equipment	Other: (Explain)
Poor driving judgment	
	W-12

10-75



SUPERVISOR'S SAFETY INVESTIGATION REPORT

#90-64D

Rev. 8/81

## PHOENIX FIRE DEPARTMENT FORMS MANUAL

M.P. 904.06

8/84-R

PURPOSE

To determine preventability of each industrial and vehicular accident on the job.

#### INDIVIDUAL RESPONSIBLE FOR COMPLETING

Company Commanders and District Managers.

WHEN FORM IS TO BE COMPLETED

At the time of review of form #90-4D, preliminary injury report.

#### INSTRUCTIONS FOR COMPLETION

Fill in all self-explanatory blanks, signature required.

#### ROUTING

Employee to first level supervisor to second level supervisor. Three copies - Company Officer to District Manager, Assistant Chief Training/Development & Safety. White copy-Payroll, yellow copy-Safety, pink copy-City Safety.

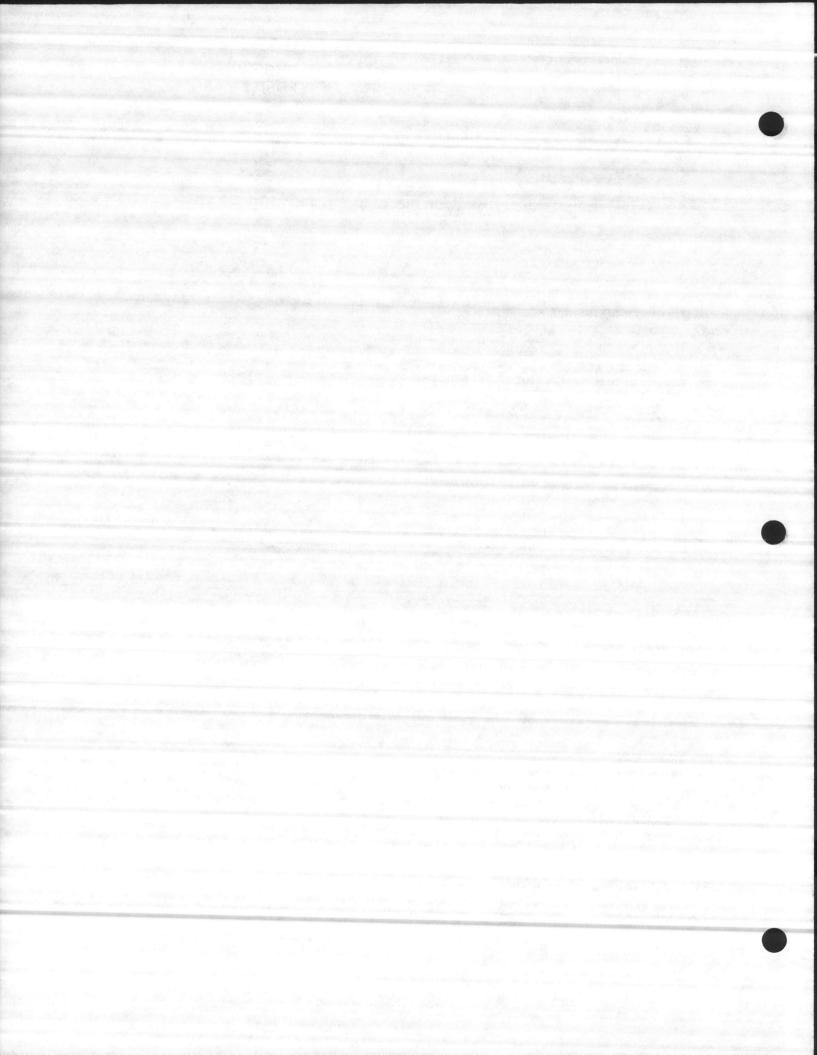
#### RETENTION

Duration of employee's career

#### **AUTHORITY**

Safety Officer/Training/Development & Safety

#### PROGRAM



# Training/Development & Safety/Safety SUPERVISOR'S SAFETY INVESTIGATION REPORT

# PHOENIX FIRE DEPARTMENT FORMS MANUAL

#90-64D

Rev. 8/81

M.P. 904.06

8/84-R

#### CITY OF PHOENIX, ARIZONA FIRE DEPARTMENT

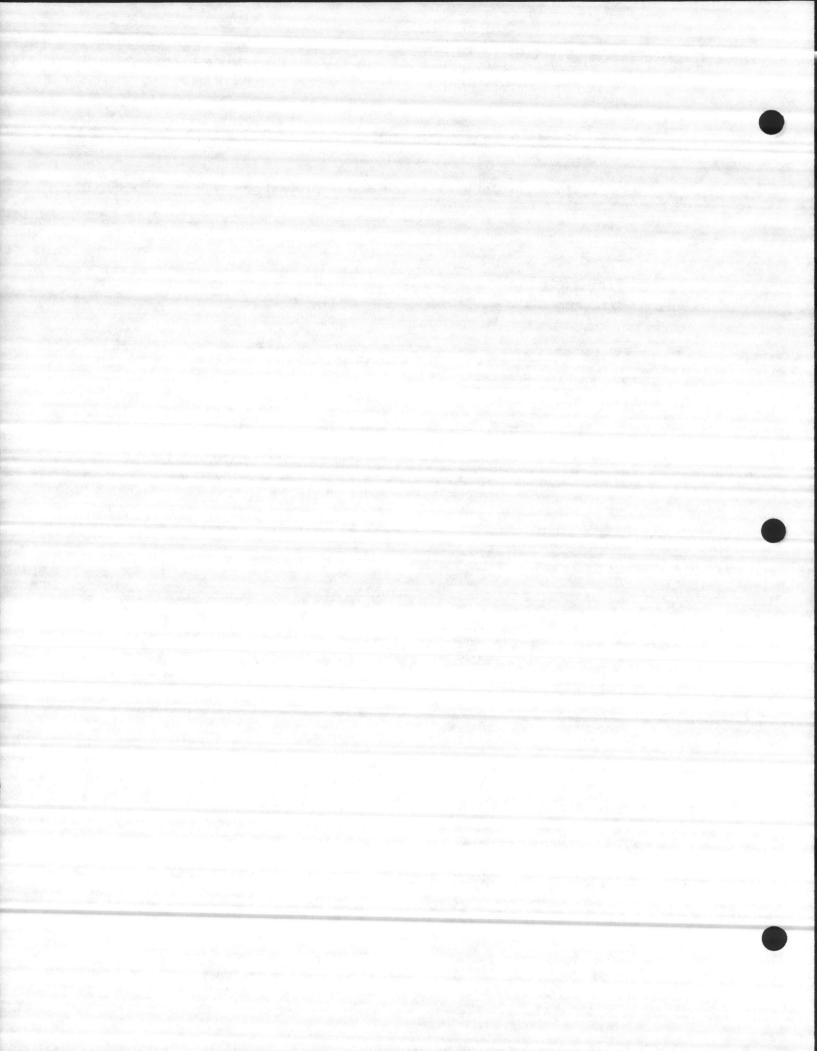
# SUPERVISOR'S SAFETY INVESTIGATION REPORT

INSTRUCTIONS:
WHITE: PAYROLL
YELLOW: SAFETY
PINK: CITY SAFETY

EMPLOYEE NAME:		RANK	OIV.	CO. &
_	LOCATION:			SHIFT
VEHICLE ACCIDENT		Mr. or owner.		
INDUSTRIAL INJURY	OATE:		TIME	
SAFETY VIOLATION, SP				
	ecity:			
OTHER				
HIS SECTION SHALL BE COMPLETE	D BY THE 1st LEVEL SU	PERVISOR	a de la companya de l	
SUPERVISOR				ANK DATE.
I have investigated this inciden	t and made the follo	owing determ	nations:	
1. Were any Fire Department p		Yes	□ No	
If yes, specify				
2. Did the employee exercise g	nod judgementa.	7 va [7.	L. MITCHELL A	
			No T	
3. Was equipment failure or ina		Yes	No	
If yes, specify	100 to 10			
The second secon				
	(attach a supple	ement sheet fo	or more comme	ents)
4. I RECOMMEND	HAVE TAN	KEN the follow	ving action:	
A				
		100 Yaya - 140		
8.	DOMESTIC SHOPE OF			
C.			7.5	
HE CECTION CHAIL OF COURT			DATE	SIGNATURE
HIS SECTION SHALL BE COMPLETED	BY THE 2nd LEVEL SU	PERVISOR	RANK;	
JPERVISOR-			and the second second	OATE:
I agree with the 1st Level Si	upervisor's conclusion	s and recomme	endations	and the second s
I disagree, comment:				
			DATE	SIGNATURE
SAFETY OFFICER DISPOS	ITION:			
Agree with action taken				
Further investigation required.	referred to:			
Other recommendation:				
			AND DESCRIPTION	
The second second second			DATE.	SIGNATURE

NOTE. All reportable industrial injuries are subject to review by The Fire Department Accident Review Committee. Injured Employee and Reviewing Authority subject to appear before Accident Review Committee.

90-64D Rev. 8-81



Training/Development & Safety/Safety
PROTECTIVE CLOTHING INSPECTION REPORT

PHOENIX FIRE DEPARTMENT FORMS MANUAL

#92-5D

Rev. 1/83

M.P. 904.07

8/84-R

#### PURPOSE

Maintain standard for protective clothing.

#### INDIVIDUAL RESPONSIBLE FOR COMPLETING

Captain or District Manager.

WHEN FORM IS TO BE COMPLETED
July, by the District Manager. January, by the Captain.

## INSTRUCTIONS FOR COMPLETION

Place findings or comments in proper column.

#### ROUTING

Three Parts
White copy - Safety
Blue copy - Resource Management

Yellow copy - District Manager

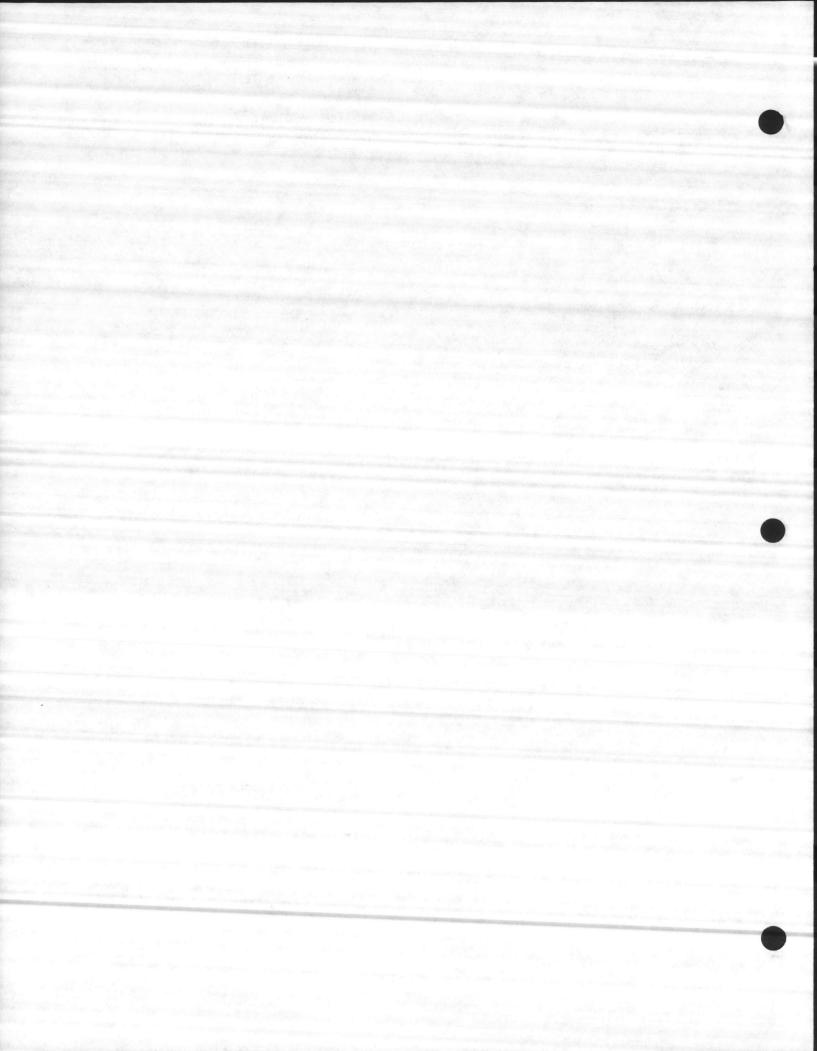
RETENTION

One year

AUTHORITY

Safety Officer

PROGRAM



# Training/Development & Safety/Safety PROTECTIVE CLOTHING INSPECTION REPORT

# PHOENIX FIRE DEPARTMENT FORMS MANUAL

#92-5D

Rev. 1/83

M.P. 904.07

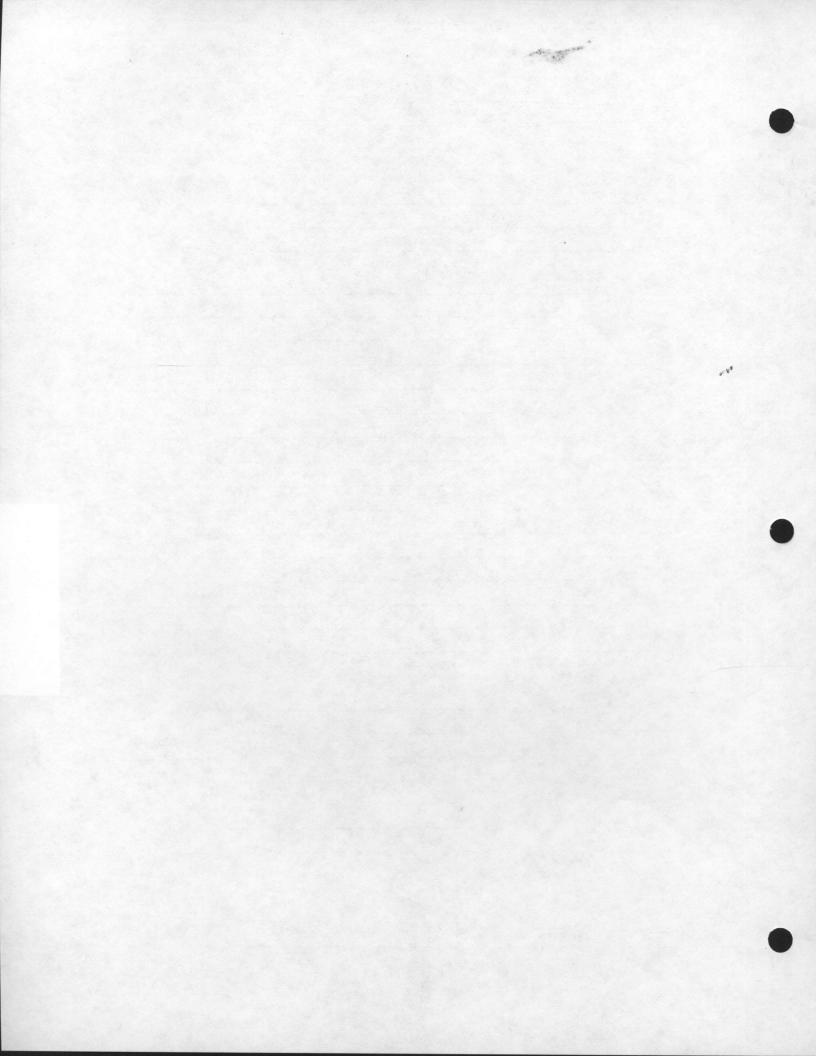
8/84-R

City of Phoenix, Arizona FIRE DEPARTMENT

# PROTECTIVE CLOTHING INSPECTION REPORT

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STATION:	DATE:	DATE:						
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92-5D Rev. 1-83



# Training/Development & Safety/Safety PROTECTIVE CLOTHING INSPECTION REPORT

# PHOENIX FIRE DEPARTMENT FORMS MANUAL

#92-5D

Rev. 1/83

M.P. 904.07

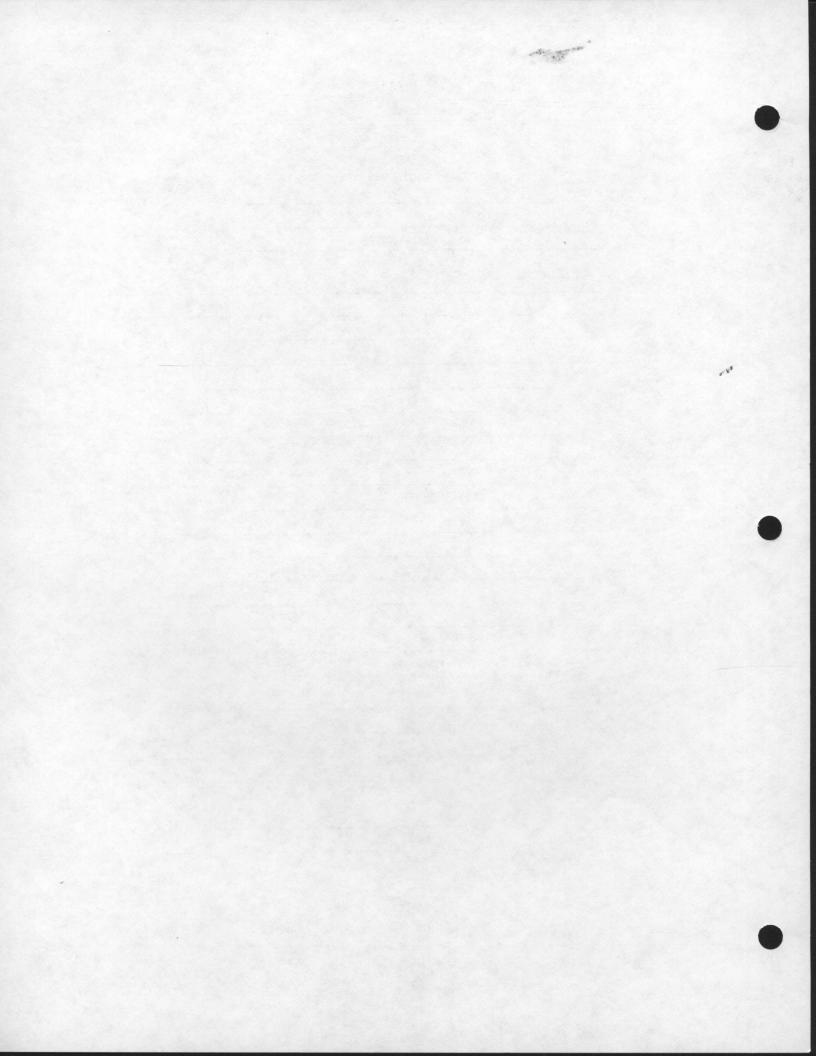
8/84-R

# City of Phoenix, Arizona FIRE DEPARTMENT

# PROTECTIVE CLOTHING INSPECTION REPORT

STATION:	DATE: INSPECTED BY:					DISTRIBUTION: Nhite - Safety Yellow - District Pink - Station			
HIFT;						1 4	5 5		
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92-5D Rev. 1-83



ACADEMY REVIEW MEMO

#90-46D

Rev. 2/83

PHOENIX FIRE DEPARTMENT **FORMS MANUAL** 

M.P. 904.08

8/84-R

PURPOSE

To document reasons for a company's late arrival at the Training Academy.

# INDIVIDUAL RESPONSIBLE FOR COMPLETING

Initiated by the company officer, Supervisor of Training makes appropriate comments, Shift Commander makes comments, and District Manager make comments. WHEN FORM IS TO BE COMPLETED

Upon company's arrival at the Training Academy.

#### INSTRUCTIONS FOR COMPLETION

Fill in upper portion of the explanation from company officer by making appropriate checks and information. Explanation from company officer portion should include any verifying information such as card number and time out. Signature required.

### ROUTING

Company officer to Supervisor of Training to Shift Commander to District Manager back to Supervisor of Training.

#### RETENTION

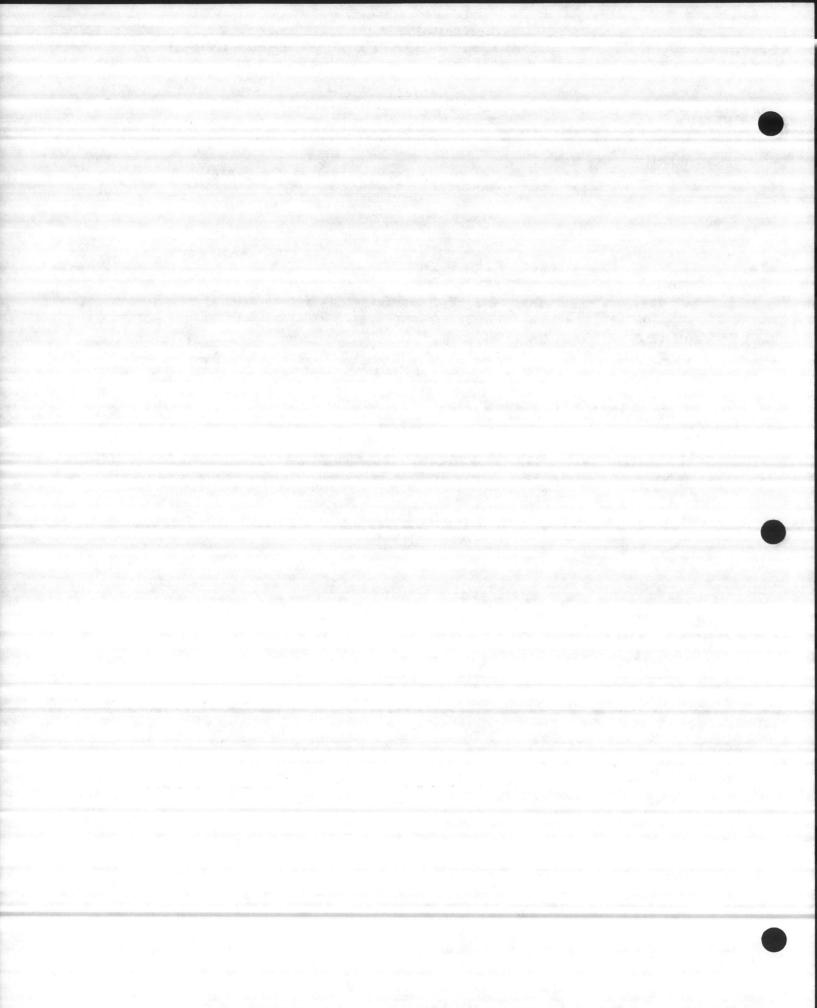
Two years at Training Academy

#### AUTHORITY

Supervisor of Training

#### PROGRAM

Training classes



ACADEMY REVIEW MEMO

#90-46D

Rev. 2/83

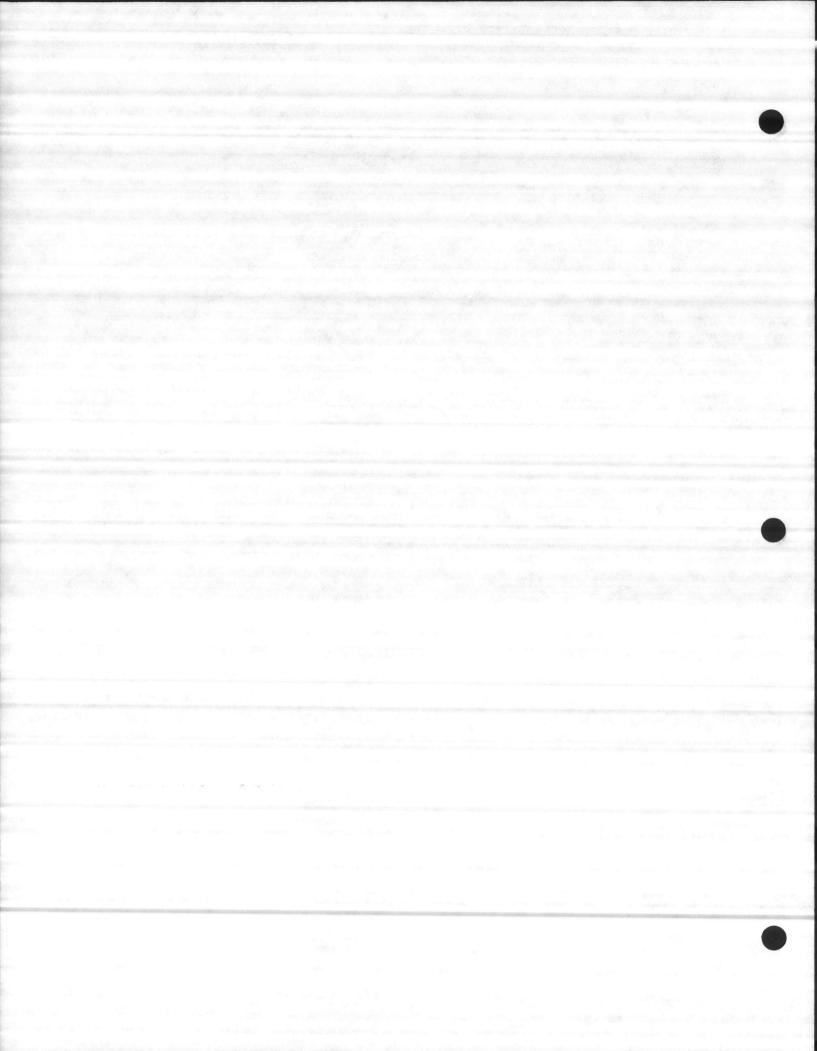
# PHOENIX FIRE DEPARTMENT FORMS MANUAL

M.P. 904.08

8/84-R

### CITY OF PHOENIX, ARIZONA FIRE DEPARTMENT ACADEMY REVIEW MEMO

TO: Supervisor of Training	DATE:	
FROM: COMPANY:	SHIFT:	
REASON FOR MEMO:		The state of the s
☐ Late for Training	- Other	
☐ Late Training Packet	The second second	
☐ Late for Officer's Training		All Control
EXPLANATION	DATE	
		500
AND THE PERSON NAMED IN COLUMN		
	Signature:	
TRAINING SUPERVISOR'S COMMENTS:		
The country of the co		
DISTRICT MANAGER'S COMMENTS:	fficer's Signature	
	OATE	
		-
Or	ficer's Signature	



PROBATIONARY FIREFIGHTER'S MONTHLY PROGRESS REPORT Rev. 11/83 #92-30D

PHOENIX FIRE DEPARTMENT FORMS MANUAL

M.P. 904.09

8/84-R

To provide a monthly performance evaluation of the probationary firefighter.

#### INDIVIDUAL RESPONSIBLE FOR COMPLETING

Company Officer.

WHEN FORM IS TO BE COMPLETED At the end of each monthly grading period.

#### INSTRUCTIONS FOR COMPLETION

Employee is to be rated in all areas listed on form. Rater is to review completed form with employee and District Manager and obtain appropriate signatures. Ratings of 3 or 4 in any area shall be accompanied by appropriate documentation.

When the reviewer disagrees with the rater's assessment, supporting comments must be included.

#### ROUTING

Three copies - White to Personnel, Canary to Training Section, Pink to employee.

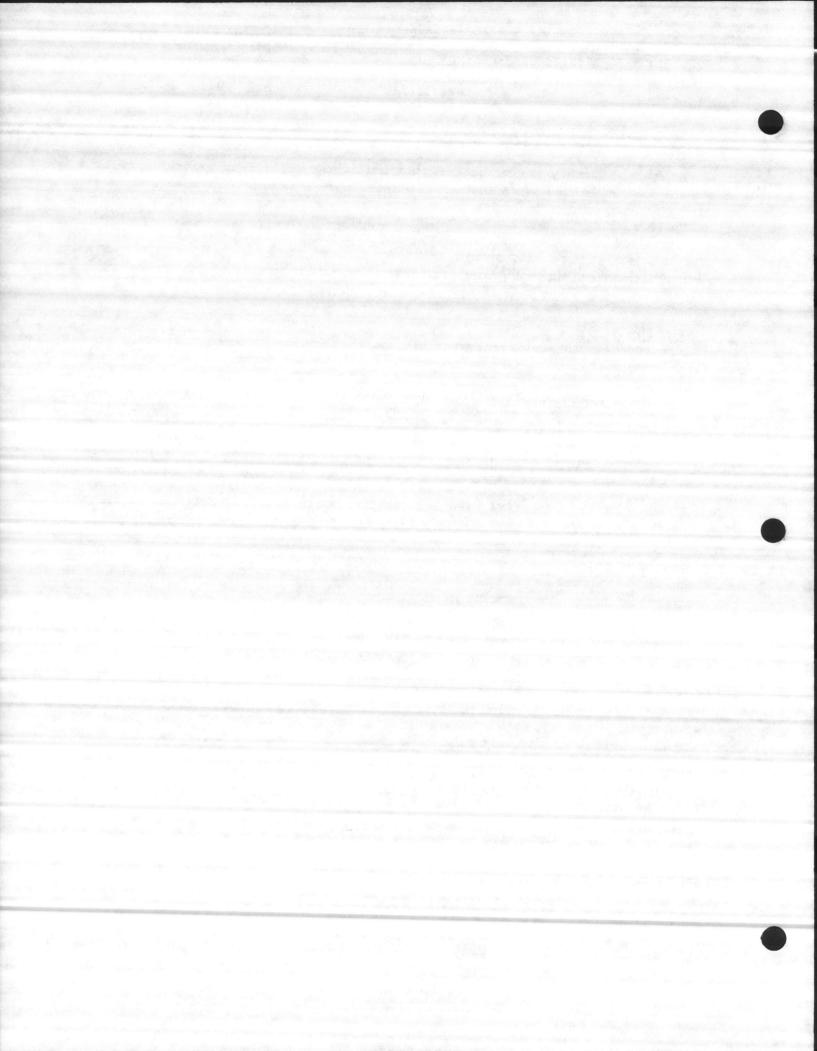
RETENTION - maintained in Firefighter's personnel file through his/her career. Canary copy - maintained in Firefighter's personnel file at Training Academy and destroyed at end of probationary period. Pink copy - employee.

#### AUTHORITY

Supervisor of Training

#### PROGRAM

Probationary Firefighter's Progress Report



PROBATIONARY FIREFIGHTER'S MONTHLY PROGRESS REPORT

Rev. 11/83 #92-30D

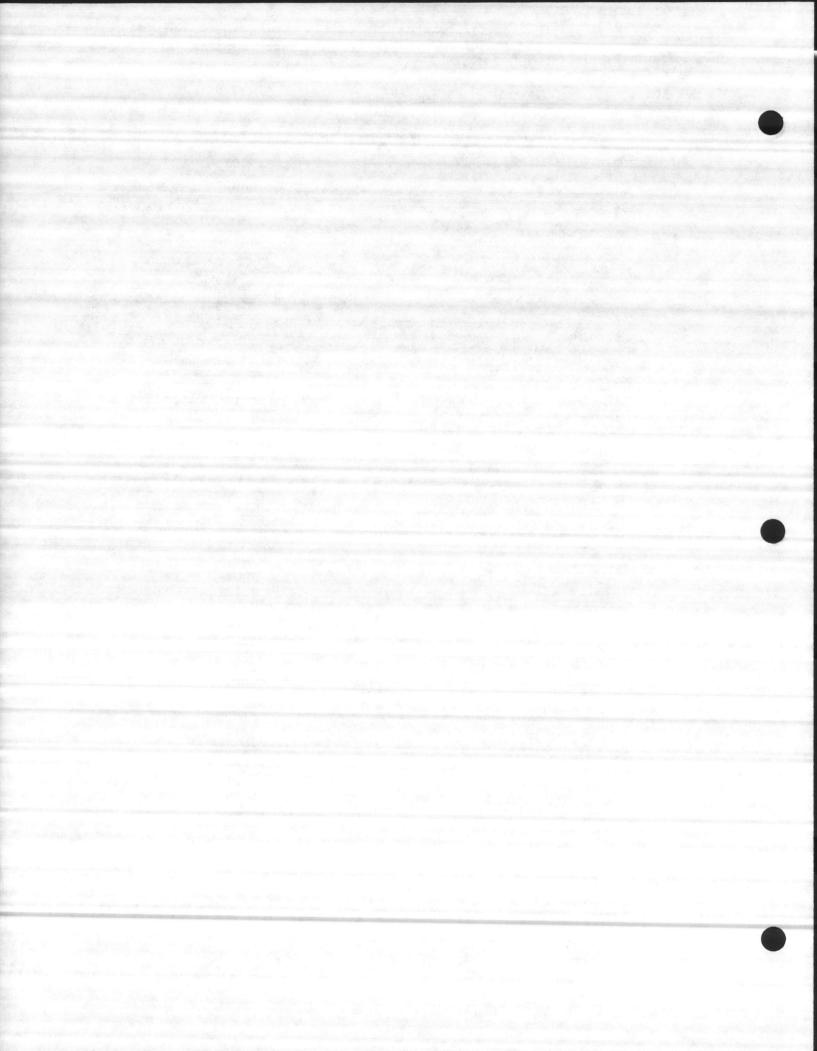
PHOENIX FIRE DEPARTMENT FORMS MANUAL

M.P. 904.09

8/84-R

## City of Phoenix, Arizona FIRE DEPARTMENT Probationary Firefighter's Monthly Progress Report

DATE	EMPLOYEE	ASSIGN	MENT		
HE ABOVE EMPLOYEE	HAS BEEN UNDER MY SUPERVISION			SHIFTS	CIRCLE
EVALUATION KEY	1. EXCEEDS STANDARDS 3. REQUIRES IM 2. MEETS STANDARDS 4 NOT SATISFA	PROVEMENT		MONTHS	
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PARTICIPATION IN P	HYSICAL TRAINING				
ATTITUDE TOWARD	SUPERVISORS				
ATTITUDE TOWARD	OTHER EMPLOYEES		-		!
KNOWLEDGE OF FIR	E DEPARTMENT EQUIPMENT			_	+
	ANCE OF FIRE DEPT EQUIPMENT		-		
	ANCE OF PERSONAL EQUIPMENT				
	N		1.		
	ORK HOURS		1	1	1000
OBSERVANCE OF SA	FETY PROCEDURES				j .
OPERATION OF THE	CAD SYSTEM				1 .
PERFORMANCE OF	OUTINE STA. DUTIES/ASSIGNMENTS			· Park	
	FIRE INCIDENTS		1		
	M.S. INCIDENTS		1		. 1460-
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A HOSE EVOLUTION	NS				
B HAND LADDER O	PERATIONS				
C SALVAGE OPERA	TIONS				
O FORCIBLE ENTRY	TECHNIQUES	<u></u>	<u>i</u>		75.
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OTHER			+	_	1
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EVIEWED BY		DATE			
GREE C DISAGREE	COMMENTS				
APLOYEE		DATE			
STRIBUTION		٠٠.١٠			
WHITE - PERSONNEL FILE CANARY - "RAINING ACAC PINK - EMPLOYEE	EMY				



EMPLOYEE SUGGESTION PROGRAM

# PHOENIX FIRE DEPARTMENT FORMS MANUAL

#150-27D

Rev. 3/83

M.P. 904.10

8/84-R

#### PURPOSE

To provide a format for processing employee suggestions.

# INDIVIDUAL RESPONSIBLE FOR COMPLETING

The employee with the suggestion or idea.

### WHEN FORM IS TO BE COMPLETED

At employee's convenience.

# INSTRUCTIONS FOR COMPLETION

Fill in all self-explanatory blanks. Signature required.

#### ROUTING

From employee to Management and Budget (directly); three copies.

#### RETENTION

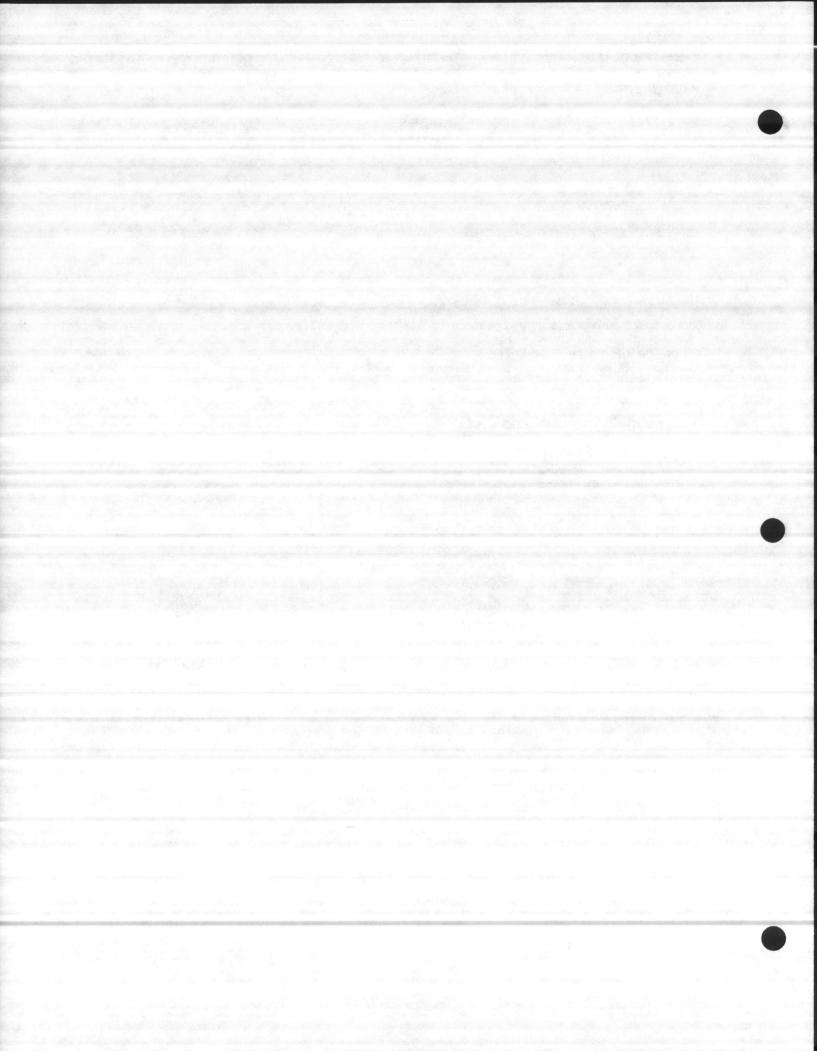
City Employee Suggestion Program Committee until determination is made.

#### AUTHORITY

Citywide form - City personnel

#### PROGRAM

City Personnel



### Training/Development & Safety/Training

### EMPLOYEE SUGGESTION PROGRAM

### PHOENIX FIRE DEPARTMENT FORMS MANUAL

#150-27D

Rev. 3/83

M.P. 904.10

8/84-R





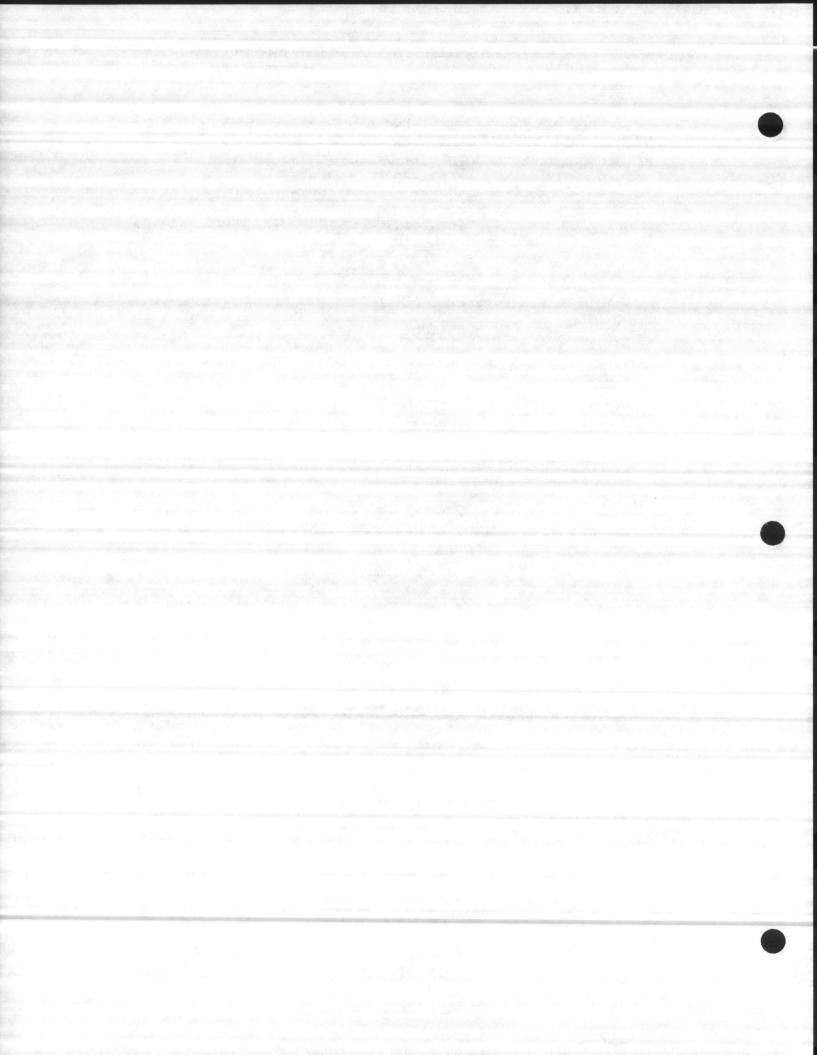
CITY OF PHOENIX
Employee
Suggestion
SSSS Program

Send all three (3) copies to:

Value Management
Resource Office
A copy of the suggestion and number will be returned to you as a receipt.

	1	ATMENT	JST Be Completed Prior To	
				Suggestion Number
	OIVIS	ION/SECTION		
	SUPE	RVISOR'S NAME	OFFICE PHONE NO.	
HIB ISCT OF CLICOSCOTION			CITION PHONE NO.	For Office Use Only
BUBJECT OF SUGGESTION (to allow	for future reference)			
net description of problem, and the pr	esent method or procedure	e in detail.		
			and the second second	
		. 68		
y suggestion is: (Specify in detail. Atta	CD additional serves show	particular and an experience of	AND THE RESERVE OF THE PARTY OF	
	ien additional pages, sketc	nes or samples, etc. to clanfy		
		01 <u>111 </u>		
w will this suggestion improve service.	IDEAS PAY	OFFI THINK OF WAYS	TO IMPROVE	

50-270 PEV 1:83



Administrative Services/Pay and Benefits

OVERTIME/CONSTANT MANNING REQUEST

#90-63D Rev. 7/84

### PHOENIX FIRE DEPARTMENT

M.P. 905.01

8/84-R

PURPOSE

Report when Fire Department personnel have completed authorized overtime/ constant manning work. Report full 24-hour shifts of constant manning as well as partial shifts. To convert compensatory time to pay.

#### INDIVIDUAL RESPONSIBLE FOR COMPLETING

The individual working overtime/constant manning and the approving Supervisor. The employee converting compensatory time to pay.

WHEN FORM IS TO BE COMPLETED

Immediately following the overtime/constant manning period worked. When employee converts compensatory time to pay.

#### INSTRUCTIONS FOR COMPLETION

Print name, division, district, station and shift (sections include duty hours/days off). Fill in department, social security number, initials, date, and time worked (must be in military time), reason for overtime/constant manning. If overtime, check if holdover or call out. If constant manning, include station and shift worked. Check pay or compensatory time credit, include total hours worked. Sign and forward to supervisor who authorized overtime/constant manning. Form must be typed or written in ink. Supervisor should include section, index number and check if 56 or 40 hour job. To convert compensatory time: complete entire top portion, check convert compensatory time, include hours, sign and forward to Payroll.

#### ROUTING

Employee to Supervisor to Division Head to Payroll Clerk. Should be turned in to Payroll within five (5) days from date overtime worked. For compensatory time, convert employee to Payroll.

