**Attachment 1b. FFFIPP Survey-Officer**

Form Approved

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Public reporting burden of this collection of information is estimated to average 18 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to - CDC/ATSDR Reports Clearance Officer; 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333 ATTN: PRA (0920-1373).

**NIOSH Fire Fighter Fatality Investigation and Prevention Program Survey**

Every year, 80 to 100 firefighters die in the line of duty. When line of duty deaths occur, the National Institute for Occupational Safety and Health (NIOSH) Fire Fighter Fatality Investigation and Prevention Program (FFFIPP) conducts independent investigations of firefighter fatalities and makes recommendations for avoiding similar incidents. NIOSH is interested in learning more about the safety practices of the United States Fire Service, as well as firefighter familiarity with the NIOSH FFFIPP investigation reports (aka Line of Duty Death (LODD) Investigation Reports). Your responses will help us improve the quality of the reports and how NIOSH distributes the information found in these reports.

In the last few weeks, you should have received a message from one of the national fire service organizations explaining this study and how we will protect your privacy. The survey will take between 10 and 25 minutes. **Your responses to the questions will be combined and reported with those from other survey respondents and will be kept confidential.** Your participation is voluntary, and you may decline to answer any question or end the survey at any time.

Chief Officers and Company Officers completing the survey may need to refer to their department’s response data to respond to a few of the survey items (e.g., National Fire Incident Reporting System (NFIRS), records management system (RMS), CAD, or annual report).

The following questions ask about you and your fire department. They will help us understand your role and your responses as they relate to the size of your fire department.

1. **Where is your fire department located? [Dropdown list of States]**
2. **What is your position within the fire department? Please select only one.**

[ ]  Chief Officer (e.g., Fire Chief, Assistant Chief, Deputy Chief, Division Chief, or Battalion Chief)

[ ]  Company Officer (e.g., Captain, Lieutenant, Sergeant) **[SKIP to Company Officer Section]**

[ ]  Firefighter (e.g., Firefighter, Private, Master Firefighter) **[SKIP to Firefighter Section]**

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## COMPANY OFFICER SECTION

1. **Please select the category below that best describes the firefighters in your department.**

[ ]  Paid

[ ]  Paid on call

[ ]  Volunteer

[ ]  Combination

1. **What is the approximate size of the community that you serve?**

*Protecting a population of:*

[ ]  < 5,000

[ ]  5,000 to 49,999

[ ]  50,000 to 249,999

[ ]  250,000 to 499,999

[ ]  500,000 or greater

[ ]  Don’t know

[ ]  Decline to respond

1. **What type of area does your fire department serve?**

***Please select all that apply.***

[ ]  Wildland (development is essentially nonexistent)

[ ]  Rural (population density less than 500 persons/sq. mile)

[ ]  Suburban (population density 500 to 999 persons/sq. mile)

[ ]  Urban (population density 1,000 to 2,999 persons/sq. mile)

[ ]  Dense urban (population density at or above 3,000 persons/sq. mile)

[ ]  Don’t know

[ ]  Decline to respond

1. **How many stations are currently in your department?**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **How many total emergency and non-emergency incidents (all types) did your department respond to in the past 12 months?**

[ ]  None **[SKIP to 8]**

[ ]  1 to 999

[ ]  1,000 to 14,999

[ ]  15,000 to 24,999

[ ]  25,000 to 49,999

[ ]  50,000 to 100,000

[ ]  Greater than 100,000

[ ]  Don’t know

[ ]  Decline to respond

1. **Of the emergency incidents your department responded to in the past 12 months, how many were working structure fires?**

[ ]  None

[ ]  1 to 999

[ ]  1,000 to 14,999

[ ]  15,000 to 24,999

[ ]  25,000 to 49,999

[ ]  50,000 to 100,000

[ ]  Greater than 100,000

[ ]  Don’t know

[ ]  Decline to respond

1. **Of the emergency incidents your department responded to in the past 12 months, how many were EMS incidents (all types)?**

