



NC DEPARTMENT OF
INSURANCE
OFFICE OF STATE FIRE MARSHAL

Pre-Survey Package for Rating Inspection



Pre-Survey Package Instructions

Anytime you obtain a form from our website **before you start entering information** you will need to do a "SAVE AS" and store the file somewhere on your computer.

Please read the highlighted instructions when completing this document. We no longer require copies of records as we have in the past, they just need to be available for review.





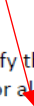


Page 1 is simply a check off sheet for you to use, you can use to assign people to do the different section then you can check it off your list as it is completed.

As you are going through the documents you will see links you can click on to obtain the additional sheets as shown below. **For these links to work you must be connected to the internet.**

Apparatus and Equipment

The information below will be reviewed during the inspection.

The inspector will not need copies of any of the records list below for their files.

-  **Maintenance & Equipment Check Sheets** - The department shall provide the previous 12 months of apparatus maintenance and equipment check off sheets for in service Engines, Tankers and Ladders or Service Trucks.
-  **Pump Test** – The pump test must be completed accurately and have been conducted within 12 months prior to the fire department inspection. The test should be run the full 40 minutes with forms completed and **signed**.
-  **Hose Test** – The inspector will review the last 3 years of hose tests.
-  **Equipment and Hose:** The inspector will verify the equipment on board the firefighting apparatus using Apparatus sheets will need to be filled out for all firefighting apparatus, this will be **Exhibit # 2**


-  **Aerial Ladder or Elevating Platform Test:** The inspector will review the 3 most recent aerial ladder tests. They will also be reviewing the most current Non-Destructive test for the apparatus.
Ground ladder test will not be reviewed.

Under the contact sheets it is very important that you provide an email address to each contact even if they don't have an email address you will need to put the departments email address or the chief's email address, but it must be completed.

The training form (Exhibit 3) is an excel spreadsheet that must be complete for the survey. When you open this document, you will see the instructions that will explain what can and cannot be credited for training.

AutoSave 03--NC RRS Form C - Exhibit 3 Training Form 2017... Protected View - Compatibility Mode

File Home Insert Page Layout Formulas Data Review View Developer Help ACROBAT Tell me what you want to do

PROTECTED VIEW Be careful—files from the Internet can contain viruses. Unless you need to edit, it's safer to stay in Protected View. Enable Editing

A19 Drivers Training is for personnel that currently are allowed to drive the department structural firefighting

Instructions for Completing Training Form

aining credit is only awarded for training in the realm of structural firefighting

Facilities Training

Credit for facilities training, the training must occur at a facility that has a 3 story training tower or a facility with burn building. For maximum credit the facility must have both a 3 story tower and a burn building on 2 acres of land. **Maximum credit given is 18 hours per firefighter.** If a firefighter has more than 18 hours of training at the facility, then put those extra hours under company training. Creditable training at a facility must be some type of training or drill in which the facilities are being used. **A classroom session held at facility is not considered facility training unless some type of hands on training takes place along with the classroom session.**

Company Training

Company Training is any **structural fire suppression training.** This training can be held at the fire station, open areas, streets, acquired structures, etc. Departments are allowed to count up to 12 hours of Medical Responder or EMT training per year toward company training. Water rescue, land search and other non-fire suppression training is not creditable. **Maximum credit for this is 192 hours per firefighter.**

Instructions 1 to 30 Members 1 to 30 Members 1 to 75 Members 1 to 100 Members

When you open the file the first thing you must do is click Enable Editing then do a "SAVE AS" and store it on your computer

There are 6 different sheets you will need to just select the one that applies to your department membership

Fire Department Training								
Department Name								
Total Fire Suppression Personnel								
Number of Officers		Certified Officers						
Number of Drivers								
	Rank	Facilities Training 18 Hour Max	Company Training 192 Hours Max	Officers Training 12 Hours Max	Drivers Training 12 Hours Max	Haz-Mat Training 6 Hours Max	New Drivers Training 60 Hours Max	Recruit Training 240 Hours Max
	Firefighter							
2	Firefighter							
3	Firefighter							
4	Firefighter							

It is very important that you put number of fire suppression personnel down in this box. If you enter 35 firefighters, officers and drivers' names, then 35 goes in this box. Then you will put down the number of officer and drivers you have out of those 35.