#### RETENTION

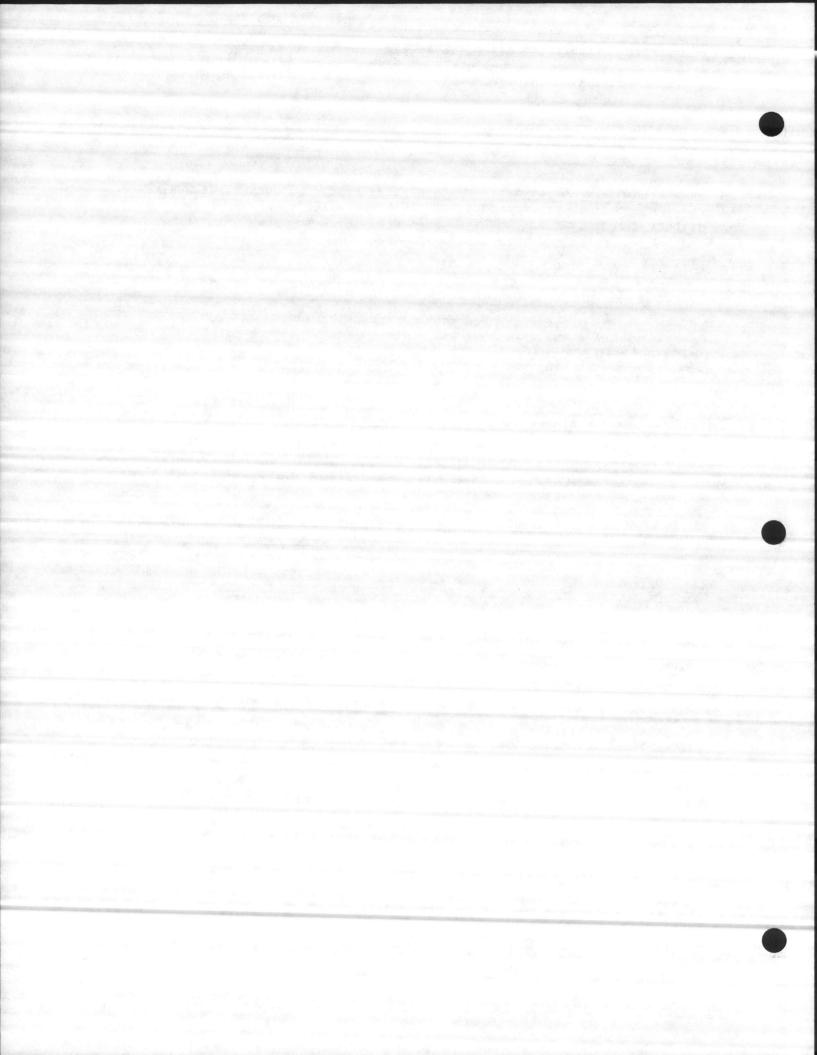
Seven years at Fire Department Payroll

### **AUTHORITY**

City Personnel/Fire Administration

### PROGRAM

Payroll



# Administrative Services/Pay and Benefits OVERTIME/CONSTANT MANNING REQUEST

### PHOENIX FIRE DEPARTMENT FORMS MANUAL

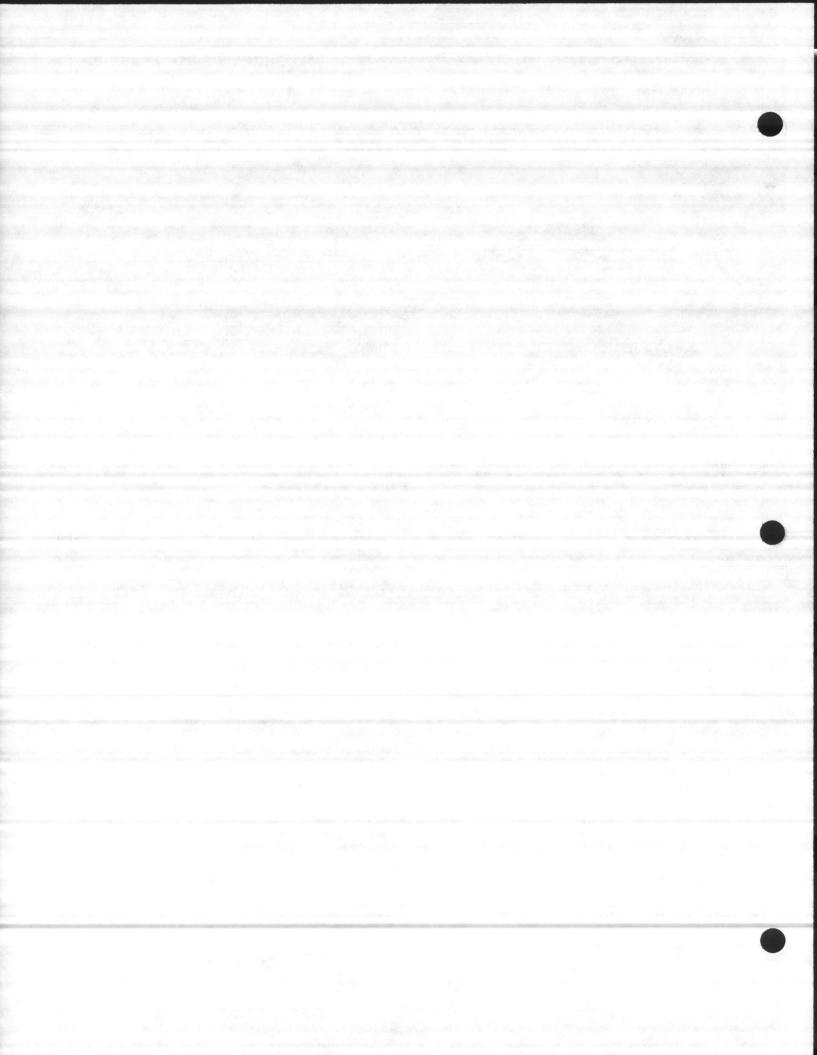
#90-63D

Rev. 7/84

M.P. 905.01

8/84-R

					PAYROLL	USE ONLY	100	
_	EMPLOYEE FILL IN  FUNCTION DEPARTMENT SOCIAL SECURIT		INITIALS	Reason	HOURS			
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CO	DIVISION/SECTION		DISTRICT		STATION		eu	FT
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P	OUTY HOURS/DAYS OFF							
E	EMPLOYEE'S NAME ! PLEASE PRINT LAST NAME. F	IRST NAME. INIT	IALI					
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E								
Y	TOTAL HOURS WORKED		P	AY COM	P TIME CREDIT			
								_
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Oat		Reason						
Oat		Reason						
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	OVERTIME	Reason						
Hold	OVERTIME	_	Constant Mann	Shift	-			
	OVERTIME	_	Constant Mann	Shift time to pay _	ho			
] Hold Call	OVERTIME Over Date of shift	_	Constant Mann Convert comp. (Supervisor app	Shift time to pay _ proval not nec	essary)			
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EQUIPMENT LOAN RECORD

#90-34D

Rev 12/79

### PHOENIX FIRE DEPARTMENT FORMS MANUAL

M.P. 906.01 12/83-R

### PURPOSE

To record equipment loan to other City departments, agencies, contractors, etc.

### INDIVIDUAL RESPONSIBLE FOR COMPLETING

The person responsible for loaning equipment.

### WHEN FORM IS TO BE COMPLETED

Prior to making the loan.

### INSTRUCTIONS FOR COMPLETION

Get verification of the individual or company borrowing the equipment, then complete as indicated. Signature required.

#### ROUTING

Kept by loaning Station or Division until the equipment is returned.

#### RETENTION

Until equipment is returned in good condition.

### AUTHORITY

Resource Management.

### PROGRAM

Resource Management.



EQUIPMENT LOAN RECORD

#90-34D

Rev. 12/79

## PHOENIX FIRE DEPARTMENT FORMS MANUAL

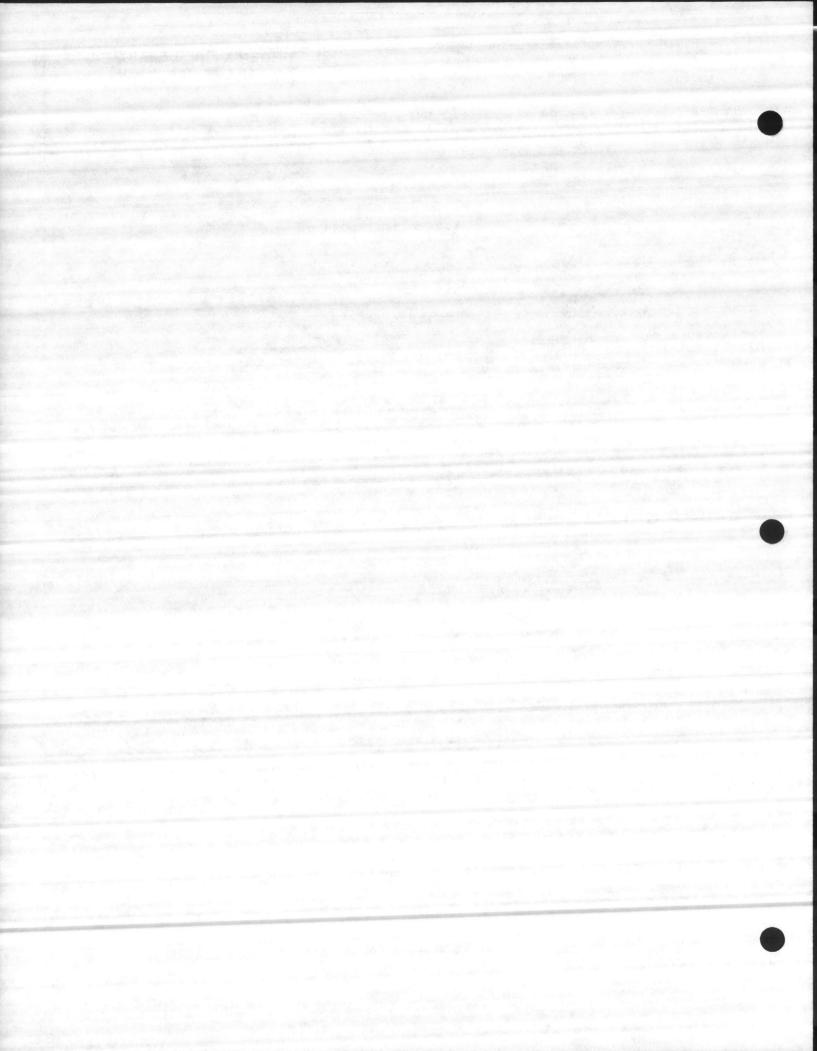
M.P. 906.01 12/83-R

### CITY OF PHOENIX, ARIZONA FIRE DEPARTMENT

### **EQUIPMENT LOAN RECORD**

LOANED:	
LOANING SECTION OR DIVISION:	
CITY OF PHOENIX FIXED PROPERTY INVENTO	RY NUMBER
ESTIMATED VALUE OF LOANED EQUIPMENT:	
DATE LOANED:	LOANED BY:
DATE TO BE RETURNED:	RETURNED:
BORROWED BY:	PHONE NUMBER:
REPRESENTING:	
ADDRESS:	
CONDITION OF LOANED ITEM PRIOR TO LOA	N:
CONDITION OF LOANED ITEM AFTER RETURN	d:
REPAIR NEEDED, IF ANY:	
ESTIMATED COST OF REPAIR OR REPLACEMENTS (TO BE DETERMINED BY PROPER SECTION OF	
LOANED EQUIPMENT RETURNED BY:	
RETURNED EQUIPMENT RECEIVED BY:	
representative of any agency, public or private, tha equipment borrowed as stated above and in additio of any item or items lost, broken or damaged while relief shall be borne by the borrower. Any liability	r person borrowing Fire Department property in his name or as a the is solely responsible for the prompt return of any item or article of in, except for fair wear and tear, is responsible for repair or replacement to those items are in his possession. Any expense for legal recovery or occurring as a result of the possession, storage or use of the loaned by of the borrower and shall not encumber the City of Phoenix, its
SIGNED: BORROWER	
SIGNED:	

90-340 REV. 12-71



HYDRANT REPAIR REQUEST

### PHOENIX FIRE DEPARTMENT FORMS MANUAL

#92-3D

Rev. 7/84

M.P. 906.02 8/84-R

### PURPOSE

To record problems found during plug inspection.

### INDIVIDUAL RESPONSIBLE FOR COMPLETING

Captain

### WHEN FORM IS TO BE COMPLETED

Same day as problem is found.

### INSTRUCTIONS FOR COMPLETION

Fill out form completely. Location, make, date, proper time number, draw in location in area provided. Signature required.

### ROUTING

White copy to Water Resources Officer, canary copy to City Water Department, pink copy to Resource Management, goldenrod copy - Station.

#### RETENTION

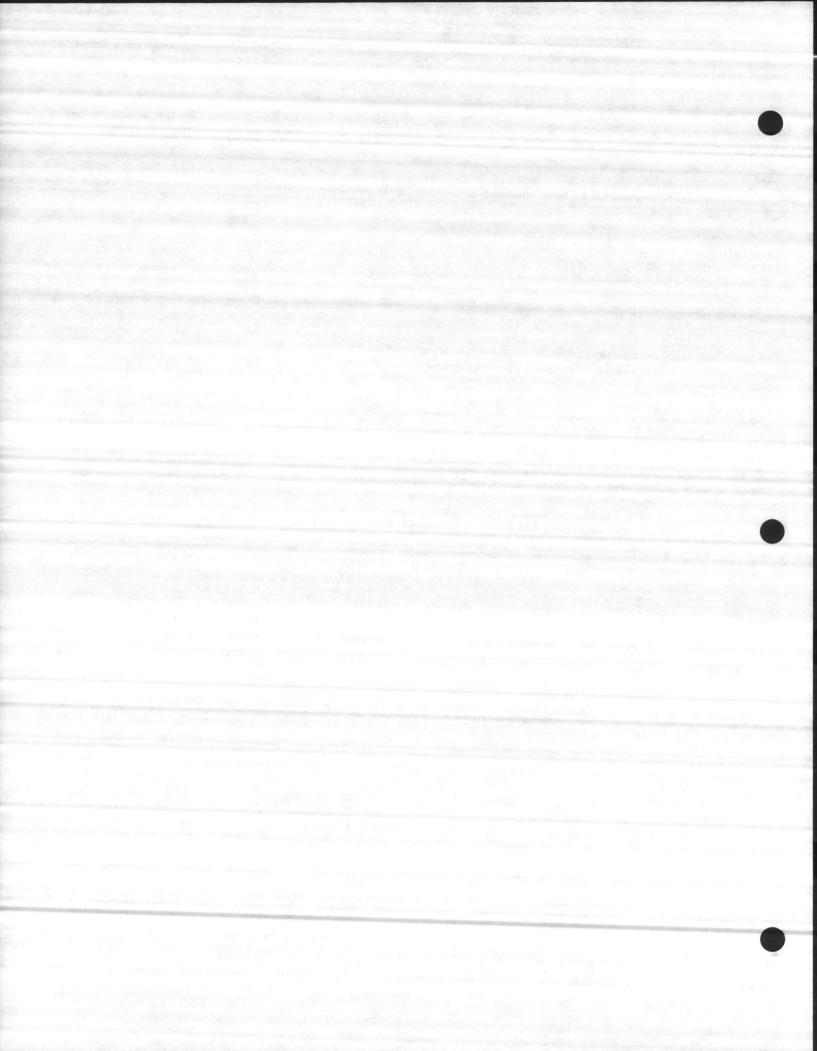
Keep goldenrod copy in station file until pink copy is returned with disposition.

### AUTHORITY

Water Resource Officer

### PROGRAM

Hydrant Maintenance

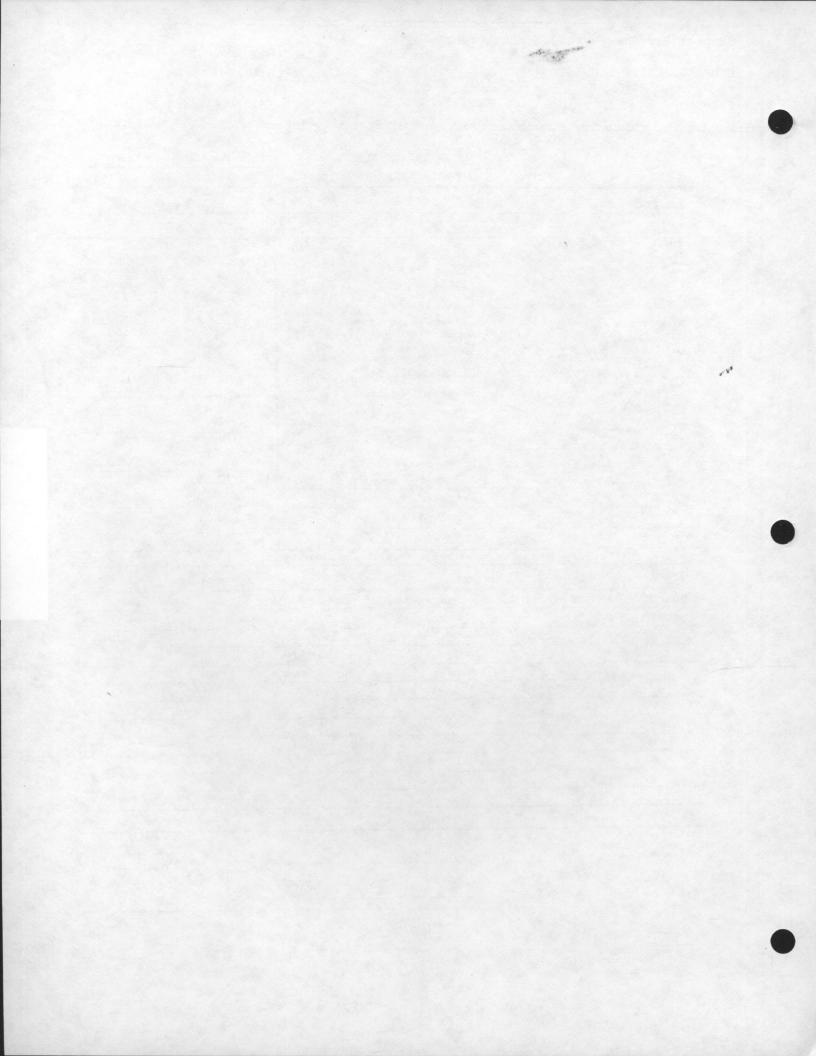


Rev. 7/84 #92-3D

### PHOENIX FIRE DEPARTMENT FORMS MANUAL

M.P. 906.02 8/84-R

		CITY OF PHO			Water	Dept. Req	uest 🗌
	HYDRA	NT REPAI	R REQUES	T	CONTROL	* A	0001
LOCATION:						DATE:	
MAKE:	HYDRANT I.D. #			MAP	AGE:		
CHECK APPROPRIATE BOX	BELOW:						
Priority Repair					Street	ocation of	Hydrant
Ory Hydrant	. Hydrai	nt Hit (leaning	1)				1
☐ Independent Valve Exe	rcised    Leak a	t Base					
☐ Broken Stem	☐ Leak a	t Bonnet, or	Stem				
☐ Frozen Stem		rcle one)					
☐ Law Volume	Ci (Ci	Damaged — rcie dimensio	2½", 4" n)				
Steamer Too Low	☐ Hard T	urning Stem				1	
☐ Hydrant Missing	☐ Steam	er Facing Wro	ing	L		1	
Hydrant Off Base	Face: _						
Other Out-of-service	☐ Interna	d Obstruction					
	Needs	Paint			COMPA	NY OFFIC	ER (print)
Red Ring Installed	☐ Other	Deficiency:			STATION:	SI	HFT:
Comments: (Print)					Water Re	sources (	JSE ONLY
ATE RECEIVED:	REPAIRED BY:	WASTEWAT	ER USE ONL	·r	DATE REPA	RED	
IATERIALS USED	I.V. OF CITE	011	I I		EQUIPMENT U	SED	
DESCRIPTION	PART *	QUANTITY	EQUII	MENT TYPE		UIP. #	HOURS
			то	TAL PERSON	HOURS	1	1
			COMMENTS:				
FIRE DEPT. USE M.C.:	E.C.:		LASOR:		TOTAL		
IE DEPT. USE YDRANT CHECKED ND IN SERVICE	COMPANY OFFICER			2,	ATE	CANAR PINK	WATER FIRE Y- WATER BESOURCE MGMT NROD STATION
5	DISTRICT MANAGER			34	ATE .		32-30 REV - 34



HYDRANT REPAIR REQUEST

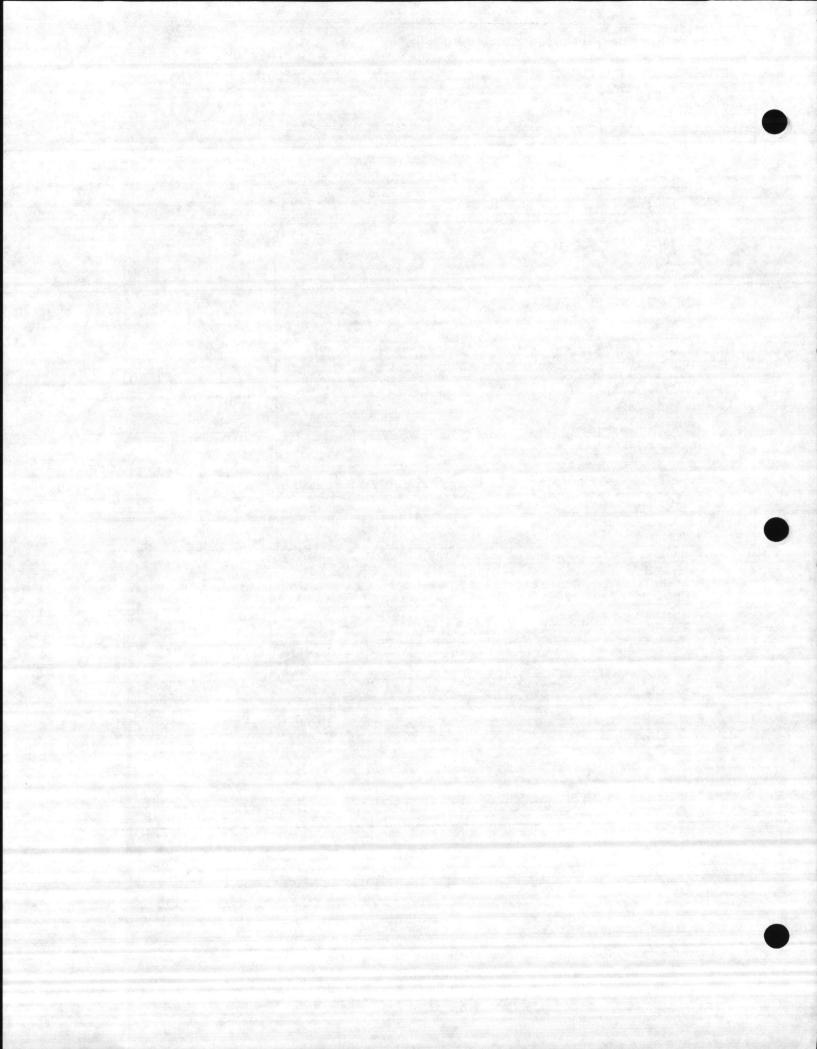
#92-3D

Rev. 7/84

### PHOENIX FIRE DEPARTMENT FORMS MANUAL

M.P. 906.02 8/84-R

			CITY OF PH					Water D	ept. Requ	est $\square$	
		HYDRA	NT REPA	IR REQ	UEST	Γ	CON	NTROL #	А	000	1
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☐ Independent Valve	Exercised	☐ Leak a	t Base								
☐ Broken Stem			t Bonnet, or	Stem							
☐ Frozen Stem			rcle one)								
☐ Low Volume		(C)	Damaged -	on)							
Steamer Too Low		☐ Hard T	urning Stem								*
☐ Hydrant Missing		☐ Steame	er Facing Wr	rong							
☐ Hydrant Off Base		Face: _									
Other Out-of-service		☐ Interna	d Obstruction	n							
		Needs	Paint					COMPAN	Y OFFICE	R (print)	)
Red Ring installed		Other I	Deficiency:				STATION: SHIFT:				
Comments: (Print)							'	Water Res	ources U		TIALS
								gged OUT	for Verifi		
		WATER &	WASTEWA	TER USE	ONLY					cations	
DATE RECEIVED:		WATER &	WASTEWA	TER USE	ONLY		Date Los		for Verifi	cations	
	HYDRANT [	REPAIRED BY:		TER USE	ONLY		Date Los	gged OUT	for Verifi	cations	
WORK DONE: REPLACED	HYDRANT	REPAIRED BY:			ONLY		Date Local	gged OUT	for Verification by a	cations	
WORK DONE: REPLACED	HYDRANT	REPAIRED BY:		HER:		HENT TYP	Date DAT	gged OUT	lor Verification by -	cations	IRS
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HYDRANT INSPECTION RECORD

#92-4D

New 11/75

### PHOENIX FIRE DEPARTMENT FORMS MANUAL

M.P. 906.03 12/83-N

### PURPOSE

To record hydrant condition after inspection.

### INDIVIDUAL RESPONSIBLE FOR COMPLETING Captain

### WHEN FORM IS TO BE COMPLETED

Same day as inspection.

### INSTRUCTIONS FOR COMPLETION

Fill out one copy. The location of hydrant is identified by two streets. Street steamer faces comes first.

### ROUTING

Stays in station.

### RETENTION

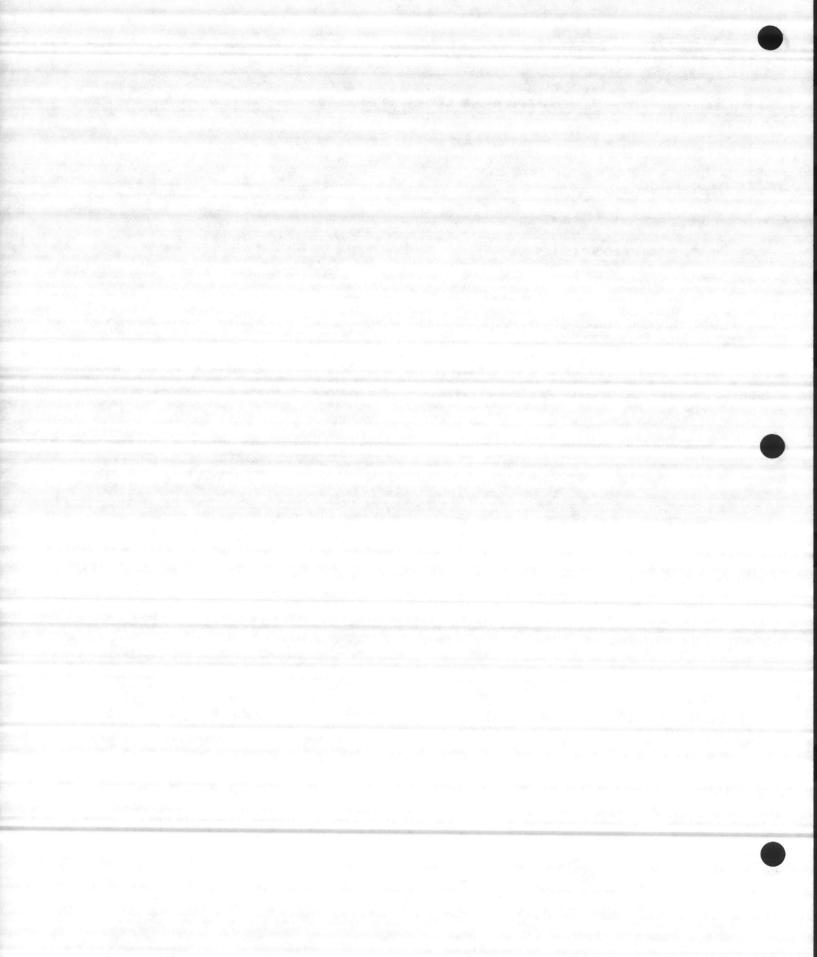
Kept in station file box in index file until completely used and new forms started.

### AUTHORITY

Water Resource Officer

### PROGRAM

Hydrant Maintenance.



HYDRANT INSPECTION RECORD

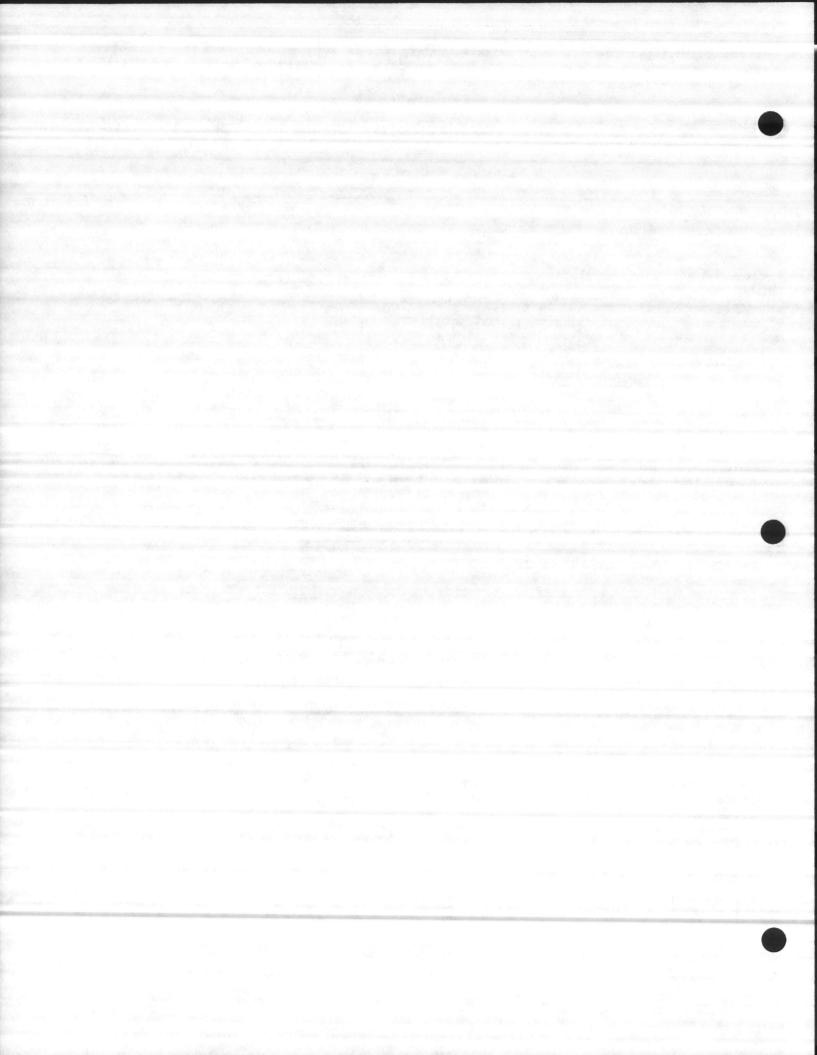
#92-4D

New 11/75

## PHOENIX FIRE DEPARTMENT FORMS MANUAL

M.P. 906.03 12/83-N

CITY OF PHOE 92-40 NEW 11-75	NIX, ARIZONA	HYDRA	NT INSPECTION RE	CORD	FIF	RE DEPARTMENT
LOCATION			MAKE OR		CIRCLE BARREL S	IZE 4" 6" 8"
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AUTHORIZATION TO TEST PRIVATE FIRE HYDRANTS

#92-6D

Rev. 9/82

### PHOENIX FIRE DEPARTMENT FORMS MANUAL

M.P. 906.04 12/83-R

### PURPOSE

Authorize testing of hydrant.

INDIVIDUAL RESPONSIBLE FOR COMPLETING Owner of property.

WHEN FORM IS TO BE COMPLETED

Upon request.

### INSTRUCTIONS FOR COMPLETION

Fill in all self-explanatory blanks. Signature required.

### ROUTING

Kept in station file.

### RETENTION

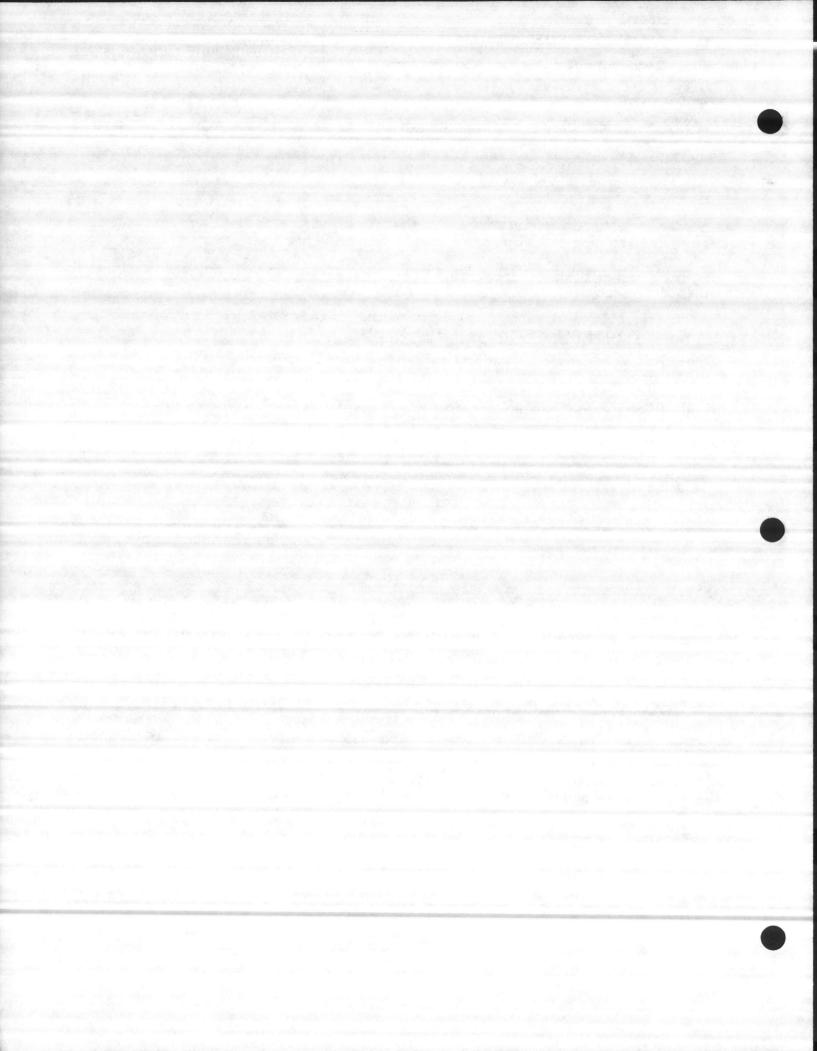
Until test is completed.

### AUTHORITY

Fire Chief

### PROGRAM

Hydrant Inspection



### AUTHORIZATION TO TEST PRIVATE FIRE HYDRANTS

#92-6D

Rev. 9/82

### PHOENIX FIRE DEPARTMENT FORMS MANUAL

M.P. 906.04 12/83-R

A. V. Brunacini, Fire Chief Phoenix Fire Department 620 W. Washington Room 465 Phoenix, Arizona 85003 Authorization to test private fire hydrants

Dear Sir:

				- u	equest and a	utilonizat		, 1001
the fire hyd	drants owner	ed by	the _					
					Com	pany/Co	rpora	tion.
I under	rstand that	the hy	drant	s wil	l be tested a	s a court	esy to	our
company in	accordan	ce wit	th the	Fire	Departmen	t's annua	l hyc	Irant
inspection	program,	and	that	all	necessary	repairs	are	our
responsibil	ity.							
I also a	gree that th	e Fire	Depa	rtme	nt shall be h	eld harm	less w	vhile

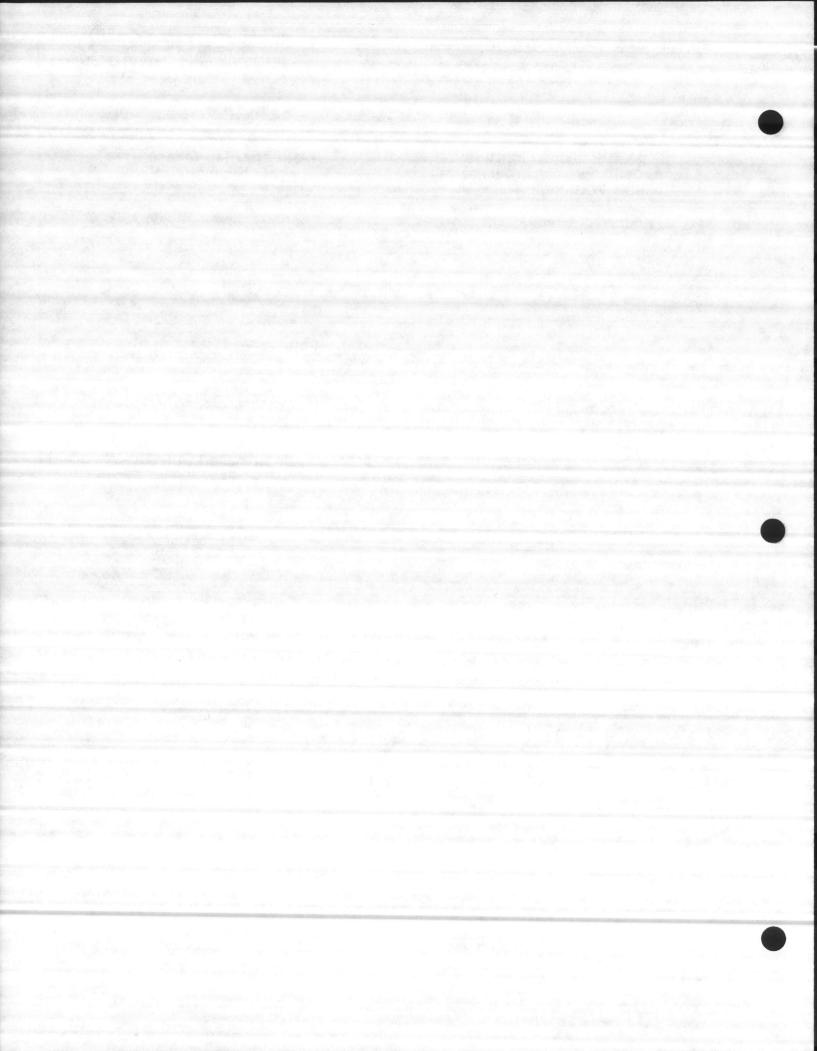
Signed \_\_\_\_\_

Company \_\_\_\_\_

Date \_\_\_\_\_

Title \_\_\_\_\_

inspecting and testing company equipment.



REGULAR SUPPLY ORDER FORM

#92-7D Rev. 8/83

### PHOENIX FIRE DEPARTMENT FORMS MANUAL

M.P. 906.05 12/83-R

### PURPOSE

(A C-Shift form) To order regular station commodities.

### INDIVIDUAL RESPONSIBLE FOR COMPLETING

C-Shift Captain of each station with input from A and B Shift Captains.

### WHEN FORM IS TO BE COMPLETED

At least two Fridays prior to the scheduled delivery date.

### INSTRUCTIONS FOR COMPLETION

Commodities catalog.

Form goes from C-Shift Captain to District Manager for review, then to Resource Management. White copy stays at Resource Management; yellow copy, delivery; pink copy stays at the station.

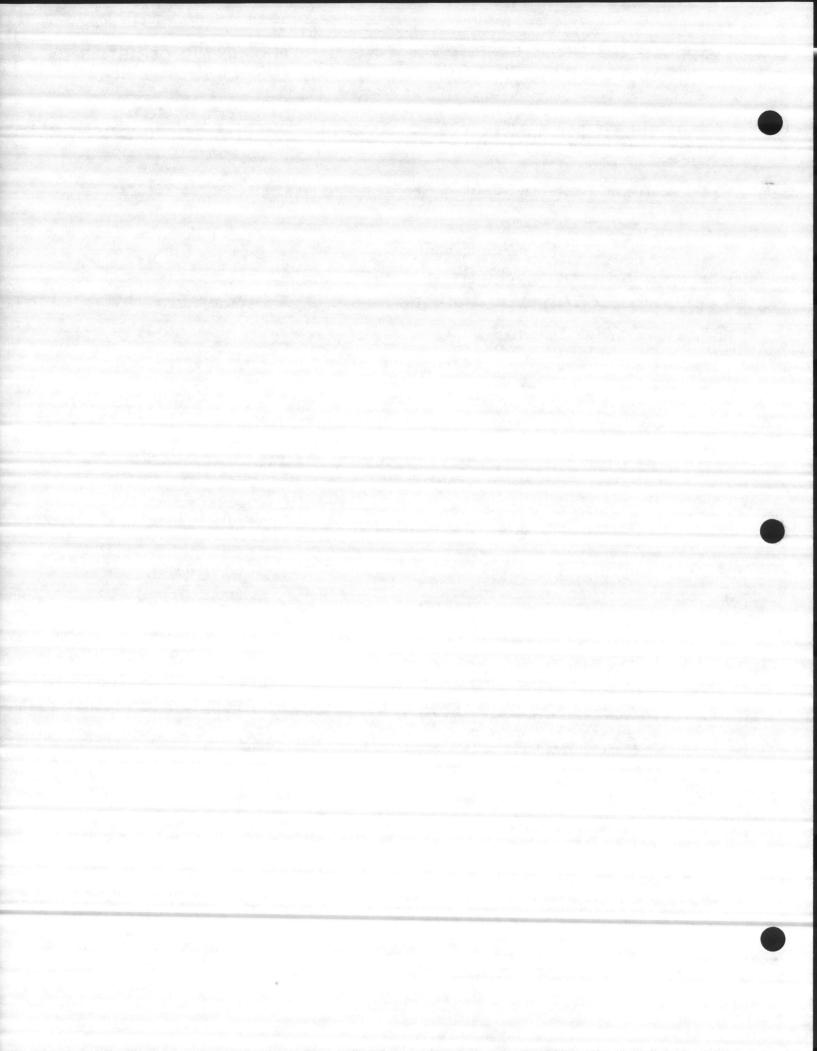
### RETENTION

One year

AUTHORITY Resource Management

### PROGRAM

Resource Management.



REGULAR SUPPLY FORM

#92-7D

Rev. 8/83

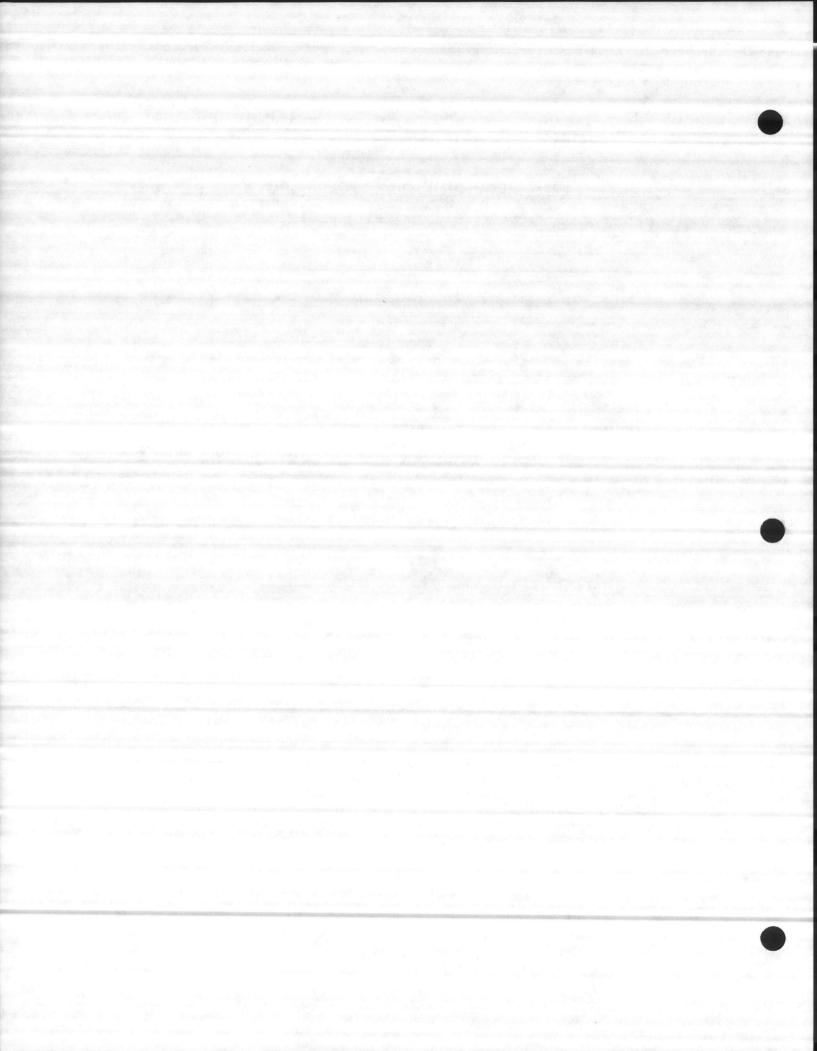
## PHOENIX FIRE DEPARTMENT FORMS MANUAL

M.P. 906.05 12/83-R

### CITY OF PHOENIX, ARIZONA FIRE DEPARTMENT

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OTES:	DATE	TOATE	DATE	DATE	DATE		_
J 1 L J.							

ON INITIAL ORDER SEND ALL 3 COPIES TO RESOURCE MANAGEMENT
DISTRIBUTION WHITE-RESOURCE MANAGEMENT YELLOW-STATION AND AFTER DELIVERY RETURN TO RES MGMT PINK — STATION 92-70 REV 8 83



DIVISIONAL SERVICE/SUPPLY REQUEST

#92-15D

Rev. 10/83

### PHOENIX FIRE DEPARTMENT FORMS MANUAL

M.P. 906.06 12/83-R

### PURPOSE

For the requisition of other than regular supply items. To start a service request. To exchange items. To order forms.

### INDIVIDUAL RESPONSIBLE FOR COMPLETING

Personnel needing the items or service.

### WHEN FORM IS TO BE COMPLETED

As items/service are needed.

### INSTRUCTIONS FOR COMPLETION

Complete date, item #1, 2 and 6. Items #3, 4 and 5 are entered in at Resource Management. Signature required by District Manager/Section Head.

### ROUTING

District Manager completes form, then forwards to Resources Management/ Information Services.