[ ]  None

[ ]  1 to 999

[ ]  1,000 to 14,999

[ ]  15,000 to 24,999

[ ]  25,000 to 49,999

[ ]  50,000 to 100,000

[ ]  Greater than 100,000

[ ]  Don’t know

[ ]  Decline to respond

1. **How many years have you been in the fire service?**

[ ]  Less than one year

[ ]  1-2 years 11 months

[ ]  3-4 years 11 months

[ ]  5-9 years 11 months

[ ]  10-14 years 11 months

[ ]  15-19 years 11 months

[ ]  20-30 Years

[ ]  More than 30 years

[ ]  Decline to respond

1. **Has your department or a neighboring jurisdiction experienced a line of duty death?**

***Please select all that apply.***

[ ]  Yes, in my department

[ ]  Yes, in a neighboring jurisdiction

[ ]  No **[SKIP to Q12]**

[ ]  Don’t know **[SKIP to Q12]**

[ ]  Decline to respond **[SKIP to Q12]**

1. **How long ago did the most recent fatality occur?**

[ ]  Within the past year

[ ]  1-2 years 11 months ago

[ ]  3-5 years ago

[ ]  More than 5 years ago

[ ]  Don’t know

[ ]  Decline to respond

1. **Did the NIOSH firefighter fatality investigation program investigate the death(s)?**

[ ]  Yes

[ ]  No

[ ]  Don’t know

[ ]  Decline to respond

### Health and Safety Information

Fire departments receive health and safety information from many different organizations. The following questions explore where your department receives information and your knowledge of NIOSH’s firefighter fatality investigation program.

1. **Please indicate which organizations your department has received information from and what method (e.g., email, magazine, etc.) is used.**

***Please select all that apply.***

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | Conferences/Meetings | Email | Magazines/Newsletters | Podcasts | Social Media | Training courses | Webinars/Online learning |
| Federal Emergency Management Agency (FEMA) | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Fire Department Safety Officers Association (FDSOA) | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Fire Service Media or Fire Industry Journals  | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| International Association of Fire Chiefs (IAFC) | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| International Association of Fire Fighters (IAFF) | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| National Fallen Fire Fighters Association (NFFF) | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| National Fire Academy | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| National Fire Protection Association (NFPA) | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| National Institute for Occupational Safety and Health (NIOSH) | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| National Institute for Occupational Safety and Health (NIOSH) Fire Fighter Fatality Investigation and Prevention Program (FFFIPP) | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| National Volunteer Fire Council (NVFC) | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Occupational Safety and Health Administration (OSHA) | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| U.S. Fire Administration (USFA) | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Underwriters Laboratory (UL) | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Other (specify below) | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |

**If you selected *Other*, please specify: [text box]**

1. **The NIOSH FFFIPP produces reports based on the firefighter fatality investigations it conducts. Do you know how to access the NIOSH LODD investigation reports?**

☐ Yes

☐ No

[ ]  Don’t know

[ ]  Decline to respond

1. **How often have you seen (heard about) a NIOSH LODD investigation report that describes recent firefighter fatalities and makes recommendations for avoiding similar incidents?**

☐ Receive email notification each time an investigation report is released

[ ]  Never **[SKIP to Q24] Note: Questions will be hidden if this option is selected (all but 24)**

[ ]  Once or twice a year

☐ Several times a year

☐ Once a month or more

[ ]  Don’t know

[ ]  Decline to respond

1. **Have you read any part of a NIOSH LODD investigation report in the last 12 months?**

☐ Yes

☐ No **[SKIP to 19]**

[ ]  Don’t know

[ ]  Decline to respond

1. **Which sections of the NIOSH LODD investigation reports do you usually read?**