Firefighters Name		Rank	Facilities Training 18 Hours Max	Company Training 192 Hours Max	Officers Training 12 Hours Max	Drivers Training 12 Hours Max	Haz-Mat Training 6 Hours Max	New Drivers Training 60 Hours Max	Recruit Training 240 Hours Max
1		Firefighter							
2		Firefighter							
3		Firefighter							
4		Firefighter							

When you put the firefighters name in then you will need to click this drop-down button and you will get a list to pick either:

Firefighter, Officer, Officer Driver, Driver, Recruit, FF New Driver

Firefighters Name		Rank	Facilities Training 18 Hours Max	Company Training 192 Hours Max	Officers Training 12 Hours Max	Drivers Training 12 Hours Max	Haz-Mat Training 6 Hours Max	New Drivers Training 60 Hours Max	Recruit Training 240 Hours Max
1		Firefighter							
2		Officer							
3		Driver							
4		Officer / Driver							

Once you choose one of the choices, it will then open the cell, so you can enter numbers.

If you should have any question do not hesitate to call the inspector that has been assigned your survey.

Task	Page	Person Responsible
Contact information completed with phone numbers and email address	2,3	
Fire station(s) location information completed	4	
Tax ID number	5	
Charter and amendments if this applies	5	
Documentation the dept. is part of municipal government, if applies this	5	
All current contracts for fire protection	5	
Current Automatic Aid Agreements, if this applies	5	
Confirmation of Current Workman's Comp insurance coverage	5	
Most current approved map including approval documentation	5	
Population, Square Miles and Total Alarms	6	
Turnout Gear inventory	6	
Pager and Radio information	6	
12 pervious months of maint. and equip. check sheets for 1st out apparatus	7	
Three most recent years of Pump Test	7	
Three most recent years of Hose Test	7	
Apparatus and Equipment Sheets completed for all fire apparatus		
Three most recent years of Aerial Testing	7	
Three most recent years of hydrant and water point inspections	7	
Hydrant Flow tests conducted within the last 5 years	7	
Structure fire response sheet completed	10	
Automatic Aid response sheet completed	11	
Automatic Department information sheet completed	12	
Training information, including EXHIBIT 3 completed	13	
Pre-Plans for review	13	
Standard Operation Procedures/Guidelines	13	
Water supply forms completed	15	
Static water point form completed, if this applies	15	
Community Risk forms completed	16,17,18,19	
Alternate water supply information completed, if this applies	20,21	



Contacts

Fire Department Information

Dept. Name	_____	District Name	_____
Address	_____		
City	_____	State	_____ Zip
Dept Phone	_____	Dept Fax.	_____
County (s) served	_____	County (s) served	_____

Fire Chief

Name	_____	Phone Work	_____
Title	_____	Phone Mobile	_____
Organization	_____	Fax	_____
Address	_____	E-mail	_____
City	_____	State	_____ Zip

Board President

Name	_____	Phone Work	_____
Title	_____	Phone Mobile	_____
Organization	_____	Fax	_____
Address	_____	E-mail	_____
City	_____	State	_____ Zip

Fire Marshal (Complete an entry for each jurisdiction served by the department)

Name	_____	Phone Work	_____
Title	_____	Phone Mobile	_____
Organization	_____	Fax	_____
Address	_____	E-mail	_____
City	_____	State	_____ Zip

Fire Marshal (Complete an entry for each jurisdiction served by the department)

Name	_____	Phone Work	_____
Title	_____	Phone Mobile	_____
Organization	_____	Fax	_____
Address	_____	E-mail	_____
City	_____	State	_____ Zip

Fire Marshal (Complete an entry for each jurisdiction served by the department)

Name	_____	Phone Work	_____
Title	_____	Phone Mobile	_____
Organization	_____	Fax	_____
Address	_____	E-mail	_____
City	_____	State	_____ Zip

Governmental Contacts

County Manager (Complete an entry for each jurisdiction served by the department)

Name	_____	Phone Work	_____
Title	_____	Phone Mobile	_____
Organization	_____	Fax	_____
Address	_____	E-mail	_____
City	_____	State	_____ Zip _____

County Manager (Complete an entry for each jurisdiction served by the department)

Name	_____	Phone Work	_____
Title	_____	Phone Mobile	_____
Organization	_____	Fax	_____
Address	_____	E-mail	_____
City	_____	State	_____ Zip _____

City Manager or Mayor (Complete an entry for each jurisdiction served by the department)

Name	_____	Phone Work	_____
Title	_____	Phone Mobile	_____
Organization	_____	Fax	_____
Address	_____	E-mail	_____
City	_____	State	_____ Zip _____

