

<http://www.usfa.fema.gov/applications/fdonline/>

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

O.M.B. 1660-0070
Expires May 31, 2009

Survey ID (The login number from the cover letter for online Census Form). _____

Fire Department Name: _____

Fire Department Identification Number (FDID) if known: _____

The FDID is a unique identifier assigned by the state for fire incident reporting purposes. If FDID is unknown, leave blank.

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

Address Line 1: _____

Address Line 2: _____

City: _____ State: _____ Zip Code: _____

County: _____

Fire Department Mailing Address (If different than headquarters address)

Address line 1: _____

Address line 2: _____

Post Office Box Number: _____

City: _____ State: _____ Zip Code: _____

Number of Stations: _____

Please indicate the total number of fire stations within your department.

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

Fire Department Headquarters Telephone Number: _____

Fire Department Headquarters Fax Number: _____

Fire Department Email Address: _____

Please complete only if this is a department email address. Do not use personal email addresses.

Fire Department Web Address: _____

If your fire department maintains a web site, please provide the web address (URL) above.

Paperwork Burden Disclosure Notice

The public reporting burden for this form is estimated to be 25 minutes per response. The burden estimate includes the time for reviewing instructions, searching existing data sources, gathering and maintaining the needed data, and completing, reviewing, and submitting the form. You are not required to respond to this collection of information unless a valid OMB control number appears in the upper right corner of this form. Send comments regarding the accuracy of the burden estimate and any suggestions for reducing this burden to: Information Collections Management, Department of Homeland Security, Federal Emergency Management Agency, 500 C Street, SW, Washington, DC 20472, Paperwork Reduction Project (1660-0070). **Note: Please do not send your completed form to the above address.**

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Organizational Type

Select the choice that best describes your fire department:

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

Population Protected _____

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

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

Area Protected _____ Square miles

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

Number of active firefighting personnel _____

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

_____ Career

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

_____ Volunteer

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

_____ Paid per call

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

Number of non firefighting support personnel

_____ Non-firefighter volunteers

_____ Civilian full-time and part-time employees

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Specialized Services Provided

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

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

United States Fire Administration Programs

Is your fire department familiar with United States Fire Administration programs and publications?

- Yes
- No

If yes, how? (check all that apply)

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

Survey Completed by:

Please provide contact information for the person completing this survey.

Name *(Please print)* _____
Telephone Number: _____
Fax Number: _____
Email Address: _____

Supplemental Address Sheet
(Please make additional copies if necessary)

Fire Company Name: _____
Address Line 1: _____
Address Line 2: _____
City: _____ State: _____ Zip Code: _____

Fire Company Name: _____
Address Line 1: _____
Address Line 2: _____
City: _____ State: _____ Zip Code: _____

Fire Company Name: _____
Address Line 1: _____
Address Line 2: _____
City: _____ State: _____ Zip Code: _____

Fire Company Name: _____
Address Line 1: _____
Address Line 2: _____
City: _____ State: _____ Zip Code: _____

Fire Company Name: _____
Address Line 1: _____
Address Line 2: _____
City: _____ State: _____ Zip Code: _____