***Please select all that apply.***

[ ]  Executive Summary

☐ Introduction

[ ]  Fire Department

[ ]  Training and Experience

[ ]  Equipment and Personnel

[ ]  Building Construction

[ ]  Timeline

[ ]  Personal Protective Equipment

☐ Weather

☐ Investigation

☐ Recommendations

[ ]  References

[ ]  Appendix

[ ]  Don’t know

[ ]  Decline to respond

1. **Thinking about each section of the NIOSH LODD investigation report, please provide us with your thoughts on the length of each section, and whether the length of the section should be modified.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Eliminate entirely | Provide less detail | Keep current length | Provide more detail |
| Executive Summary | ☐ | ☐ | ☐ | ☐ |
| Introduction | ☐ | ☐ | ☐ | ☐ |
| Fire Department | ☐ | ☐ | ☐ | ☐ |
| Training and Experience | ☐ | ☐ | ☐ | ☐ |
| Equipment and Personnel | ☐ | ☐ | ☐ | ☐ |
| Building Construction | ☐ | ☐ | ☐ | ☐ |
| Timeline | ☐ | ☐ | ☐ | ☐ |
| Personal Protective Equipment | ☐ | ☐ | ☐ | ☐ |
| Weather | ☐ | ☐ | ☐ | ☐ |
| Investigation  | ☐ | ☐ | ☐ | ☐ |
| Recommendations | ☐ | ☐ | ☐ | ☐ |
| References | ☐ | ☐ | ☐ | ☐ |
| Appendix | ☐ | ☐ | ☐ | ☐ |
| Overall | ☐ | ☐ | ☐ | ☐ |

1. **NIOSH LODD investigation reports contain a timeline which presents the sequence of events as the department responded. Thinking about only the timeline, where would you prefer to see this information?**

☐ Main body of the investigation report

☐ Appendix

[ ]  Don’t know

[ ]  Decline to respond

1. **The NIOSH LODD investigation reports sometimes reference other documents, such as fire service consensus standards, journal articles, standard operating procedures/guidelines, or more detailed technical reports. Does your department usually have access to the additional documents that are referenced in the NIOSH investigation reports?**

☐ Yes

☐ No

[ ]  Don’t know

[ ]  Decline to respond

1. **NIOSH LODD investigation reports always include recommendations that are designed to help improve the health and safety of firefighters. Please indicate how much you agree or disagree with the following statements.**

|  |  |
| --- | --- |
|  | Rating |
| Strongly disagree | Disagree | Neither agree nor disagree | Agree | Strongly agree |
| Recommendations are practical | ☐ | ☐ | ☐ | ☐ | ☐ |
| Recommendations are easy to understand | ☐ | ☐ | ☐ | ☐ | ☐ |
| Recommendations are specific and concrete | ☐ | ☐ | ☐ | ☐ | ☐ |
| Recommendations are useful to my department | ☐ | ☐ | ☐ | ☐ | ☐ |

1. **Please select which types of recommendations your department has implemented from the NIOSH LODD investigation reports.**

***Please select all that apply****.*

|  |  |  |
| --- | --- | --- |
|  | **Policies/Procedures** | **For Training** |
| Annual medical exams | ☐ | ☐ |
| Basement fires | ☐ | ☐ |
| Chief aides | ☐ | ☐ |
| Communicating critical incident benchmarks | ☐ | ☐ |
| Fire apparatus, equipment and driver/operators | ☐ | ☐ |
| Fireground communications | ☐ | ☐ |
| Fireground strategy and tactics | ☐ | ☐ |
| Fitness and wellness programs | ☐ | ☐ |
| Health maintenance program | ☐ | ☐ |
| Incident management | ☐ | ☐ |
| Occupational safety and health program | ☐ | ☐ |
| Operations at highway/roadway incidents | ☐ | ☐ |
| Personal protective equipment (PPE) | ☐ | ☐ |
| Personnel accountability system | ☐ | ☐ |
| Physical fitness and cardiovascular disease (CVD) | ☐ | ☐ |
| Rapid intervention crews/teams | ☐ | ☐ |
| Scene size-up and risk assessment | ☐ | ☐ |
| Situational awareness | ☐ | ☐ |
| Staffing | ☐ | ☐ |
| Standard operating procedures/guidelines (SOPs/SOGs) | ☐ | ☐ |
| Training, education, and professional development | ☐ | ☐ |
| Wind driven fires | ☐ | ☐ |
| Other (specify below) | ☐ | ☐ |
| None | ☐ | ☐ |
| Don’t know | ☐ | ☐ |
| Decline to respond | ☐ | ☐ |

**If you selected *Other*, please specify: [text box]**

1. **Does the department disseminate the information it receives from the NIOSH LODD investigation report to your firefighters?**