City Manager or Mayor (Complete an entry for each jurisdiction served by the department)

Name	_____	Phone Work	_____
Title	_____	Phone Mobile	_____
Organization	_____	Fax	_____
Address	_____	E-mail	_____
City	_____	State	_____ Zip _____

Other Contact

Name	_____	Phone Work	_____
Title	_____	Phone Mobile	_____
Organization	_____	Fax	_____
Address	_____	E-mail	_____
City	_____	State	_____ Zip _____



Fire Station Locations

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

Physical Address

Station #___: _____ Latitude _____ N Longitude _____ W

Number of 3 story building in this stations area _____

Station Size _____ Year Constructed _____ Type of Construction _____

Number of Bays _____ Heated: Yes No Emergency Power: Yes No
If yes, documentation of the testing should be available for review

Department Personnel: On Duty On Call Combination

Physical Address

Station #___: _____ Latitude _____ N Longitude _____ W

Number of 3 story building in this stations area _____

Station Size _____ Year Constructed _____ Type of Construction _____

Number of Bays _____ Heated: Yes No Emergency Power: Yes No
If yes, documentation of the testing should be available for review

Department Personnel: On Duty On Call Combination

Physical Address

Station #___: _____ Latitude _____ N Longitude _____ W

Number of 3 story building in this stations area _____

Station Size _____ Year Constructed _____ Type of Construction _____

Number of Bays _____ Heated: Yes No Emergency Power: Yes No
If yes, documentation of the testing should be available for review

Department Personnel: On Duty On Call Combination

Physical Address

Station #___: _____ Latitude _____ N Longitude _____ W

Number of 3 story building in this stations area _____

Station Size _____ Year Constructed _____ Type of Construction _____

Number of Bays _____ Heated: Yes No Emergency Power: Yes No
If yes, documentation of the testing should be available for review

Department Personnel: On Duty On Call Combination

Governmental Information (9S)

Services Provided: Fire Rescue EMS First Responder

The following items must be available for review at the time of the inspection

____ Fire Department Tax ID Number or FEIN Number: _____

____ FDID # / NFIRS # _____

____ Charter and Amendments for the rural fire protection district (s)

Date of Original Charter: _____

Date (s) of Charter Amendments: _____
(If applicable)

____ Municipal departments must provide documentation that the department is part of the Municipal Government

____ All signed contracts for in place fire protection services

____ All Automatic Aid Contracts in place for fire protection services

____ Confirmation of Workers Compensation Insurance currently enforce

District Funding and Tax Rate

General Fund Service District Rural Fire Protection District Fire Fee
Other Tax Rate _____

County Contracts and County Maps

____ Current GIS Map

County	Map Approval Date	Date of Contract	Automatic Aid			
			Yes		No	
			Yes		No	
			Yes		No	
			Yes		No	

Municipal Contracts

Town or City in which the district provides protection

City or Town	Date of Contract

General Fire Department Information

Demographics

If a Rural District contains a Municipality within its boundary and the districts are graded by different Methods (ex: Method 3 for a Rural District & a Method 1 for a Municipal District), complete the Demographic information for both Districts, otherwise just complete for the Rural District

Population of Rural District _____ Population of Municipality City or Town _____

Square Miles of Rural District _____ Square Miles of Municipality City or Town _____

Alarms

Total Number of all Alarms _____ Year _____

Communications

Number of Pagers _____ Number of Portable Radios _____ Number of Mobile Radios _____

Method(s) of Alarm Receipt for Members Responding

Radio Pagers Station Radios Voice Amplification

Printer / Fax Telephone Siren, Other Outside Warning Device

Protective Clothing

Number of complete set of turnout gear the department owns _____

A complete set of turnout gear must include: **Coats, Pants, Helmets, Gloves, Boots, Hood**

If a department is wanting to use NFPA 1710 Standard for Deployment Analysis the following information must be completed.

Enter the total number of structure fires calls _____

Enter the number of structure fires calls where the first arriving engine arrives in 320 seconds or less after the initial dispatch _____

Enter the number of structure fires calls where the all initial response units arrive in 560 seconds or less after the initial dispatch _____

Apparatus and Equipment

The information below will be reviewed during the inspection.

The inspector will not need copies of any of the records list below for their files.