### RETENTION

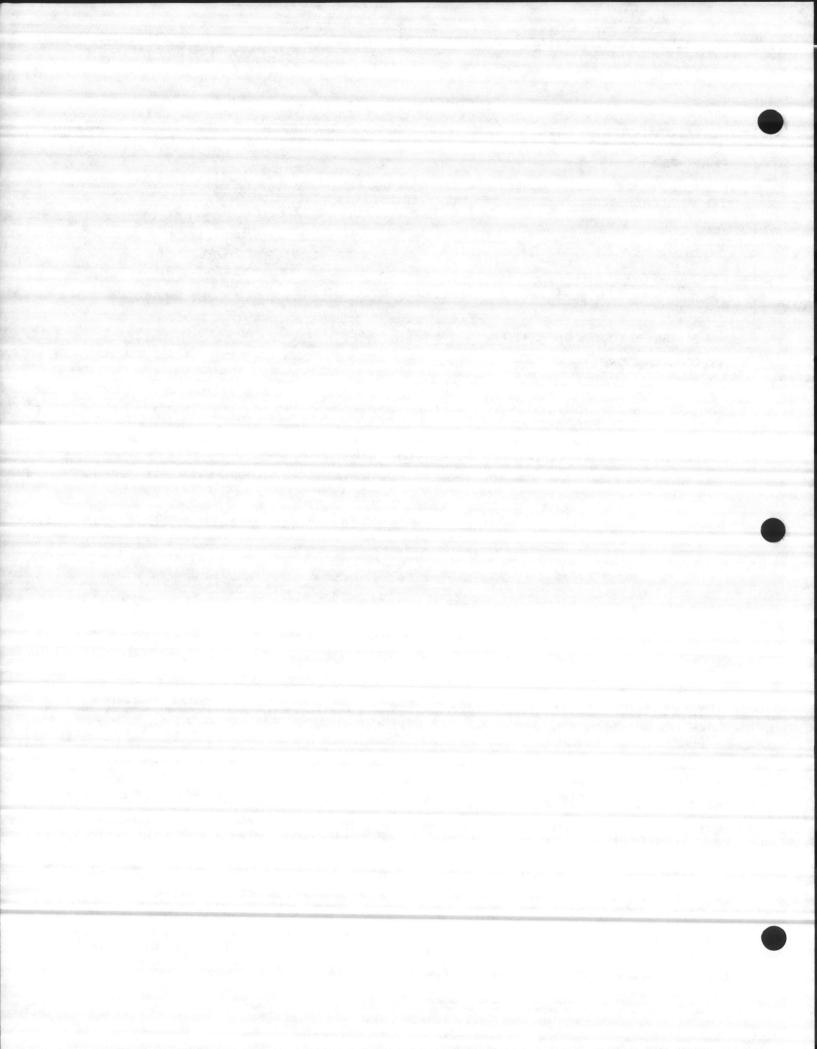
Goldenrod kept at District Headquarters. Pink copy goes to station ordering supplies. Yellow copy is kept at District Headquarters after supplies are delivered. White is kept at Resource Management/Information Services.

AUTHORITY

Resource Management

#### PROGRAM

Resource Management



# Support Services/Resource Management DIVISIONAL SERVICE/SUPPLY REQUEST

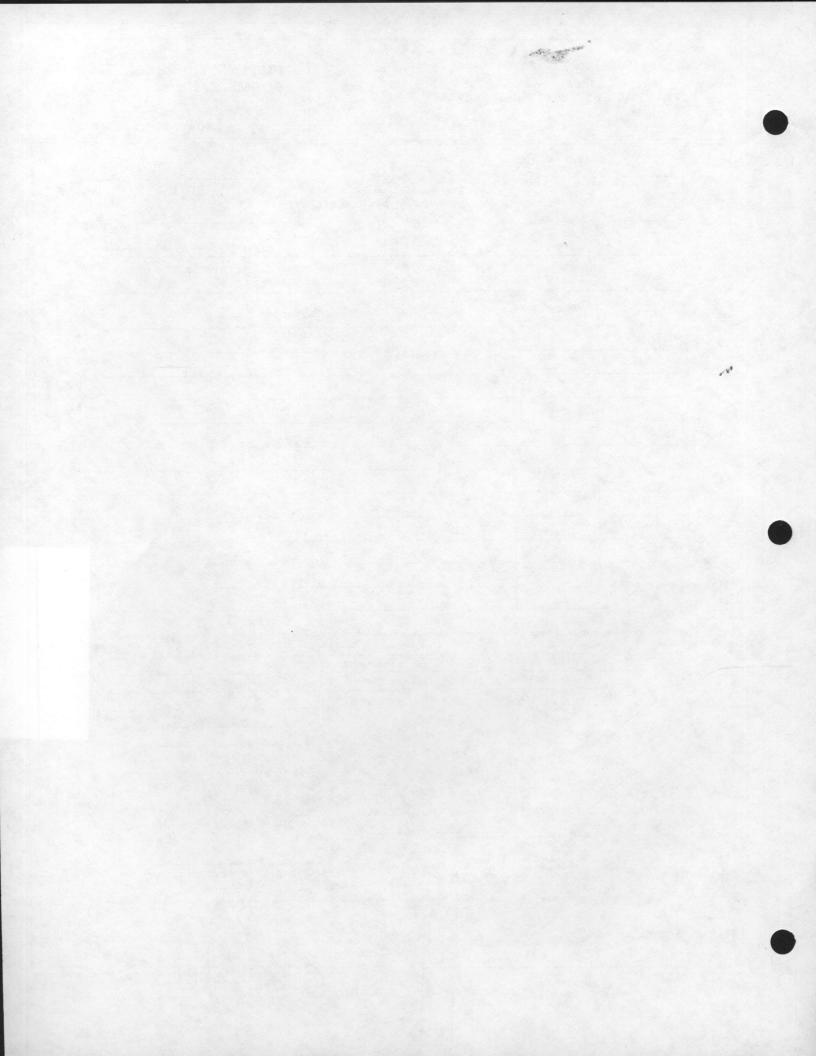
PHOENIX FIRE DEPARTMENT FORMS MANUAL

#92-15D

Rev. 10/83

M.P. 906.06 12/83-R

L.S.D. NUM		IVISION	FIRE DEPA	RTMENT		LOGN	0.	CONTROL NUMBER
12-15D Rev 10/83							Date	
(1)	APPARAT		☐ EQUIPME ☐ WATER RI	NT ESOURCE	☐ INFO. S	SERVICES HAL MGM	r. 📙	INVENTORY/RADIO SUPPLY WAREHOUSE
NUMBER REQUIRED	CATALOG-PA OR FORM NUMBER	RT		D	ESCR	IPTIO	N	
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					RI	EQUESTED	) BY	(6)
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REQUISTION NO	WHITE - R	TION: RESOURCE M	IGMT./INFO. SERVICE	S				
DATE	GOLDENRO NOTE: PI	SOURCE MG DD — REQUE NK COPY BA	MT ST ORIGINATOR CK TO SECTION HEA E MGMT ACTION	AD/DISTRICT M	ANAGER P.C	D. NUMBE	7	W.O. NUMBER



# Support Services/Resource Management DIVISIONAL SERVICE/SUPPLY REQUEST

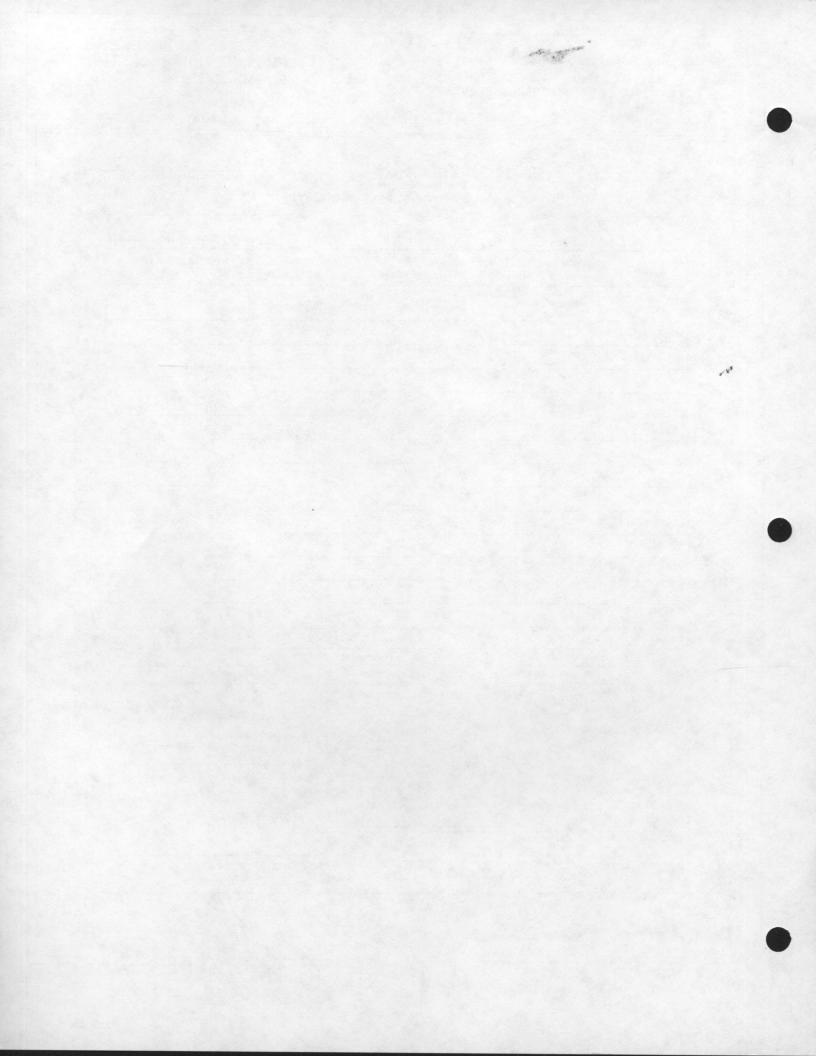
PHOENIX FIRE DEPARTMENT FORMS MANUAL

#92-15D

Rev. 10/83

M.P. 906.06 12/83-R

L.S.D. NUMI		CITY OF PHOEN FIRE DEPA ISIONAL SERVICE	RTMENT	QUEST	LOG NO.	CONTRO	L NUMBER
92-15D Rev 10/83						Date	
(1)	APPARATU		NT   IN	NFO. SERV	ICES MGMT.	☐ INVENTOR	Y/RADIO AREHOUSE
NUMBER REQUIRED	CATALOG-PAR OR FORM NUMBER	Т	DES	CRIPT	ION		
		(2)					
N. Ser							
CHARGE TO:	EST. COST		INDEX		SUB-O	BJECT   I	1111
BUDGET:	BUDGETED			GET ADJT.	REQ.	ADJUST FROM	MIII
	SOURCE MGMT	./INFO. SERVICES USI	EONLY	TIME		(4)	
NOTES:				MATERIA	L		
				TOTAL			
				BY			
				CAPT	STED B	(0)	
FILLED	BACK ORDER	PART FILLED	NOT FILLED			SHIFT DIS	
REQUISTION NO.	DISTRIBUTION WHITE - RESIDENCE CANARY - RE	ON: OURCE MGMT./INFO. SERVICE SOURCE MGMT.	s				
DATE	GOLDENROD NOTE: PINK	URCE MGMT.  — REQUEST ORIGINATOR COPY BACK TO SECTION HEA RESOURCE MGMT. ACTION.	D/DISTRICT MANAGE	P.O. NU	MBER	W.O. NUI	MBER



HOSE RECORD

#92-18D

Rev. 4/83

### PHOENIX FIRE DEPARTMENT FORMS MANUAL

M.P. 906.07 12/83-R

### PURPOSE

Record all hose lengths on apparatus and in storage at each station.

### INDIVIDUAL RESPONSIBLE FOR COMPLETING

Station Captain

### WHEN FORM IS TO BE COMPLETED

At annual testing or when hose condition changes.

### INSTRUCTIONS FOR COMPLETION

Record company, number, date, pressure tested, disposition and general condition.

### ROUTING

Remains in station.

#### RETENTION

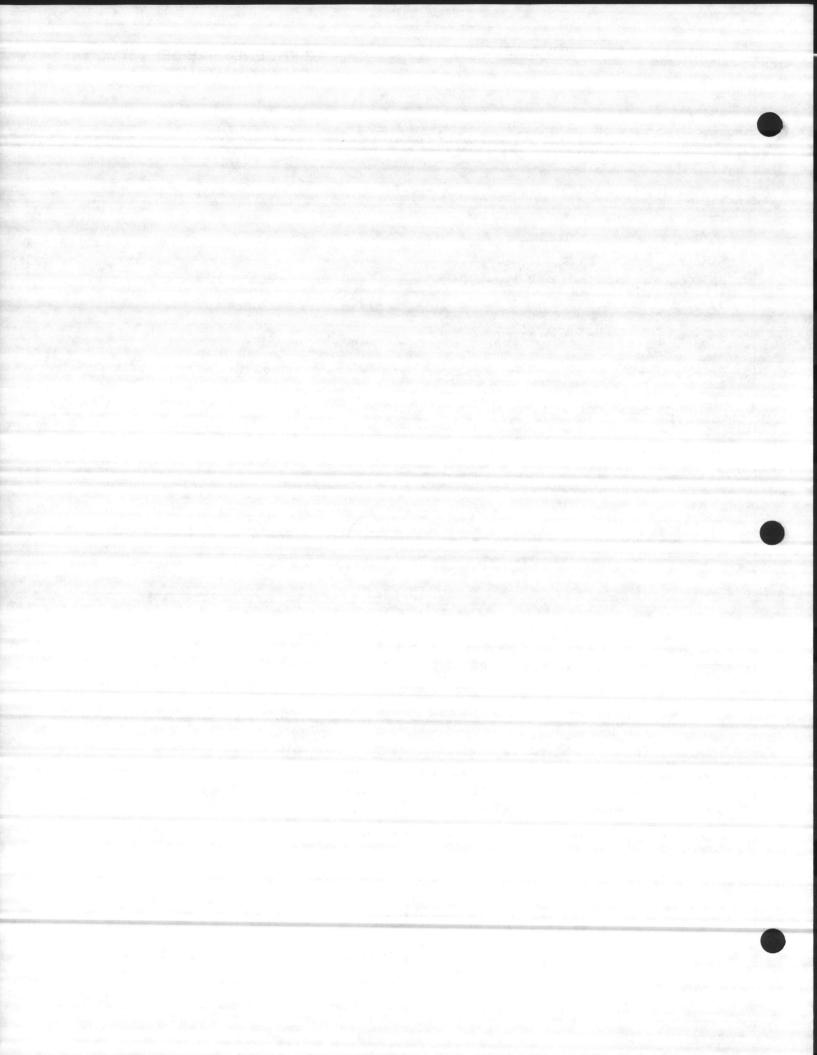
As long as hose is in service.

### AUTHORITY

Water Resource Officer

### PROGRAM

Hose record and inventory.



HOSE RECORD

#92-18D

Rev. 4/83

# PHOENIX FIRE DEPARTMENT FORMS MANUAL

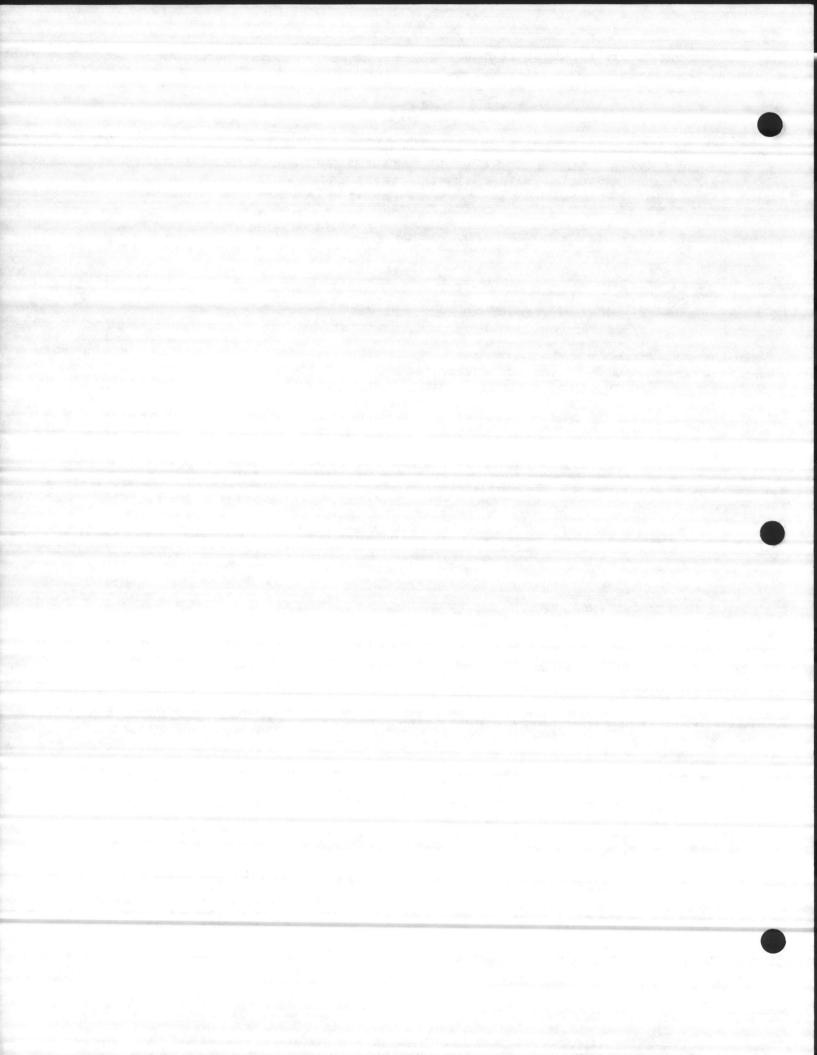
M.P. 906.07 12/83-R

CITY OF PHOENIX, ARIZONA FIRE DEPARTMENT

# HOSE RECORD

SI	ZE .	TYPE	OF HOSE	В	RAND		NO.
	PER F	FOOT		DATE IN SERVICE			
COMPANY	1.00	JSH OR		OUT (	OF SERVICE	COUPLING	REMARKS
NUMBER	DATE	PRESSURE	OK, FAILURE	DATE	REASON	CONDITION	KEMARKS
			Local Control	CARP A.			
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		42.136.2.88					
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and the second						HOSE N	10.

92-18 D rev. 4/83



LOST, STOLEN, DAMAGED PROPERTY REPORT

#92-22D

Rev. 2/81

# PHOENIX FIRE DEPARTMENT FORMS MANUAL

M.P. 906.08 12/83-R

### PURPOSE

To report lost, stolen or damaged property.

### INDIVIDUAL RESPONSIBLE FOR COMPLETING

Person reporting lost, stolen or damaged equipment.

#### WHEN FORM IS TO BE COMPLETED

As soon as property is determined as lost, stolen or damaged.

### INSTRUCTIONS FOR COMPLETION

The upper portion identified by the words (reported by) is to be completed by the individual making the determination on the property. The reporting individual fills in each blank until all blanks are completed to the portion which reads (supervisor's statement). In the area of the form which reads (reported to), enter the name of immediate supervisor to which report or notification was made. Do not mark the boxes with a check mark. Signature required. Second level supervisor completes Section 3.

#### ROUTING

Employee, Supervisor, District Manager through chain of command. White copy Support Services; canary copy stays at Resource Management; pink copy Safety Officer; goldenrod station.

### RETENTION

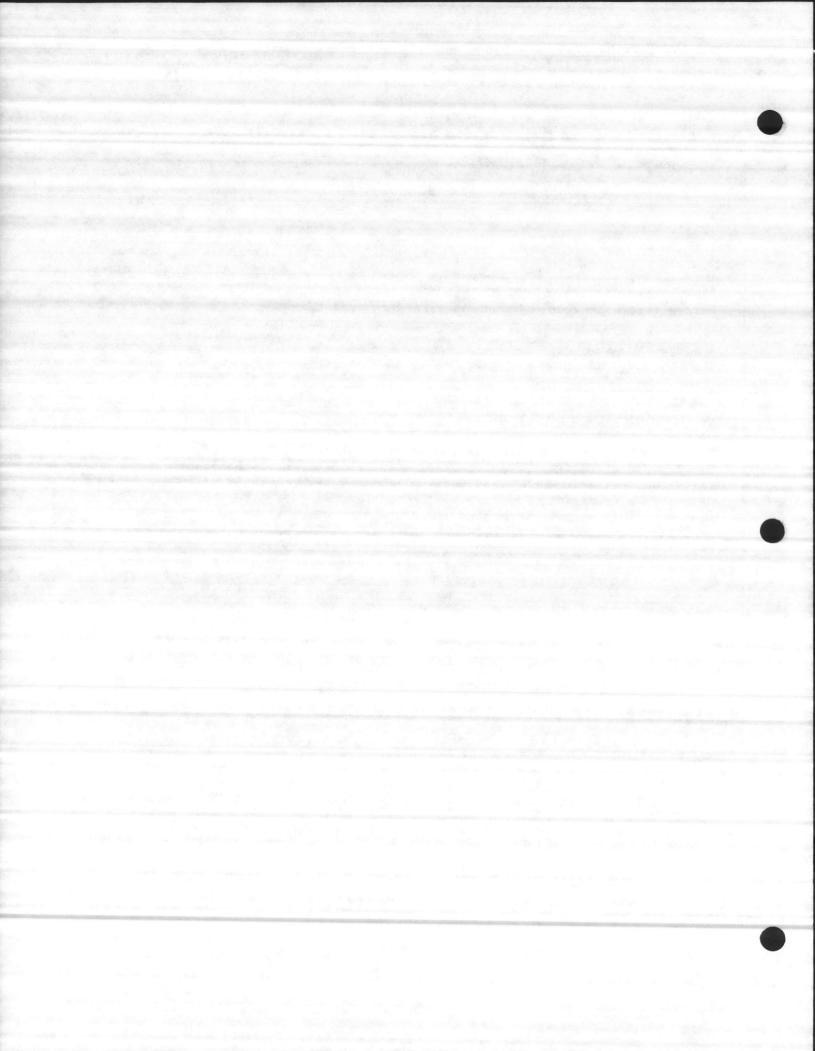
Information will be stored in Olivetti word processor, and in individual's file at Resource Management. Discard after each use.

#### AUTHORITY

Resource Management

### PROGRAM

Resource Management



Support Systems/Resource Management

LOST, STOLEN, DAMAGED PROPERTY REPORT

#92-22D

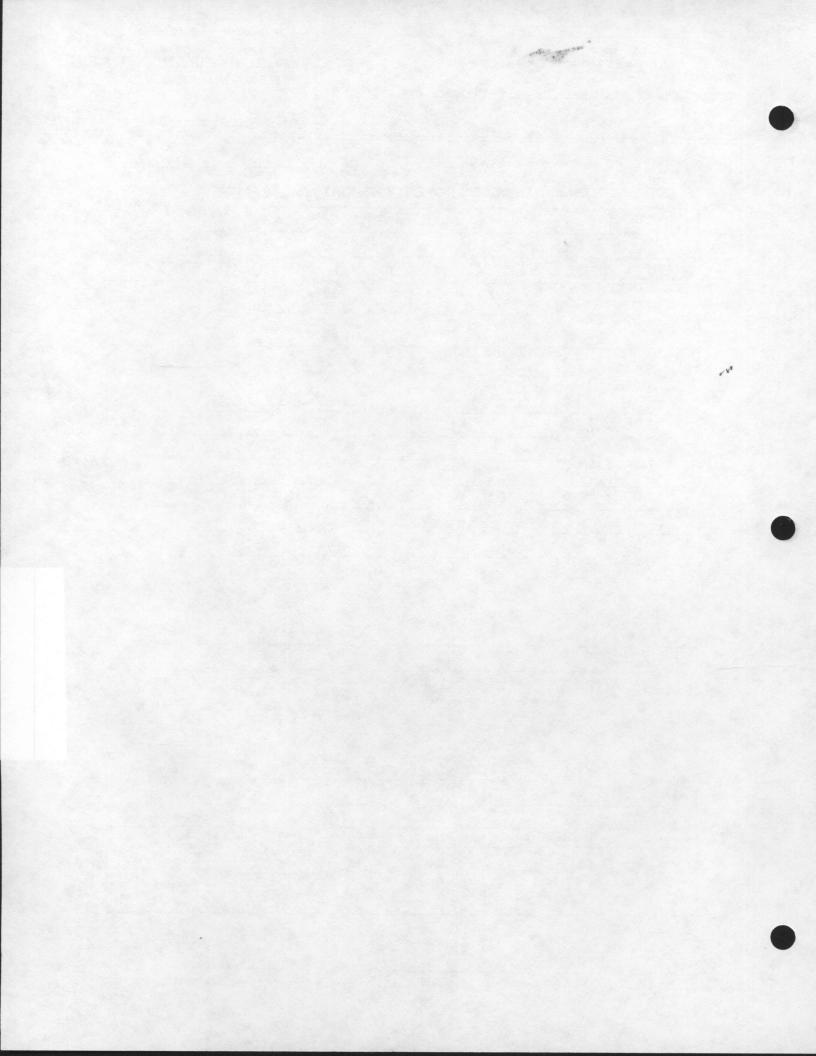
Rev. 2/81

# PHOENIX FIRE DEPARTMENT FORMS MANUAL

Rev. 2-81

M.P. 906.08-12/83-R

CITY OF PHOENIX, ARIZONA CONTROL No. FIRE DEPARTMENT CARD No. LOST, STOLEN or DAMAGED PROPERTY REPORT No. 07217 DATE OF REPORT 1 JOB CLASSIFICATION LOG ENTRY ASSIGNMENT PAGE NO. COMPANY BATTALION TIME EQUIP. No. or I.D. □ BUILDINGS/GROUNDS DATE PROPERTY □ VEHICLE - EQUIPMENT OTHER INVOLVED DESCRIPTION AND EXTENT OF DAMAGE CAUSE 18 CLASSIFICATION ASSIGNMENT PERSONS INVOLVED LOCATION AND CIRCUMSTANCE PHONE WITNESS: NAME ADDRESS OTHER SAFETY OFFICER POLICE DR No. SUPERVISOR REPORTED TO ACTION TAKEN/RECOMMENDATION STATION/SHIFT/BATTALION DATE RANK SUPERVISOR'S NAME 2 STATEMENT YES INO I HAVE YOU REVIEWED CIRCUMSTANCES WITH THOSE INVOLVED? YES O NO O WERE DEPARTMENT SAFETY PROCEDURES ADEQUATE? YES ONO WERE DEPARTMENT PROCEDURES VIOLATED? NOTE ACTION TAKEN AND RECOMMENDATIONS: SIGNATURE DATE DATE ACCIDENT REVIEW COMMITTEE BATTALION CHIEF DATE DIVISION CHIEF 3 REVIEW SAFETY OFFICER DATE DATE FINAL DEPUTY CHIEF DATE VALUE DISTRIBUTION NOTE ACTION TAKEN AND RECOMMENDATIONS DISPOSITION WHITE — SUPPORT SERVICES
CANARY — RESOURCE MGMT
PINK — RES MGT /SAFETY
GOLDENROD - ORIGINATOR ESTIMATE BY STATION FILE NO 680 01



# Support Systems/Resource Management LOST, STOLEN, DAMAGED PROPERTY REPORT

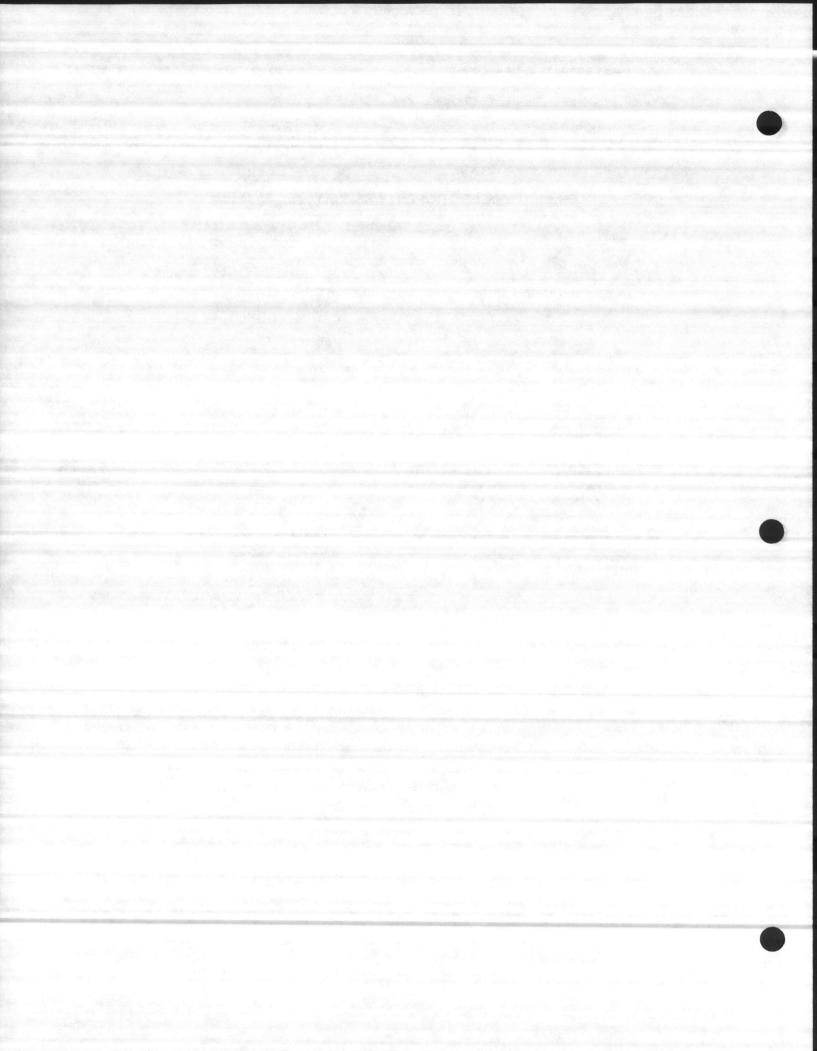
PHOENIX FIRE DEPARTMENT FORMS MANUAL

#92-22D

Rev. 2/81

M.P. 906.08-12/83-R

			PARTMENT	Mark History	1	CONTR		CARD No.
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CO	MPANY	SHIFT	BATTALION					AGE NO
	PROPERTY	☐ BUILDINGS/GROUNDS ☐ EQUIPMENT	□ VEHICI □ OTHER			TIME	EQUIP. No	o. or I.D.
ES	CRIPTION AND	EXTENT OF DAMAGE						
AU	JSE							
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ER	SONS INVOLVED		ASSIGNMENT			CLASS	SIFICATION	
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VITI	NESS: NAME		ADDRESS				PHO	NE
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EP	REVIEW	DA		DA	VALUE		CANARY - R	PPORT SERVICES ESOURCE MGMT
DEP	REVIEW UTY CHIEF	DA	TE SAFETY OFFICER	OA	VALI	UE MATE BY	CANARY - R	PPORT SERVICES ESOURCE MGMT MGT /SAFETY - ORIGINATOR



HOSE CARE SUMMARY

#92-31D

Rev. 9/80

# PHOENIX FIRE DEPARTMENT FORMS MANUAL

M.P. 906.09 12/83-R

### PURPOSE

Maintain records on testing, flushing, repair and condition.

# INDIVIDUAL RESPONSIBLE FOR COMPLETING

Company Commander

### WHEN FORM IS TO BE COMPLETED

At hose test, flush, repair or change of hose status.

# INSTRUCTIONS FOR COMPLETION

Fill in all self-explanatory blanks. Use a separate page for each hose size.

## ROUTING

From captain to District Manager. From district Manager to Water Resource Officer.

### RETENTION

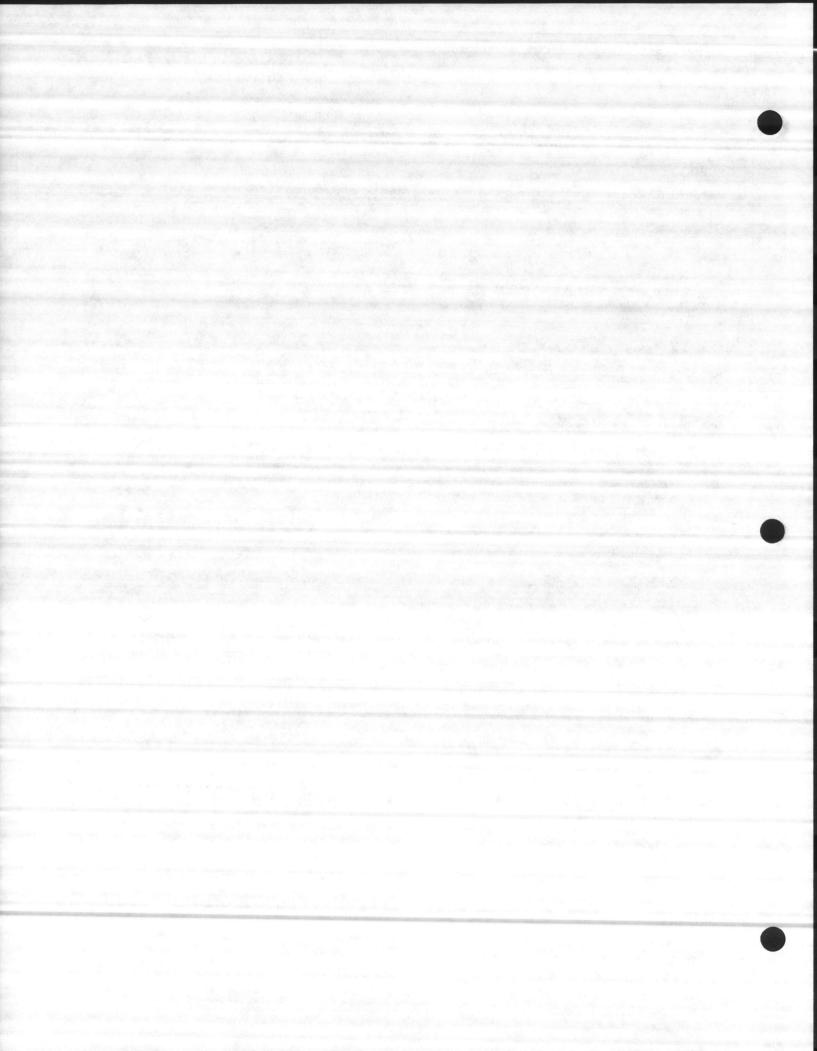
One year.

### AUTHORITY

Water Resource Officer

### PROGRAM

Hose Care and Inventory



HOSE CARE SUMMARY

#92-31D

Rev. 9/80

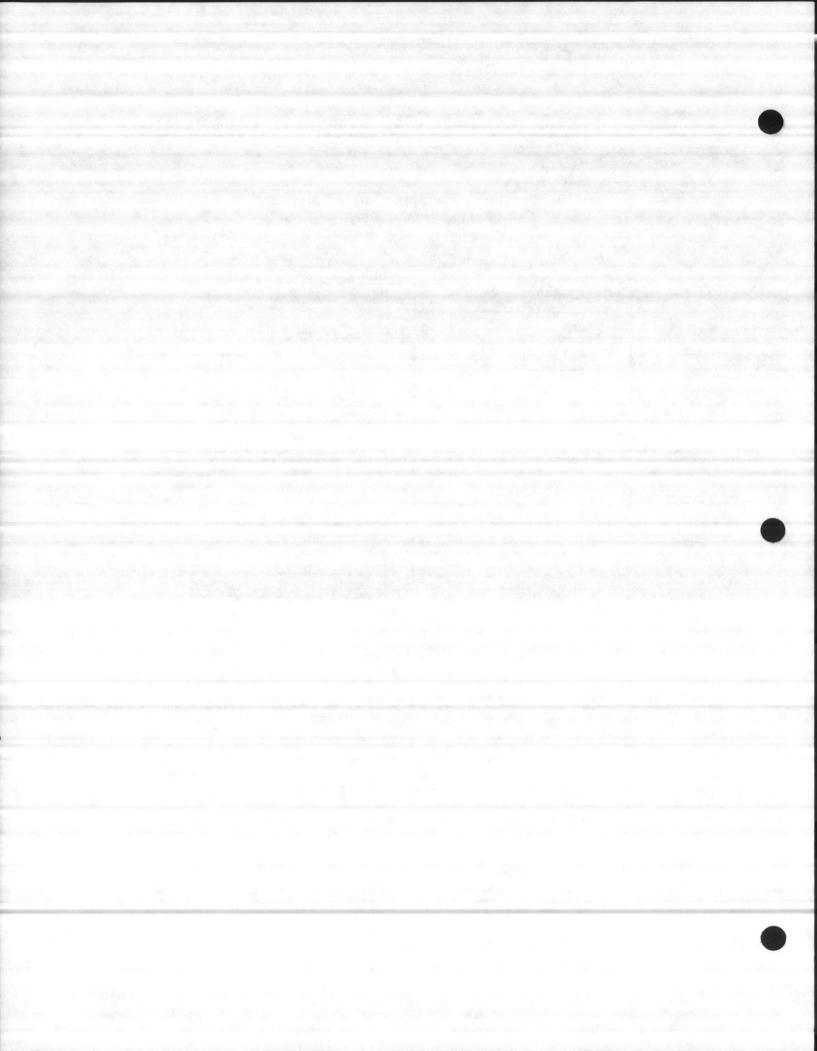
# PHOENIX FIRE DEPARTMENT FORMS MANUAL

M.P. 906.09 12/83-R

CITY of PHOENIX, ARIZO	ANC
FIRE DEPARTMENT	
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92-310



RECORD OF HYDRANT INSPECTION

#92-40D

Rev. 1/84-R

# PHOENIX FIRE DEPARTMENT FORMS MANUAL

M.P. 906.10 8/84-R

### PURPOSE

Record hydrant inspection.

### INDIVIDUAL RESPONSIBLE FOR COMPLETING

Company Officer

### WHEN FORM IS TO BE COMPLETED

When inspecting hydrants.

### INSTRUCTIONS FOR COMPLETION

Fill in all self-explanatory blanks.

### ROUTING

Station, District Manager, Resource Management/Water Resources Officer.

### RETENTION

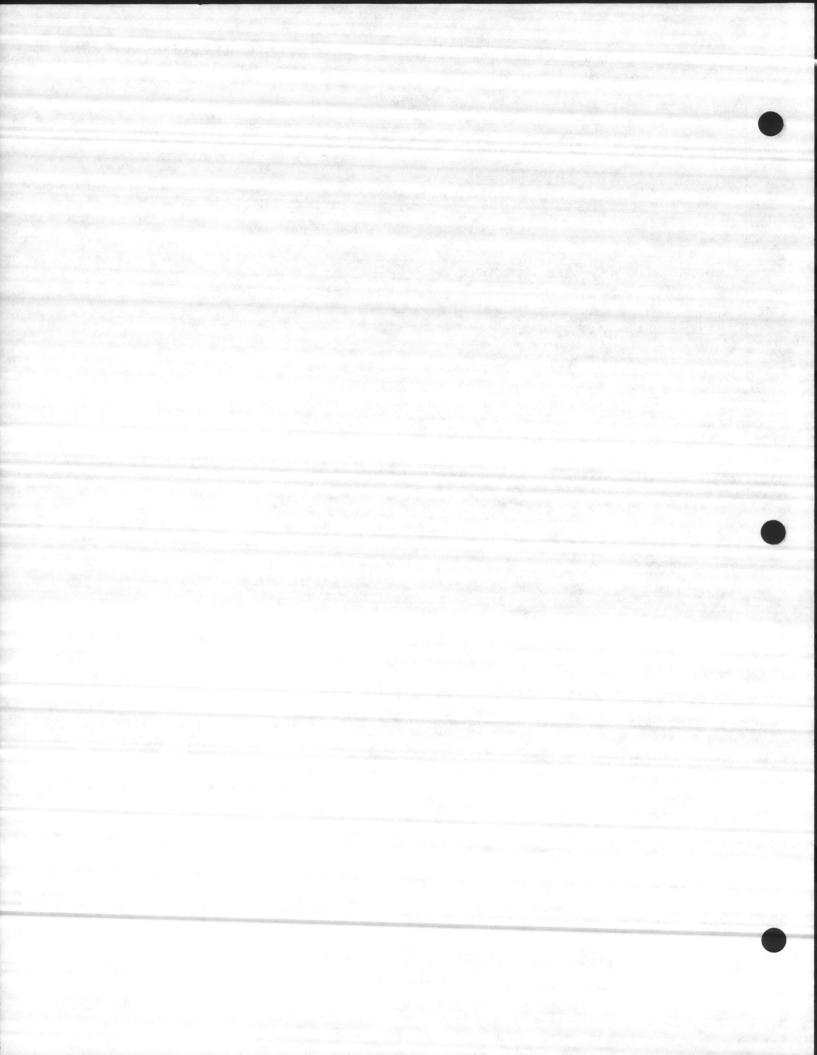
One year.

### AUTHORITY

Support Services

### PROGRAM

Hydrant Testing



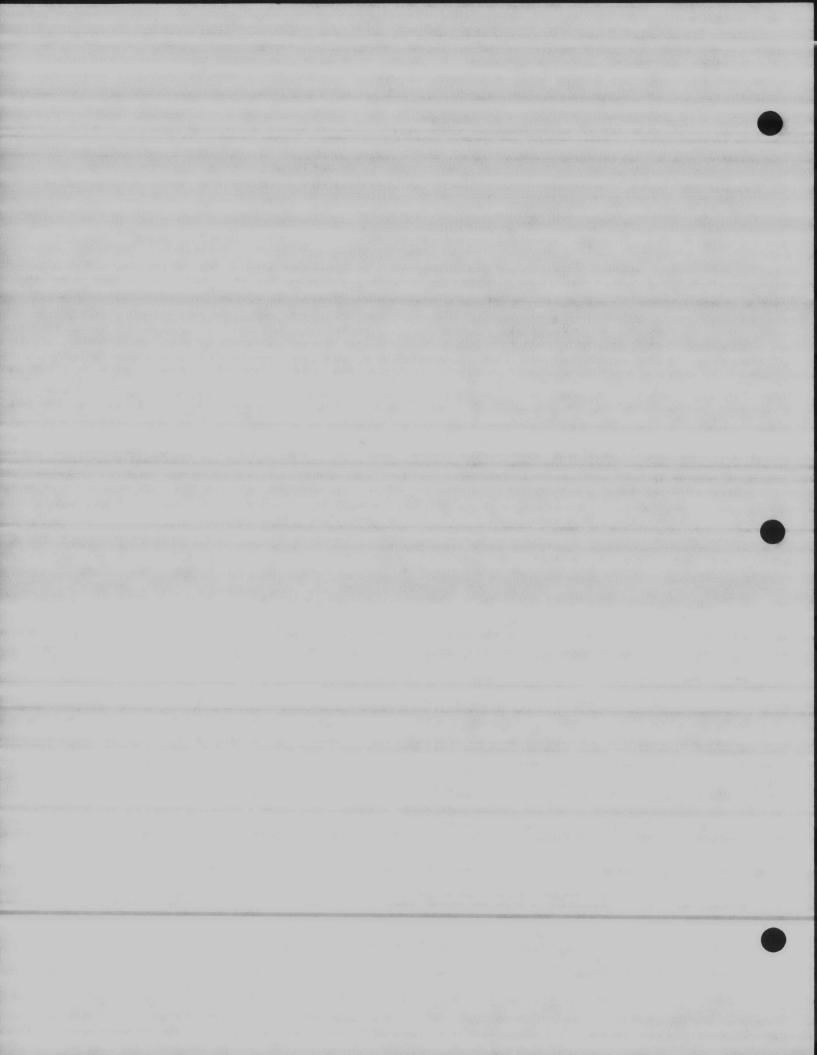
#92-40D

Rev. 1/84-R

# PHOENIX FIRE DEPARTMENT FORMS MANUAL

M.P. 906.10 8/84-R

HYDRANT	HYDRANT LOCATION	200	MAP	NOITA	S S S S S S S S S S S S S S S S S S S	A SA
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MAINTENANCE REQUEST

#92-49D

New 8/82

# PHOENIX FIRE DEPARTMENT FORMS MANUAL

M.P. 906.11 12/83-N

### PURPOSE

To obtain needed repair of building and grounds.

## INDIVIDUAL RESPONSIBLE FOR COMPLETING

District Secretary if repair is urgent. Captain if repair is not urgent. WHEN FORM IS TO BE COMPLETED

When repair is needed.

### INSTRUCTIONS FOR COMPLETION

Fill in all self-explanatory blanks.

### ROUTING

Company Officer to District Manager, to Resource Management.