☐ Yes

☐ No **[SKIP to 24]**

[ ]  Don’t know

[ ]  Decline to respond

1. **How does the department disseminate this information to firefighters?**

***Please select all that apply.***

☐ Company level training

[ ]  Copies of report summaries provided to firefighters

☐ Copies of reports provided to firefighters

[ ]  FD required individual training

☐ In-service training sessions

☐ Messages sent to firefighters by email

☐ Postings on bulletin boards

☐ Regular staff meetings

[ ]  Reports posted on department website

[ ]  Social media posts by the department or designated officer

☐ Summaries prepared by the department provided to firefighters

☐ Other (specify below)

[ ]  Don’t know

[ ]  Decline to respond

**If you selected *Other*, please specify: [text box]**

1. **Please select the top three (3) ways you would prefer to receive information about NIOSH LODD investigation report recommendations.**

***You may select up to three (3) options.***

[ ]  CD/DVD

[ ]  Conference presentations or meetings

☐ Email

☐ In-person training sessions/classes

☐ NIOSH LODD Investigation Reports

☐ NIOSH website

[ ]  One-page fact sheets (i.e., infographics)

[ ]  Online self-paced training

☐ Pocket guides

[ ]  Podcasts

☐ Posters

☐ Social media posts

☐ Summary reports

☐ Other (specify below)

[ ]  Don’t know

[ ]  Decline to respond

**If you selected *Other*, please specify: [text box]**

### Standard Operating Procedures (SOPs)/Standard Operating Guidelines (SOGs)

The following questions are about your fire department’s standard operating procedures/guidelines. It is important to get accurate data on the use of these procedures/guidelines so that NIOSH can continue to identify ways to assist the fire service community.

1. **Fire departments use Standard Operating Procedures (SOPs) or Guidelines (SOGs) to define specific fire department operations. Please indicate which of the following SOPs/SOGs your department has in place?**

***Please select all that apply****.*

☐ Apparatus and vehicle operations

☐ Care and maintenance of personal protective equipment

☐ Care and maintenance of SCBAs

☐ Fireground radio communications

[ ]  Fireground strategy and tactics

☐ Health and wellness program including things like annual physicals

[ ]  Health maintenance program including things like nutrition and exercise

☐ Incident Management/Incident Command System

☐ Integrated response with law enforcement

[ ]  Operations at highway/roadway incidents

☐ Personnel accountability system

[ ]  Rapid Intervention Teams (RITs), also known as Rapid Intervention Crews (RICs) or Firefighter Assistance and Search Teams (FASTs)

☐ Scene size-up and risk assessment

☐ Traffic incident management

☐ Use of personal protective equipment and clothing

☐ Other (specify below)

[ ]  Department does not have SOPs/SOGs **[SKIP to Q29]**

[ ]  Don’t know

[ ]  Decline to respond

**If you selected *Other*, please specify: [text box]**

1. **Does your department require all SOPs to be reviewed and updated?**

[ ]  Yes

[ ]  No **[SKIP to28]**

[ ]  Don’t know **[SKIP to Q28]**

[ ]  Decline to respond **[SKIP to Q28]**

1. **When were your department’s SOPs/SOGs last updated?**

[ ]  Within the past year

[ ]  1-2 years 11 months ago

[ ]  3-5 years ago

[ ]  More than 5 years ago

[ ]  Don’t know

[ ]  Decline to respond

1. **Does your department’s SOP/SOG on emergency scene operations REQUIRE the use of the Incident Management/Command System on *each* incident?**

[ ]  Yes **[SKIP to Q32]**

[ ]  No

[ ]  Don’t know

[ ]  Decline to respond

1. **Are Incident Management/Command Systems used in your department on *each* incident, formally or informally?**

[ ]  Yes **[SKIP to Q32]**

[ ]  No

[ ]  Don’t know

[ ]  Decline to respond

1. **How often are Incident Management/Command Systems used for structure fires?**

[ ]  Never

[ ]  Some of the time

[ ]  About half of the time

[ ]  Most of the time

[ ]  Always **[SKIP to Q32]**

[ ]  Don’t know

[ ]  Decline to respond

1. **Why are Incident Management/Command Systems not always used?**

***Please select all that apply.***

☐ Incident Management/Command is only established when the incident is considered “working”