- _____ **Maintenance & Equipment Check Sheets** - The department shall provide the previous 12 months of apparatus maintenance and equipment check off sheets for in service Engines, Tankers and Ladders or Service Trucks. This will also include records of SCBA monthly functional checks.
- _____ **Pump Test** – The pump test must be completed accurately and have been conducted within 12 months prior to the fire department inspection. The test should be run the full 40 minutes with forms completed and signed.
- _____ **Hose Test** – The inspector will review the last 3 years of hose tests.
- _____ **Equipment and Hose:** The inspector will verify the equipment on board the firefighting apparatus using Apparatus sheets will need to be filled out for all firefighting apparatus, this will be **Exhibit # 2**
- _____ **Aerial Ladder or Elevating Platform Test:** The inspector will review the 3 most recent aerial ladder tests. They will also be reviewing the most current Non-Destructive test for the apparatus.
Ground ladder test will not be reviewed.
- _____ **Inspection of Hydrants:** The department shall provide the last 3 years of hydrant inspections. This will include all static water points if applicable.
- _____ **Fire Flow Testing of Hydrants:** The department shall the most resent flow test records This will include all static water points if applicable.

NOTE: Any of the above records that are keep electronically can be reviewed electronically by the inspector at the time of the inspection



THIS PAGE CAN BE COMPLETED AT THE TIME OF THE INSPECTION

Apparatus Response Procedures

Response Combination Considered	Apparatus Unit Numbers								
Zone 1									
Residential Fire Alarm									
Commercial Fire Alarm									
Residential Structure Fire									
Commercial Structure Fire									
Zone 2									
Residential Fire Alarm									
Commercial Fire Alarm									
Residential Structure Fire									
Commercial Structure Fire									
Zone 3									
Residential Fire Alarm									
Commercial Fire Alarm									
Residential Structure Fire									
Commercial Structure Fire									
Zone 4									
Residential Fire Alarm									
Commercial Fire Alarm									
Residential Structure Fire									
Commercial Structure Fire									
Zone 5									
Residential Fire Alarm									
Commercial Fire Alarm									
Residential Structure Fire									
Commercial Structure Fire									
Zone 6									
Residential Fire Alarm									
Commercial Fire Alarm									
Residential Structure Fire									
Commercial Structure Fire									
Zone 7									
Residential Fire Alarm									
Commercial Fire Alarm									
Residential Structure Fire									
Commercial Structure Fire									

Department Membership

THIS PAGE CAN BE COMPELTED AT THE TIME OF THE INSPECTION

- **Have roster of department members available:** List all officers, drivers, new drivers, new firefighters
- **For full time personnel have documentation available to show the actual hours the full-time staff worked the last 12 months.**

Fire Force	Members	Fire Force	Members
Chief		Sergeants	
Dep. Or Asst. Chief		Drivers	
Battalion Chief		Firefighters	
Captains		Non-Fire Force	
Lieutenants		Total Member	

ON DUTY COMPANY PERSONNEL

On- Duty Strength

Day(s)	Time Span	Hours on Duty per Firefighter	X	Firefighters on Duty	X	Days on Duty	=	Total Hours
			X		X		=	
			X		X		=	
			X		X		=	
			X		X		=	
			X		X		=	
			X		X		=	
			X		X		=	
			X		X		=	
			X		X		=	
			X		X		=	
TOTAL							=	
Divided by 168 (hours in a week)								168
Average on Duty								
Deduct the following and show calculations								
Vacation Time							-	
Sick Time							-	

Structure Fire Response:

Start by listing each of your fire apparatus below unit #. Then record your structure fire responses that took place in the **last 12 months or the last 20 structure fires**, we must have at least 5 structure fires listed. You may have to go back further than 12 months to obtain the minimum 5. These are response where there was actual damage to the structure. List the number of responding firefighting personnel and place an "x" below all the apparatus that responded on first alarm. Your list should only include your department's structure fire calls in your district and not automatic or mutual aid calls to other districts. **Do not include** personnel who stand by or wait at the station until needed. **DO NOT INCLUDE AUTOMATIC AID RESPONSE ON THIS FORM**

#	Date 00/00/00	Time 24 hr. Format	Number of Volunteers or off duty firefighters that responded to the call	When listing your apparatus list all the engines first, then ladders or service trucks. Tankers should be listed last													
				Unit #	Unit #	Unit #	Unit #	Unit #	Unit #	Unit #	Unit #	Unit #	Unit #	Unit #	Unit #	Unit #	Unit #
1																	
2																	
3																	
4																	
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19																	
20																	

Automatic Aid Fire Response:

