http://www.usfa.dhs.gov/applications/census/

NATIONAL FIRE DEPARTMENT CENSUS

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.
<u>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.</u>

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.

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Organization Type
Select the choice that best describes your fire department:

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

Emergency Management

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

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

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

Population Protected __,__ __ __,__ __ __
Provide the total permanent resident population protected by your department and the source for the information provided.
- U.S. Census
- Estimate
- Other _____

Area Protected   __ __ , __ __ __ *Square miles*
Provide an estimate of the total primary response area in square miles protected by your department.

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

____ **Career**
> *Indicate total number of full-time paid fire officers and firefighters within your department.*

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

____ **Paid per call**
> *Indicate the total number of firefighters in the department who are not full-time paid firefighters but receive compensation for their participation.*

Number of non firefighting support personnel
____ Non-firefighter volunteers
____ Civilian full-time and part-time employees

Specialized Services Provided

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

- Wildfire/Urban-Wildland Interface
- Airport/Aviation
- Fireboat
- EMS Ambulance Transport
- EMS Non-Transport Response
- Basic Life Support (BLS, First Responder/EMT-Basic Level of Care)
- Advanced Life Support (ALS, EMT-Paramedic/EMT-Intermediate Level of Care)
- HAZMAT Team (Technician Level)
- Vehicle Extrication
- Technical/Specialized Rescue (Confined Space Rescue, Rope Rescue, Swiftwater Rescue, Dive Rescue, Building Collapse Rescue/Urban Search and Rescue, etc.)
- Fire Inspection/Code Enforcement
- Fire/Injury Prevention/Public Education
- Departmental (in-house) Training Academy
- Fire Investigation/Fire Cause Determination
    - Sworn *(Investigators have power 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.dhs.gov/
- Publications
- National Fire Academy Courses
- National Fire Incident Reporting System (NFIRS)
- Public Fire Education Programs
- Other _____

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.)

http://www.usfa.dhs.gov/applications/census/

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:** __ __ __ __ __ - __ __ __ __