### RETENTION

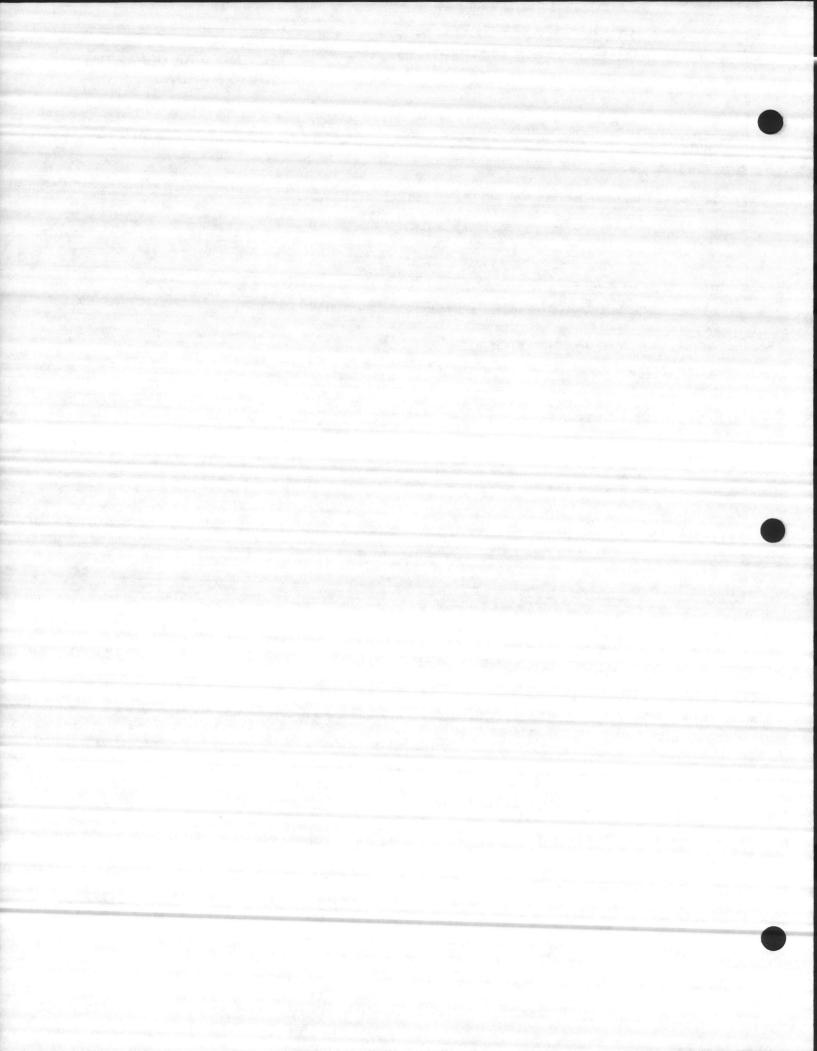
Filed by District Secretary.

### AUTHORITY

Building and Grounds

### PROGRAM

Maintenance



MAINTENANCE REQUEST

#92-49D

New 8/82

# PHOENIX FIRE DEPARTMENT FORMS MANUAL

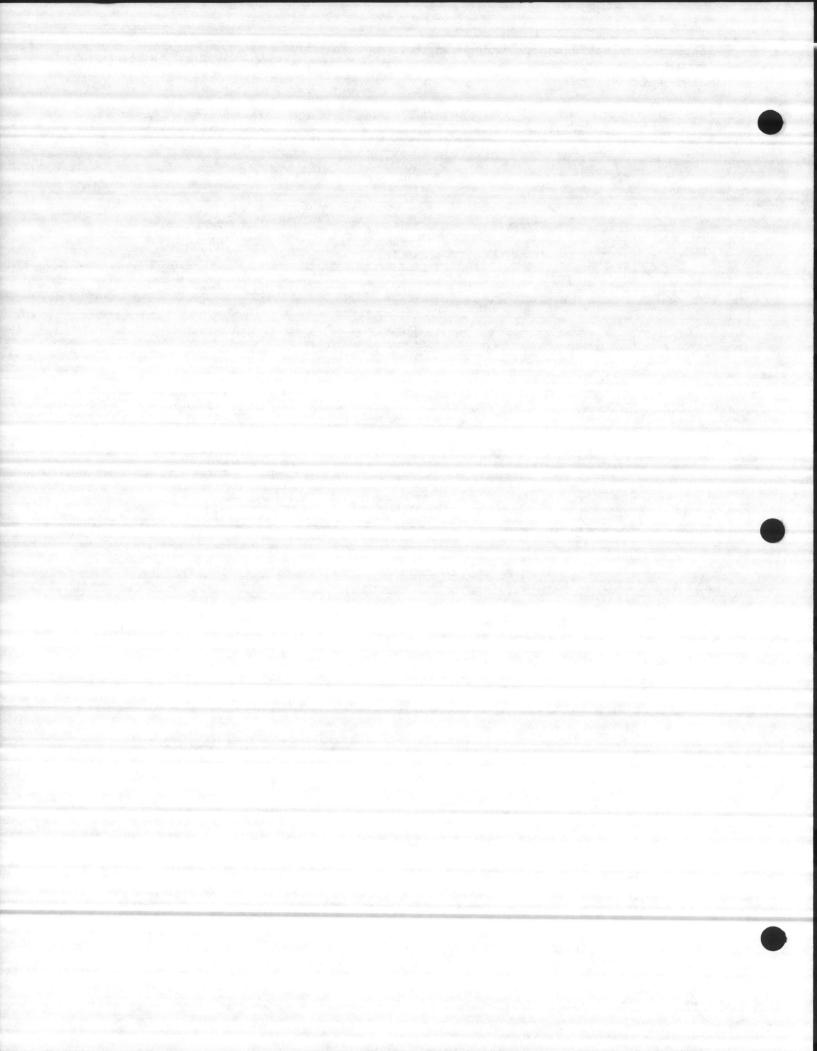
M.P. 906.11 12/83-N

	HOENIX, ARIZONA DEPARTMENT		04817
MAINTEN	ANCE REQUEST		
REQUESTED BY		and the second s	- The Marie Printer rese.
Capt.	_ Company Shift _	District	Date
Maintenance required: (only one repair item po	er form)		The state of the state of the state of
	•		
Date completed: Repairs made		Qu	sality of work:
Remarks:	(DO NOT WRITE BELOW T	THE LINE)	UMASCEPTABLE
Distribution: White — Resource Mgmt.  Canary — Resource Mgmt.	SEPARTMENT REQUEST SENT TO POR COMPLETION	USE OF DEPARTMENT	USE OF RESOURCES
Pink - Request originator	SOFT	Time	Time
Geldenrod — Request originater Nete: Canary copy back to originater when		Materials	Meterials
request complete. Pink copy back to	SMITE	Total	Total

-

80-460 MEW P-1

Ву



Support Services/Resource Management
WEEKLY FUEL REPORT

# PHOENIX FIRE DEPARTMENT FORMS MANUAL

#92-68D

Rev. 3/83

M.P. 906.12 12/83-R

### PURPOSE

To record weekly fuel consumption and identify balance of fuel in storage.

# INDIVIDUAL RESPONSIBLE FOR COMPLETING

House Captain or Company Commander.

### WHEN FORM IS TO BE COMPLETED

Tuesday prior to 0900 hours.

### INSTRUCTIONS FOR COMPLETION

Fill in all self-explanatory blanks. Signature required. When balance of fuel is near 100 gallons notify Resource Management to request a delivery.

#### ROUTING

Kept at the Station.

## RETENTION

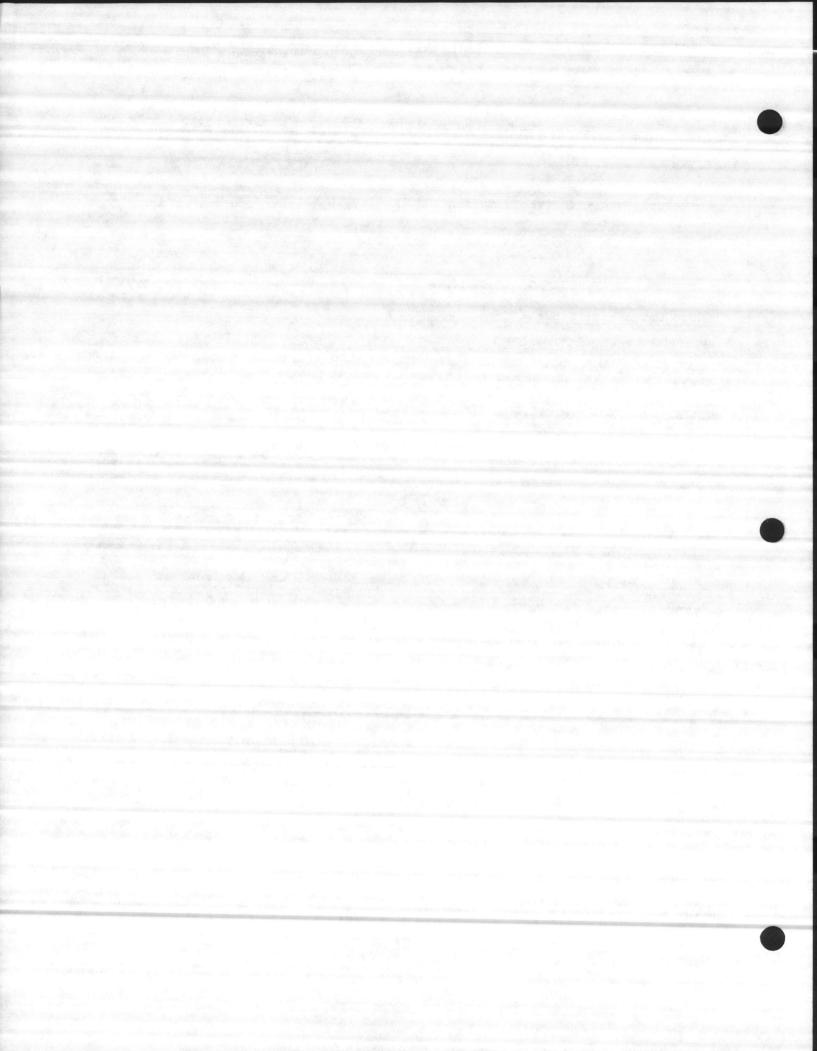
Six months

### AUTHORITY

Resource Management

### PROGRAM

None



WEEKLY FUEL REPORT

#92-68D

Rev. 3/83

# PHOENIX FIRE DEPARTMENT FORMS MANUAL

M.P. 906.12 12/83-R

City of Phoenix, Arizona Fire Department WEEKLY FUEL REPORT

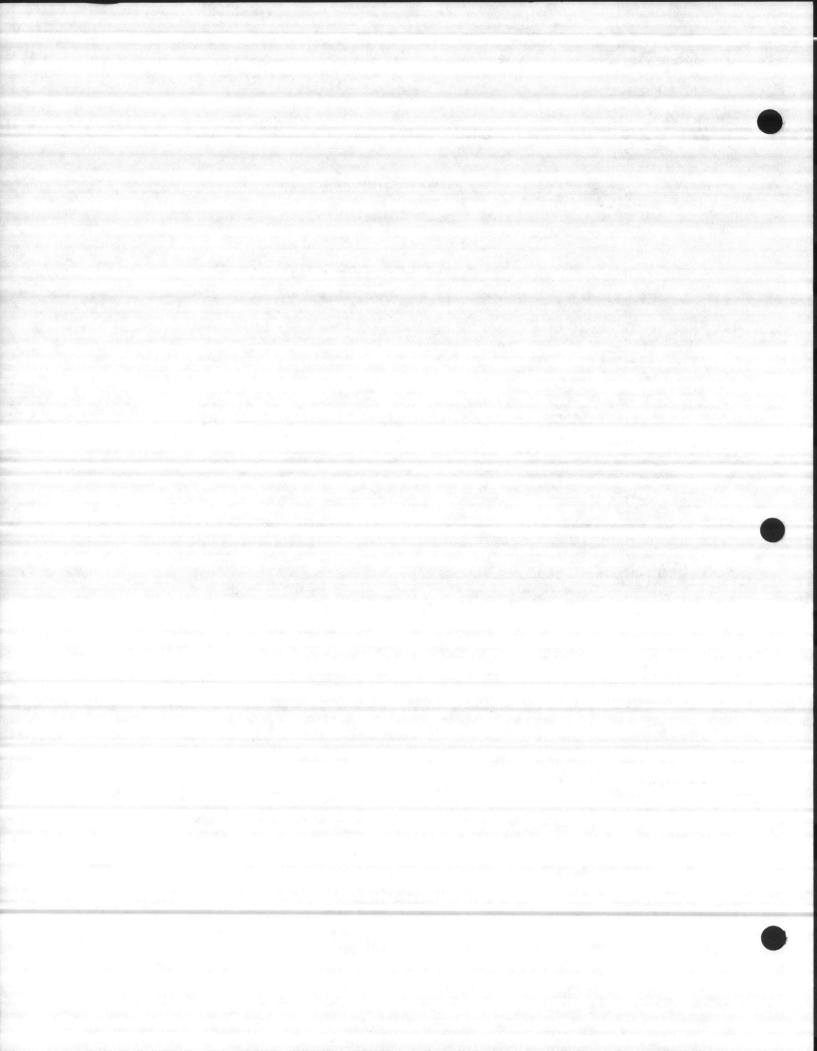
Type of Fuel

GASOLINE/DIESEL

When balance becomes lower than 100 gallons - order fuel from Resource Mgt.

SHIFT	DATE	EQUIPMENT NUMBER	GALLONS DISPERSED	METER READING (After Fuel is Dispersed)	BALANCE OF FUEL	NAME (Print)
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92-68D Rev. 3-83



MONTHLY APPARATUS INSPECTION REPORT

#92-72D Rev. 3/82

PHOENIX FIRE DEPARTMENT FORMS MANUAL

M.P. 906.13 12/83-R

### PURPOSE

To indicate deficiencies found during inspection (needs wax, frame dirty, etc.).

# INDIVIDUAL RESPONSIBLE FOR COMPLETING

District Manager performing the inspection.

### WHEN FORM IS TO BE COMPLETED

On the assigned apparatus day.

### INSTRUCTIONS FOR COMPLETION

Form to indicate both problems and the steps needed to bring the apparatus to acceptable levels. All deficiencies should be reviewed with the Company Officer and Engineer. Signature required.

### ROUTING

Pink copy - Station apparatus file. Yellow copy - Inspecting District Manager. White copy - Apparatus Officer.

### RETENTION

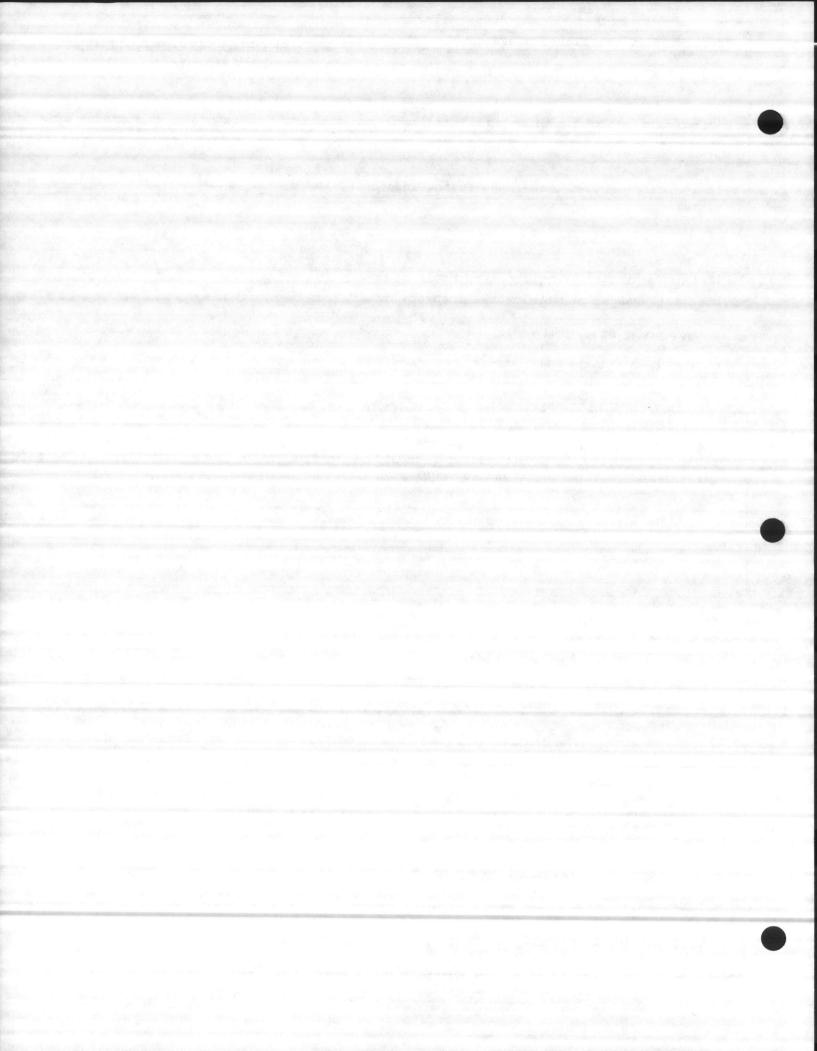
Station Apparatus File 604 for one year then removed/destroyed.

### AUTHORITY

Division Chief, Fleet Management

### PROGRAM

Apparatus Maintenance



# MONTHLY APPARATUS INSPECTION REPORT

#92-72D

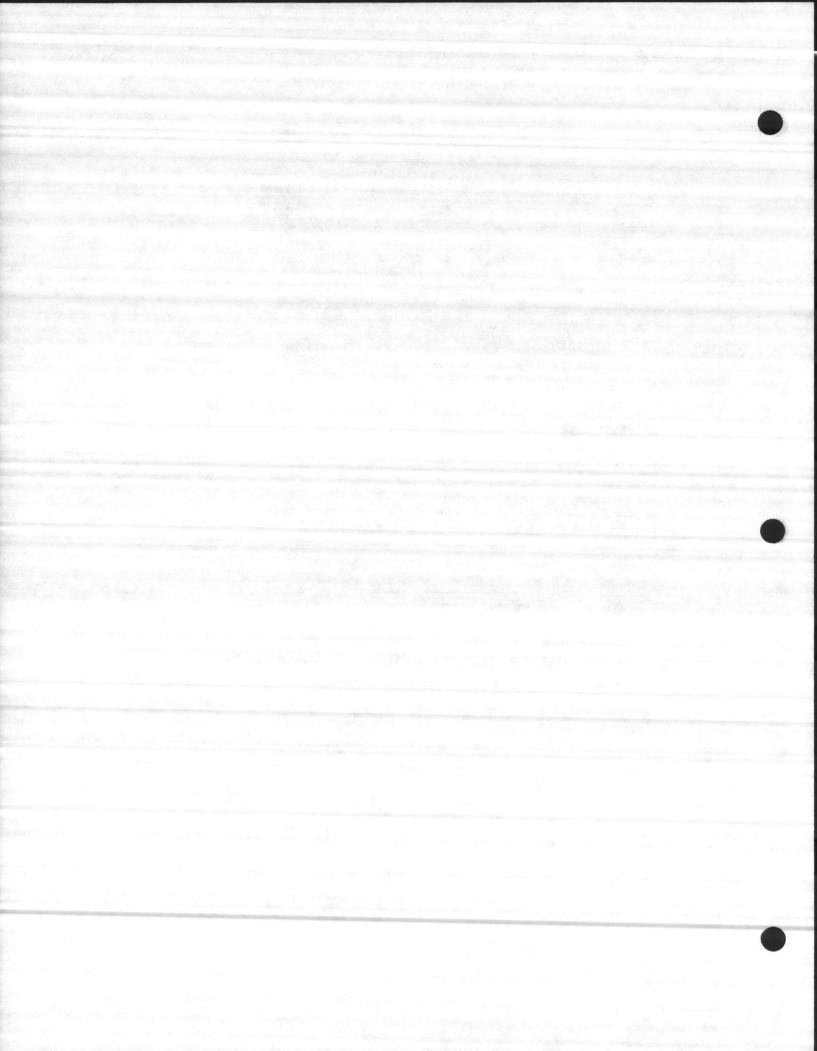
Rev. 3/82

# PHOENIX FIRE DEPARTMENT FORMS MANUAL

M.P. 906.13 12/83-R

# CITY OF PHOENIX FIRE DEPARTMENT MONTHLY APPARATUS INSPECTION REPORT

	PASS	FAIL	RECOMMENDED CORRECTION
UNDERCARRIAGE:			
FRONT AXLE	T JACKS		
REAR AXLE			
FRAME RAILS	Layer State - Hard		
TRANSMISSION AREA		AST WALL	
PUMP AREA			
PUMP TRANSMISSION			
BOTTOM OF ENGINE			
ENGINE COMPARTMENT:			
TOP OF ENGINE			2 - 10 - 10 - 10 - 10 - 10 - 10 - 10 - 1
TOP OF TRANSMISSION			
INSIDE OF HOOD PANELS			
INGIDE OF FIGORE AIREES			
INTERIOR:			
CABAREA			
JUMP SEAT AREA			
JOHN JEAT AREA			
EXTERIOR PAINT FINISHED AREA:			
DIAMOND PLATE (NO PAINT ON ALUMINUM)			
CAB & HOSE BODY			
CAB & HOSE BODY	-	+	
COMPARTMENTS:			
INTERIOR (ALL)			
HOSE BEDS			
BATTERY & BOX			
EQUIPMENT MARKINGS:		200	
ALL ALLIED EQUIPMENT			
ALL ALLIED EQUIPMENT			
WOOD EQUIPMENT			
ALL LADDERS			
ALL LAUDENS			
AERIAL LADDER:			
BEAM. ROLLERS, GUIDES			
TO BE FREE OF ALL GREASE. REFER TO			
92-77D FOR PROPER LUBRICATION)	-		STATE OF STREET AS REMAY PROPERTY.
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TILLER BUCKET			
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AXE HANDLES			
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- INSPECTING BATTALION CHIEF			



APPARATUS MAINTENANCE SCHEDULE

#92-77D

Rev. 12/81

# PHOENIX FIRE DEPARTMENT FORMS MANUAL

M.P. 906.14 12/83-R

### PURPOSE

Reference guide in maintenance of all apparatus.

# INDIVIDUAL RESPONSIBLE FOR COMPLETING

Engineer assigned to apparatus.

## WHEN FORM IS TO BE COMPLETED

Each day at the beginning of shift.

## INSTRUCTIONS FOR COMPLETION

Check list as directed.

### ROUTING

Stays in apparatus - until replacement is needed.

### RETENTION

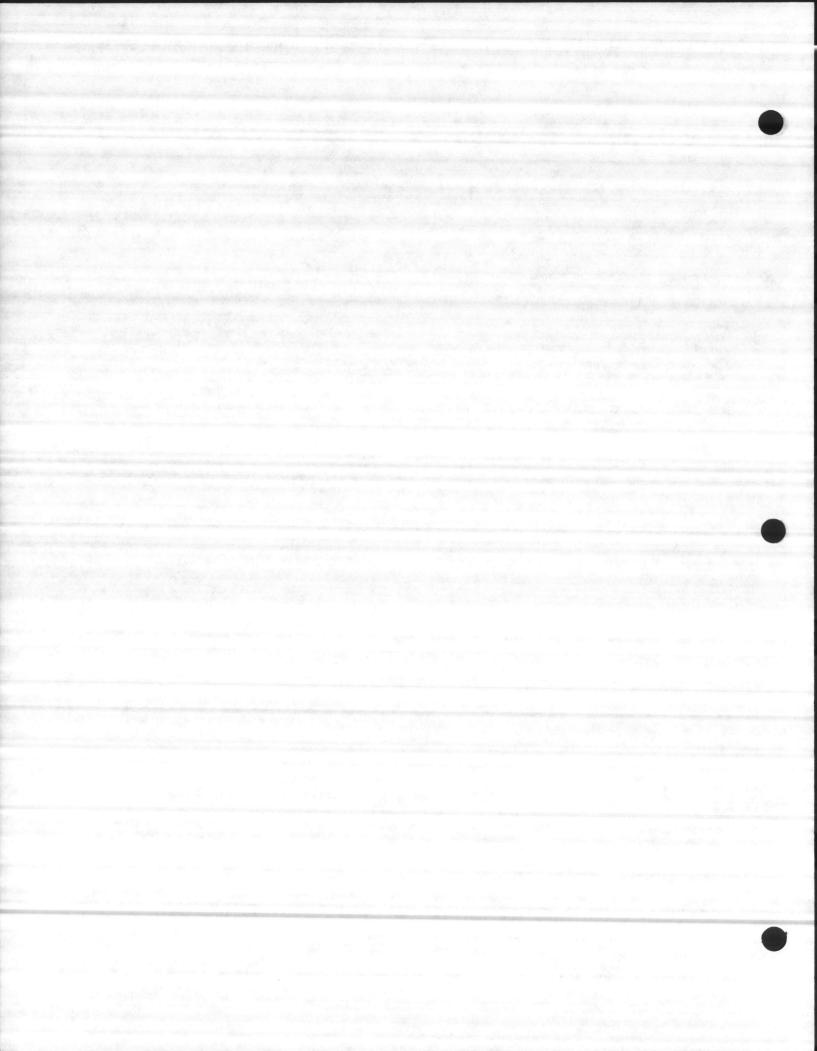
Life of unit.

### AUTHORITY

Division Chief, Fleet Manager

### PROGRAM

Apparatus Maintenance



### APPARATUS MAINTENANCE SCHEDULE

#92-77D

Rev. 12/81

# PHOENIX FIRE DEPARTMENT FORMS MANUAL

M.P. 906.14 12/83-R

# City of Phoenix, Arizona FIRE DEPARTMENT APPARATUS MAINTENANCE CHECK LIST

#### DAILY

- D-1 Engine oil level (before starting or 30 minutes after shut down).
- D-2 Radiator level (two inches below top of radiator tank). Or full to top with recovery system.
- D-3 Engine oil, fuel, water and air leaks.
- D-4 Drain air tanks.
- D-5. Check fan beits for proper tension and condition.
- D-6 Check coolant hoses for leaks or signs of failure.
- D-7 Check air cleaner hose for tightness and leaks.
- D-8 Check automatic transmission level with engine cold. If fluid appears on dip stick fluid level will be ok at running temperature.
- D-9 Fuel tank level.
- D-10 Cables (choke, throttle, diesel shut down).
- D-11 Run engine for five (5) minutes and check all instruments.
- D-12 Check booster tank level.
- D-13 Operate discharge gates, dump valves, change over valve and humat valve - lubricate ball shut offs with WD 40.
- D-14 Check for excessive water leaks in plumbing.
- D-15 Engage pump and check for clutch operation (vacuum and manual).
- D-16 Check frame, spring shackle hangers, mounting, brackets, crossmembers for cracks, bends, distortion or misalignment.
- D-17 Check for any other items; such as, loose nuts, bolts, hoses, fittings, dragging or loose wires, missing, bent or damaged parts.
- D-18 Check condition of tires (nails, cuts, bruises, etc., or treadwear).
- D-19 All lights (head, tail, emergency).
- D-20 Check all linkage to discharge gates, transmission pump controls and other apparatus accessories for excessive wear, binding or misalignment.

#### WEEKLY

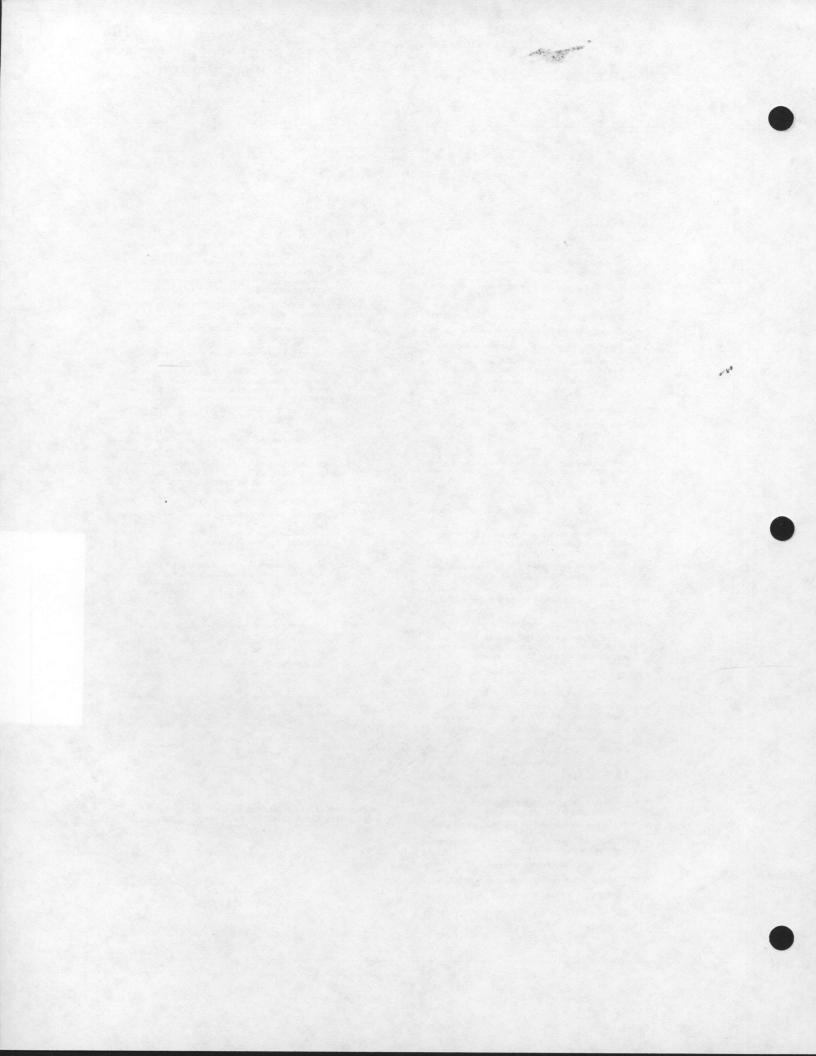
- W-1 Drive all apparatus a minimum of 2 miles.
- W-2 Operate pump, priming pump, relief valve or governor. (Include all reserve pumpers)
- W-3 Lube clutch linkage, discharge gate control linkage, beil crank guides, throttle pedal pivot with light engine oil.
- W-4 Check battery electrolyte level, cable and box.
- W-5: Raise aerial ladders, rotate 360°, full extension. Remove, service and clean hand ladders and beds.
- W-6 Run small engines in generator and power saw 5 minutes. Shake and mix fuel before starting.
- W-7' Lube nozzles ball shut-off with WD-40/equivalent.
- W-8 Check air lines, drain valves, heater hoses, emergency radiator fill and vacuum lines.
- W-9 Check for exhaust manifold leaks.
- W-10 Activate and re-set emergency engine shut down.
- W-11 Change and service tachograph.

#### MONTHLY

- M-1 The aerial ladder will be cleaned with a solvent type cleaner to remove all old lubricants and dirt. After cleaning with solvent, the ladder is to be thoroughly washed with water to remove any solvent, and the ladder will be dried. Particular attention should be given those areas where water may be pocketed.
- M-2 The ladder rollers will be lubricated with dry graphite lubricant or equivalent.
- M-3 The ladder guides will be lubricated with dry graphite lubricant or equal.
- M-4 The ladder extension and retracting cables shall be thoroughly lubricated with chain and cable fluid or equal. It is important that the lubricant penetrates to the inner strands and core of the cable to minimize friction when passing over pulleys and around the cable drum. Wipe excess fluid from the cable by using a clean cloth and glove. During this operation inspect the cable for any frayed or broken wire.
- M-5 The pumps on American LaFrance trucks must be lubed after each pumping. Also after each hour of continuous pumping.
- M-6 All cable controls having a spiral or basket-weave sheath: such as, choke cables, parking brake controls, pump panel, throttle controls, are to be lubricated from the outside for their entire length with a spray dry graphite lubricant.
- M-7 Hose reel swivels, fittings are often covered with a rubber plug. Lubricate with chassis lube until grease is visible but not more than 15 strokes with hand gun (1 1/2 oz.) or until resistance is felt.
- M-8 Slip joints on propeller shafts (splines) are subject to very heavy sliding loads and are often found to be lacking lubrication. Lubricate until grease comes out of the relief hole in the center of the drive line slip loans.
- . M-9 Inspect the steering gear oil level.NOTE:Do not fill.
  - M-10 Inspect the power stearing reservoir. The correct level is 1" from the top.
  - M-11 Inspect and fill universal joints. (Hand gun only.)
    Lubricate with chassis lube. NOTE: Two strokes per
    universal joint.
  - M-12 Lubricate any other greate fitting of apparatus that has not been noted. Enter on Monthly Apparatus Report, Form # 92-850 and Shop Guide Repair List, Form # 92-850 any fitting that will not take greate.
  - M-13 Inventory, inspect, clean and mark all tools and equipment.

Instructions: All deficiencies to be noted on the Shop Guide Repair List # 92-850 (1) entry per repair naeded.

> 92-77D Rev. 12-81



### APPARATUS MAINTENANCE SCHEDULE

#92-77D

Rev. 12/81

# PHOENIX FIRE DEPARTMENT FORMS MANUAL

M.P. 906.14 12/83-R

# City of Phoenix, Arizona FIRE DEPARTMENT APPARATUS MAINTENANCE CHECK LIST

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- D-17 Check for any other items; such as, loose nuts, bolts, hoses, fittings, dragging or loose wires, missing, bent or damaged parts.
- D-18 Check condition of tires (nails, cuts, bruises, etc., or treadwear).
- D-19 All lights (head, tail, emergency).
- D-20 Check all linkage to discharge gates, transmission pump controls and other apparatus accessories for excessive wear, binding or misalignment.

#### WEEKLY

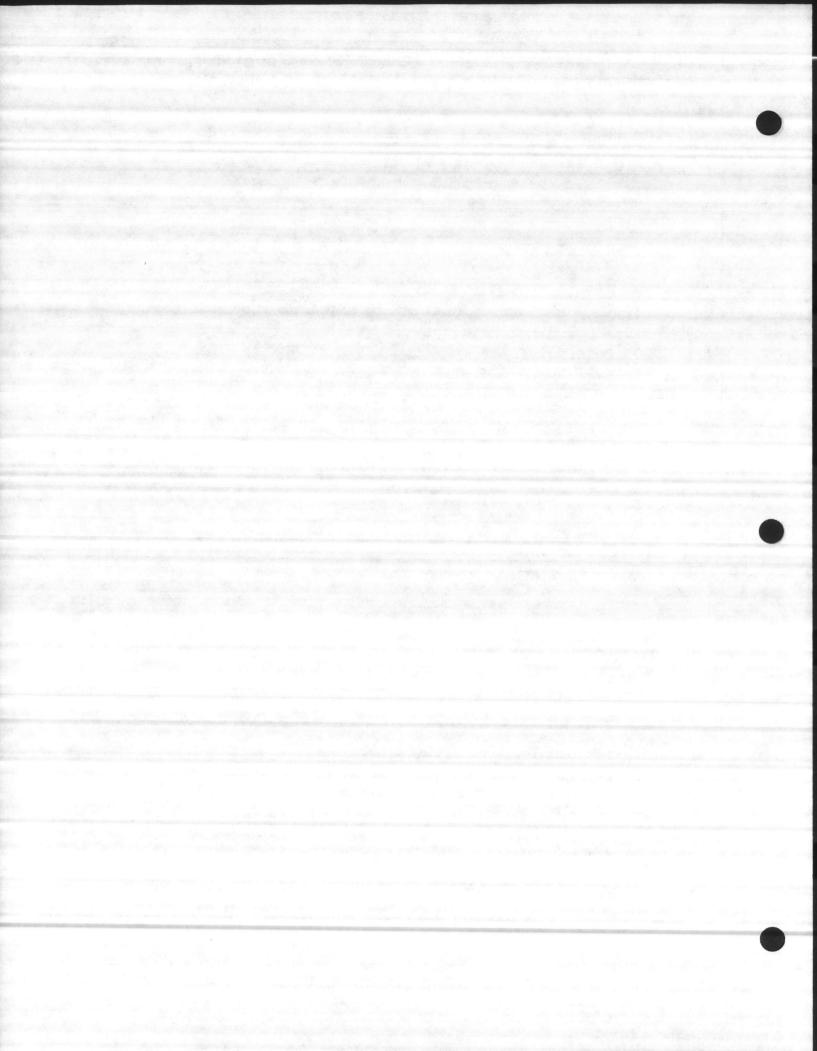
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- W-4 Check battery electrolyte level, cable and box.
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- W-9 Check for exhaust manifold leaks.
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- M-10 Inspect the power steering reservoir. The correct level is 1" from the top.
- M-11 Inspect and fill universal joints. (Hand gun only.)
  Lubricate with chassis lube. NOTE: Two strokes per universal joint.
- M-12 Lubricate any other greate fitting of apparatus that has not been noted. Enter on Monthly Apparatus Report, Form # 92-820 and Shop Guide Repair List. Form # 92-850 any litting that will not take grease.
- M-13 Inventory, inspect, clean and mark all tools and equipment.

Instructions: All deficiencies to be noted on the Shop Guide Repair List # 92-850 (1) entry per repair naeded.

> 92-77D Rev. 12-81



MONTHLY APPARATUS REPORT

#92-83D

Rev. 12/80

# PHOENIX FIRE DEPARTMENT FORMS MANUAL

M.P. 906.15 12/83-R

### PURPOSE

To monitor the out-of-service time for all apparatus. Obtain mechanical assistance for minor repairs

### INDIVIDUAL RESPONSIBLE FOR COMPLETING

Engineer assigned to apparatus.

### WHEN FORM IS TO BE COMPLETED

Each day.

### INSTRUCTIONS FOR COMPLETION

Record downtime of apparatus, list repairs needed. This form is to be kept on apparatus at all times when vehicle is removed from service, total down time is to be recorded for each incident. Repairs needed shall be listed in appropriate spaces. This form should be ready for review by District Manager on apparatus inspection day. Signature required.

#### ROUTING

District Manager to Support Services to Equipment Management.

### RETENTION

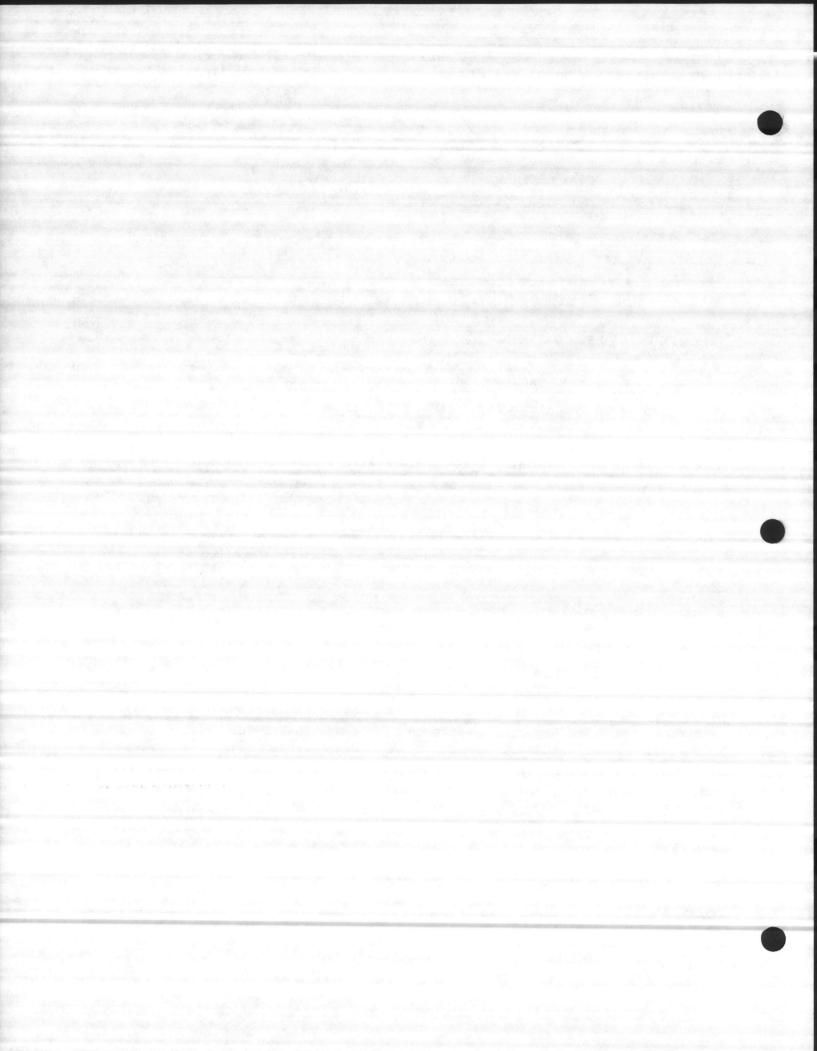
White copy stays at Resource Management. Canary copy stays at Equipment Management. Pink copy Station File 605 and stays for one year, then removed and destroyed.

AUTHORITY

Division Chief, Fleet Management

#### **PROGRAM**

Apparatus Maintenance



MONTHLY APPARATUS REPORT

#92-83D

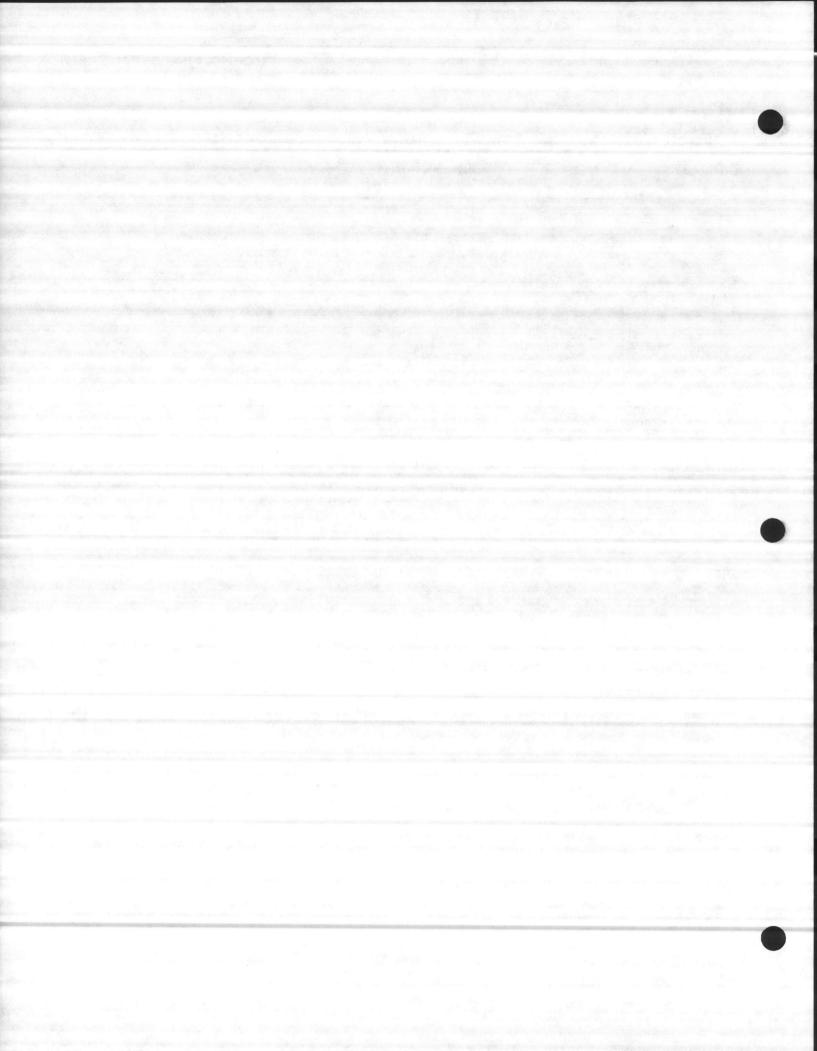
Rev. 12/80

# PHOENIX FIRE DEPARTMENT FORMS MANUAL

M.P. 906.15 12/83-R

CITY OF PHOENIX, ARIZONA FIRE DEPARTMENT NOTE: Report due the day of APPARATUS INSPECTION

Date	Equipment No:		
de la companya del companya de la companya del companya de la comp			
List dates and a	pparent cause for apparatus being out of service because of mechanical break	down or repair.	
OUT OF ERVICE DATE	BRIEFLY STATE APPARENT CAUSE	RETURNED TO SERVICE DATE	HOUR
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ALC: 10 March 1997			To all of
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	MONTHLY TOTAL HOURS OUT OF SERVICE FOR REPAIR		
3 44	LIST REPAIRS NEEDED AS PER SHOP GUIDE REPAIR LIST 92-850		
and the second second second			
	and the second s		
er en			
		DISTRIBUTION:	
Signatures		1ST COPY (WHITE) SUPPORT SERVICES	
Signatures SERVICE DIVISION APPARATUS			EMENT



Rev. 1/84

### PHOENIX FIRE DEPARTMENT FORMS MANUAL

M.P. 906.16 8/84-R

### PURPOSE

#92-85D

To record needed repair of apparatus.

### INDIVIDUAL RESPONSIBLE FOR COMPLETING

Engineer assigned to apparatus.

### WHEN FORM IS TO BE COMPLETED

When any malfunction is found.

### INSTRUCTIONS FOR COMPLETION

Form to be completed as repairs are needed.

### ROUTING

Stays with apparatus until all blanks are used.