#	Date 00/00/00	Time 24 hr. Format	List each Automatic Aid Fire Departments that responded on first alarm that is within 5 road miles of your 5-mile district line . List the number of responding firefighting personnel, indicate if personnel were on duty or on call. Do not include any personnel who was on standby at the station only personnel that responded should be listed on this from.																	
			Auto Aid Dept			Auto Aid Dept			Auto Aid Dept			Auto Aid Dept			Auto Aid Dept			Auto Aid Dept		
			Units	On Call	On Duty	Units	On Call	On Duty	Units	On Call	On Duty	Units	On Call	On Duty	Units	On Call	On Duty	Units	On Call	On Duty
1																				
2																				
3																				
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19																				
20																				



Automatic Aid Information

Complete an Automatic Aid Information sheet for all **stations** that provide Automatic Aid into your fire district, on first alarm basis, to structure fires. **If the responding department has multiple stations which provide you Automatic Aid a sheet must be completed for each station that provides Automatic Aid.**

Department Name _____

Physical Address _____

What is the distance from the Automatic Aid Station to your fire district line _____ miles

What percentage of your fire district, on a first alarm basis does the Automatic Aid department provide coverage _____%

List the Apparatus unit number of all units responding on a first alarm basis:

Engine (s) _____ / _____ Tanker (s) _____ / _____ / _____ Ladder _____ Other _____

Does the Auto Aid department utilize the same communication center as your dept Yes No

If you answer NO to the previous question:

Does the Auto Aid department have common Mobile & Portable Radios with your dept Yes No

Does the Auto Aid department have common Mobile or Portable Radios with your dept Yes No

If the automatic aid department has on duty personnel you will need to provide the following

information:

Day(s)	Hours on Duty per Firefighter	X	Number of FF on Duty	X	Days on Duty	=	Total Hours
		X		X		=	
		X		X		=	
		X		X		=	
		X		X		=	
		X		X		=	

List the **four quarterly** training sessions your department held with this Automatic Aid department:

Date	Type of Training	Hours
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

Training

For training credit, the department must be able to provide documentation of the fire suppression training for each firefighter.

Facilities

Burn Building	Yes ____	No ____	
Drill Tower	Yes ____	No ____	If yes how many stories ____
Training Area	Yes ____	No ____	If yes how many acres ____

If the department does not have a Training Facilities but the firefighters have trained at a facility in the last 12 months, list all the facilities that were used:

_____	_____
_____	_____
_____	_____
_____	_____

Officer Certification

How many of the departments Officers have their Fire Officer 1 certification.

(Proof of Certification Required)

Recruit Training

Per the departments policy how many hours of Recruit Training are required by the department the first 12 months for a new firefighter?

New Driver Operator Training

Per the departments policy how many hours of Driver Operator training are required by the department before a firefighter can drive an engine emergency traffic on a call.

Pre-Fire Planning

Percentage of the completed pre-plans of non-residential properties.

_____%

How often are the pre-plans updated?

Operational Considerations

Does the department have and utilize Standard Operating Procedures Guidelines?

Yes ____

No ____

Does the department have and utilize an Incident Management System?

Yes ____

No ____

Guidelines should include general emergency operations, including response of apparatus, operation of emergency vehicles, safety at emergency incidents, communications, apparatus inspection and maintenance, fire suppression, company operations, automatic operations, training, and personnel response.

Fire Department Must Complete Exhibit 3 for Training Credit

Individual Property Fire Suppression

Outside Aid Fire Companies

Must list 4 Engines Companies and 1 Ladder Company that are within 15 miles of 5 mile district line that could assist your department in the event of a large working fire. These apparatuses can come from auto aid departments or can be from departments that don't normally respond on first alarm in your area.

Engine Companies	Distance from Fire Station to District Line	Pump Capacity	Feet of 2 ½ " or larger supply hose

Ladder Companies	Distance from Fire Station to District Line	Length of Aerial Ladder or Elevation Platform

Water Supply

1. Water System Name _____

Hydrant, Size and Type

Total number of hydrants and static water points in the district being graded _____

Number of hydrants with 2 – 2 ½" and 1 – 4 ½" outlet with 5 ¼" or larger barrel _____

Number of hydrants with 2 – 2 ½" and 1 – 4 ½" outlet with 4 ½" barrel _____

Number of hydrants on a 4-inch branch line or smaller OR any single 2 ½" hose outlet hydrant _____

