



9S / 9E Inspection Worksheets

The fire department should complete the following sheets prior to inspection date

9S/E Rating Inspection Work Sheets

Date of Inspection _____
Fire District Name _____
Department Name _____
Mailing Address _____
Physical Address _____
County (s) _____
Department Phone _____
Department Fax _____

Governmental Information

Part of Municipal Government **Yes** ___ **No** ___ (If yes provide verification from the town or city see sample forms)
Services Provided Fire ___ Rescue ___ EMS ___ First Responder ___
Date of Original Charter: _____ Date of Amended Charter: _____ (if applicable)
Name of Communication Center: _____
Fire Department Tax ID Number or FEIN Number: _____

- **The inspector will need to review copies of current Charter and any amendments**

Contact Information

Fire Chief

First Name _____ Middle Initial ____ Last Name _____

Fire Department Mailing Address _____

City _____ State _____ Zip _____

Phone Numbers: Work _____

Mobile _____

Fax _____

E-Mail Address _____ **Must be Completed**

Board President

First Name _____ Middle Initial ____ Last Name _____

Fire Department Mailing Address _____

City _____ State _____ Zip _____

Phone Numbers: Work _____

Mobile _____

Fax _____

E-Mail Address _____ **Must be Completed**

County Manager / City Manager / Mayor (Complete which applies)

First Name _____ Middle Initial ____ Last Name _____

Mailing Address _____

City _____ State _____ Zip _____

Phone Numbers: Work _____

Mobile _____

Fax _____

E-Mail Address _____ **Must be Completed**

Contact Information

Fire Marshal

First Name _____ Middle Initial ____ Last Name _____

Mailing Address _____

City _____ State _____ Zip _____

Phone Numbers: Work _____

Mobile _____

Fax _____

E-Mail Address _____ **Must be Completed**

Fire Marshal

First Name _____ Middle Initial ____ Last Name _____

Mailing Address _____

City _____ State _____ Zip _____

Phone Numbers: Work _____

Mobile _____

Fax _____

E-Mail Address _____ **Must be Completed**

Communications Director

First Name _____ Middle Initial ____ Last Name _____

Mailing Address _____

City _____ State _____ Zip _____

Phone Numbers: Work _____

Mobile _____

Fax _____

E-Mail Address _____

District Information

District Size

4 Mile District ____ 5 Mile District: ____ 6 Mile District: ____

District Population

Population of Rural District _____ Population of City or Town _____

District Funding and Tax Rate

General Fund ____ Service District ____ Rural Fire Protection District ____ Tax Rate ____

County Contracts and County Maps

District Square Miles

Current GIS Map

County or Counties in which the district provides protection and has contracts

| County Map | Approval Date | Date of Contract | Auto Aid | | |
|------------|---------------|------------------|----------|---------|----------|
| | | | Yes ____ | No ____ | N/A ____ |
| _____ | _____ | _____ | Yes ____ | No ____ | N/A ____ |
| _____ | _____ | _____ | Yes ____ | No ____ | N/A ____ |
| _____ | _____ | _____ | Yes ____ | No ____ | N/A ____ |
| _____ | _____ | _____ | Yes ____ | No ____ | N/A ____ |

- The inspector will need to review a map that the county has approved and the approval document
- The inspector will need to review copies of signed contracts with county or counties they provide protection
- The inspector will need to review any Automatic Aid Contracts that are in place

Municipal Contracts and City Maps

Town or City in which the district provides protection

| Town or City | Date of Contract | Auto Aid | | |
|--------------|------------------|----------|---------|----------|
| | | Yes ____ | No ____ | N/A ____ |
| _____ | _____ | Yes ____ | No ____ | N/A ____ |
| _____ | _____ | Yes ____ | No ____ | N/A ____ |
| _____ | _____ | Yes ____ | No ____ | N/A ____ |

- Municipal Department will need to provide some type of documentation confirming the fire department is in fact part of the city or town
- The inspector will need to review a current map of the city or town limits of the area they are providing protection
- The inspector will need to review copies signed contracts with town or city they provide protection
- The inspector will need to review any Automatic Aid Contracts that are in place

Inspection Information

Records

Training

Number of training hours the departments provides each month _____

- The department shall provide training records that will verify that each firefighter on the departments roster has the minimum 36 hours of training

Roster

- The department shall provide a current roster that shows the Date of Birth of each firefighter. The NC State Firefighters Association can be used for this roster.