☐ Fire is not big enough to require an incident manager/commander

☐ Fireground communications is limited

☐ Not enough firefighters available at the scene

☐ Other (specify below)

[ ]  Don’t know

[ ]  Decline to respond

**If you selected *Other*, please specify: [text box]**

1. **How often are Rapid Intervention Crews (RICs)/Rapid Intervention Teams (RITs)/Firefighter Assistance and Search Teams (FASTs) established at structure fires?**

[ ]  Never **[SKIP to Q34]**

[ ]  Some of the time

[ ]  About half of the time

[ ]  Most of the time

[ ]  Always **[SKIP to Q35]**

[ ]  Don’t know

[ ]  Decline to respond

1. **When are RICs/RITs/FASTs established?**

***Please select all that apply****.*

[ ]  At all working fires

[ ]  On all initial full alarm assignments

[ ]  When the building has more than one story/floor

☐ When there are enough firefighters on hand at the scene

☐ Whenever firefighters enter an immediately dangerous to life and health (IDLH) atmosphere

☐ Other (specify below)

[ ]  Don’t know

[ ]  Decline to respond

**If you selected *Other*, please specify: [text box]**

1. **Why are RICs/RITs/FASTs not established in every structure fire?**

***Please select all that apply.***

[ ]  The structure fire may not be large enough to need a RIT/RIC/FAST

[ ]  We don’t have enough equipment, SCBAs, or turnout gear

[ ]  We don’t have enough firefighters available at the scene of the fire

[ ]  We don’t have enough training or trained personnel at the scene

[ ]  We have never been trained to establish a RIT/RIC/FAST

[ ]  We have never established a RIT/RIC/FAST

[ ]  We use other fire departments in the area for RITs/RICs/FASTs

[ ]  We use other safety practices, so we don’t need them

☐ Other (specify below)

[ ]  Don’t know

[ ]  Decline to respond

**If you selected *Other*, please specify: [text box]**

1. **Does your department use a recognized personnel accountability system?**

[ ]  Yes

[ ]  No **[SKIP to Q37]**

[ ]  Don’t know **[SKIP to Q37]**

[ ]  Decline to respond

1. **Does your department’s personnel accountability system account for all fire department personnel and other first responders during an emergency incident?**

[ ]  Yes

[ ]  No

[ ]  Don’t know

[ ]  Decline to respond

1. **Does your department mandate the use of Self-Contained Breathing Apparatuses (SCBAs) in immediately dangerous to life and health (IDLH) atmospheres?**

[ ]  Yes

[ ]  No

[ ]  Don’t know

[ ]  Decline to respond

1. **Does your department have Personal Alert Safety System (PASS) devices integrated into the SCBAs?**

[ ]  Yes

[ ]  No

[ ]  Don’t know

[ ]  Decline to respond

1. **How often do *your firefighters* use SCBA while fighting structure fires?**

[ ]  Never

[ ]  Some of the time

[ ]  About half of the time

[ ]  Most of the time

[ ]  Always **[SKIP Q41]**

[ ]  Don’t know

[ ]  Decline to respond

1. **How often do *you* use SCBA while fighting structure fires?**

[ ]  Never

[ ]  Some of the time

[ ]  About half of the time

[ ]  Most of the time

[ ]  Always

[ ]  Don’t know

[ ]  Decline to respond

**REMINDER: Skip this question if “Always” is selected on Q39**

1. **Why do you think your firefighters do not use SCBAs more often when fighting structure fires?**

***Please select all that apply.***

[ ]  Culture/tradition (We’ve always done it this way)

[ ]  Cylinders (air bottles) are empty

[ ]  Firefighters are concerned that the SCBA may be or become contaminated

[ ]  Firefighters do not think they need them

[ ]  Firefighters do not trust that the SCBAs will work reliably

[ ]  Peer influence

[ ]  Situation doesn’t require them

[ ]  Wearing SCBAs makes it more difficult to work

☐ Other (specify below)

[ ]  Don’t know

[ ]  Decline to respond

**If you selected *Other*, please specify: [text box]**

1. **Does your department have individual *SCBA facepieces* for each individual firefighter?**