### RETENTION

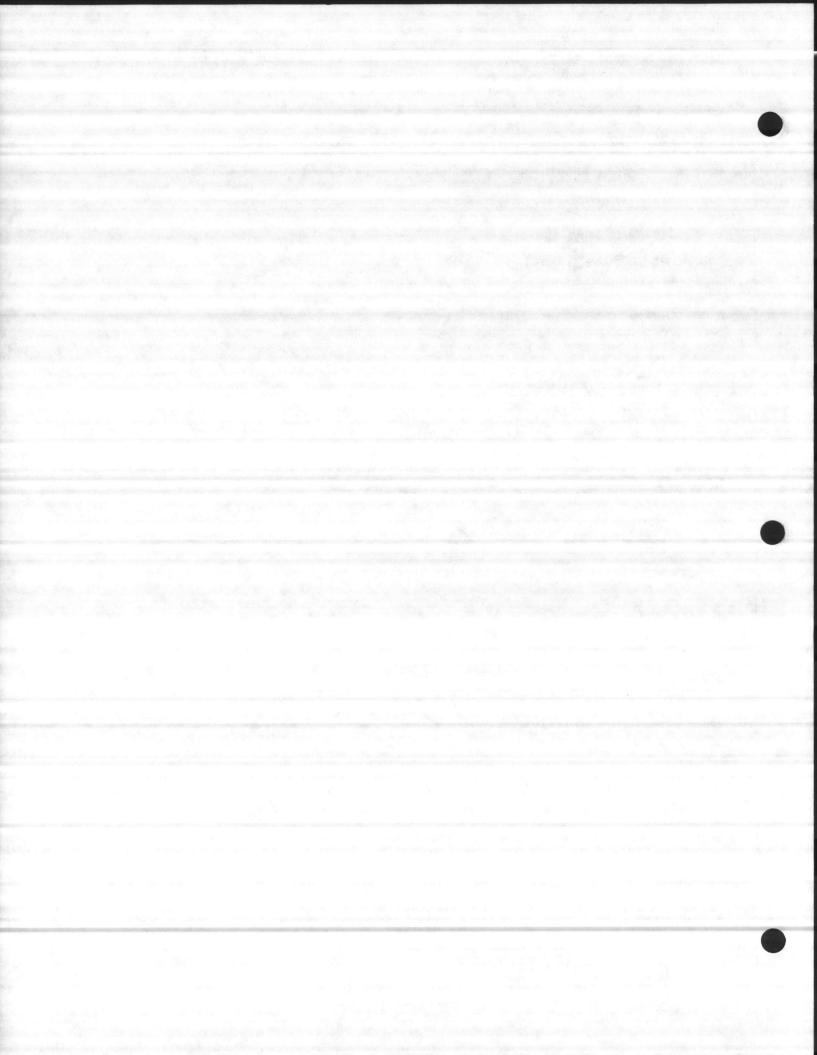
For life of apparatus. Filed at station in File 606.

### AUTHORITY

Division Chief, Fleet Management

### PROGRAM

Apparatus Maintenance



Support Services/Fleet Management
SHOP GUIDE REPAIR LIST

#92-85D

Rev. 1/84

# PHOENIX FIRE DEPARTMENT FORMS MANUAL

M.P. 906.16 8/84-R

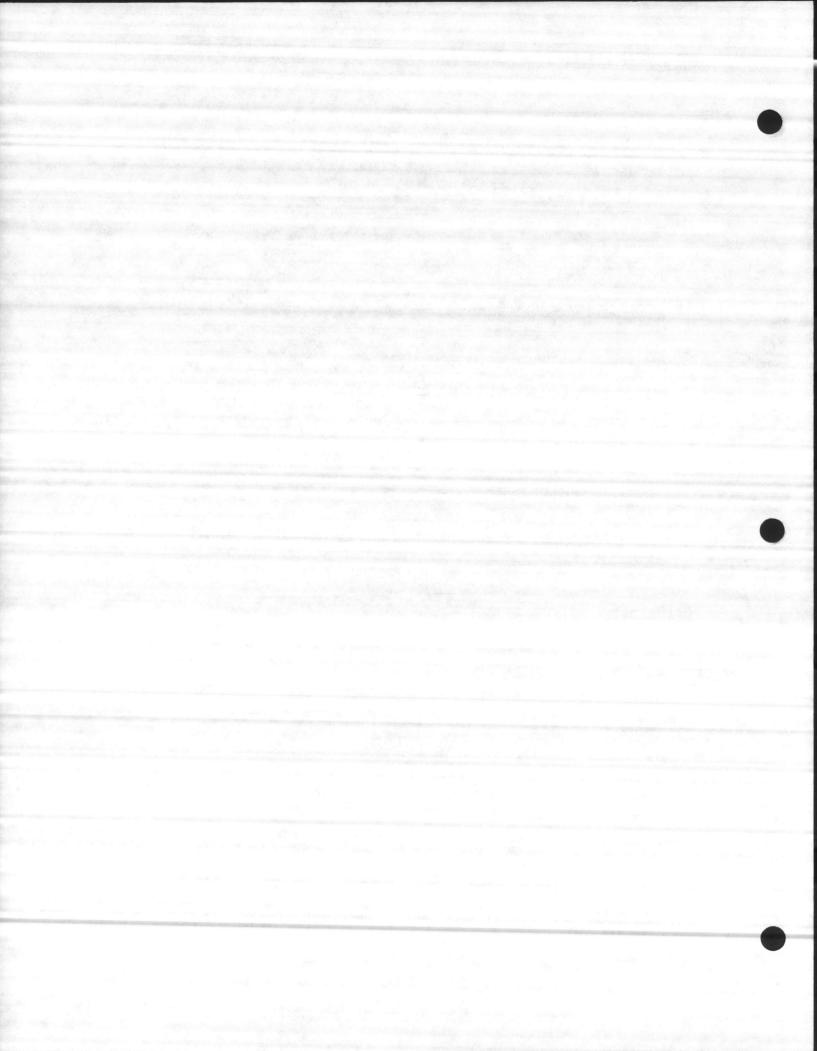
City of Phoenix, Arizona FIRE DEPARTMENT

### SHOP GUIDE REPAIR LIST

Station No	Company No.	Apparatus No.	Page No.
(To be retained	as a permanent part	of the apparatus file	

ID No.	Date Noted	Reporting	Remarks	Date	Repaired by		
	(Incl. year)	Engineer Initial	(NOTE IF REPAIR IS A TEMPORARY MEASURE)	Repaired	Shop Mechanic	Engineer	
				Section 1			
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						July - Date 5	

92-850 rev. 1/84



Support Services/Resource Management

APPARATUS REPAIR REQUEST

### PHOENIX FIRE DEPARTMENT FORMS MANUAL

#92-85.1D

Rev. 3/84

M.P. 906.16A

8/84-N

### PURPOSE

To assure that needed repairs are identified by the requesting person or company and that the Equipment Management personnel actually do the repair.

#### INDIVIDUAL RESPONSIBLE FOR COMPLETING

The person, engine or ladder company that is turning the vehicle in for repair.

### WHEN FORM IS TO BE COMPLETED

At the time the vehicle is being turned in for repair.

### INSTRUCTIONS FOR COMPLETION

For to indicate all repairs needed, this shall be determined by referring to the shop guide repair list or by inspection of vehicle.

### ROUTING

White copy - Station file Canary copy - Equipment Management Pink copy - Equipment file at Resource Management.

### RETENTION

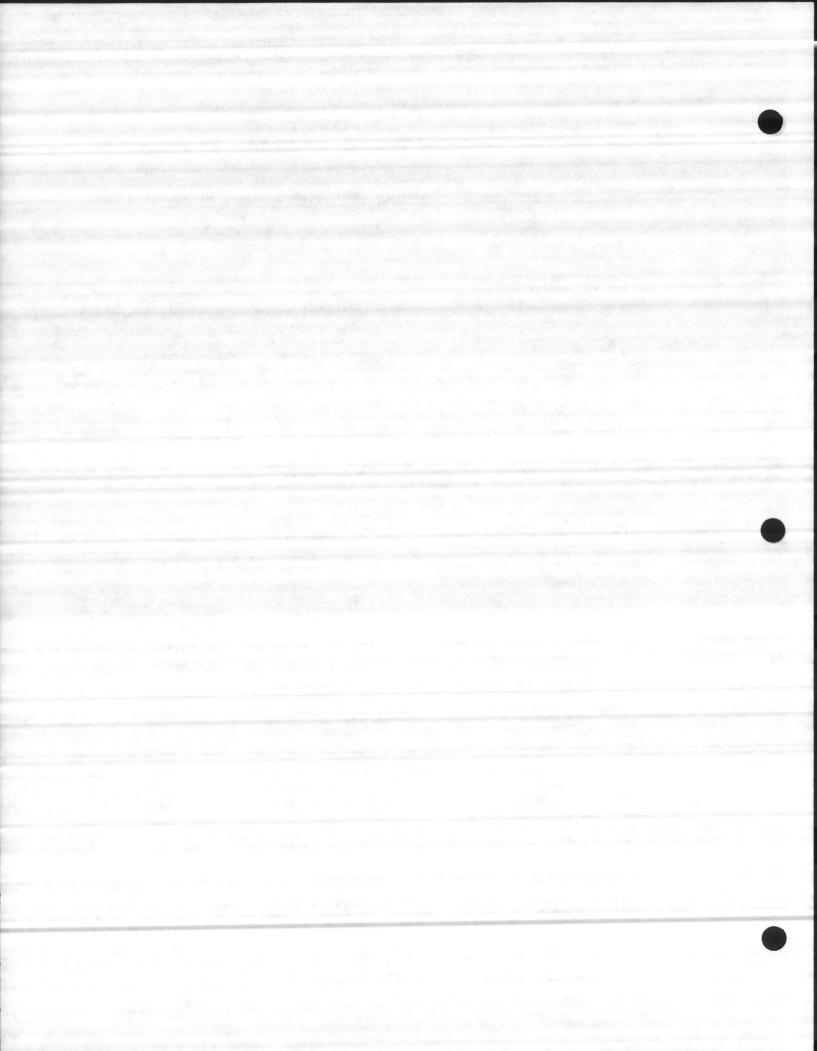
One year

#### AUTHORITY

Fire Department Apparatus Officer

### **PROGRAM**

Fleet Management



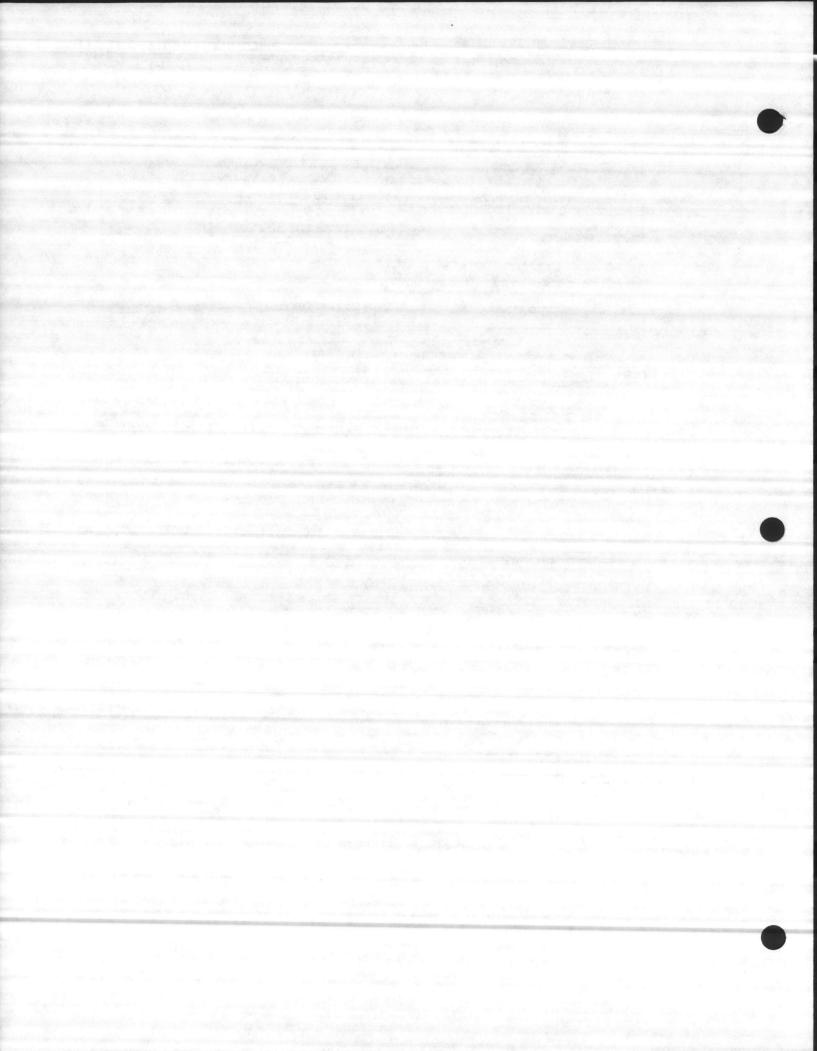
#92-85.1D

Rev. 3/84

M.P. 906.16A

8/84-N

CITY OF PHOENIX, AR FIRE DEPARTMEN	RIZONA T	EQUIPMENT MGM'T. REPAIR ORDER NUMB
APPARATUS REPAIR	REQUEST	F ** **
AUTHORIZED BY PFO Apparatus Officer EQUIP. NO DIVISION	SCHEDULED UN	ISCHEDULED
LEFT AT:EQUIP. MGM'T RADIO SHOP SHOP AT (TIME)		AT(TIME)
IF PROBLEM IS WITH RADIO, NOTE WHICH	CHANNEL /S	
EQUIPMENT R LIST DETAILS PROBLEMS NOTED BY =	REPAIRS NEEDED B OF PROBLEMS	REPAIRS BY
		and the state of t
		1 1 5 W
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HITE - STATION FILE CANARY - MAINT, FACILI	ITY PINK - APPARATUS S	92 - 85.1 D ECTION REV. 3/84



APPARATUS INVENTORY CHANGE AUTHORIZATION

#92-87D

New 3/77

# PHOENIX FIRE DEPARTMENT FORMS MANUAL

M.P. 906.17 12/83-N

#### PURPOSE

(An "A" shift form) To control special/used items on fire apparatus, or unused items.

### INDIVIDUAL RESPONSIBLE FOR COMPLETING

Engineer or Captain requesting equipment addition or deletion.

### WHEN FORM IS TO BE COMPLETED

Anytime a piece of equipment is to be added or removed, this form is to be completed.

### INSTRUCTIONS FOR COMPLETION

This covers any special, seldom used equipment to be added. The apparatus inventory sheet must also be corrected. This form, along with a D.S.R., is required after approval of the shift commander. Signature required.

#### ROUTING

Person requesting change to Captain, to District Manager, Shift Commander, to Apparatus officer (this is done on "A" shift). White copy - apparatus master file at Resource Management, pink copy - Apparatus officer, yellow copy - Station File 603.
RETENTION

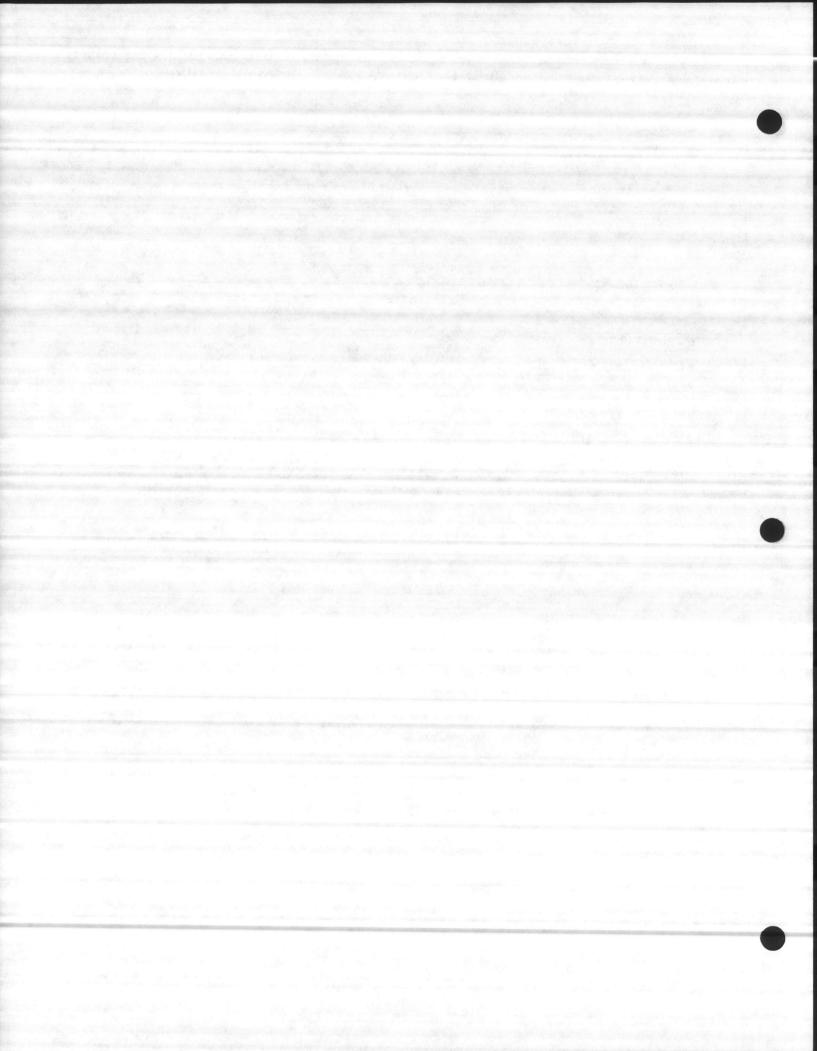
One year in apparatus station file.

#### AUTHORITY

Division Chief/Fleet Management

#### PROGRAM

Apparatus Maintenance



# Support Services/Fleet Management APPARATUS INVENTORY CHANGE AUTHORIZATION

#92-87D

New 3/77

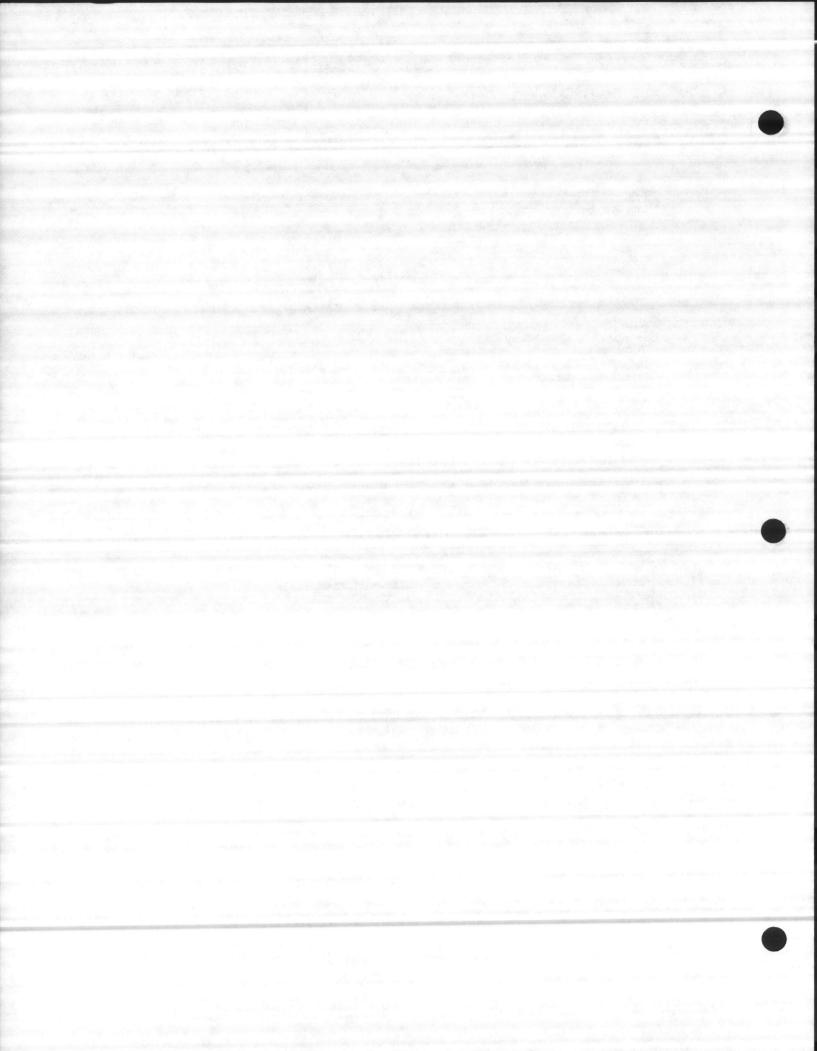
# PHOENIX FIRE DEPARTMENT FORMS MANUAL

M.P. 906.17 12/83-N

FORM 92-87D NEW 3/77

### APPARATUS INVENTORY CHANGE AUTHORIZATION

COMPANY	DATE
ADDITION ISSUING AGENCY	
REMOVAL BY ORDERS OF	
ITEM DESCRIPTION	eric eric
APPROVED BY "A" SHIFT OFFICERS & SUPPORT SERVICES:	
APPARATUS OFFICER: DIVISION CHIEF:	
BATTALION CHIEF: COMPANY COMMANDER:	
RECEIVED BY: (RESPONSIBLE ENGINEER)	DATE
REMOVED BY:(RESPONSIBLE ENGINEER)	DATE
INVENTORY FORMS ADJUSTMENT BY:(CAPTAIN)	DATE
DISTRIBUTION: White Copy (Original) - Apparatus Master Inventory File Yellow Copy - Company Apparatus File Pink Copy - Retained by Apparatus Officer	A section of the sect
PRFSS HARD - USE RALL DOING DEN	
PRESS HARD - USE BALLPOINT PEN	Market and the second s



APPARATUS INVENTORY RECORDS

#92-99D - 92-106D

# PHOENIX FIRE DEPARTMENT FORMS MANUAL

M.P. 906.17A 8/84-N

#### PURPOSE

To control Allied equipment on all Fire Department apparatus.

### INDIVIDUAL RESPONSIBLE FOR COMPLETING

Engineer assigned to apparatus.

### WHEN FORM IS TO BE COMPLETED

On apparatus inspection day or when apparatus is reassigned.

### INSTRUCTIONS FOR COMPLETION

Fill in all appropriate blanks.

### ROUTING

Engine Company, thru Responder Chief, to Resources Management Apparatus Captain.

#### RETENTION

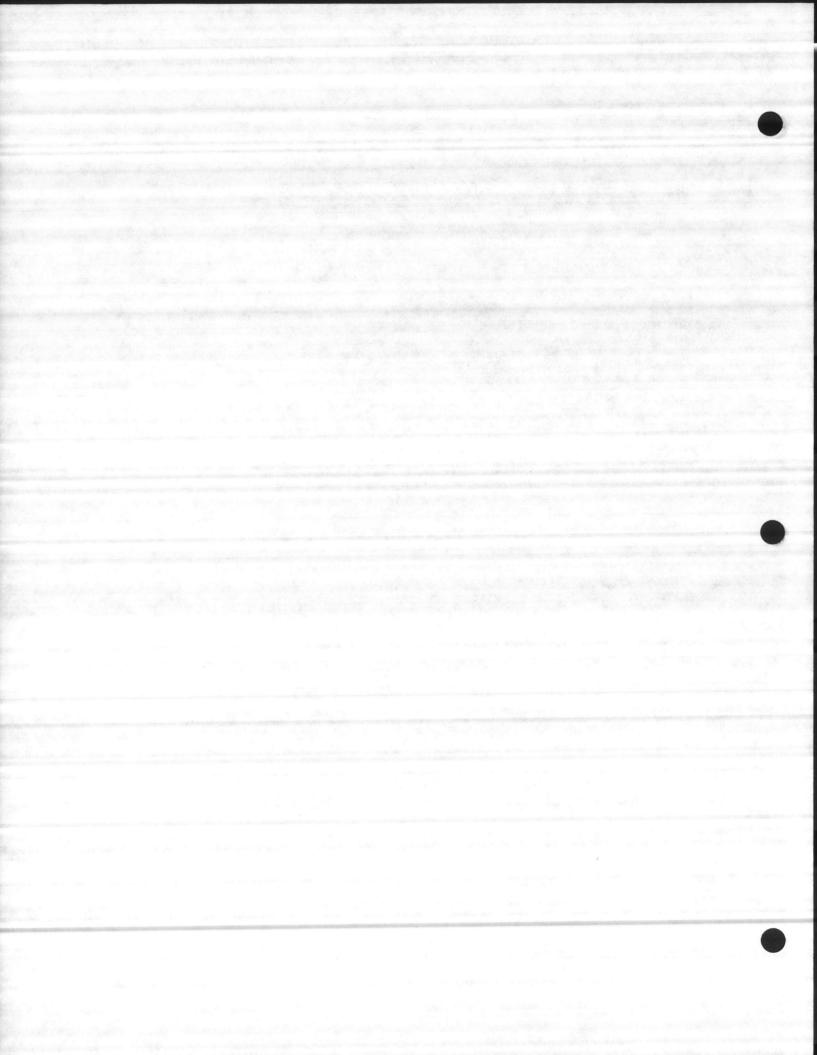
Resource Management - 1 year

### AUTHORITY

Apparatus Inventory Committee

### PROGRAM

Apparatus Maintenance



#92-99D

Rev. 4/83

M.P. 906.17A 8/84-N

City of Phoenix, Arizona FIRE DEPARTMENT

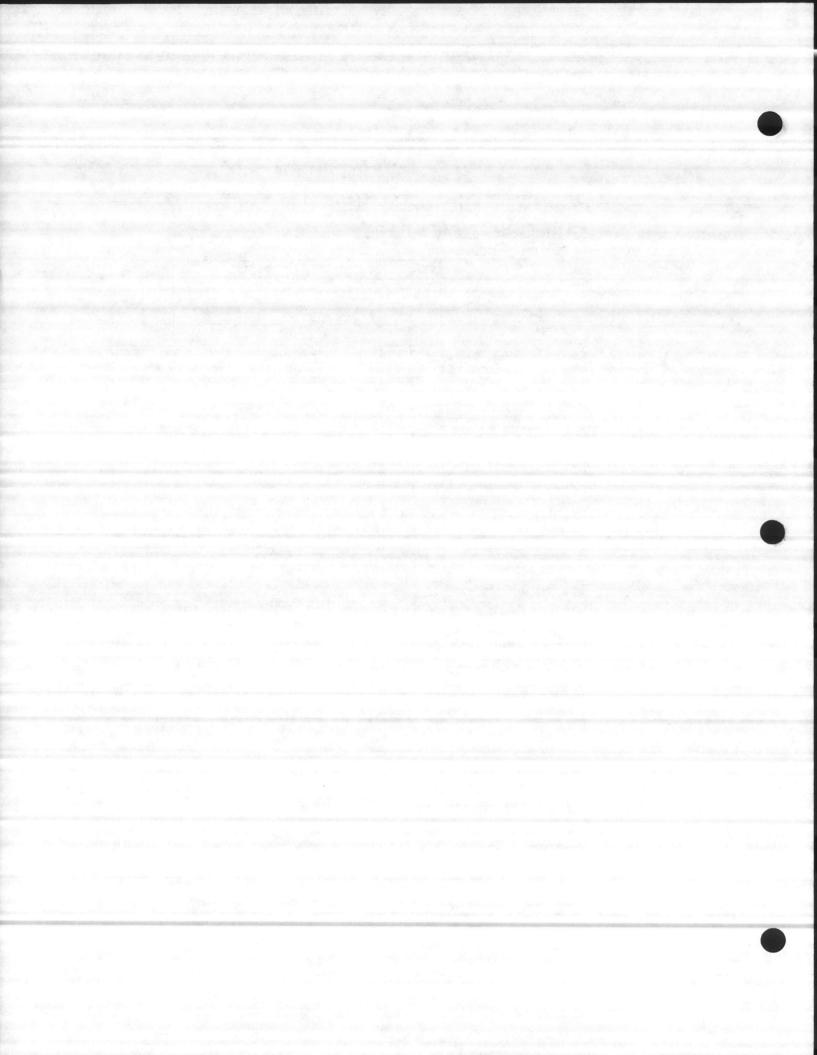
Page I of 15

# PARAMEDIC ENGINE COMPANY

APPARATUS INVENTORY RECORD EQUIPMENT NO. ENGINE CO.

INVENTORIED	Req		ENGINE CO.	1-	T-
EQUIPMENT	Inv	1	INVENTORIED EQUIPMENT	Req	1
SCBA / INV NO	1		I.V. Box (see IV box list)	1	
<u>2</u> 3			Trauma box (see trauma box)	- 1	
5			CPR thumper kit	I	
6Spare air cylinders	2		Nitronex kit	J.	
MEDICAL-STABILIZATION Resuscitator and			Monitor inv.no. Defibrillator inv.no.	1	
suction kit	1		Ked kit	1	
/ cylinder inv. no			Carvical collars adult	4	
Spare oxygen cyl. "D" size	2		pediatric Sandbags	2	
Traction splints			Blankets	21	
Adult Pediatric	1		Rigid splints 18"	2	
Backboards	2	-	30 "	2	
SHORTAGE REPORTED			Adult shock suit /case and control no.	2	
			Pediatric shock suit /case and control no.	2	
			Triage tag kit	1	
			Truck rope (次" x iOO')	1	
REMARKS			Rescue rope (% x 100') Sealed	1	
INVENTORIED BY			ISTRICT MGR		

92-99 D rev. 4/8



#92-100D

Rev. 4/83

# PHOENIX FIRE DEPARTMENT FORMS MANUAL

M.P. 906.17A 8/84-N

92 - 1000 rev. 4/33

City of Pacadix, Arizona FIRE DEPARTMENT Page 1 of 8 ENGINE COMPANY Date \_\_\_\_ APPARATUS INVENTORY RECORD EQUIPMENT NO. ENGINE CO. INVENTORIED INVENTORIED ?eq. On Req. On EQUIPMENT inv. gop. EQUIPMENT inv. | apc. SCBA / INV NO Sackboards 2 Carvical collars Pediatric 2 Adults 41 1 Sandbags 2 1 Blankets 2 1 Ricid splints 18" Spare air cylinder 2 30" 2 Adult snock suit 1 /case and MEDICAL-STABILIZATION control no. Resuscitator and suction kit Pediatric shock / cylinder suit /case and inv. no. \_ control no. Spare oxygen cyl.
"D" size 2 Tricge tag kit 1 EMS kit 1 Traction splint (Adult) SHORTAGES REPORTED Truck rope ( 1/2" x 100') Rescue roce 1 (9/18 x 100') Sec!ed REMARKS INVENTORIED BY DISTRICT MGR. CAPTAIN



Rev. 4/83

### PHOENIX FIRE DEPARTMENT FORMS MANUAL

M.P. 906.17A 8/84-N

City of Phoenix, Arizona FIRE DEPARTMENT

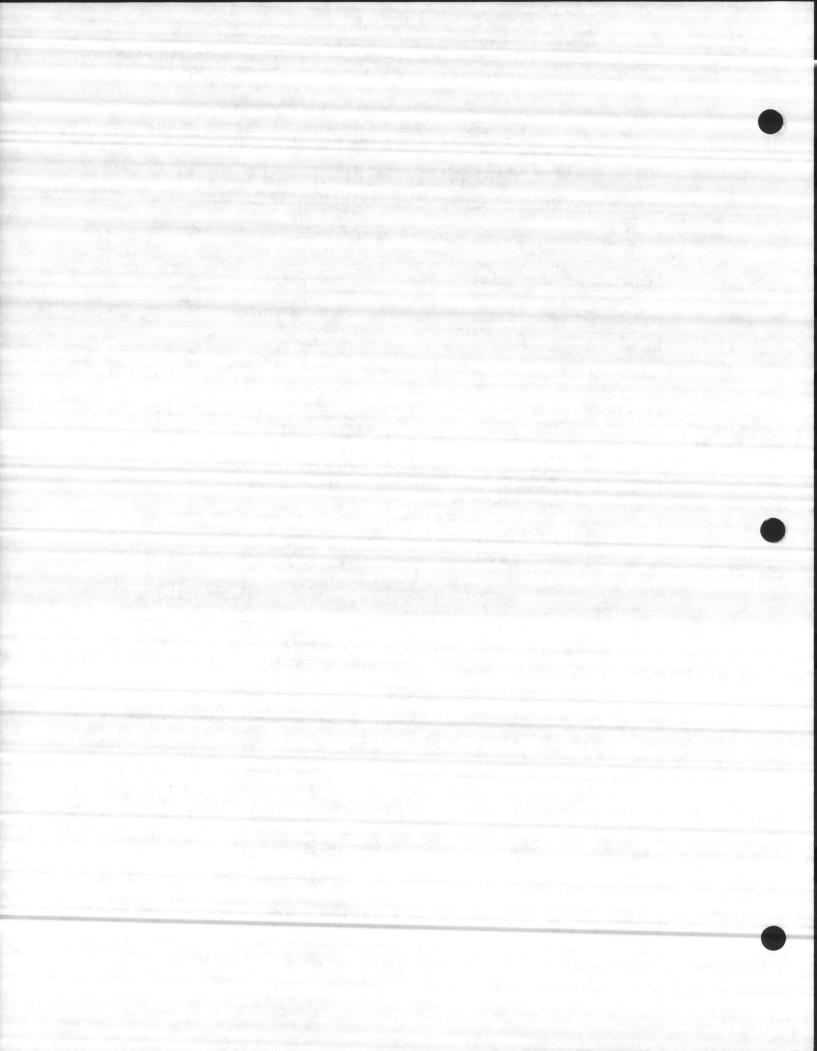
Page 1 of 13

RESCUE COMPANY ""

APPARATUS INVENTORY RECORD
EQUIPMENT NO. RESCUE CO.

INVENTORIED INVENTORIED EQUIPMENT Req On inv app Req On EQUIPMENT SCBA / INV No Moniter lny. no. . 1 Defibrillator 2. Inv. no. Spare air cylinders 2 Laryngo scope buibs 0110 MEDICAL-STABILIZATION 00400 2 Resuscitator and 1 Esophageal obturator suction kit kit /cylinder inv. no. Drug box(hosp sadi) 1 Spare oxygen cyl.
"D" size 1. V. Box (see IV box list) Lactated Ringers CPR thumper kit 4 1000 c.c. (exp. data) inv. no. Nitronox kit 0 5 W inv. no. 500 c.c. (exp. date) 4 SHORTAGES REPORTED Normal saline I.V. 1000 c.c. (exp. date) 4 Biood LY. tubing Padiatric I.V. tubing Starila water 1000cd 2 Trauma box (see trouma box) 0.8. Kit 2 REMARKS Poison entidate kit! INVENTORIED BY DISTRICT MGR. CAPTAIN

92 - 1010 124.4/33



LADDER COMPANY

#92-102D

Rev. 4/83

### PHOENIX FIRE DEPARTMENT FORMS MANUAL

M.P. 906.17A 8/84-R

CITY OF PHOENIA, ARIZONA FIRE DEPARTMENT

PAGE I OF 13

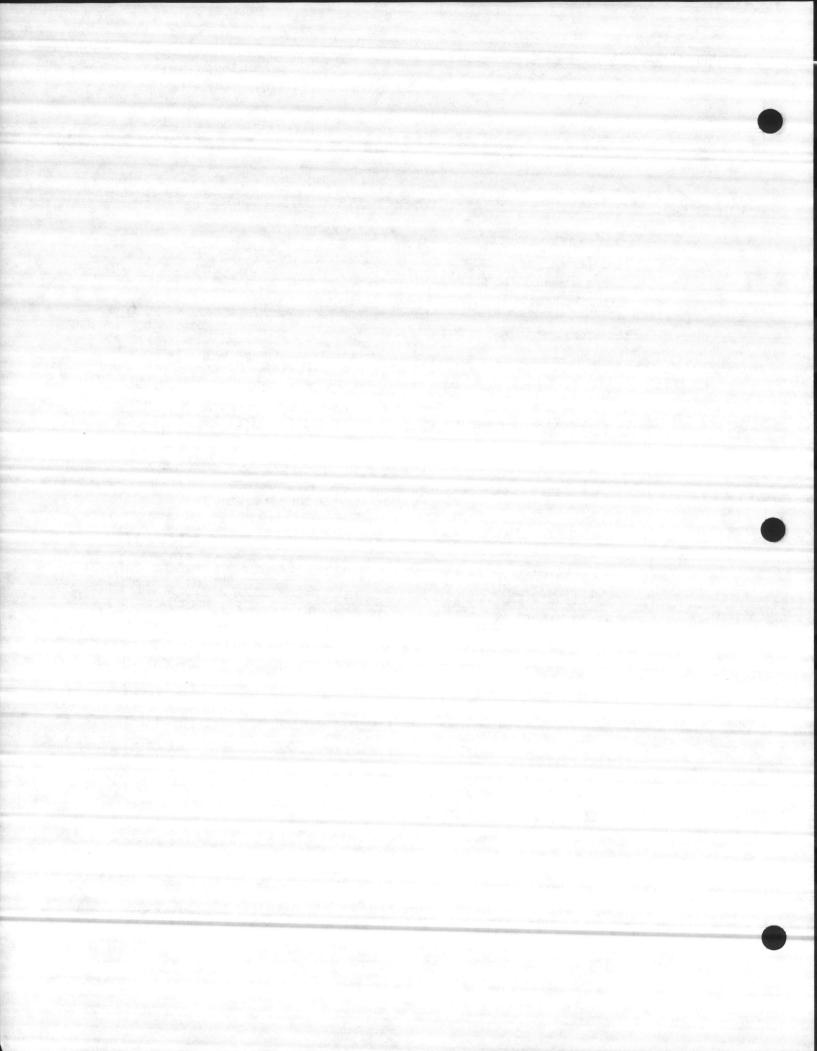
APPARATUS

INVENTORY

EQUIPMENT NO ! ADDER CO

INVENTORIED EQUIPMENT	Raq inv	On On	INVENTORIED EQUIPMENT	Req	Cr
SCBA / INV NO			MEDICAL-STABILIZATION		
2 3	1 1		Resuscitator and suction kit / cylinder inv.no.	1	
5	1		Spare oxygen cyl. "D" size	2	
6	1		EMS kits	2	
100 To			Backboards	4	
8Spare air cylinders	5		Orthopedic stretcher / straps i.D. no	1	
Safety lines IOC'   Remote SCBA	5		Carvical collars	2	
system kit	1		aduit	4	
(see kit list)		1	Blankeis	2	
inv. no.		-	Sandbags	4	
SHORTAGES REPORTE	D		Shock suit-adult /case control no	1	
		1	Shock suit - ped /case	1	
		1	Triage tag kits	2	
			Stokes basket / sting	1	
REMARKS					

92 - 102 0 rev. 4/83



UTILITY TRUCKS

#92-103D

New 1/84

# PHOENIX FIRE DEPARTMENT FORMS MANUAL

M.P. 906.17A 8/84-N

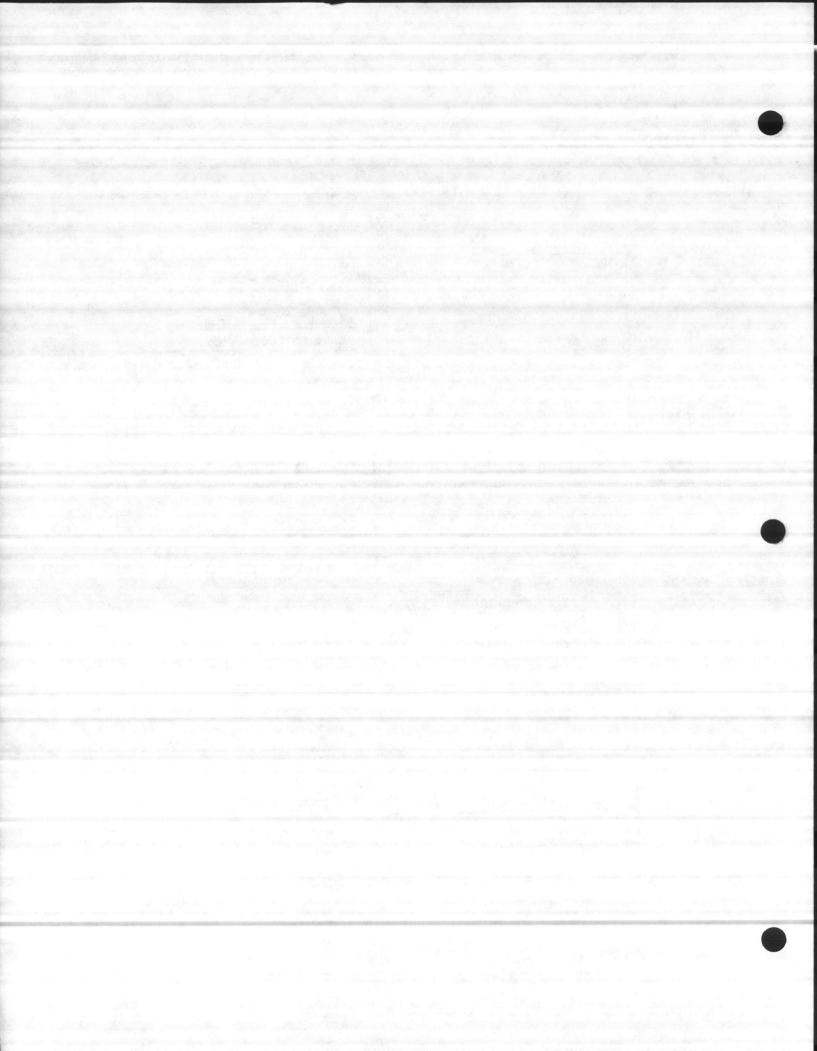
CITY OF PHOENIX, ARIZONA FIRE DEPARTMENT PAGE | OF 5

## UTILITY TRUCKS

APPARATUS INVENTORY RECORD EQUIPMENT NO. UTILITY CO.

INVENTORIED EQUIPMENT	Req	On		ENTORIED UIPMENT	Req	0
SCBA / INV. Nº	1		ILLU	Light cord 25'	1	
Spare air cylinders				50'	2	
Spare "O" rings	10			Portable reel /200' 3 wire cord	1	
2027124				Portable lights 150 watt	2	
PORTABLE HIGH-RISE FILLING STATION	1			spare buibs	2	
(see list page )				Electric cord adapte 3 way female house		
O2 EQUIPMENT	.			to3 way male twist	3	
Test gauge	1			3 way female twist	3	
Hand wheels	2			to 3 way male house		
Gaskets	6			3 way female twist	3	
Resuscitator bottles				to 3 way male twist		
Thumper bottles			FYTI	NGUISHERS		_
Storage bottles				Dry chemical 51b.	2	
SHORTAGES REPORTE	D		MAP	BOOKS		
			10000	Phoenix	1	
			-	Giendale	il	
				Tempe	i	
			(	Chandler		
REMARKS			1	Peoria	1	
NVENTORIED BY	14	DI	ISTRI APTA	CT MGR.		

92 - 103 D NEW 01/84



M.P. 906.17A 8/84-N

CITY OF PHOENIX, ARIZONA

FIRE DEPARTMENT

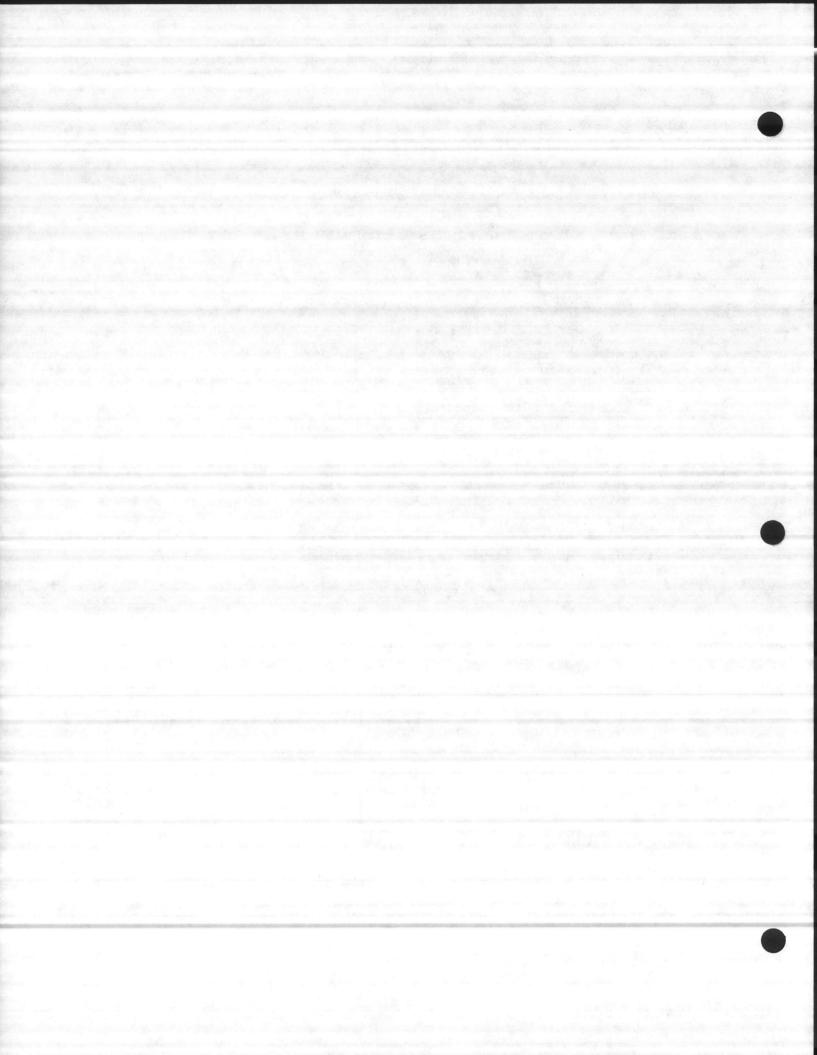
PAGE I OF 4

# FOAM & NURSE TANKER APPARATUS INVENTORY RECORD

EQUIPMENT NO.