Incident Response

- The department shall provide incident reports for all structure fires from the last **12 months**.
 - Structure fires include NFIRS code numbers 111, 112, 113, 114, 115, 116, 117, 118, 120,121, 122,123
 - Include only structure calls that occurred in your district **do not** include mutual or automatic aid calls.
 - The reports will be reviewed by the inspector at the time of the inspection but copies are not needed for the states file
- Is the fire department currently submitting their incident reports to the State? Yes ___ No ___
- Is the fire chiefs 101 certification current ? Yes ___ No ___

Personnel

Number of Volunteer Firefighters _____

Number of Paid Firefighters _____

Total Number of Personnel _____

- **The department shall provide verification of that Workers Comp. Insurance is current**

Communication Equipment

Number of Pagers _____

Number of Portable Radios _____

Number of Mobile Radios _____

Station Information

Station Number _____

Fire Department Physical Address _____

City _____ State: _____ Zip: _____

Fire Department Mailing Address _____

City _____ State _____ Zip _____

Latitude _____ N Longitude _____ W

Use WGS 84 Coordinates, decimal degrees
Example 35.56738 N -79.6532 W

Station Size _____ Year Constructed _____

Type of Construction _____

Number of Bays _____

Bays Heated Yes ___ No ___

Is department using an outside Siren for alarm notification Yes ___ No ___

Pump Test within the last 12 months for the first out Engine Yes ___ No ___

- The department shall provide the last 12 months of apparatus maintenance check off sheets for all in service Engines and Tankers.
 - The check off sheets will be reviewed by the inspector at the time of the inspection but copies are not needed for the states file
- The department should have inventory of equipment for all in service Engines and Tankers.
 - The inventory sheets will be reviewed by the inspector at the time of the inspection but copies are not needed for the states file
- **For departments that have sub stations please fill out a Station sheet for each station.**

Apparatus

First out Engine

Apparatus Unit Number (example - Engine 101) _____
Make and Model (example - Freightliner FL80) _____
Manufacture (example - E-One) _____
Year Manufactured: _____
Tank Capacity _____ Pump GPM _____
Baffled Tank Jet Assist Gravity Dump Four Wheel Drive Yes No
Most Current Pump Test Date _____

First out Tanker

Apparatus Unit Number (example - Engine 101) _____
Make and Model (example - Freightliner FL80) _____
Manufacture (example - E-One) _____
Year Manufactured: _____
Tank Capacity _____ Pump GPM _____
Baffled Tank Jet Assist Gravity Dump Four Wheel Drive Yes No
Most Current Pump Test Date _____ (*not required)

- Pump test – The pump test on the first out engine must be complete and accurate and have been run within 12 months prior to the fire department inspection. The test should be run the full 40 minutes, form filled out and **signed**.
- The inspector will verify that the first out engine has the minimum equipment on board the apparatus.
- **For departments that have sub stations please fill out an Apparatus sheet for each station.**

Other Equipment

Apparatus Unit Number (example - Engine 101) _____
Make and Model (example - Freightliner FL80) _____
Manufacture (example - E-One) _____
Year Manufactured: _____
Tank Capacity _____ Pump GPM _____
Baffled Tank Jet Assist Gravity Dump Four Wheel Drive Yes No
Most Current Pump Test Date _____ (*not required)

Other Equipment

Apparatus Unit Number (example - Engine 101) _____
Make and Model (example - Freightliner FL80) _____
Manufacture (example - E-One) _____
Year Manufactured: _____
Tank Capacity _____ Pump GPM _____
Baffled Tank Jet Assist Gravity Dump Four Wheel Drive Yes No
Most Current Pump Test Date _____ (*not required)