[ ]  Yes **[SKIP to Q44]**

[ ]  No

[ ]  Don’t know

[ ]  Decline to respond

1. **Why does your department not have individual *SCBA facepieces* for your individual firefighters?**

***Please select all that apply****.*

[ ]  Didn’t know it was recommended

[ ]  Have never needed them (e.g., we don't do interior attacks)

[ ]  Shared systems work fine for our needs

[ ]  There is not enough money in the budget

[ ]  They cost too much

[ ]  We don’t have enough equipment for all our firefighters

☐ Other (specify below)

[ ]  Don’t know

[ ]  Decline to respond

**If you selected *Other*, please specify: [text box]**

1. **Does your department have individual *SCBA regulators* for each individual firefighter?**

[ ]  Yes **[SKIP to Q46]**

[ ]  No

[ ]  Don’t know

[ ]  Decline to respond

1. **Why does your department not have individual *SCBA regulators* for each individual firefighter?**

***Please select all that apply****.*

[ ]  Didn’t know it was recommended

[ ]  Shared systems work fine for our needs

[ ]  There is not enough money in the budget

[ ]  We don’t have enough equipment for all our firefighters

[ ]  We follow the SCBA manufacturer’s guidelines for cleaning and disinfecting regulators

☐ Other (specify below)

[ ]  Don’t know

[ ]  Decline to respond

**If you selected *Other*, please specify: [text box]**

1. **How often is maintenance performed on the department’s SCBAs in accordance with the manufacturer’s guidelines?**

☐ After each use

☐ At least once a month

☐ Several times a year

☐ Once a year

☐ Less than once a year

☐ Never, maintenance is not done on our SCBAs

[ ]  Don’t know

[ ]  Decline to respond

### Non-Fireground Operations

The following questions ask about your department’s procedures/guidelines for operating at highway/roadway incidents and emergency vehicle operation training.

1. **Does your department have a SOP/SOG for conducting emergency operations at highway/roadway incidents?**

[ ]  Yes

[ ]  No **[SKIP to Q49]**

[ ]  Don’t know **[SKIP to Q49]**

[ ]  Decline to respond

1. **When was the last time this SOP/SOG was updated?**

[ ]  Within the past year

[ ]  1-2 years 11 months ago

[ ]  3-5 years ago

[ ]  More than 5 years ago

[ ]  Don’t know

[ ]  Decline to respond

1. **Which types of initial training do members of the department receive for conducting emergency operations at highway/roadway incidents?**

**Please select all that apply**

[ ]  Classroom training

[ ]  Hands-on/practical training

[ ]  Training literature provided

[ ]  Web-based training

[ ]  None **[SKIP to Q51]**

[ ]  Don’t know

[ ]  Decline to respond

1. **How often do members receive ‘refresher’ training for conducting emergency operations at highway/roadway incidents?**

☐ At least twice a year

☐ Once a year

☐ Less than once a year

[ ]  Don’t know

[ ]  Decline to respond

1. **Do all members receive driver training before being allowed to operate a fire department vehicle or apparatus?**

[ ]  Yes

[ ]  No **[SKIP to Q54]**

[ ]  Don’t know

[ ]  Decline to respond

1. **Do all members receive driver training before being allowed to operate an emergency vehicle or apparatus *in an emergency mode*?**

[ ]  Yes

[ ]  No

[ ]  Don’t know

[ ]  Decline to respond

1. **Does your department utilize a recognized emergency vehicle operation training course?**

[ ]  Yes

[ ]  No

[ ]  Don’t know

[ ]  Decline to respond

1. **Does your department have a requirement regarding the use of seatbelts in fire department apparatus and vehicles?**

[ ]  Yes

[ ]  No

[ ]  Don’t know

[ ]  Decline to respond

1. **About how often do you think *your firefighters* use their seatbelts when riding in fire department apparatus and vehicles?**

[ ]  Never

[ ]  Some of the time

[ ]  About half of the time

[ ]  Most of the time

[ ]  Always

[ ]  Don’t know

[ ]  Decline to respond

1. **About how often do *you* use a seatbelt when riding in fire department apparatus and vehicles?**