UNIT NO.

INVENTORIED EQUIPMENT	Req.	On	INVENTORIED EQUIPMENT	Req inv.	On
SCBA / INV Nº  I.  2.	1		WATER APPLIANCES  2½" peripheral  1. D. Nº  1. D. Nº	2	
Spare air cylinders	2		1 1/2" peripheral	2	
Aircraft rescue	1		I. D. NO	2	
Air chisel	1		WRENCHES Hydrant	2	
50' airhose / airgun and tiregaug	e		Sponner	2	
Cable cutter	gI.		4 " spanner	2	
SHORTAGES REPORT	ED		HOSE: Number of feet in hose compartment.  1 1/2" 2 1/2" 3 1/2" 3 short length		
REMARKS					
INVENTORIED BY			DISTRICT MGR.		



#92-105.1D

New 1/84

PHOENIX FIRE DEPARTMENT FORMS MANUAL

M.P. 906.17A 8/84-N

FIRE DEPARTMENT

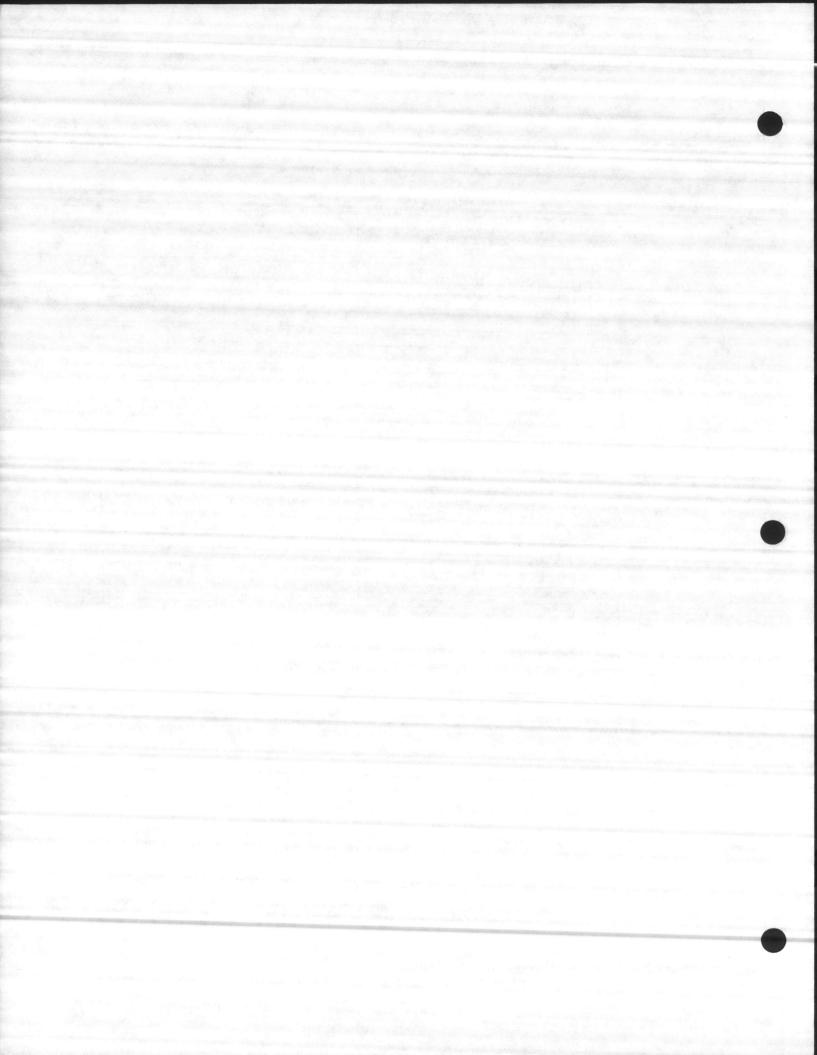
PAGE IUF 3

## CHEMICAL 19

APPARATUS INVENTORY RECORD UNIT NO.

INVENTORIED EQUIPMENT	Req	on	INVENTORIED EQUIPMENT		On
SCBA / INV Nº			Cervical collars		
2	1		pediatric adult	2	100
3	1				
4	1		Blanket / case	- 1	
Spare air cylinders	2		Rigid splints small large		
MEDICAL-STABILIZATION			Sandbags	2	
Resuscitator and suction kit	1		Triage tag kit	1	
/ cylinder inv. no			RESCUE EQUIPMENT		
Spare oxygen cylinder EMS kit	2		Aircraft rescue tool roll	1	
			Air chisel inv. no.	1	
SHORTAGES REPORT	ED		Cable cutter	1	
			WATER APPLIANCES		
			I" foam nozzle I.D. no	. 1	
			1½" peripheral 1.D. no. 1. D. no.	2	u de la composition della comp
REMARKS	Mar- , sto	and a Balliner physic	l" dry powder I.D.no.	1	gi er kellel
INVENTORIED BY			DISTRICT MGR.		

92-105.10 NEW 01/84



SUPPORT 4

#92-106D

Rev. 4/84

### PHOENIX FIRE DEPARTMENT FORMS MANUAL

M.P. 906.17A 8/84-N

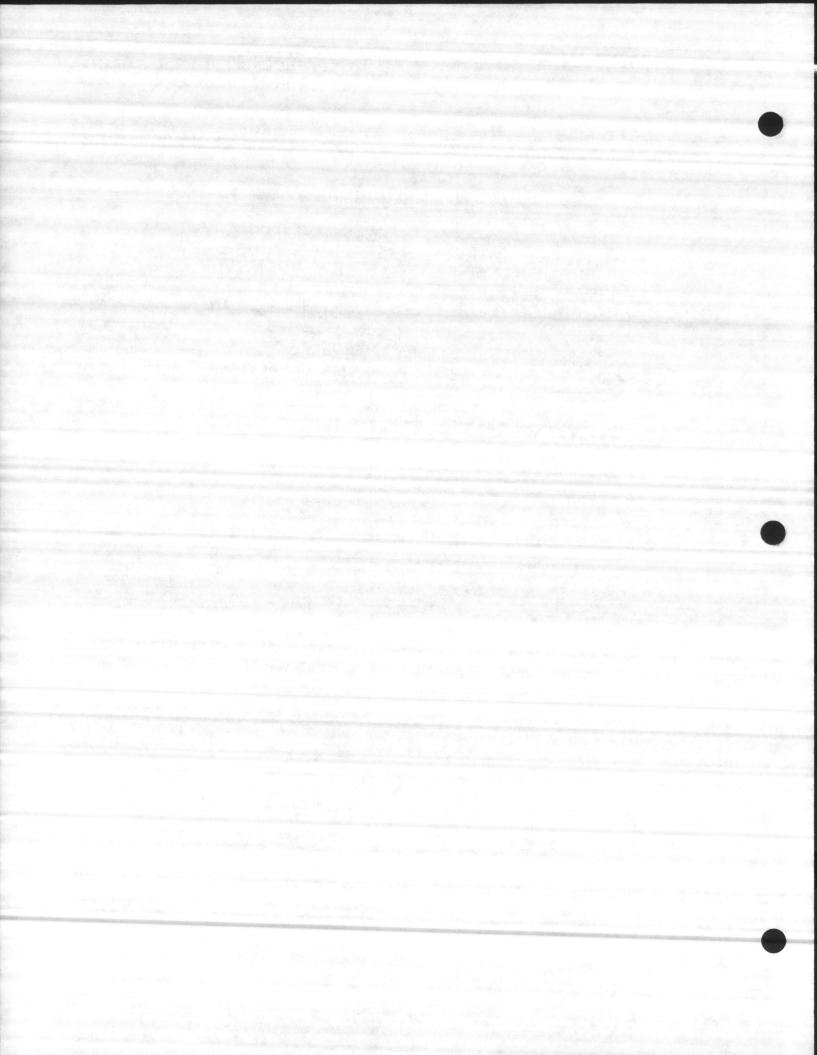
City of Phoenix, Arizona Page 1 of 10

# SUPPORT 4

APPARATUS INVENTORY RECORD

EQUIPMENT NO.			COMPANY NO	).	
INVENTORIED EQUIPMENT	Req	On	INVENTORIED EQUIPMENT	Req	On
EXTERIOR compartment no. I SHOVELS, scoops	5		EXTERIOR compartment no. 3	4	- 405
round point square point BROOMS	4   3   1		C.O.P. #		
GROUND ROD HAMMER	1				
EXTERIOR compartment no. 2  AIR HOSE ROLL - MSA  PORTA POWERCOP =	13		EXTERIOR compartment no. 4 WATER DRILLCOOF AIR DRILLCOOF AIR BOTTLE (arcoof arcoof arc	1	
SHORTAGES REPORT	ΓED		AIR REGULATOR (AJAX) HIGH PRESS AIR HOSE 25'		
			6" diamond	1 2 1	
REMARKS			3 " metal	2   2	
INVENTORIED BY			DISTRICT MGR		

92-1060 rev. 4/84



Support Services/Resource Management

P.M. REPAIR TAG

PHOENIX FIRE DEPARTMENT FORMS MANUAL

#92-129.1D

Rev. 4/84

M.P. 906.18

8/84-N

#### PURPOSE

To identify items being sent to Resource Management for repair/replacement.

### INDIVIDUAL RESPONSIBLE FOR COMPLETING

Any member of the Department who initiates action for Repair/Replacement of an item.

### WHEN FORM IS TO BE COMPLETED

At the time the item is turned in for Repair/Replacement.

### INSTRUCTIONS FOR COMPLETION

Instructions are self explanatory. If any questions arise, refer to M.P. 302.04 in Volume 3.

### ROUTING

From sender to Resource Management

### RETENTION

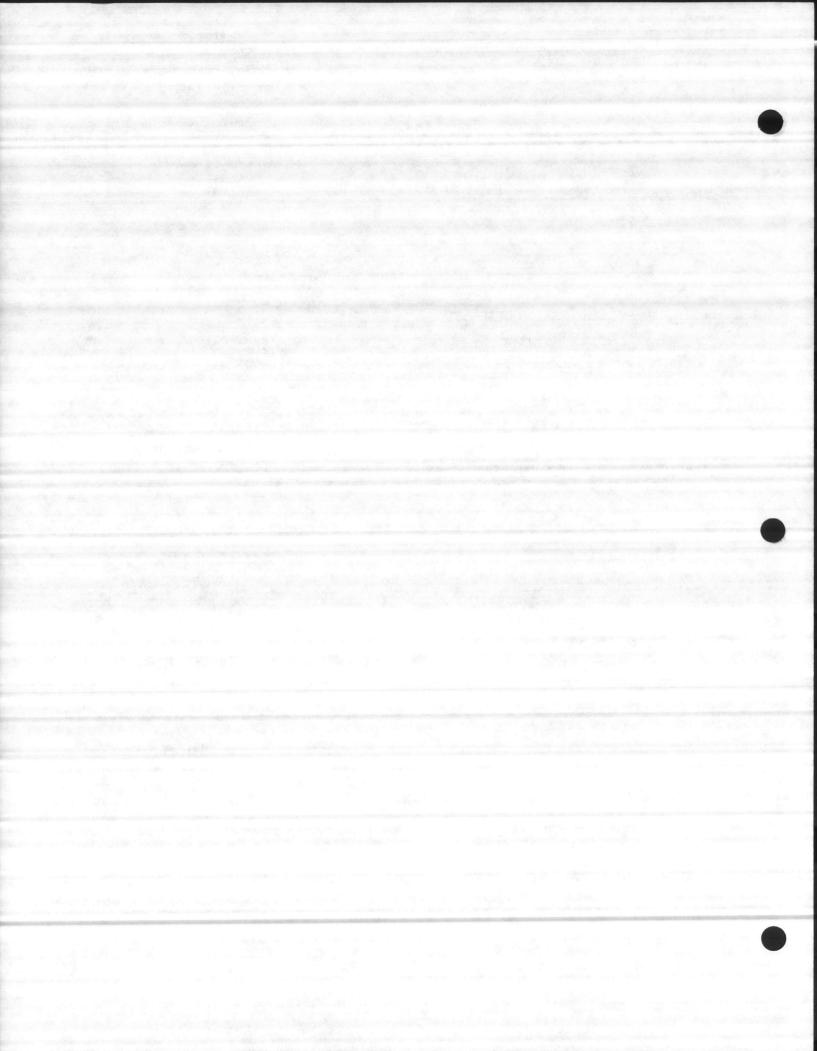
Forms will be kept on file at Resource Management for 90 days, then destroyed.

### AUTHORITY

Resource Management Deputy Chief or Equipment Officer

#### PROGRAM

All Maintenance Programs involving equipment, furniture and misc. items.



Support Services/Resource Management

P.M. REPAIR TAG

#92-129.1D

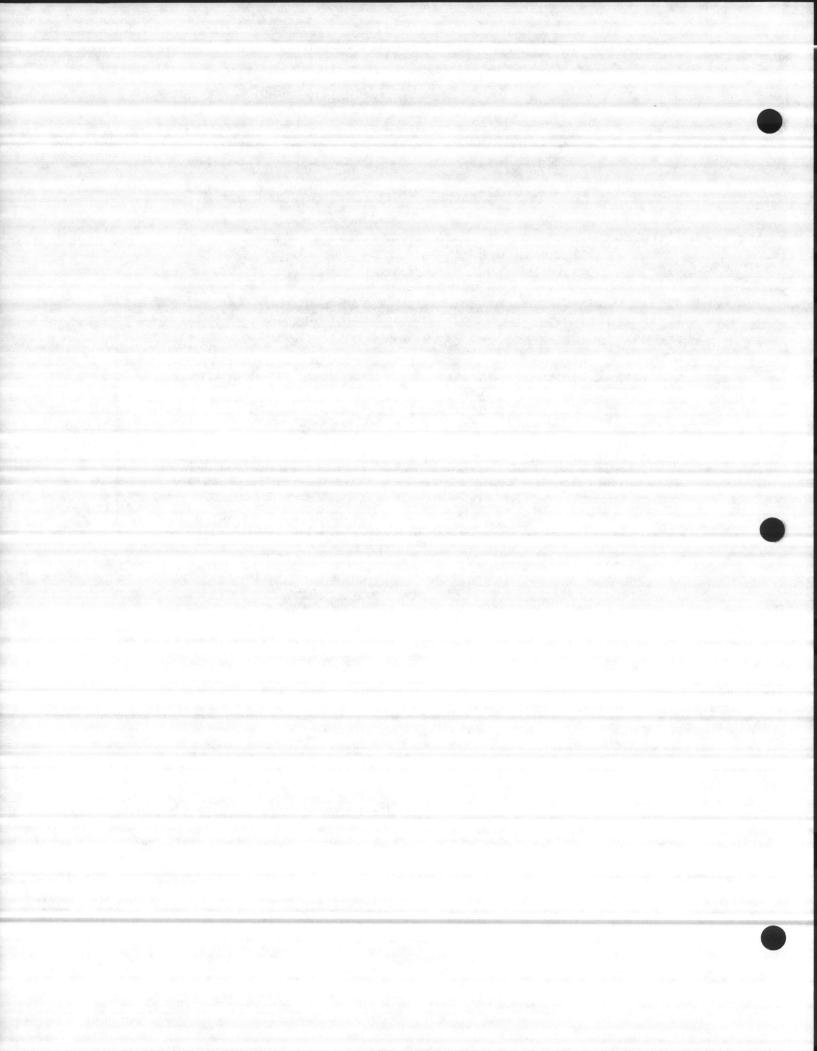
Rev. 4/84

PHOENIX FIRE DEPARTMENT FORMS MANUAL

M.P. 906.18

8/84-N

85-150	CITY OF PHOENIX, ARIZONA — FIRE CEPARTMENT
DATE	(ploate print)
TYPE	OF SOUIPMENT
ASSI	INMENT CO. NO.
STA.	ICEOUIP NO
CITY	NV. NO.
	ATION OF TROUBLE IF POSSIBLE
2	· 中国中国中国中国中国中国中国中国中国中国中国中国中国中国中国中国中国中国中国
SCHE	DULED S.M. D. T. T. DSR. D.
. 841	FAILURE TO SEE DE SE DAILY CHECK TO



Support Services/Resource Management

EMERGENCY RESPONDERS S.C.B.A. CONTROL FORM

PHOENIX FIRE DEPARTMENT FORMS MANUAL

#92-132D

New 4/84

M.P. 906.19

8/84-N

PURPOSE

Record location and use of supplemental issue of S.C.B.A.

### INDIVIDUAL RESPONSIBLE FOR COMPLETING

Emergency Responders.

WHEN FORM IS TO BE COMPLETED
When an extra S.C.B.A. is issued.

### INSTRUCTIONS FOR COMPLETION

Complete "issued" section when S.C.B.A. is issued. Complete "picked up" section when retrieved. Send to Resource Management after five turnarounds.

### ROUTING

Emergency Responder initiates, form is left with S.C.B.A. until all portions of form are completed, then sent to Resource Management for file.

### RETENTION

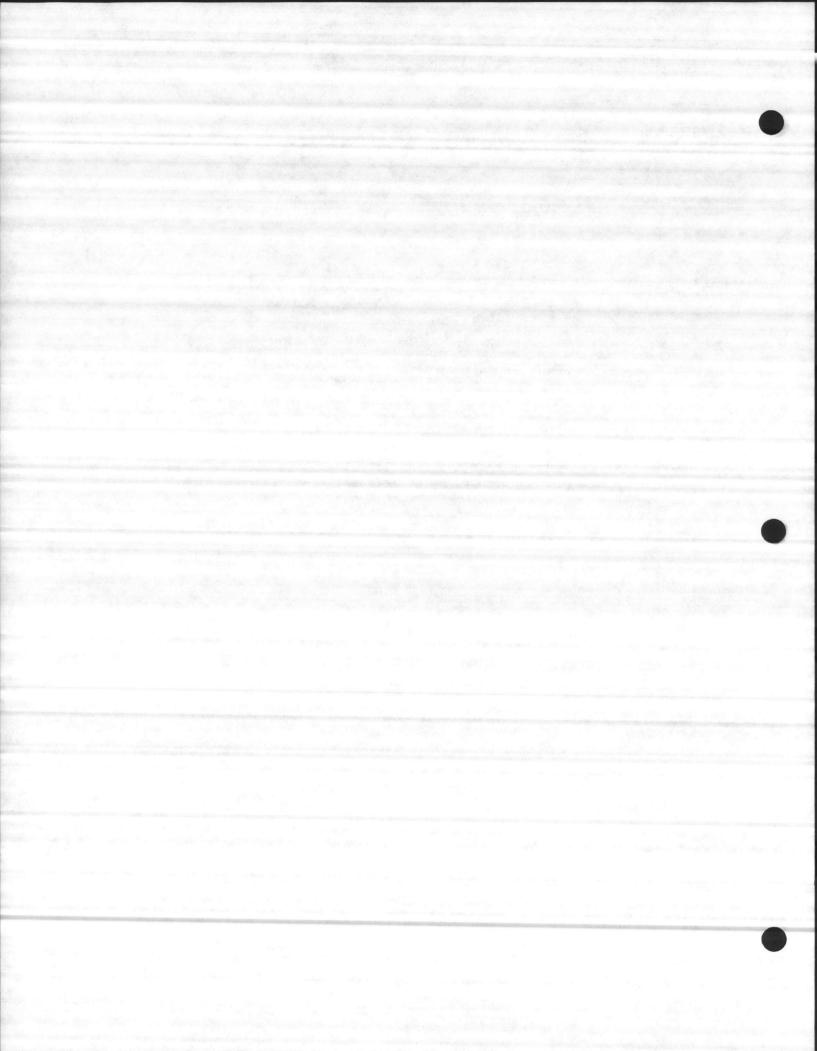
Resource Management for life of S.C.B.A.

### AUTHORITY

Air/Equipment Officer at Resource Management

### PROGRAM

Breathing Air Program



### Support Services/Resource Management

EMERGENCY RESPONDERS S.C.B.A. CONTROL FORM

#92-132D

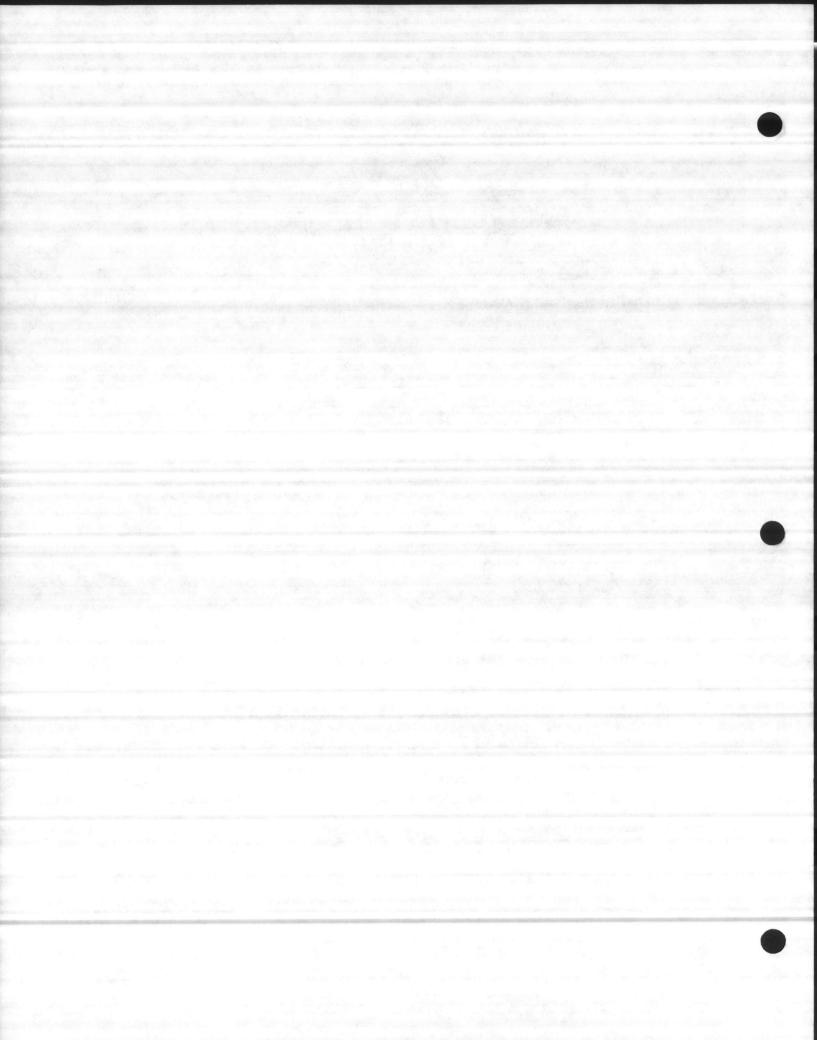
New 4/84

PHOENIX FIRE DEPARTMENT FORMS MANUAL

M.P. 906.19

8/84-N

200		CITY OF PHO	ENIX. ARI	ZONA	
COP#		FIRE DE	PARTMEN	T	BATT #
	EMER SCB	RGENCY A CON-	RES	SPONDE FOR	ERS RM
	ISSUED	a de Maria de la companya del companya de la companya del companya de la companya		PICKE	)-UP
DATE	LOCATION	USERS NAME	DATE		CONDITION OF UNIT
RETUR		ESOURCE-MANA	AGEMEN	T FOR TEC	HNICIAN CHECK
	ISSUED			PICKED	
DATE	LOCATION	USERS NAME	DATE	NAME	OF UNIT
	A SHAPE SEE	18 (19 (19 (19 (19 (19 (19 (19 (19 (19 (19			
RETUR	N UNIT TO RE	SOURCE MANA	CEMENT	FOR TROU	
DATECOMMENTS		SOUNCE MANA	GENIEN		NAME OF TECH
	ISSUED			PICKED-	
DATE	LOCATION IL	JSERS NAME	DATE	NAME	OF UNIT
RETURN DATE COMMENTS		OURCE MANAG	EMENT	A CHARLES OF THE PARTY OF THE P	NICIAN CHECK NAME OF TECH



HAZARDOUS MATERIALS PERMIT APPLICATION

#90-10D

Rev. 2/80

### PHOENIX FIRE DEPARTMENT FORMS MANUAL

M.P. 907.01 12/83-R

### PURPOSE

To notify Emergency Services and Fire Prevention of possible hazardous conditions in a commercial occupancy.

### INDIVIDUAL RESPONSIBLE FOR COMPLETING

Building owner/occupant or his authorized representative. Legal responsible party, with permission of building owner.

### WHEN FORM IS TO BE COMPLETED

When hazardous materials, as defined by N.F.P.A. or other national authority, are kept in an occupancy.

### INSTRUCTIONS FOR COMPLETION

Building owner or authorized representative shall fill form out in its entirety with the exception of permit number. Signature required by legal responsible party.

### ROUTING

Upon completion of the form, it shall be picked up by the company officer or inspector for review. Issuance of permit will be completed at the Div. of Fire Prevention after applicant has paid fee. After issuance, white copy goes to occupant, blue copy - Fire Prevention, pink copy - Station occupancy file.

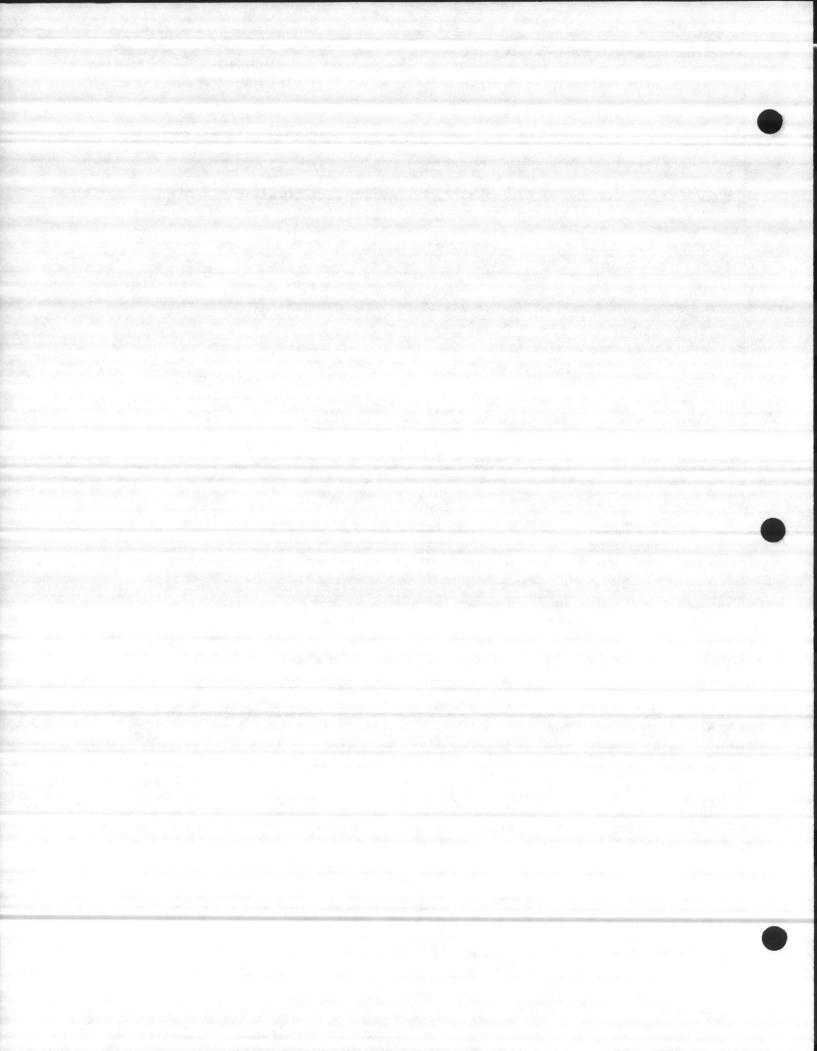
As long as occupancy exists and there is no appreciable change in type or amount of storage.

### AUTHORITY

Fire Marshal

### PROGRAM

Code Enforcement



### HAZARDOUS MATERIALS PERMIT APPLICATION

#90-10D

Rev. 2/80

### PHOENIX FIRE DEPARTMENT FORMS MANUAL

Rev. 2-80

M.P. 907.01 12/83-R

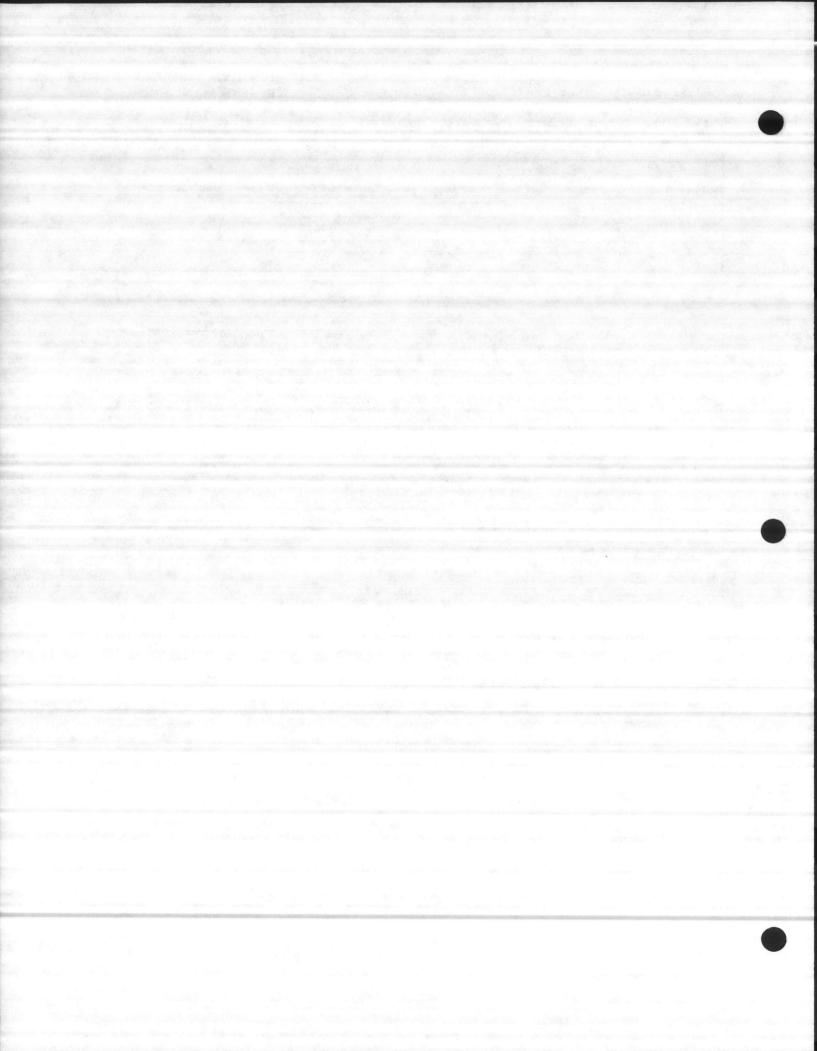
# CITY OF PHOENIX, ARIZONA FIRE DEPARTMENT DIVISION OF FIRE PREVENTION 620 W. Washington St. • Room 167 • Phoenix, AZ 85003 HAZARDOUS MATERIALS PERMIT APPLICATION

For the confidential information of the Chief of the Division of Fire Prevention who shall use the data contained

PERMIT NUMBER -

therein to evaluate the fire and explosion hazard. ADDRESS OCCUPANCY NAME BLDG /PROP RESPONSIBLE PARTY PHONE NOTE: FILL OUT COMPLETELY AND RETURN TO ADDRESS AT TOP OF PAGE WITHIN \_ DAYS 1. Indicate by a for each of the following hazardous materials whether they are to be used, processed or stored in "Yes or No" this building. (See back for definitions) FLAMMABLE LIQUIDS \_\_ EXPLOSIVE AND UNSTABLE. FLAMMABLE GASES \_\_\_\_\_ DUSTS \_ CORROSIVE\_ -FIBERS -COMBUSTIBLE LIQUID -TOXIC\_ COMBUSTIBLE DUST \_\_\_\_\_FIBERS -OXIDIZERS. 2. Indicate equipment or process involving any of the above Material: Hydraulic Equipment Dust Collectors Drying Rooms Indust./Medical Gas ŏ Electro Plating Flow Coaters Picking or Garnetting Spray Painting Dip Tanks Magnesium Processing Ovens, Process Baler or Shredder Molten Salt Baths Welding/Cutting Others 3. List separately any hazardous materials indicated in item 1. Show maximum quantities in use, storage or processing and show flash point of flammable and combustible liquids. LIST HAZARDOUS MATERIALS AMT. IN USE AMT. IN STORAGE FLASH PT. I hereby certify that the use, storage or process of hazardous materials in this building will be limited as indicated above. Owner or Responsible Agent PERSON TO CONTACT FOR ADDITIONAL HAZARDOUS MATERIAL INFORMATION.

OCCUPANT



### HAZARDOUS MATERIALS PERMIT APPLICATION

#90-10D

Rev. 2/80

# PHOENIX FIRE DEPARTMENT FORMS MANUAL

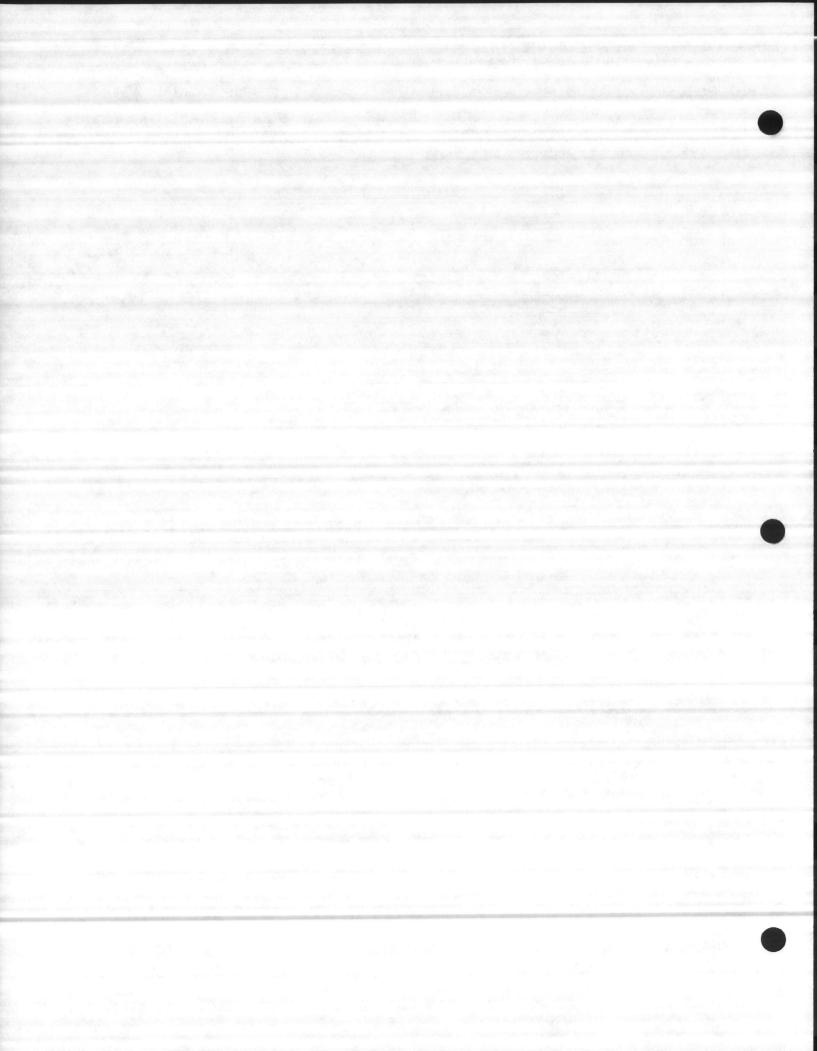
M.P. 907.01 12/83-R

### FOR FIRE DEPARTMENT USE

LASSIFICATION		DATE
Υ		
OMMENTS:		
OMMEIGT 3.		
	FOR LANDS STORY	
		The state of the s
	Sealer Street	

### HAZARDOUS MATERIAL DEFINITIONS (brief)

- AIR REACTIVE MATERIAL Any material which will ignite spontaneously in contact with air.
- COMBUSTIBLE MATERIALS Liquids with a flash point of 150° or above and other materials which ignite and actively support combustion when exposed to an environmental temperature of 1500°. Fifor a general of not less than 5 minutes.
- COMBUSTIBLE CORROSIVE MATERIAL Solids, liquids or gases which can damage living tissue or cause fire
- EXPLOSIVE MATERIAL Any compound which is classed as an A. B. of C Explosive
- FLAMMABLE LIQUIDS AND MATERIALS Gases, liquified gases, liquids dusts, fibers, or other materials which are flammable
- OXIDIZING MATERIALS Any element or compound which views oxygen or reacts when subjected to water heat or tire conditions.
- TOXIC MATERIALS Gases liquids or solids which may create a hazard to life by ingestion, inhalation, etc., under fire conditions
- UNSTABLE MATERIALS Those materials which react from heat shock miction contamination, etc. and which are littlead of violent decomposition or auto reaction, but which are not designed primarily as an explosive.
- WATER REACTIVE MATERIAL React violently or langerously upon exposure to water or moisture
- OTHER MATERIALS Indicate any materials of which you are in-doubt as to proper classification.



CARGO TANK INSPECTION REPORT

#91-1D

Rev. 12/79

## PHOENIX FIRE DEPARTMENT FORMS MANUAL

M.P. 907.02 12/83-R

### **PURPOSE**

To notify owner of cargo tanker, aircraft fueler, and L.P.G. cargo tanker of items which do/do not meet compliance standards.

### INDIVIDUAL RESPONSIBLE FOR COMPLETING

Person inspecting vehicle, under direction of Fire Captain or Inspection Specialist. Their signature required.

### WHEN FORM IS TO BE COMPLETED

When cargo tank vehicle is presented for inspection, annual renewal.

### INSTRUCTIONS FOR COMPLETION

The form shall be filled out in its entirety with the exception of the decal number. Permits can be obtained at Division of Fire Prevention. The signature of person receiving a copy of permit is required.

Three copies. Unsatisfactory inspection, white copy-Tanker Owner, blue and pink copies - maintained in the Station. After compliance and issuance of a form letter of compliance the Station retains the pink copy and forwards the blue copy along with copy of form letter to Fire Prevention through District Manager.

### ROUTING

Satisfactory inspections, white copy and form letter-Tanker Owner, blue copy and copy of form letter - Fire Prevention through the District Manager, pink copy - Station file.

### RETENTION

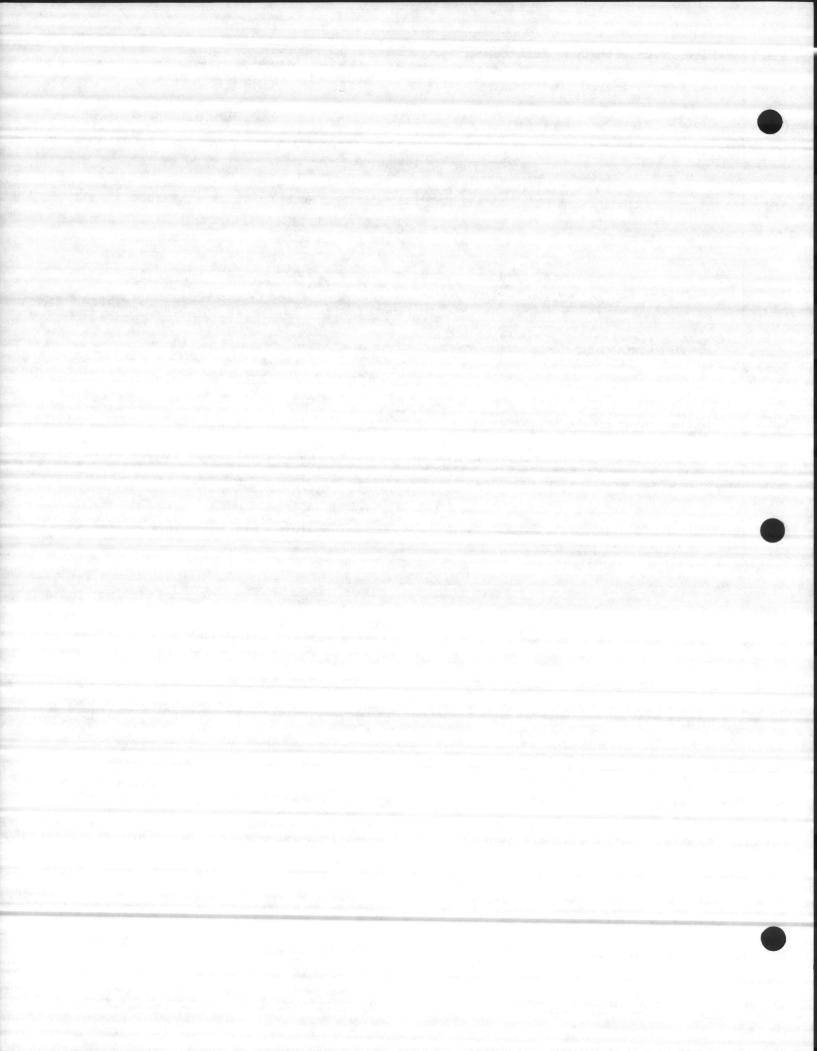
Five years at Fire Prevention and Station file. Copies of unsatisfactory inspections not corrected within 30 days to be forwarded to Fire Prevention through the District Manager.

AUTHORITY

Fire Marshal

### **PROGRAM**

Code Enforcement



# Fire Prevention/Code Enforcement CARGO TANK INSPECTION REPORT

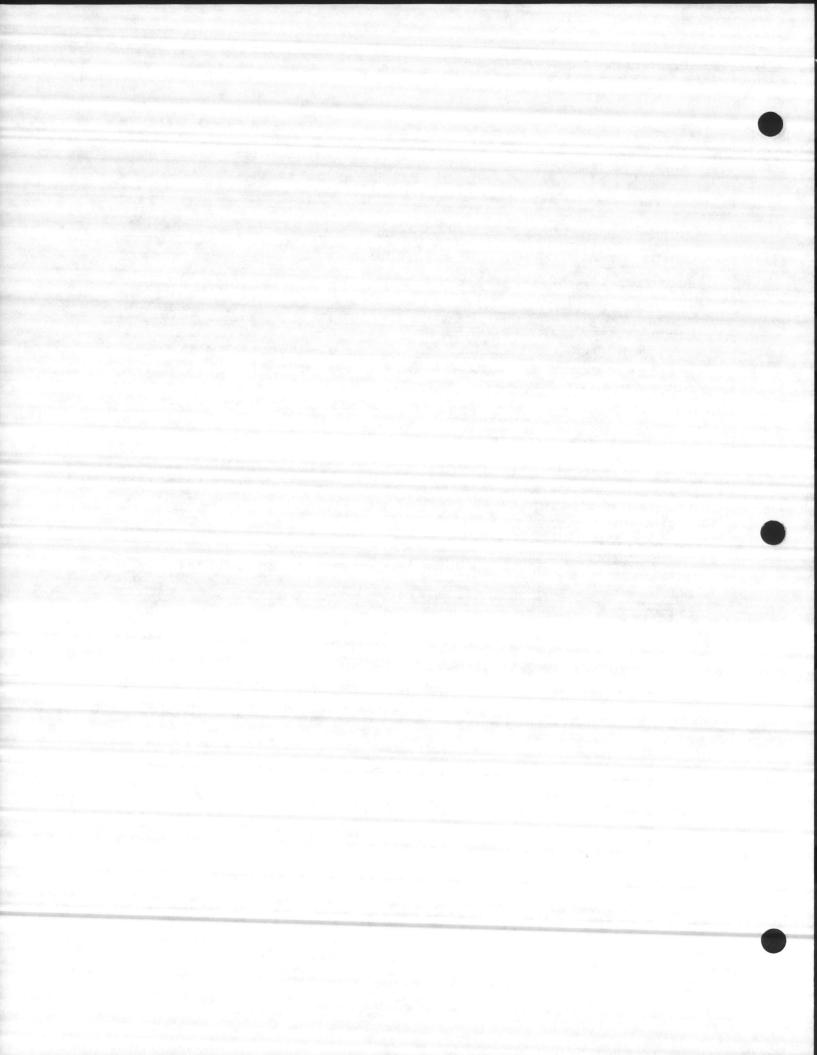
#91-1D

Rev. 12/79

# PHOENIX FIRE DEPARTMENT FORMS MANUAL

M.P. 907.02 12/83-R

Dwner			FIRE P		ARTMENT						
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Double bulkheads:	Yes 🗆		Drain open: Yes		o Remarks						
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Manifold Hydrafe	old [	Selecto			Loading: Top		tom 🗆				
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Inspection label & Permit					AIRCRAFT FUELER IN	SPEC	TION R	EPORT ONLY			
Closure lock				26	Extinguisher 208C (2)		200.00		raper -		
Closure gasket				27	Flame arrestor/Air cleaner						
Vacuum vent			and the few real	28	Deadman controls						
Pressure vent				29	Overwing nozzles						
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Overturn protection				1100	Lamb rest	CONT.					
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Capacity markers Fill spill drain Internal valve				31	Hose test						
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Capacity markers Fill spill drain Internal valve Shear section Fusible section				31 32 33 34	Hose test Grounding & Bonding Cables Bonding clips						
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Capacity markers Fill spill drain Internal valve Shear section Fusible section Emergency valve control EVC access EVC marked Pipe & fittings protected Tank securement Wiring — conduit, loom				31 32 33 34 35 36 37 38 39	Hose test Grounding & Bonding Cables Bonding clips Use On Public Highways Marking of Vehicle Emergency Shut-Off L.P.G. CARC Chock Blocks Liquid Level Gauge Pressure Gauge Inlet-Outlet Marking		NKS ON	ALY			
Capacity markers Fill spill drain Internal valve Shear section Fusible section Emergency valve control EVC access EVC marked Pipe & fittings protected Tank securement Wiring — conduit, loom Emergency reflectors				31 32 33 34 35 36 37 38 39 40	Hose test Grounding & Bonding Cables Bonding clips Use On Public Highways Marking of Vehicle Emergency Shut-Off L.P.G. CARC Chock Blocks Liquid Level Gauge Pressure Gauge Inlet-Outlet Marking Complete Drainage Opening		NKS ON	4LY			
Capacity markers Fill spill drain Internal valve Shear section Fusible section Emergency valve control EVC access EVC marked Pipe & fittings protected Tank securement Wiring — conduit, loom Emergency reflectors Muffler, tailpipe shielded				31 32 33 34 35 36 37 38 39 40 41	Hose test Grounding & Bonding Cables Bonding clips Use On Public Highways Marking of Vehicle Emergency Shut-Off L.P.G. CARC Chock Blocks Liquid Level Gauge Pressure Gauge Inlet-Outlet Marking Complete Drainage Opening Transfer Hoses		NKS ON	4LY			
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Fill spill drain Internal valve Shear section				31 32 33 34 35 36 37 38 39 40 41 42 43 44	Hose test Grounding & Bonding Cables Bonding clips Use On Public Highways Marking of Vehicle Emergency Shut-Off L.P.G. CARC Chock Blocks Liquid Level Gauge Pressure Gauge Inlet-Outlet Marking Complete Drainage Opening Transfer Hoses Pumps-Pump Relief Valve		NKS ON	dLY			



PERMIT CHECK LIST

#91-23D

Rev. 7/83

# PHOENIX FIRE DEPARTMENT FORMS MANUAL

M.P. 907.03 12/83-R

### PURPOSE

To inform the owner/occupant of a business of which permits are required by the Fire Code for their occupancy.