Other Equipment

Apparatus Unit Number (example - Engine 101) _____
Make and Model (example - Freightliner FL80) _____
Manufacture (example - E-One) _____
Year Manufactured: _____
Tank Capacity _____ Pump GPM _____
Baffled Tank Jet Assist Gravity Dump Four Wheel Drive Yes No
Most Current Pump Test Date _____ (*not required)

Other Equipment

Apparatus Unit Number (example - Engine 101) _____
Make and Model (example - Freightliner FL80) _____
Manufacture (example - E-One) _____
Year Manufactured: _____
Tank Capacity _____ Pump GPM _____
Baffled Tank Jet Assist Gravity Dump Four Wheel Drive Yes No
Most Current Pump Test Date _____ (*not required)

9S / 9E First Out Engines and Tankers Equipment Worksheet

First Out Engine Unit # _____

- _____ A tank with at least a 300-gallon capacity.
- _____ Two 200-foot pre-connected hose lines, with a diameter of 1 ½ inches, 1 ¾ inches, or 2 inches, with nozzles that have a minimum flow of 95 GPM.
- _____ At least 20 feet of hard-suction hose in a size to flow the capacity of the engine, or at least 15 feet of soft-suction hose with a diameter of at least four inches.
- _____ Four self-contained breathing apparatus (SCBA) in proper working condition. A SCBA shall be considered in proper working condition if the facepiece, back frame and harness, cylinder, hoses, low air alarms, regulators, and accessories are tested and operational in accordance with manufacturer's recommendations. The SCBA's shall be certified in accordance with NFPA 1981, "Standard on Open-Circuit Self-Contained Breathing Apparatus (SCBA) for Emergency Services."
- _____ Four spare SCBA cylinders.
- _____ One roof ladder at least 12 feet long.
- _____ One extension ladder at least 24 feet long.
- _____ One folding ladder.
- _____ One pike-head axe.
- _____ One flat-head axe.
- _____ One forcible entry tool.
- _____ One pike pole or plaster hook at least 6 feet long.
- _____ Two portable, rechargeable hand lights suitable for use in hazardous conditions in accordance with NFPA 70, "National Electrical Code."
- _____ 100 feet of utility rope, at least ½ inch in diameter.
- _____ Two 20-pound, class BC portable extinguishers.
- _____ One 2½-gallon water extinguisher.
- _____ One first aid kit.
- _____ One bolt cutter at least 14 inches long.
- _____ One two-way radio assigned to the apparatus.
- _____ One traffic vest for each riding position.

First Out Tanker Unit # _____

- _____ Equipped with at least 1,000 gallons of water.
- _____ Equipped with hoses and equipment for filling the tank and transferring water to the engine.
- _____ Properly baffled in accordance with NFPA 1901, "Standard for Automotive Fire Apparatus."
- _____ Equipped with one traffic vest for each riding position

Protective Clothing (list quantity of each)

- _____ Helmet.
- _____ Coat.
- _____ Pants.
- _____ Boots.
- _____ Gloves.
- _____ Hoods.

Inspection Summary

Items to be reviewed by the inspector copies will not be needed

1. Current County contract; a town-or city may not have or need a contract with the county if they receive protection from their municipal department. However, if they **do** provide fire protection outside the municipality (and in the county) there must be a contract for fire protection in the county. The inspector will need a copy of the current contract(s).
2. Any contract with other department or city (**not** including mutual aid contracts)
3. Current Charter and any amendments
4. Current **signed** pump test
5. Insurance district map and the resolution in which the county approved the insurance district
6. Training Records, well need to review the **last 12 months of training records**. The inspector will need to see how the department confirms each firefighter obtains their 36 hours of training each year.
7. Inventory check sheets for all in service engines and tankers
8. Maintenance check sheets for all in service engines and tankers
9. One year of maintenance and inventory check sheets on in service engine and tanker
10. Reports from all structure fires from the last 12 months which includes NFIRS code numbers 111, 112, 113, 114, 115, 116, 117, 118, 120,121, 122,123
11. Verification of worker's comp insurance on fire department personnel.
12. The inspector will review the department's legal fire insurance district (FD) boundary to assure there is no area outside the five mile (9S) or six mile (9E) approved district