[ ]  Never

[ ]  Some of the time

[ ]  About half of the time

[ ]  Most of the time

[ ]  Always

[ ]  Don’t know

[ ]  Decline to respond

1. **To what extent do you agree or disagree that *your firefighters* are able to wear their seatbelts while wearing turnout gear in your emergency vehicles?**

[ ]  Strongly disagree

[ ]  Disagree

[ ]  Neither agree nor disagree

[ ]  Agree

[ ]  Strongly agree

[ ]  Don’t know

[ ]  Decline to respond

1. **To what extent do you agree or disagree that *you* are able to wear your seatbelt while wearing turnout gear in your emergency vehicles?**

[ ]  Strongly disagree

[ ]  Disagree

[ ]  Neither agree nor disagree

[ ]  Agree

[ ]  Strongly agree

[ ]  Don’t know

[ ]  Decline to respond

### Firefighter Training, Health, and Safety

The following questions ask about your department’s procedures for firefighter training, health, and safety.

1. **Does your department have a dedicated Training Officer?**

☐ Yes

☐ No

[ ]  Don’t know

[ ]  Decline to respond

1. **Does your department have a dedicated Health and Safety Officer?**

☐ Yes

☐ No

[ ]  Don’t know

[ ]  Decline to respond

1. **Is a safety officer assigned on all "working" incidents?**

☐ Yes

☐ No

[ ]  Don’t know

[ ]  Decline to respond

1. **How often do *your firefighters* receive screenings for cardiovascular disease (CVD) and its risk factors?**

[ ]  One time, when they first join the department

[ ]  Less than once a year

[ ]  Once a year

[ ]  More than once a year

[ ]  Firefighters are not required to receive CVD screenings

[ ]  Don’t know

[ ]  Decline to respond

1. **How often do *you* receive a screening for cardiovascular disease (CVD) and its risk factors?**

[ ]  Less frequently than once a year

[ ]  Once a year

[ ]  More than once a year

[ ]  CVD screenings are not required

[ ]  Don’t know

[ ]  Decline to respond

1. **Who provides training to your firefighters?**

***Please select all that apply.***

[ ]  Conferences or regional meetings

[ ]  Department’s training division/officer

[ ]  Local college or university

[ ]  Other officers within the department

[ ]  Outside contractor

[ ]  Regional fire training academy

[ ]  State fire training agency

[ ]  USFA/National Fire Academy (Emmitsburg, MD)

[ ]  Firefighters do not receive training **[SKIP to Q67]**

☐ Other (specify below)

[ ]  Don’t know

[ ]  Decline to respond

**If you selected *Other*, please specify: [text box]**

1. **Please indicate whether *your firefighters* have received any of the trainings listed below and whether the training is optional or required.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | No Training | Optional Training | Required Training | Not Applicable |
| Active shooter/hostile event | ☐ | ☐ | ☐ | ☐ |
| Annual live fire training | ☐ | ☐ | ☐ | ☐ |
| Certified First Responder, EMT or Paramedic continuing education | ☐ | ☐ | ☐ | ☐ |
| Driving and safe vehicle operations | ☐ | ☐ | ☐ | ☐ |
| EMS recertification | ☐ | ☐ | ☐ | ☐ |
| Facility safety and health | ☐ | ☐ | ☐ | ☐ |
| Fireground strategy and tactics | ☐ | ☐ | ☐ | ☐ |
| HAZMAT operations | ☐ | ☐ | ☐ | ☐ |
| Incident Management System | ☐ | ☐ | ☐ | ☐ |
| Integrated response with law enforcement | ☐ | ☐ | ☐ | ☐ |
| Mayday procedures | ☐ | ☐ | ☐ | ☐ |
| OSHA mandated training (e.g., respiratory protection, infection control, hazardous materials) | ☐ | ☐ | ☐ | ☐ |
| Personnel Accountability System | ☐ | ☐ | ☐ | ☐ |
| PPE and protective clothing care, use and maintenance | ☐ | ☐ | ☐ | ☐ |
| Physical fitness training | ☐ | ☐ | ☐ | ☐ |
| Rapid intervention teams or crews (RITs or RICs) | ☐ | ☐ | ☐ | ☐ |
| Response to highway/roadway incidents | ☐ | ☐ | ☐ | ☐ |
| SCBA care, use and maintenance | ☐ | ☐ | ☐ | ☐ |
| Scuba diving | ☐ | ☐ | ☐ | ☐ |
| Self-Survival | ☐ | ☐ | ☐ | ☐ |
| Structural firefighting procedures | ☐ | ☐ | ☐ | ☐ |
| Swift water rescue | ☐ | ☐ | ☐ | ☐ |
| Training, education and professional development | ☐ | ☐ | ☐ | ☐ |
| Use of radio communication devices | ☐ | ☐ | ☐ | ☐ |
| Wildland or wildland interface fire fighting | ☐ | ☐ | ☐ | ☐ |
| Other (specify below) | ☐ | ☐ | ☐ | ☐ |