### INDIVIDUAL RESPONSIBLE FOR COMPLETING

Fire Inspector or Company Officer assigned to that inspection.

### WHEN FORM IS TO BE COMPLETED

At the time of inspection if a permit or permits are required.

### INSTRUCTIONS FOR COMPLETION

Check the appropriate boxes indicating the permits required by the Fire Code.

### ROUTING

Form is to be given to owner, directing him to present it to Fire Prevention along with proper fees. Process can be done in person or by mail.

### RETENTION

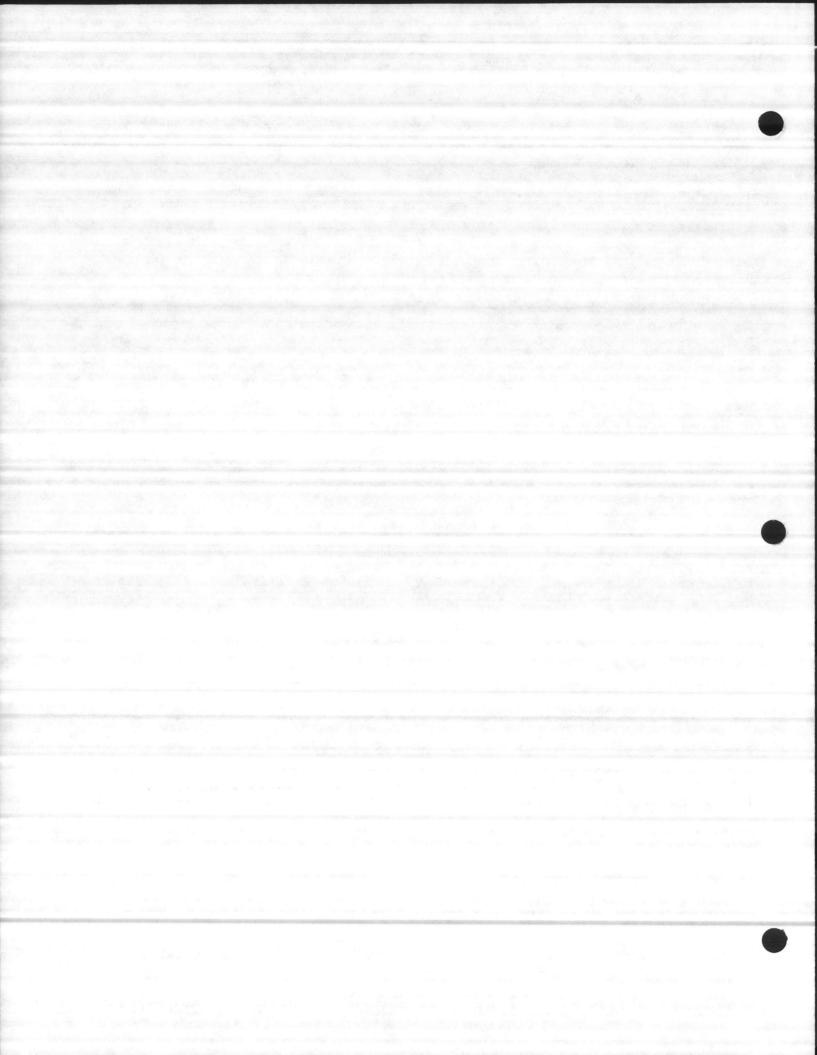
Destroyed after permit issued.

### **AUTHORITY**

Fire Marshall

### PROGRAM

Property Management



### PERMIT CHECK LIST

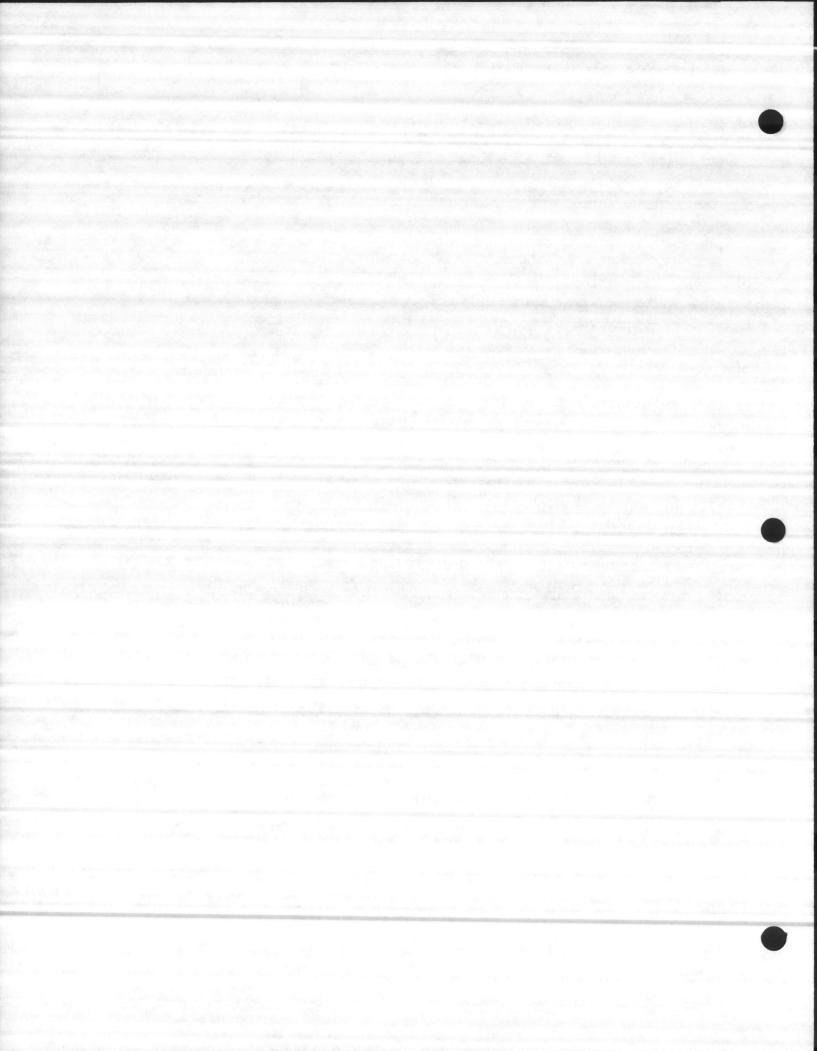
#91-23D

Rev. 7/83

# PHOENIX FIRE DEPARTMENT FORMS MANUAL

M.P. 907.03 12/83-R

	FIRE DE	PARTMENT PIRE PREVENTION	Date:	
	PERMIT O	CHECK LIST	Checkback Date:	
OCCUPANCY NAME:		ADDRESS:		
BUS. OWNER NAME:	100	BUS. PHONE:		
The following permits indicated below are handle material, conduct a process or to con Code, Ordinance G-2221.	required of y	your business or place eation. These permits	ee of occupancy, to maintain, st are required by the City of Phoen	tore o
PLACE OF ASSEMBLY (Art. 27) (Occ. Load)			MICALS/MATERIALS (Art. 20)	
AMMUNITION (Art. 12) Small Arms Smokele	ss Powder 🗆	Terminal, Operation	on of	_
Terminal, Receiving or Delivering			property owner)	
Storage, Possess and Sell	U		MICAL SYSTEMS (Art. 1)	
CHLORINE STORAGE + USE (Art. 20)		Maintain		_ [
Gas Cylinders (Liquid)				
Granuals or Solids	U	SALVAGE YARDS (	Art. 3)	_ [
COMBUSTIBLE FIBERS, MATERIALS			LEUM GAS (Art. 21)	
Storage & Handling (Art. 28) On Floors (Art. 28)		Cargo Carriers		_ =
COMPRESSED GASES, CYLINDERS (Art. 8 + 3	30)	Parking (proper	ty owner)	
Flammable — Storage + Handling				
Non-flammable — Storage + Handling	0	23-Gallon Cyling	ling (Size Gal.) ders (# )	- H
DRY CLEANING PLANTS (Art. 9)				
DUST PRODUCING MATERIALS, Plant Operation	ion (Art. 10)		rt. 22)	
			23)	
EXPLOSIVES & BLASTING AGENTS (Art. 12)		MATCHES, STORAG	GE OF (Art. 28)	_ []
Possess and Store		ORGANIC COATING	G. MANUFACTURE OF (Art. 25) _	_ 0
Store and Self		OVENS & FURNACE	S (Art. 26)	_ 0
Terminal Operation, Receiving or Delivering	U		OPERATION OF (Art. 16)	
FLAMMABLE/COMBUSTIBLE LIQUIDS (Art. 16		'Self Service		_ 0
Cargo Carrier Painting	П		ial/Industrial	_ =
Vehicle Parking (property owner)		*Public/Retail		
Storage & Handling		TIRE RECAPPING.	REBUILDING (Art. 2)	_ 0
Special Type Dispensers Tank Cleaning		WASTE MATERIAL	HANDLING PLANTS (Art. 3)	_ 0
FLAMMABLE FINISHES (Art. 15)		WELDING & CUTTIN	NG (Art. 30)	
Spraying Operation		Company (One loc	ation only)	- 8
Coating Operation			Storage of	- 1
Dipping Operation	U	Carcioni Carbice.	Storage or	
FRUIT RIPENING (Art. 17)		OTHER:		
FUMIGATION (Art. 18)	0			
GARAGES, SERVICING & REPAIRING (Art. 19)				_ 0
The above required permit(s) shall be obtain Washington, Room 167, Phoenix, Arizona 85 the amount of \$45.00. You will receive a receivel be issued to you by the inspecting office (Print Only) FIRE DEPARTMENT OFFICER:	ipt showing the	this form and a check hat the permit(s) has rection of violations	made payable to "City of Phoen been paid for and the actual peri	nix" in mit(s)



OCCUPANCY PRE-PLAN DRAWING

#91-40

Rev. 2/82

### PHOENIX FIRE DEPARTMENT FORMS MANUAL

M.P. 907.04 12/83-N

### PURPOSE

Pre-Plan drawing for C.A.D.

INDIVIDUAL RESPONSIBLE FOR COMPLETING
Captain or Inspector assigned to project.

WHEN FORM IS TO BE COMPLETED

With-in allotted time frame.

INSTRUCTIONS FOR COMPLETION

Refer to Operations Manual Vol.4. M.P. #403.01.

### ROUTING

From Captain to District Manager, to Fire Prevention and Technical Drawing, then to C.A.D.

### RETENTION

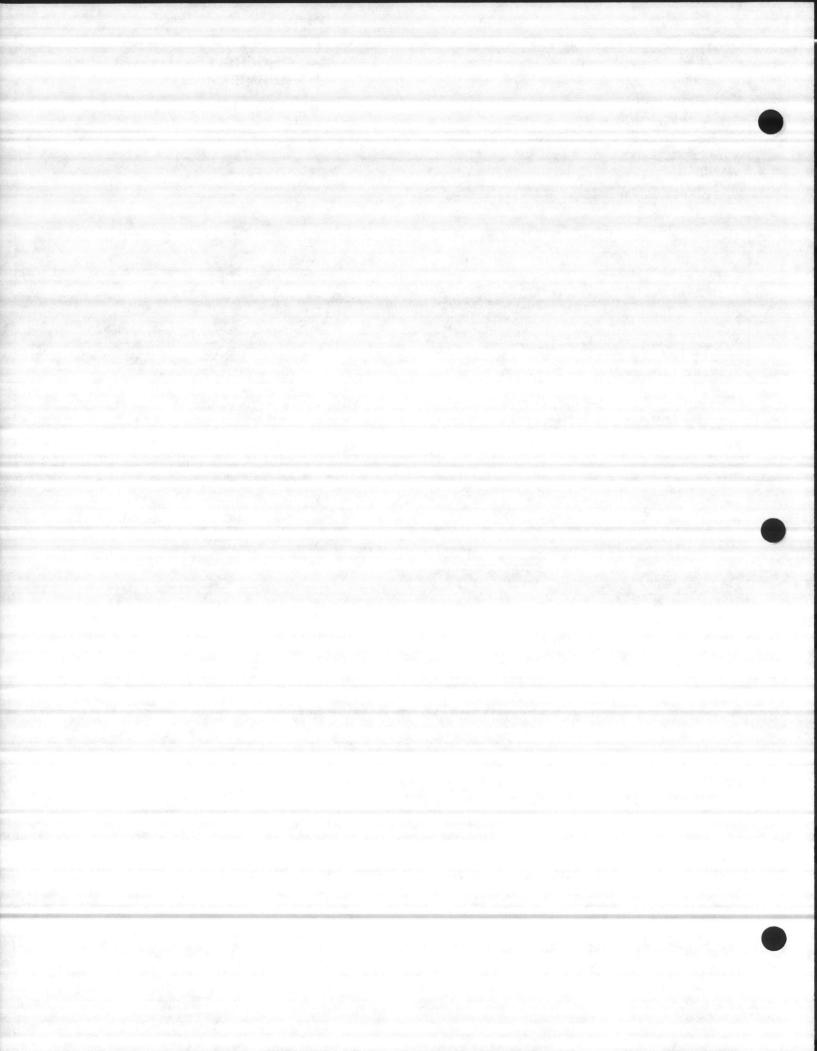
Indefinitely

### AUTHORITY

Fire Marshall

### PROGRAM

Code Enforcement/Technical Drawing



Fire Prevention/Code Enforcement OCCUPANCY PRE-PLAN DRAWING

#91-40

Rev. 2/82

### PHOENIX FIRE DEPARTMENT FORMS MANUAL

M.P. 907.04 12/83-N

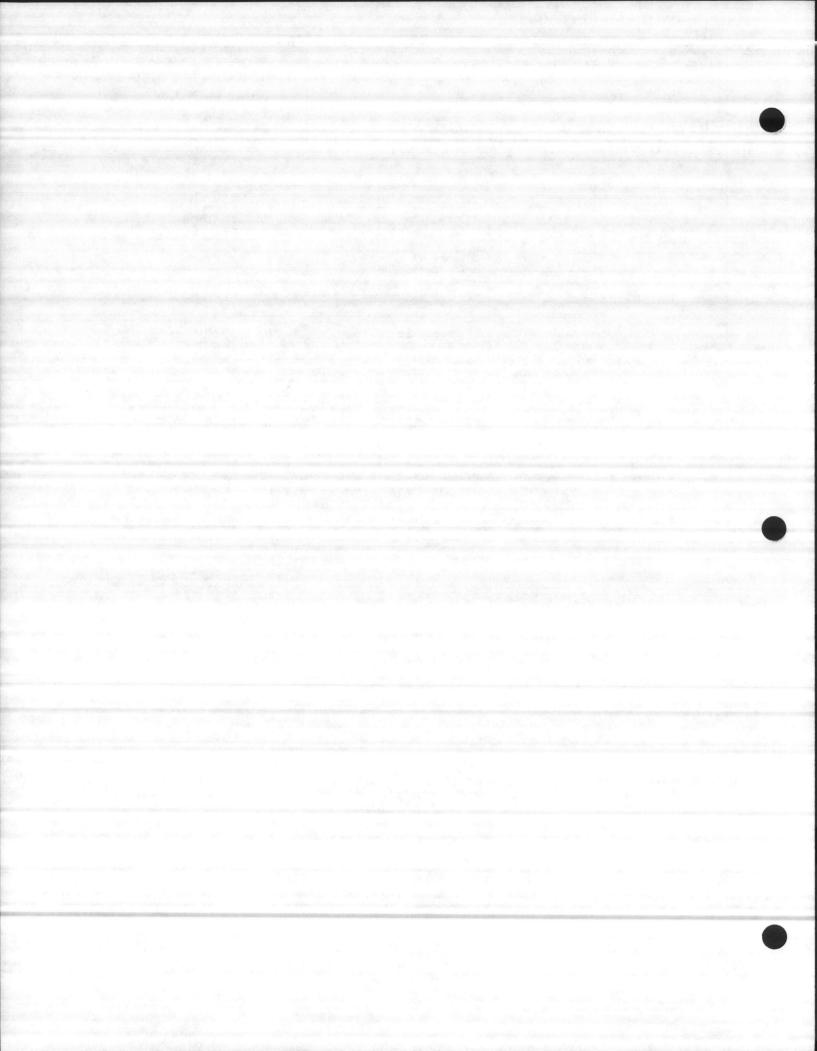
# OCCUPANCY PRE-PLAN DRAWING CITY OF PHOENIX, ARIZONA FIRE DEPARTMENT

# OCCUPANCY NAME: ADDRESS:

ADDITIONAL INFORMATION: OCCUPANCY: AREA: NFPA CODE DO NOT USE SHADED AREA SO. FT :

91-40 REV 2-82

TO CAD.



#91-41

Rev. 5/84

M.P. 907.05 8/84-R

### PURPOSE

To provide information for C.A.D. Pre-Plan drawing.

### INDIVIDUAL RESPONSIBLE FOR COMPLETING

Captain or Inspector assigned to project.

### WHEN FORM IS TO BE COMPLETED

At time of inspection.

### INSTRUCTIONS FOR COMPLETION

Fill in self-explanatory blanks.

### ROUTING

From Captain to District Manager to Fire Prevention and Technical Drawing, then to C.A.D.

### RETENTION

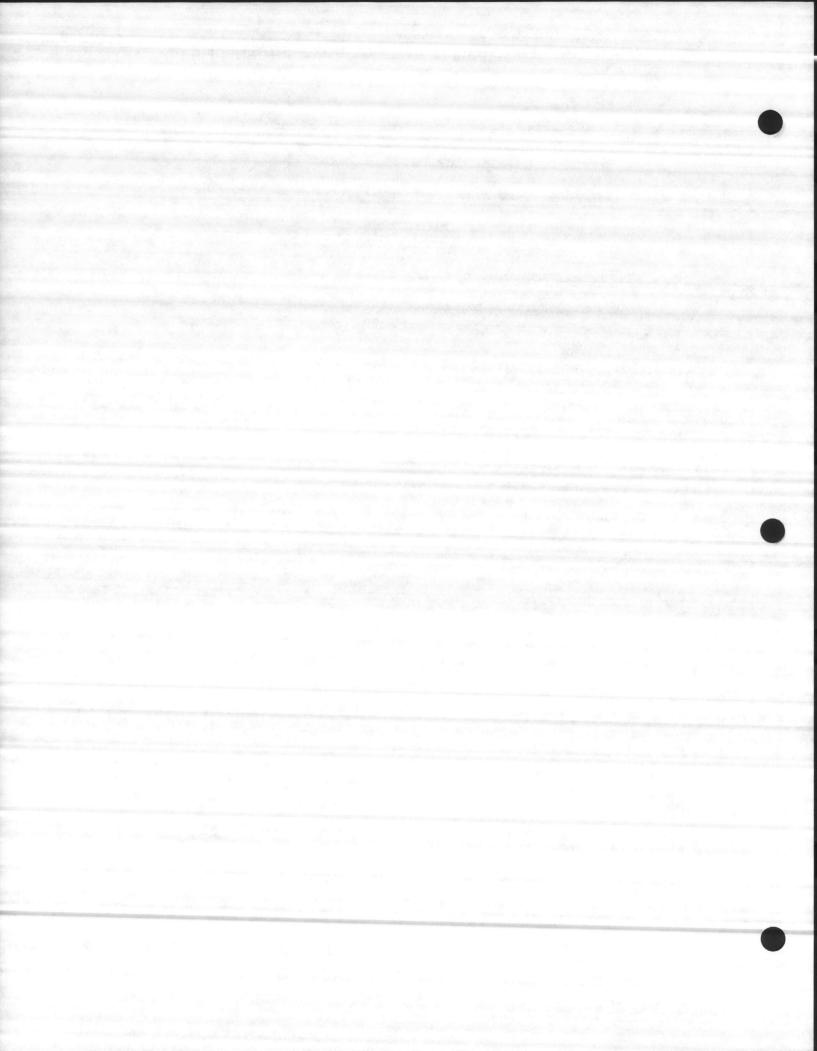
Indefintely

### AUTHORITY

Fire Marshal

### PROGRAM

Code Enforcement/Technical Drawings



### OCCUPANCY PRE-PLAN INFORMATION SHEET

#91-41

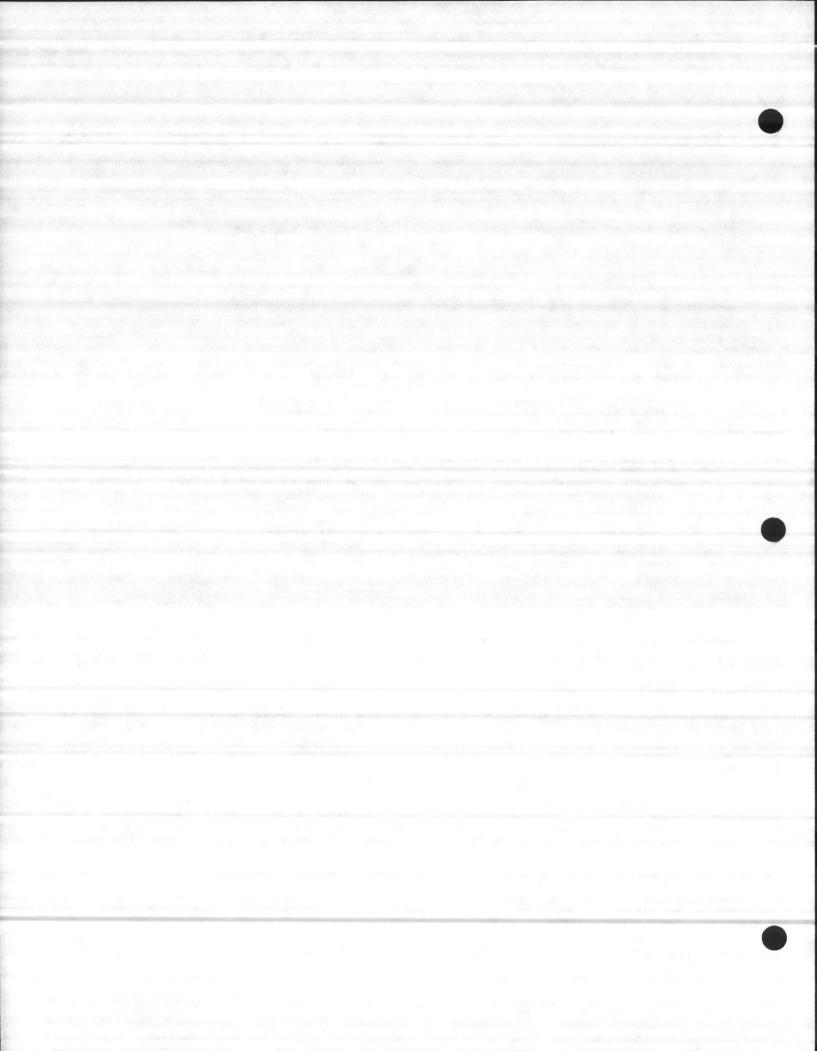
Rev. 5/84

# PHOENIX FIRE DEPARTMENT FORMS MANUAL

M.P. 907.05 8/84-R

	CITY OF PHOENIX, ARIZONA FIRE DEPARTMENT	DATE.	CO/SHIFT
occu	PANCY PRE-PLAN DRAWING INFORMATION	CO OFFICE	R:
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OCC ADD	RESS	ina di salah br>Salah salah di salah	
To Market	(LIST ADDITIONAL ADDRESSES/OCCUPANCY NAMES ON REV	ERSE SIDE)	
CONSTRU	CTION TYPE'S:	4-35-7146	
	REFER TO MP 403 03 - IF MULTIPLE TYPE, EXPLAIN ON	REVERSE SIDE A	ND ON DRAWINGS
TOTAL SQ. FT OF	OCC. STORIES NUMBER	. ———85	SMT SQ. FT
FLOOR	MATERIAL.	SUB	STANDARD (Y/N):
ATTIC	HEIGHT OF ATTIC SPACE: FIRE STOPS (Y/N):		
		NO	ATTIC.
	BEST ACCESS:	4	
ROOF	MATERIAL.	Stila	STANDARD WAN
	FIAT DEAVED DAVED	308	STANDARD (T/N):
	FLAT PEAKED RAKED BOWSTR M	ANSARD	OTHER - ERPLAIN
F WALLS	LOCATION:		NO FIRE WALLS.
ELEV/S	LOCATION:		382.0
	FIREMAN FEATURE (Y/N): NO ELEVATORS:		
AIR SYS	SHUTOFF-CONTROL LOCATION:		
	SMOKE REMOVAL FEATURE (Y/N) NO AIR SYSTEM: _	ata a Sarah	
	HO AIR STOTEM.		
FIRE	STANDPIPES (Y/N):LOCATION:	er desagnes.	
PROTECT	SPRINKLERS (Y/N):LOCATION:		
OPT	HOUSELINES (Y/N):LOCATION:		
	ANNUNCIATOR (Y/N):LOCATION:	инсек	
	LOCK BOX (Y/N): LOCATION:		
AZ MAT	(Y/N): F YES, ATTACH SUPPLEMENT IN OUPLICATE EX	PLAINING TY	PE. QUANTITY, LOCATION
EQUIRED	1. FORM 91-40. OCCUPANCY RRE-PLAN CRANNING		
ATTACH-	2. PRINTOUT OF OAR INDICATING PRECORD LIEU OF FORM 91-10	1)	
STRIBUTION	(IF UNOBTAINABLE, SUBMIT COMPLETED FORM 91-63)		

DISTRIBUTION
WHITE - DISTRICT MGR. CAD
BLUE - FIRE PREVENTION
PINK - STATION FILE



OCCUPANCY ACTIVITY REPORT

#91-63

Rev. 5/83

# PHOENIX FIRE DEPARTMENT FORMS MANUAL

M.P. 907.06 12/83-R

### PURPOSE

Provides a record of Code enforcement inspection.

### INDIVIDUAL RESPONSIBLE FOR COMPLETING

Company officers and/or Fire Inspectors.

### WHEN FORM IS TO BE COMPLETED

When an inspection has been initiated.

### INSTRUCTIONS FOR COMPLETION

To be filled out as completely as possible while conducting initial inspection and when compliance has been achieved. Complete all blanks possible before routing, signature required of responsible party and company officer or fire inspector.

### ROUTING

Three Copies.
White copy - Occupant
Pink copy - Station Occupancy File

Blue copy - Fire Prevention

### RETENTION

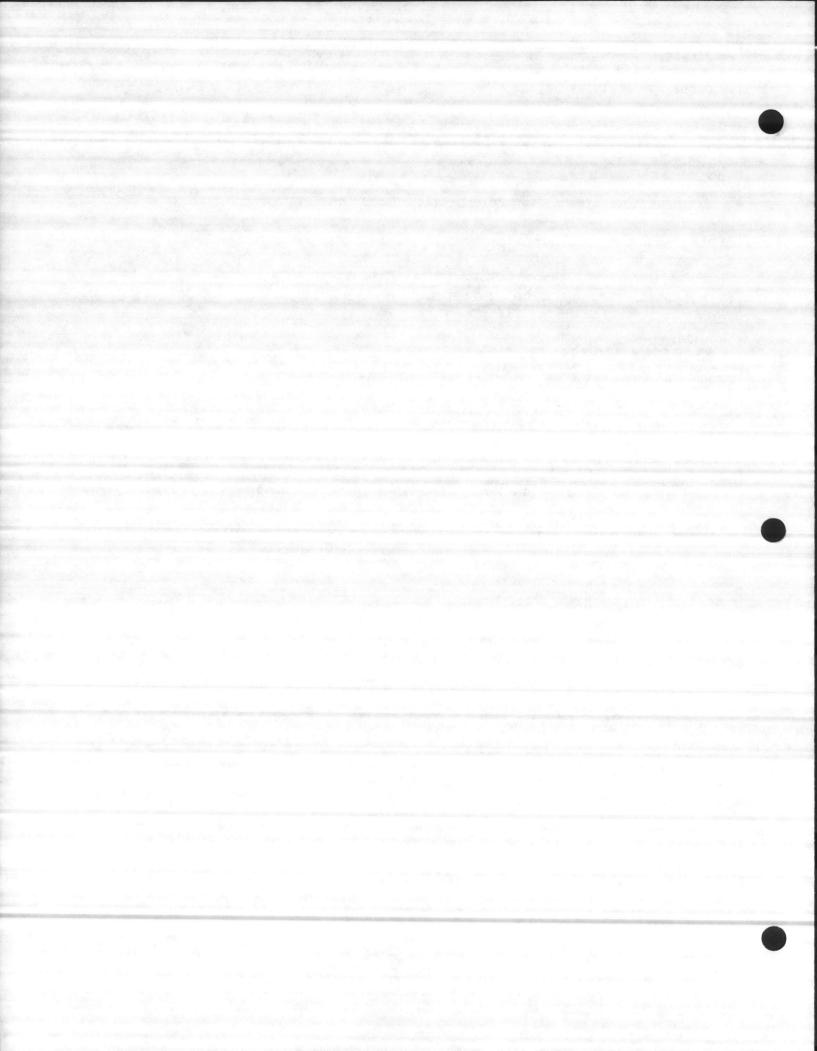
As long as occupancy exists.

### AUTHORITY

Fire Marshal

### PROGRAM

Code Enforcement/Property Mangement



# Fire Prevention/Code Enforcement OCCUPANCY ACTVITY REPORT

# PHOENIX FIRE DEPARTMENT FORMS MANUAL

#91-63

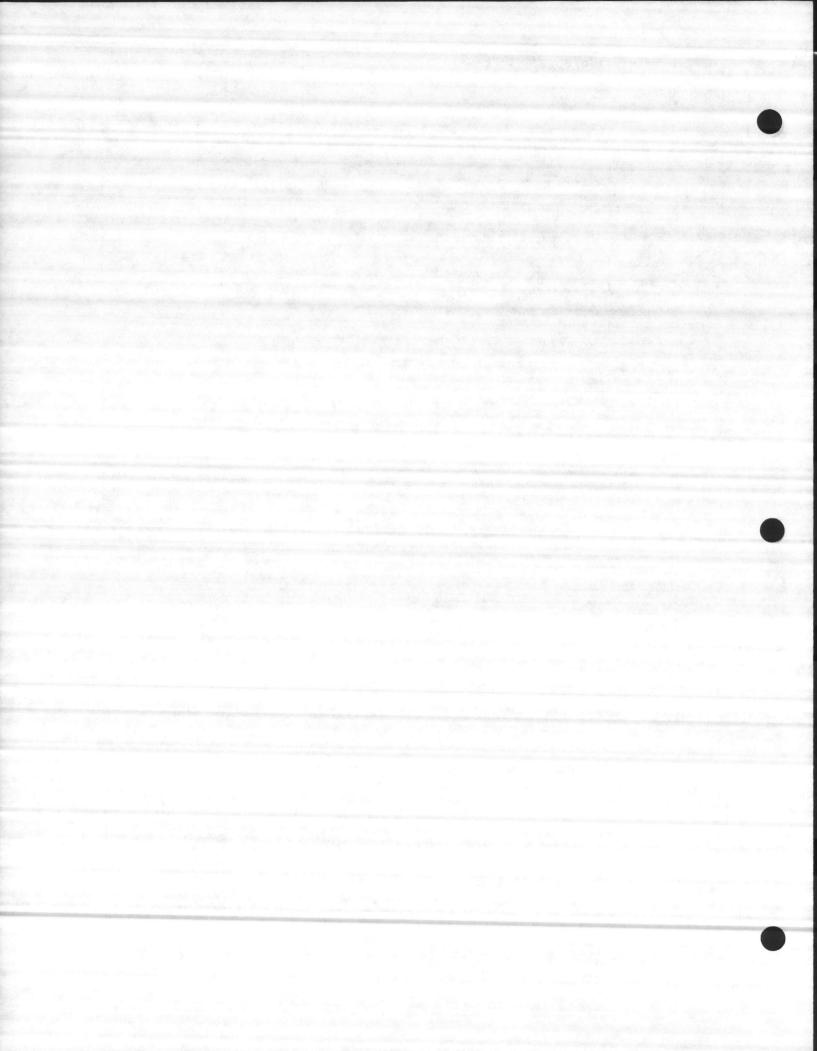
Rev. 5/83

M.P. 907.06 12/83-R

REV. OCC. CLASS	PL	EASE PRINT			CITY OF PHOEN	NT	DM	0	IC	PAGE	
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FULL PAI	RT NON	E								YES _	NO 🗌
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DOOR WIDTH/S	WING		10 HAZAROOUS	CHEMICALS	18 AU	OMATIC SPRINKLE	ERS	26.	TRASH CON	DITIONS	
LOCKS. LATCHE	S		11 FLAMM /COM	8 LIQUIDS	19 AU	OMATIC EXTINGUI	SHING SYSTEM	27	FIRE LANES		
EXIT SIGNS			12 LP GAS	1750/2007		TABLE EXTINGUISH				CONDITIONS	-
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FIRE CODE	SPEC			R	EMARKS				PEOD BY	DATE	CORRECTION VEPIFIED BY
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200	100										
The item	s noted at	ove are in vi	iolation of the Ph	nenix Fire C	nde This is and	fficial notice	of ordinan	ce violation	require	n correctio	n within
the sner	ified time	Failure to co	omply with these	requirement	is may lead to l	gal action V	liolation of	the Phoeni	x Fire Co	de is as via	lation of
City Ordi	nance G-2	221, as amer	nded, a Class 1 m	nisdemeanor	nunishable by	a fine not to e	xceed One	Thousand I	Dollarso	rimorison	ment not
exceeding	g six mon	ths or both.	This inspection	is intended t	or your safety	and the safet	ty of the cit	tizens of Pi	noenix Y	our coope	ration is
greatly a	ppreciate	d. For inform	mation concerni	ng this inspe	ction call 262		.,		Junia. I	Ta. Coope	
PY RECEIVED	-			K./1	COMPANY	INSPECTOR		SI	ATION NO		
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OCCUPANT

91-63 REV 5/8



OCCUPANCY ACTVITY SUPPLEMENT

#91-63.1

Rev. 5/83

# PHOENIX FIRE DEPARTMENT FORMS MANUAL

M.P. 907.07 12/83-R

### PURPOSE

Supplement to face sheet 91-63 to record Fire Code violations.

### INDIVIDUAL RESPONSIBLE FOR COMPLETING

Personnel conducting inspection.

### WHEN FORM IS TO BE COMPLETED

At time of inspection.

### INSTRUCTIONS FOR COMPLETION

Fill in all self-explanatory blanks, signature required of responsible party and company officer or fire inspector assigned.

### ROUTING

Three Copies.
White copy - Occupant
Blue copy - Fire Prevention

Pink copy - Fire Station in occupancy file.

### RETENTION

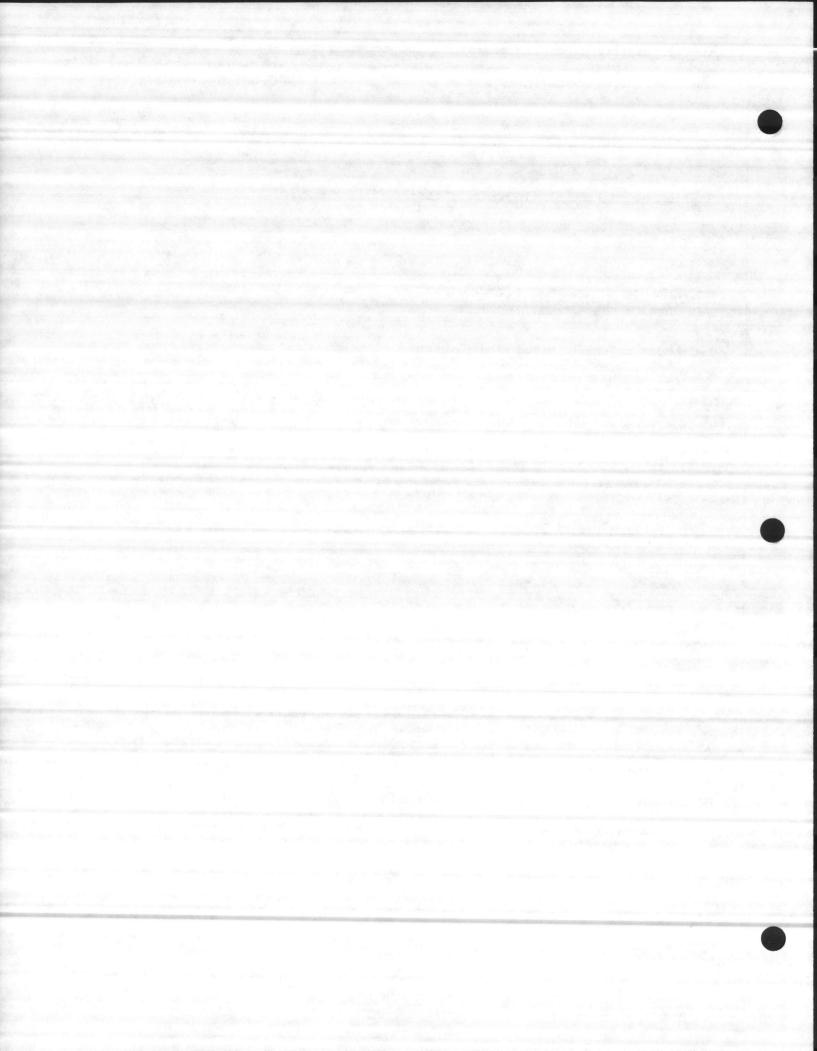
As long as occupancy exists.

### AUTHORITY

Fire Marshal

### PROGRAM

Code Inforcement. Property Management



# Fire Prevention/Code Enforcement OCCUPANCY ACTVITY SUPPLEMENT

#91-63.1

Rev. 5/83

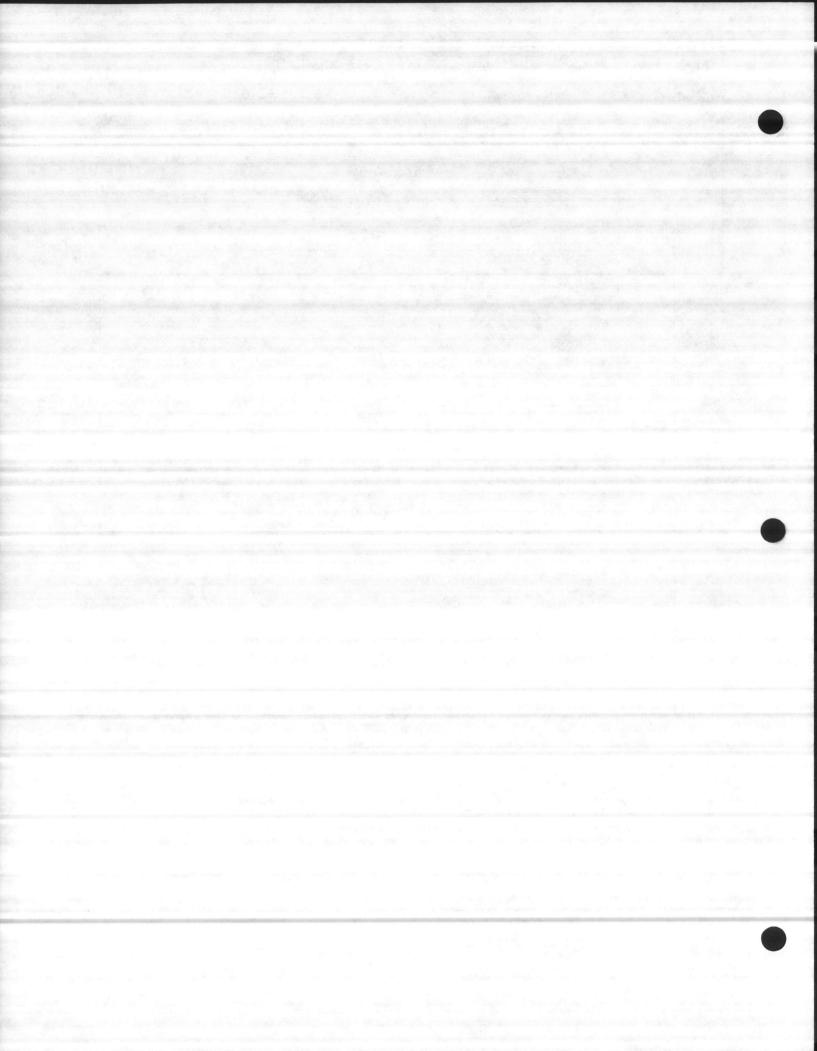
# PHOENIX FIRE DEPARTMENT FORMS MANUAL

M.P. 907.07 12/83-R

### CITY OF PHOENIX

			OCCUPANCY	ACTIVITY REPORT	MONTH	MONTH DAY		
			(SUPPLEMEN	TAL PAGE)		1 .		
TRE	ET ESS			OCCUPANCY NAME		•		
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-						10.50		
	within the violation or impris	of City O	bove are in violation of the Phoenix Fire Cod dt time. Failure to comply with these require rdinance G-2221, as amended, a Class 1 mi not exceeding six months or both. This in operation is greatly appreciated. For infor	ments may lead to legal action. Viola sdemeanor punishable by a fine not t spection is intended for your safety mation concerning this inspection (	tion of the Phoe to exceed One I and the safety call 262-	housand of the cit	Code is a	
,				COMPANY INSPECTOR	STATION			
SPE	RED TO FP	E)	DATE	PROSECUTOR BY			***	
			DATE	The Charles of Street, St.	DATE			

REV 5/8



STANDPIPE PUMP TEST WORKSHEET

#91-74D

Rev. 3/81

# PHOENIX FIRE DEPARTMENT FORMS MANUAL

M.P. 907.08 12/83-R

### PURPOSE

Record test data.

### INDIVIDUAL RESPONSIBLE FOR COMPLETING

Personnel completing test (Company Officer, Fire Prevention Inspector).

### WHEN FORM IS TO BE COMPLETED

At time of test.

### INSTRUCTIONS FOR COMPLETION

Refer to Volume 4, M.P. 401.07A.

### ROUTING

White copy - Fire Prevention. Pink copy - Station file.

### RETENTION

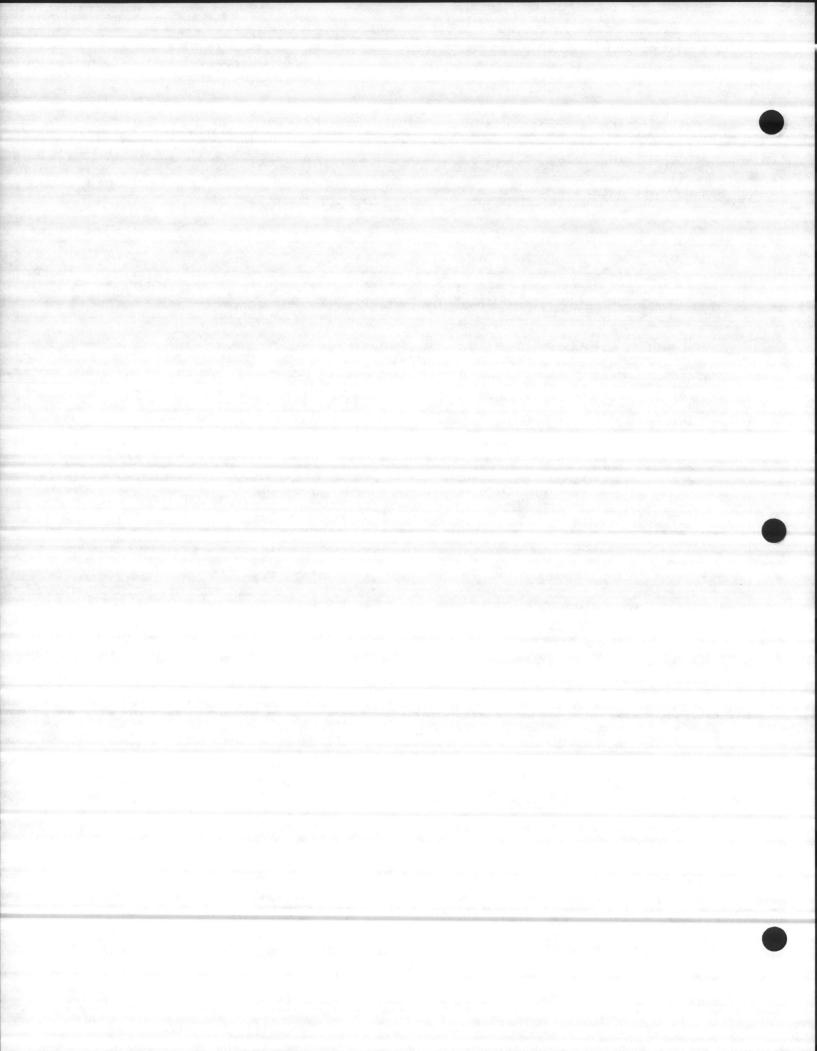
3 years.

### AUTHORITY

Fire Prevention

### PROGRAM

Standpipe Testing program



Fire Prevention/Code Enforcement
STANDPIPE PUMP TEST WORKSHEET

#91-74D

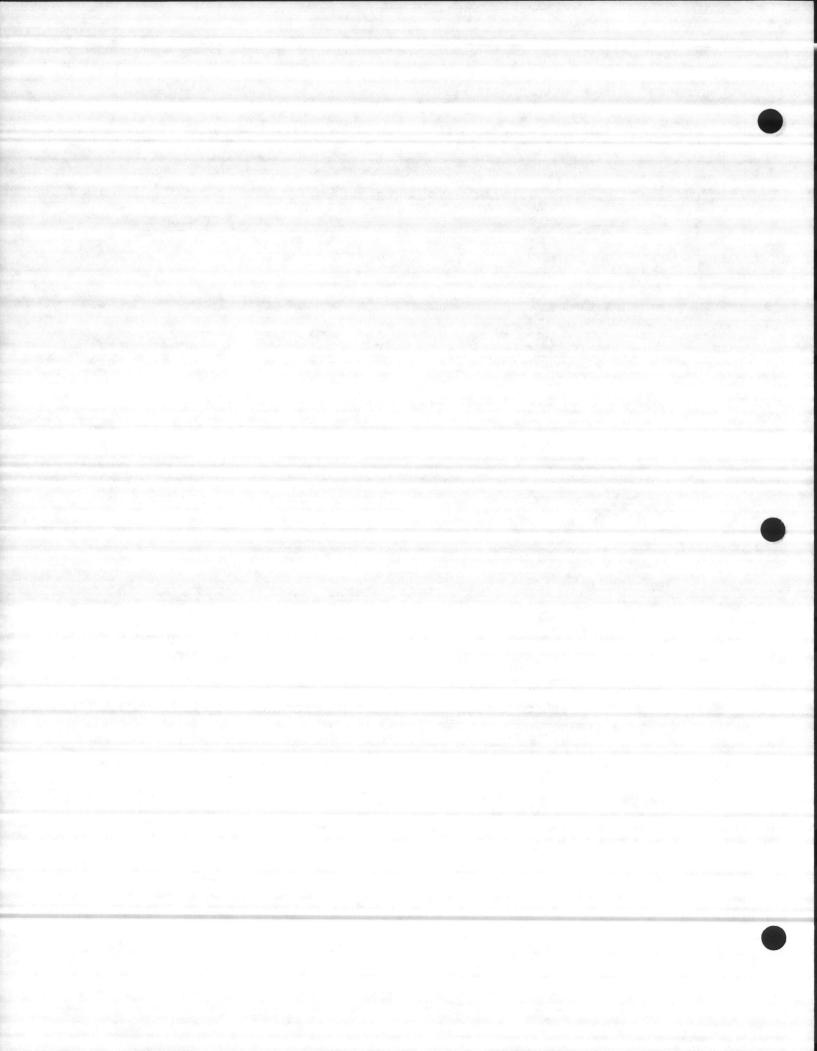
Rev. 3/81

# PHOENIX FIRE DEPARTMENT FORMS MANUAL

M.P. 907.08 12/83-R

# Phoenix Fire Department Division of Fire Prevention STANDPIPE PUMP TEST WORKSHEET (2 Copies Required)

	DATE
STREET ADDRESS:	
NAME OF BUILDING:	BUILDING MANAGER:
BUILDING ENGINEER:	_ STANDPIPE LOCATION:
SPRINKLER AREA:	
STANDPIPE CONNECTION LOCATION:	
SPRINKLER CONNECTION LOCATION:	
AIR HANDLER SHUT-OFF LOCATION:	
CAN AIR HANDLER BE USED FOR VENT? LOCATION OF ELEVATORS:	YES NO NO
WHAT FLOORS DO ELEVATORS SERVE? PRESSURE NEEDED TO DEVELOP 2-1.5" LIF	
APPROX. GAL. OF WATER NEEDED TO FILL DRAIN LOCATIONS:	. STANDPIPE:
	YES NO STANDPIPE: WET DRY DRY NO FIRE PUMP SIZE:
WATER SOURCE: MAINS STORE	NEAREST OR KEY HYDRANT:
COMMENTS:	
COMPANY INSPECTOR:	UNIT I.D
FIRE PREVENTION - WHITE	91-74 Rev 3



Fire Prevention/Code Enforcement

EMERGENCY PUMP TEST WORK SHEET

#91-78D

New 2/81

# PHOENIX FIRE DEPARTMENT FORMS MANUAL

M.P. 907.09 12/83-R

#### PURPOSE

Record data relevant to the testing operation.

### INDIVIDUAL RESPONSIBLE FOR COMPLETING

Company Officer or Fire Prevention Inspector.

#### WHEN FORM IS TO BE COMPLETED

At time of testing.

#### INSTRUCTIONS FOR COMPLETION

Fill in all self-explanatory blanks. Signature required. Refer to Volume 4, M.P. 401.07A.

### ROUTING

White copy - Fire Prevention. Pink copy - Station performing the test.

#### RETENTION

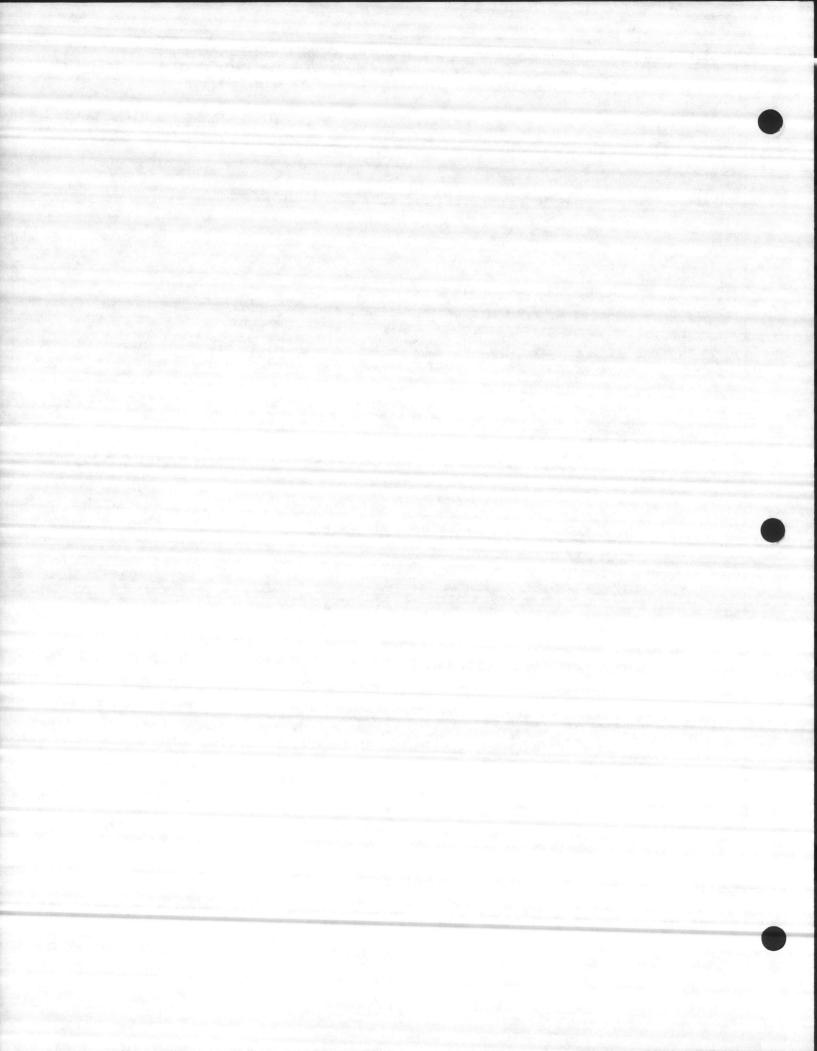
3 years.

#### AUTHORITY

Fire Prevention

#### PROGRAM

Sprinkler test



Fire Prevention/Code Enforcement
EMERGENCY PUMP TEST WORK SHEET

#91-78D

New 2/81

# PHOENIX FIRE DEPARTMENT FORMS MANUAL

M.P. 907.09 12/83-R

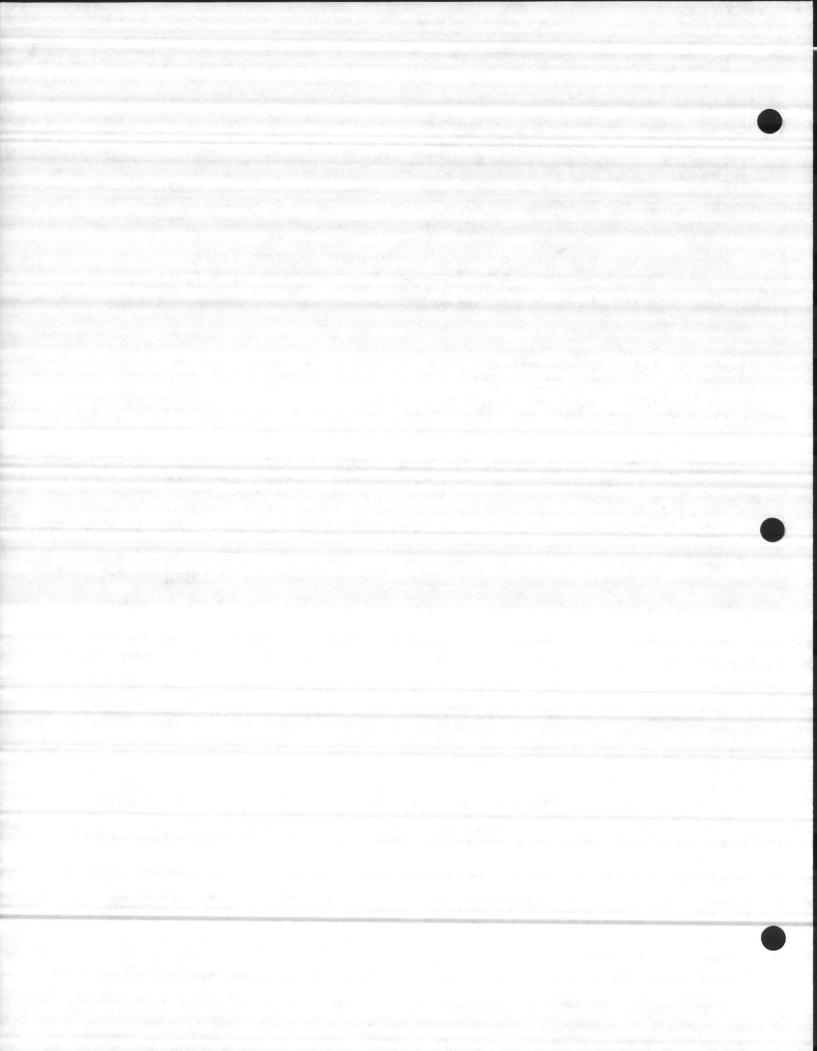
#### PHOENIX FIRE DEPARTMENT DIVISION OF FIRE PREVENTION

# EMERGENCY PUMP TEST WORKSHEET (2 Copies Required)

TREET ADDRESS _			DA	TE	-
AME OF BUILDING					
	PUMP				
		STATIC	RESIDUAL	PITOT	
	CITY PRESS.				
	TIP				
	SIZE				
	FLOW				
	PEOW		and the second second		
	Wager and				
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	COMMENTS:				
				-	
	COMPANY INSPECTOR		UNITED		
	COMPANT INSPECTOR	ek ja jugan jelaksa liki je	UNIT I.D	1000000	

FIRE PREVENTION - WHITE STATION COPY - PINK

91-78D NEW 2-81



Fire Prevention/Code Enforcement

OCCUPANCY SUMMARY

#92-91D

Rev. 10/81

# PHOENIX FIRE DEPARTMENT FORMS MANUAL

M.P. 907.10 12/83-R

#### PURPOSE

Maintains inventory of what occupancies are located in a particular area of responsibility.

### INDIVIDUAL RESPONSIBLE FOR COMPLETING

Emergency Services Fire Captains.

#### WHEN FORM IS TO BE COMPLETED

During the Drive by survey.

#### INSTRUCTIONS FOR COMPLETION

Fill in all self-explanatory blanks.

#### ROUTING

To be kept in company inventory notebook.

#### RETENTION

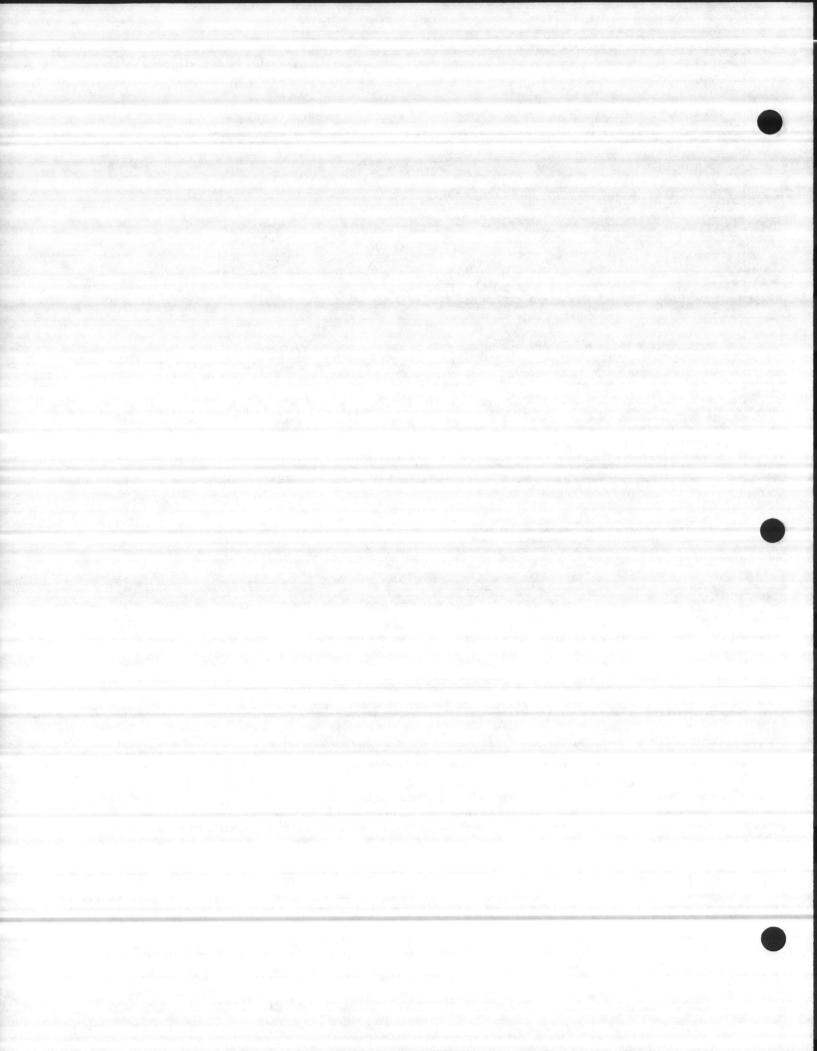
Permanent Record, kept at the station in notebook.

#### AUTHORITY

Division of Fire Prevention

#### PROGRAM

Property Management



Fire Prevention/Code Enforcement

OCCUPANCY SUMMARY

#92-91D

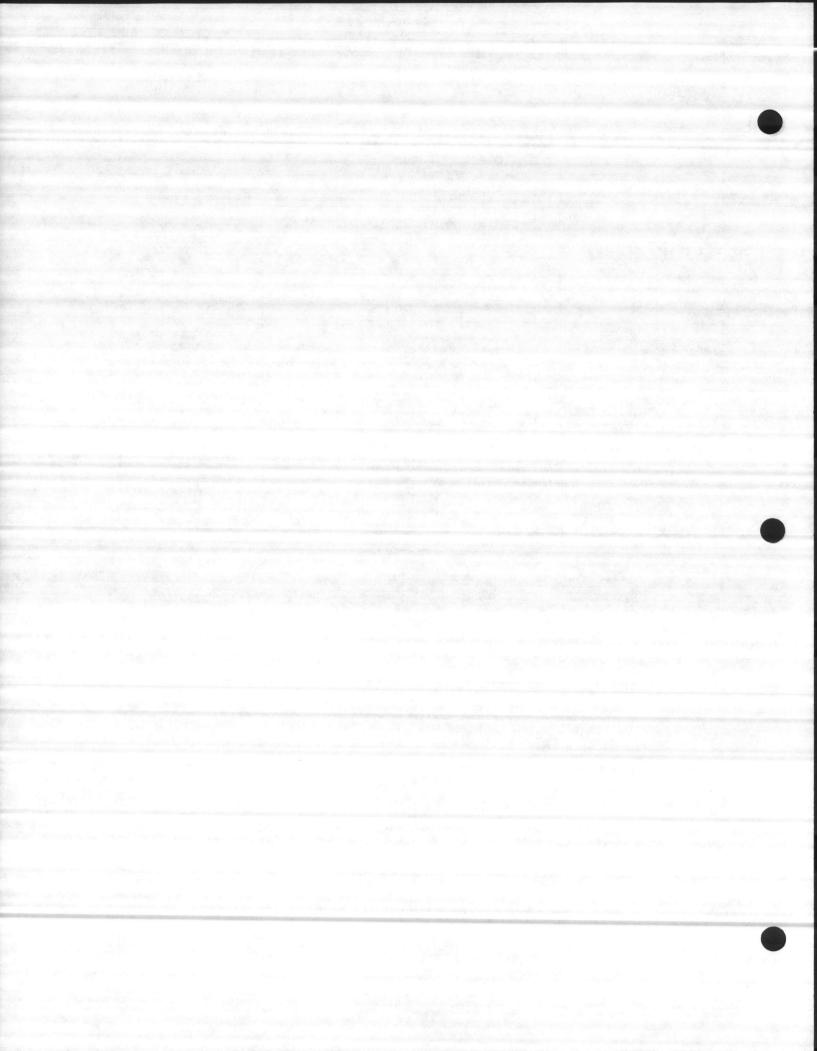
OCCUPANCY SUMMARY

Rev. 10/81

# PHOENIX FIRE DEPARTMENT FORMS MANUAL

M.P. 907.10 12/83-R

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APPARATUS DISPLAY INFORMATION

#90-33D

New 6/83

# PHOENIX FIRE DEPARTMENT FORMS MANUAL

M.P. 907.11 12/83-N

#### PURPOSE

Record information of apparatus on public display.

### INDIVIDUAL RESPONSIBLE FOR COMPLETING

Apparatus Captain.

### WHEN FORM IS TO BE COMPLETED

After display activity.

#### INSTRUCTIONS FOR COMPLETION

Fill in all self explanatory blanks, signature required.

#### ROUTING

Captain to District Manager to Community Services.

### RETENTION

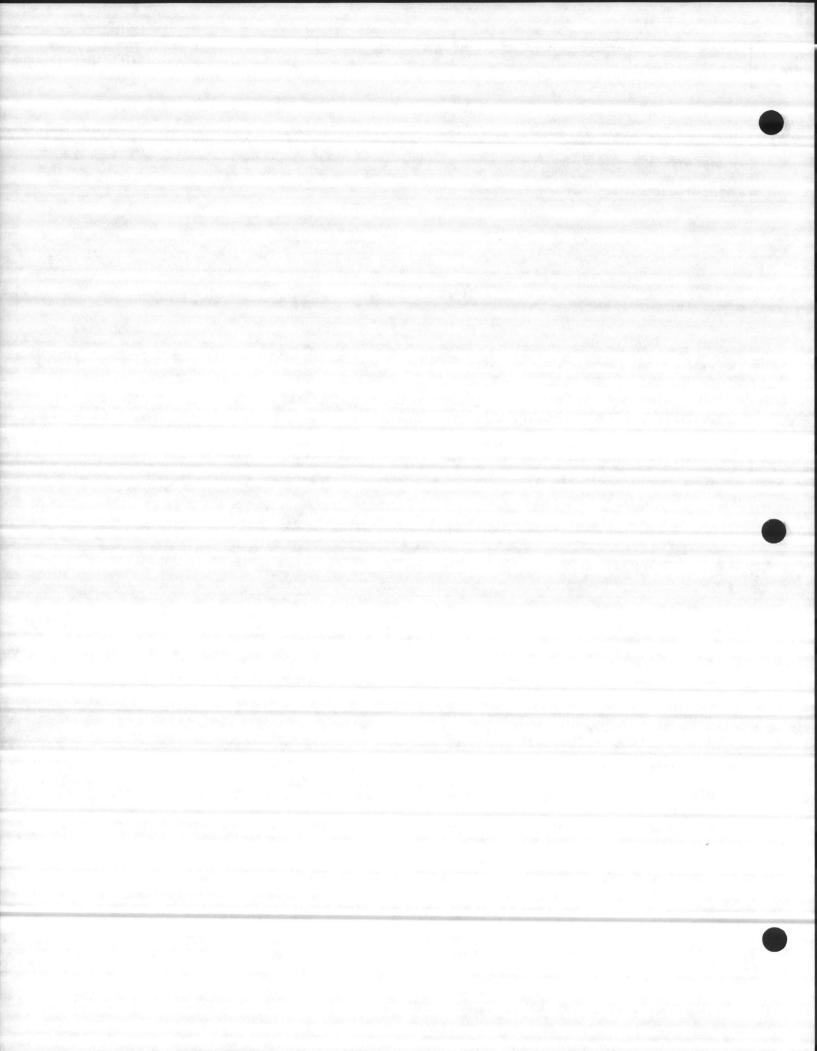
1 year.

#### AUTHORITY

Fire Prevention

#### PROGRAM

Community Services



Fire Prevention/Community Services
APPARATUS DISPLAY INFORMATION

#90-33D

New 6/83

# PHOENIX FIRE DEPARTMENT FORMS MANUAL

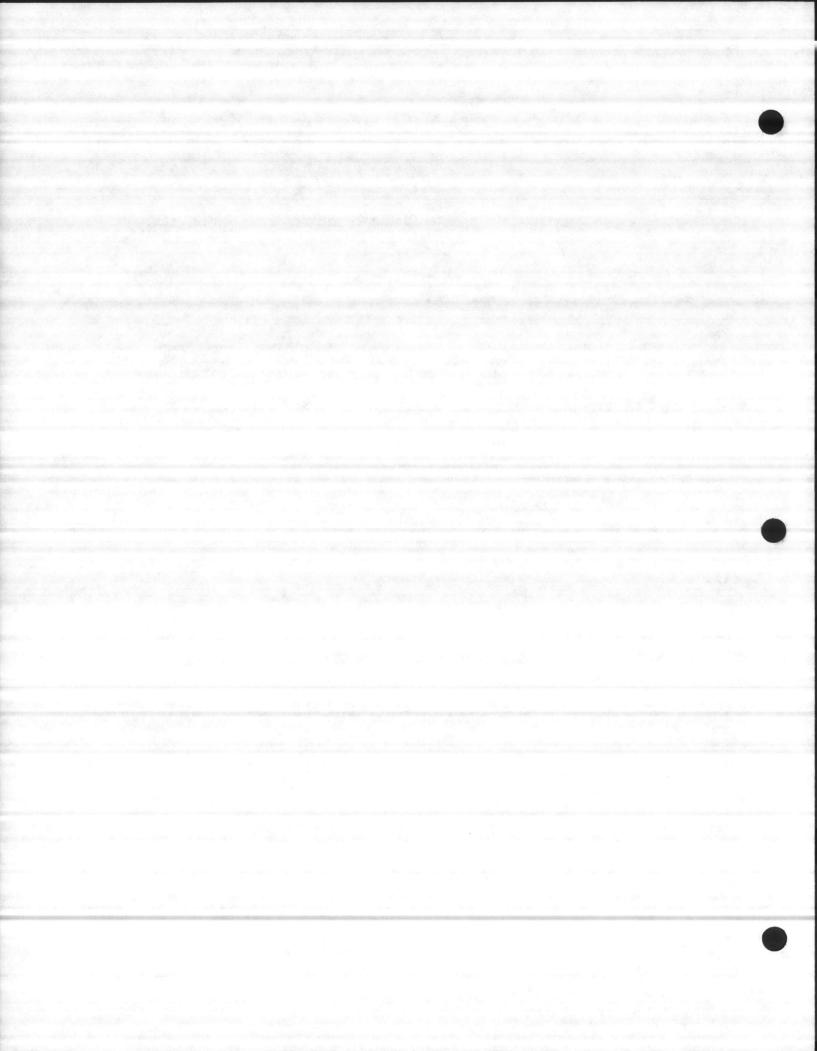
M.P. 907.11 12/83-N

### CITY OF PHOENIX, ARIZONA FIRE DEPARTMENT

## APPARATUS DISPLAY INFORMATION

Captain	Company
Display Location	
	Duration
Number in Attendance (approx.)	
Display Purpose:	
Type of Material Distributed:	
Comments:	
Captain Signature	
District Manager	
Return to Carol Gross	

90-33D New 6/83



FIRE STATION TOUR RECORD

#92-2D

New 2/81

# PHOENIX FIRE DEPARTMENT FORMS MANUAL

M.P. 907.12 12/83-R

#### PURPOSE

Record information of groups visiting stations.

### INDIVIDUAL RESPONSIBLE FOR COMPLETING

Station Captain.

#### WHEN FORM IS TO BE COMPLETED

While group is on tour. Signature required ..

#### INSTRUCTIONS FOR COMPLETION

Fill in all self-explanatory blanks.

#### ROUTING

Station to Community Service.

#### RETENTION

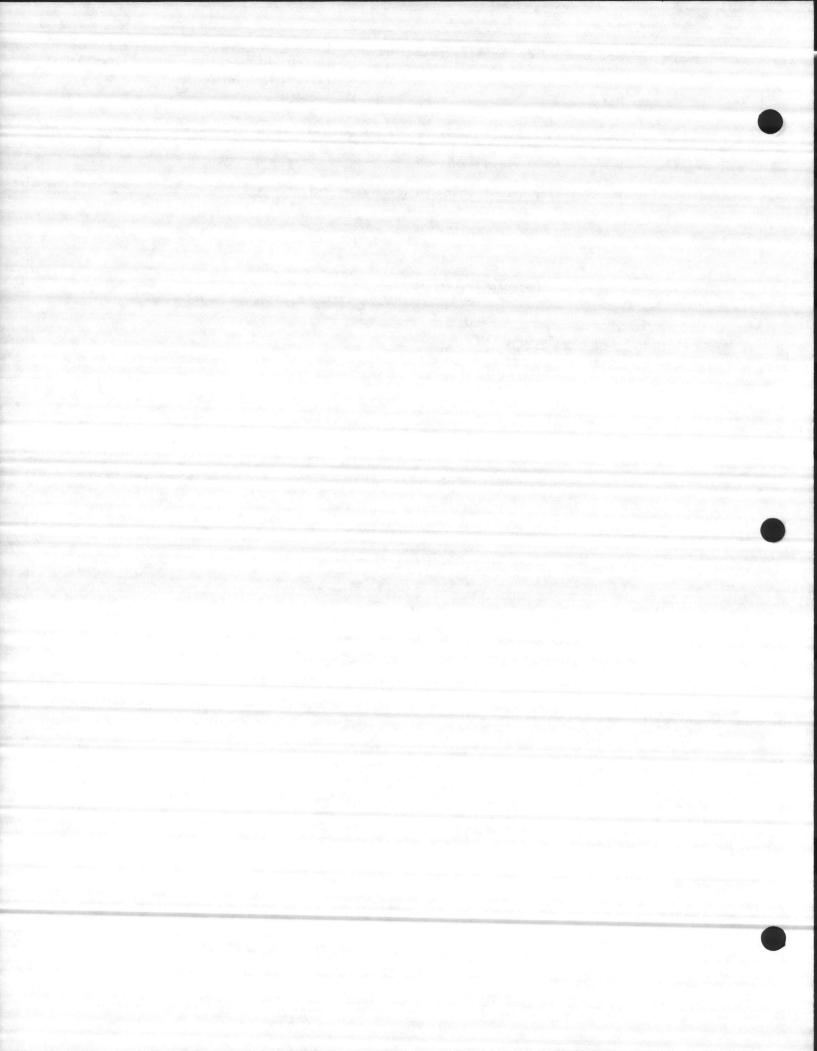
Two years.

#### AUTHORITY

Fire Prevention

#### PROGRAM

Community Services



FIRE STATION TOUR RECORD

#92-2D

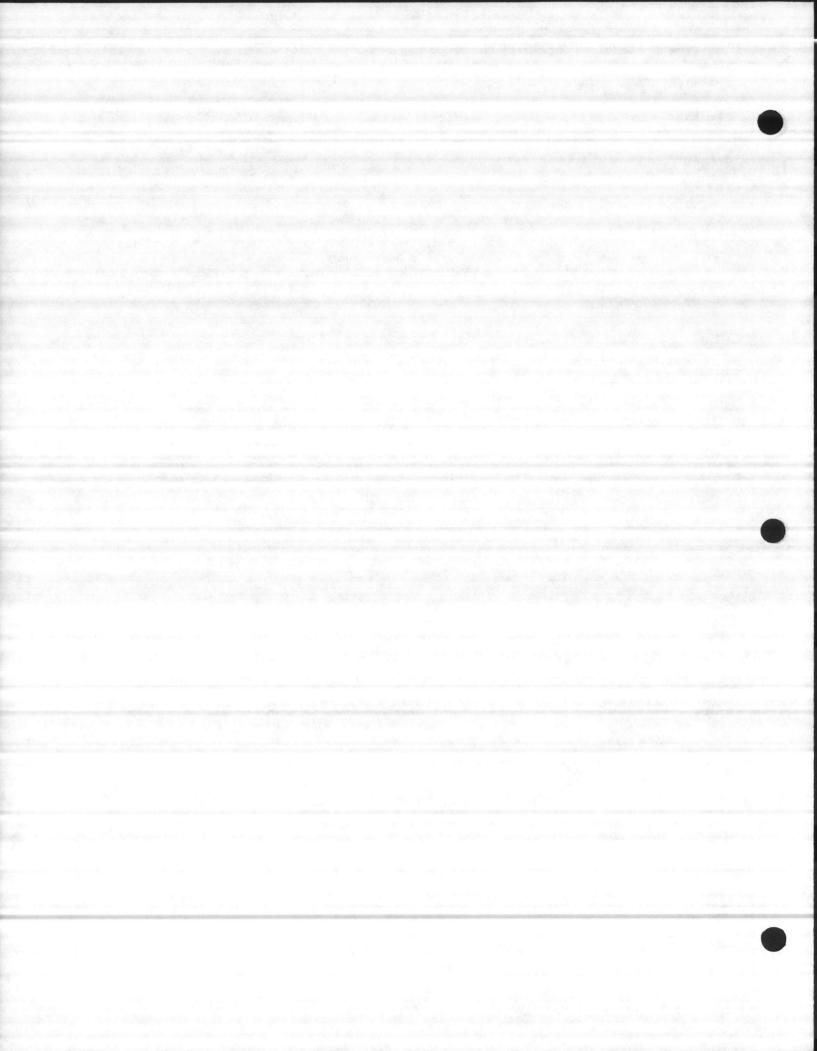
New 2/81

# PHOENIX FIRE DEPARTMENT FORMS MANUAL

M.P. 907.12 12/83-R

City of Fhoenix, Arizona Fire Department FIRE STATION TOUR RECORD

NAME OF VISITING GROUP_		
DATE OF VISIT	TIME OF DAY	STATION/SHIFT
NUMBER OF CHILDREN	NUMBER OF ADULTS	A STATE OF THE STA
TOUR OF STATION CONDUCT	ED BY	
	SIGNED	
	Forward this report to	Public Education Division
	Forward this report to	Public Education Division



RELEASE LIABILITY

#92-13D

Rev. 3/79

# PHOENIX FIRE DEPARTMENT FORMS MANUAL

M.P. 907.13 12/83-R

#### PURPOSE

Liability release for City.

### INDIVIDUAL RESPONSIBLE FOR COMPLETING

Supervisor authorizing citizen to ride on Fire Department vehicle.

#### WHEN FORM IS TO BE COMPLETED

Before person rides vehicle.

### INSTRUCTIONS FOR COMPLETION

Fill in all self-explanatory blanks. Signature required.

#### ROUTING

Station to Community Service.

#### RETENTION

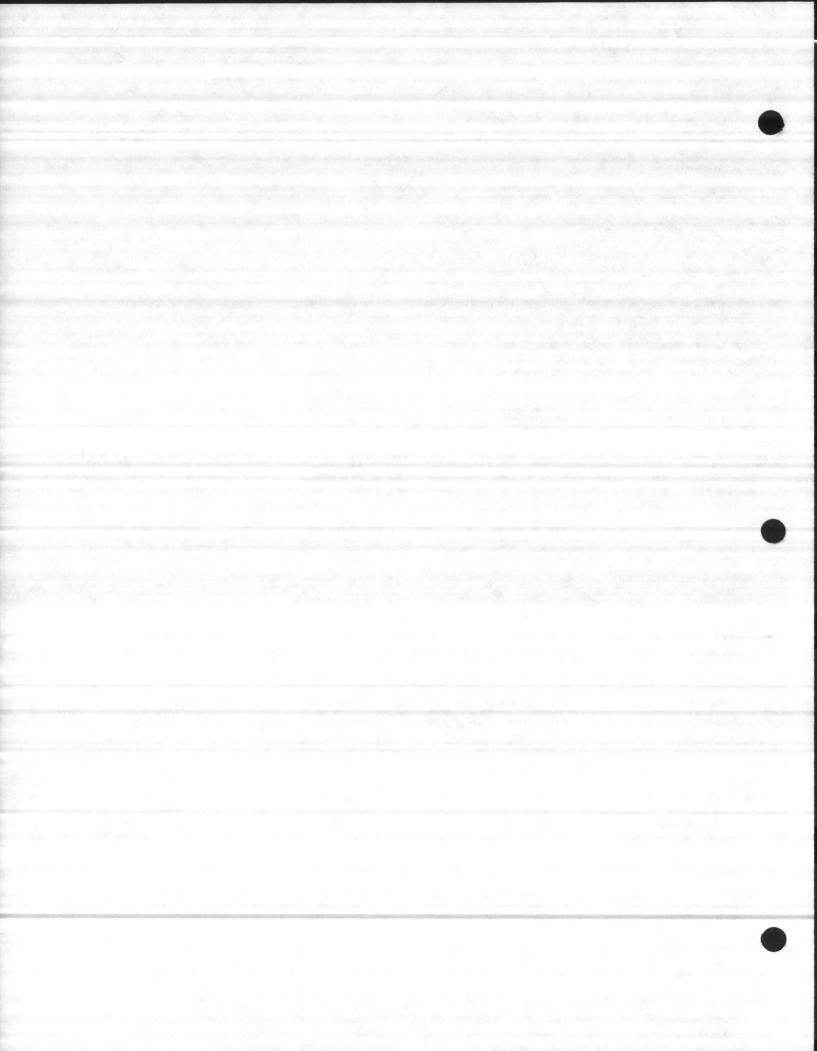
Two years.

#### AUTHORITY

City Attorney

#### PROGRAM

Community Services



RELEASE LIABILITY

#92-13D

Rev. 3/79

# PHOENIX FIRE DEPARTMENT FORMS MANUAL

M.P. 907.13 12/83-R

CITY OF PHOENIX, ARIZONA FIRE DEPARTMENT

### RELEASE

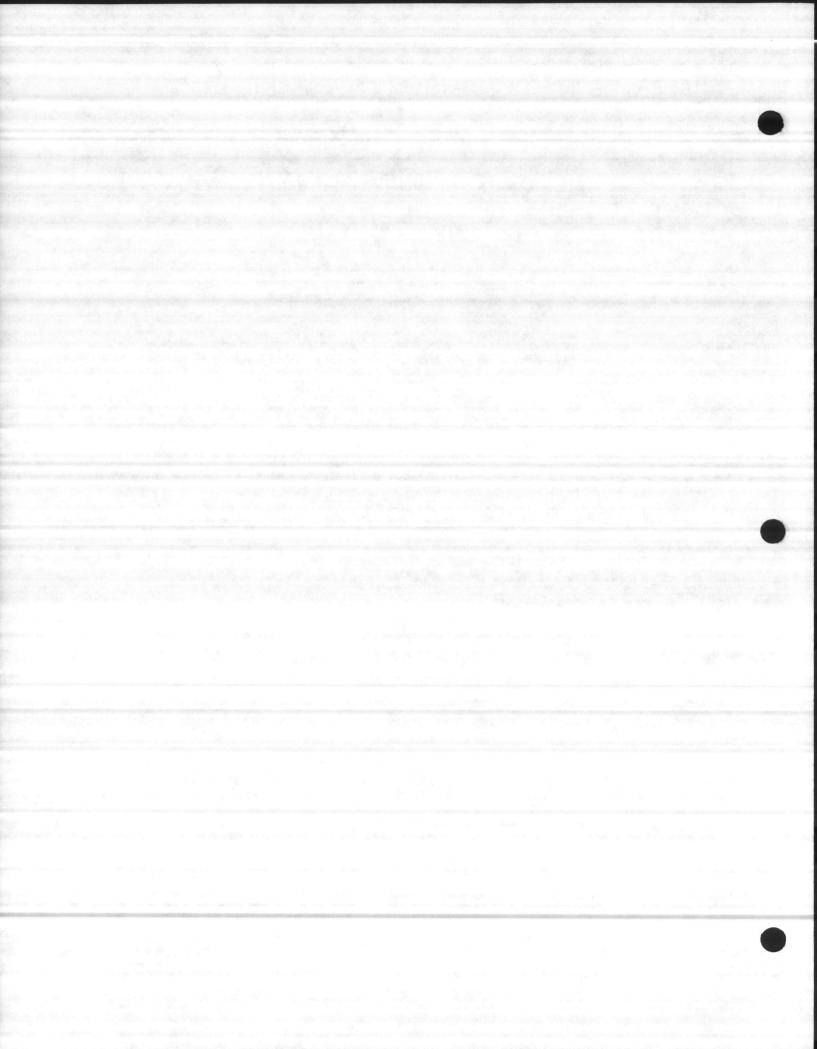
In consideration of my being permitted to ride upon the motor vehicles of the Fire Department of the City of Phoenix. I hereby release and agree to hold harmless the said City of Phoenix, its employees and agents from any and all liability for any damage or injury which I may receive while riding upon said motor vehicles or received while accompanying City of Phoenix Fire Department officers from any cause whatsoever. This release of liability and agreement given by me to the said City of Phoenix, its employees and agents, shall apply as to any right of action that might accrue to myself my heirs and my personal representatives.

Furthermore, I agree to assume all risks involved in riding in the said City of Phoenix Fire Department vehicles and in accompanying its officers and am fully aware of the dangers involved.

Dated this	day of		19
		(Signed)	
		(31giled)	
AND THE PROPERTY OF THE PROPER			

92-130

Rev. 3/79



Research and Planning Safety/Technical

PRODUCT EVALUATION

#90-8.1D

New 6/80

# PHOENIX FIRE DEPARTMENT FORMS MANUAL

M.P. 908.01 12/83-N

#### PURPOSE

This form accompanies safety equipment or clothing placed in the field for evaluation by fire fighting personnel and record their opinion of the product.

## INDIVIDUAL RESPONSIBLE FOR COMPLETING

Individual testing product.

#### WHEN FORM IS TO BE COMPLETED

Following test of product.

#### INSTRUCTIONS FOR COMPLETION

Evaluate product by comparison of products currently being used. Fill in all blanks. Signature required.

#### ROUTING

Individual to Safety Office.

#### RETENTION

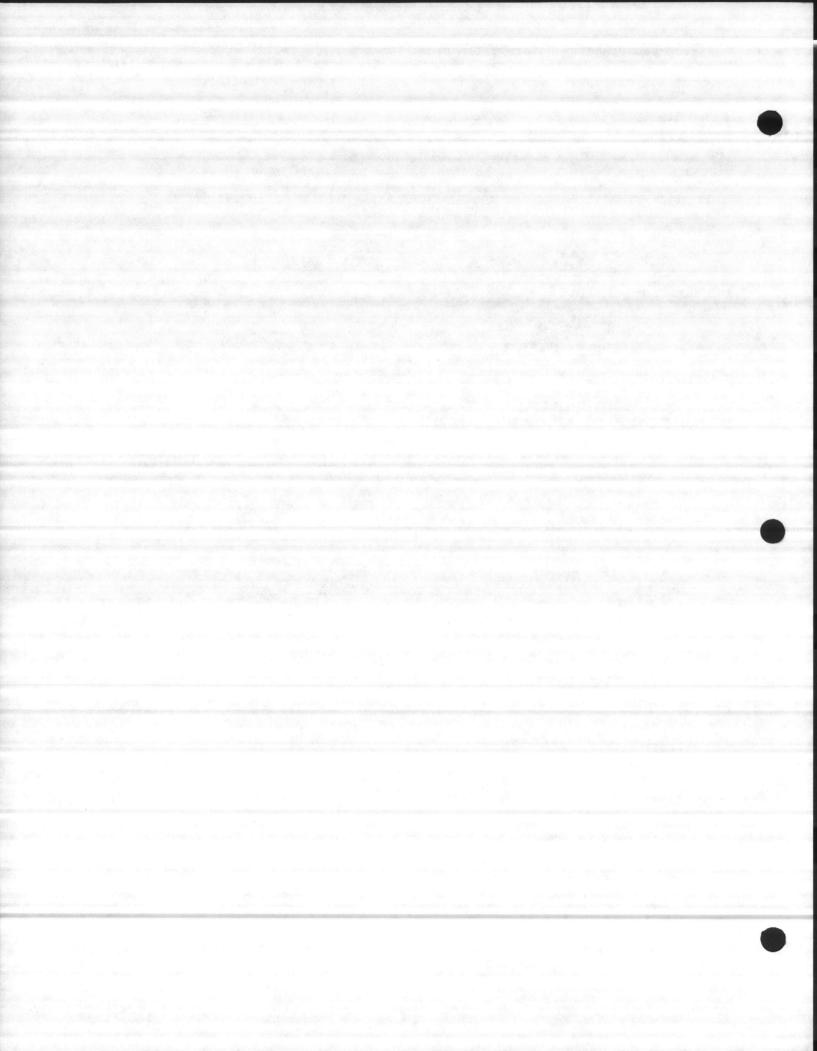
One year.

### **AUTHORITY**

Safety Officer

#### PROGRAM

Safety/Technical



Research and Planning Safety/Technical

### PRODUCT EVALUATION

#90-8.1D

New 6/80

# PHOENIX FIRE DEPARTMENT FORMS MANUAL

M.P. 908.01 12/83-N

### CITY OF PHOENIX, ARIZONA FIRE DEPARTMENT PRODUCT EVALUATION

TO: SAFETY OFFICER	DATE:
FROM:	
COMPANY:	
SHIFT:	
TYPE OF PRODUCT:	
DATE RECEIVED:	DATE RETURNED:
COMMENTS AND RECOMMENDATIONS:	
	and the second s
OVERALL EVALUATION: POSITIVE:	NEGATIVE:
	SIGNATURE:

90-8 1D NEW 6-80