**If you selected *Other*, please specify: [text box]**

1. **Please indicate whether *you* have received any of the following trainings and whether the training is optional or required.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | No Training | Optional Training | Required Training | Not Applicable |
| Active shooter/ hostile event | ☐ | ☐ | ☐ | ☐ |
| Annual live fire training | ☐ | ☐ | ☐ | ☐ |
| Behavioral health/resilience | ☐ | ☐ | ☐ | ☐ |
| Certified First Responder, EMT or Paramedic continuing education | ☐ | ☐ | ☐ | ☐ |
| Driving and safe vehicle operations | ☐ | ☐ | ☐ | ☐ |
| EMS recertification | ☐ | ☐ | ☐ | ☐ |
| Facility safety and health | ☐ | ☐ | ☐ | ☐ |
| Fireground strategy and tactics | ☐ | ☐ | ☐ | ☐ |
| HAZMAT operations | ☐ | ☐ | ☐ | ☐ |
| Helicopter/Medevac | ☐ | ☐ | ☐ | ☐ |
| Incident Management System | ☐ | ☐ | ☐ | ☐ |
| Integrated response with law enforcement | ☐ | ☐ | ☐ | ☐ |
| Mayday procedures | ☐ | ☐ | ☐ | ☐ |
| OSHA mandated training (e.g., respiratory protection, infection control, hazardous materials) | ☐ | ☐ | ☐ | ☐ |
| Personnel Accountability System | ☐ | ☐ | ☐ | ☐ |
| PPE and protective clothing care, use and maintenance | ☐ | ☐ | ☐ | ☐ |
| Physical fitness training | ☐ | ☐ | ☐ | ☐ |
| Rapid intervention teams or crews (RITs or RICs) | ☐ | ☐ | ☐ | ☐ |
| Response to highway/roadway incidents | ☐ | ☐ | ☐ | ☐ |
| SCBA care, use and maintenance | ☐ | ☐ | ☐ | ☐ |
| Scuba diving | ☐ | ☐ | ☐ | ☐ |
| Self-Survival | ☐ | ☐ | ☐ | ☐ |
| Structural firefighting procedures | ☐ | ☐ | ☐ | ☐ |
| Swift water rescue | ☐ | ☐ | ☐ | ☐ |
| Training, Education and Professional Development | ☐ | ☐ | ☐ | ☐ |
| Use of radio communication devices | ☐ | ☐ | ☐ | ☐ |
| Wildland or wildland interface fire fighting | ☐ | ☐ | ☐ | ☐ |
| Other (specify below) | ☐ | ☐ | ☐ | ☐ |

**If you selected *Other*, please specify: [text box]**

1. **Please indicate how much you agree or disagree with the following statements.**

|  |  |
| --- | --- |
|  | Rating |
| Strongly disagree | Disagree | Neither agree nor disagree | Agree | Strongly agree |
| People who make policy decisions (SOPs, SOGs) in this department see eye-to-eye with rank and file on safety. | ☐ | ☐ | ☐ | ☐ | ☐ |
| My direct supervisor takes my safety concerns seriously. | ☐ | ☐ | ☐ | ☐ | ☐ |

**[SKIP to CLOSING]**

\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*

### Closing

Please provide any additional comments you may have for the NIOSH FFFIPP.

Thank you for your participation.

To access information about the NIOSH FFFIPP or to view the NIOSH LODD investigation reports go to: <https://www.cdc.gov/niosh/fire/>