Number of certified dry hydrants with 6" pipe or larger (certification documentation required for review) _____

Number of certified suction points without a Dry Hydrant (certification documentation required for review) _____

Pressure Hydrant and Static Water Point Inspection Program

Is there an inspection program conducted by fire department? Yes _____ No _____

Is there an inspection program conducted by the water department? Yes _____ No _____

If yes, what frequency? 1 Year ____ 2 Year ____ 3 Year ____ 4 Year ____ 5 Year ____ or greater

Are hydrants flushed during the inspection? Yes _____ No _____

Are hydrants pressure tested during the inspection? Yes _____ No _____

Pressure Hydrant and Static Water Point Flow Testing Program

Is there a 2-hydrant flow test conducted by fire department? Yes _____ No _____

Is there a 2-hydrant flow test conducted by the water department? Yes _____ No _____

If yes, what frequency 5 years ____ 6 years ____ 7 years ____ 8 years ____ 9 years ____ 10 years or greater ____

Is a calibrated hydraulic modeling program used for this water system? Yes _____ No _____

(certification documentation required for review)

Hydrant Marking System

Is there a hydrant marking system in place? Yes _____ No _____

Exhibit 5 must be completed for all static water points

Exhibit 6 must be completed for each water system

Community Risk Reduction

Fire Prevention Code and Enforcement

Number of non-residential buildings within your inspection jurisdiction (If a county is doing inspections for a rural district they should include all the buildings in the county that they are responsible for inspecting)? _____

Fire prevention and Code Regulations

What fire prevention code is currently adopted by your jurisdiction? _____

What edition of the adopted code is currently in effect? _____

Fire Prevention Staffing Frequency of Inspections

Does the district use their own inspectors? Yes _____ No _____

Enter the number of fire prevention inspectors. _____

Enter the average yearly number of fire inspections completed over the past three years . _____

Does the district use county fire prevention inspectors? Yes _____ No _____

Enter the number of fire prevention inspectors. _____

Enter the average yearly number of fire inspections completed over the past three years. _____

Does the district use in-service personnel fire prevention inspectors? Yes _____ No _____

Enter the number of fire prevention inspectors. _____

Enter the average yearly number of fire inspections completed over the past three years. _____

Fire Prevention Certification and Training

Fire Inspection Certification

Enter the number of certified fire prevention inspector's. _____

Fire Prevention Inspector Continuing Education

Is there a continuing education program for inspectors? Yes _____ No _____

Enter the required number of continuing education hours per inspector per year. _____

Fire Prevention Programs

Plan Review

What percentage of new nonresidential construction, including remodeling and additions, receive a plan review of fire prevention and fire suppression features? _____%

Are records kept of all fire prevention inspections and used to document and track inspection activity? Yes _____ No _____

Certificate of Occupancy Inspections

What percentage of new residential construction receives a fire prevention inspection prior to issuing the Certificate of Occupancy? _____%

What percentage of new nonresidential construction receives a fire prevention inspection prior to issuing the Certificate of Occupancy? _____%

Quality Assurance Program for Enforcement and Inspection Programs

Is there a Quality Assurance Program for fire prevention inspections? Yes _____ No _____

How many inspectors participate in the Quality Assurance program? _____

Code Compliance Follow-up

What percentage of initial inspections, with violations, receives follow-up inspections to verify fire prevention code compliance? _____%

Inspection of Private Fire Protection Equipment

What percentage of private fire protection equipment is inspected on a routine basis and in accordance with the adopted codes? _____%

Fire Prevention Ordinances

Indicate which fire prevention ordinances below have been adopted: **(over and above the NC Building Code)**

Ordinances	Ordinance or Code Number	Enforced
Fire Lane(s)	_____	Yes _____ No _____
Fireworks	_____	Yes _____ No _____
Hazardous Materials Route	_____	Yes _____ No _____
Wildland Urban Interface	_____	Yes _____ No _____
Weeds and Trash	_____	Yes _____ No _____
BBQ Grills	_____	Yes _____ No _____

Fire Department Training and Pre-Incident Planning Coordination

Is there a defined procedure to share information regarding fire prevention activities with training and pre-incident planning programs? Yes _____ No _____

Public Fire Safety Education

What is the number of certified fire safety educators? _____

How many of the above Public Fire Safety Education personnel are trained in
Methods of Teaching? _____

Fire Safety Education Continuing Education

Is there a required amount of continuing education hours per year? Yes _____ No _____

If yes, enter the required number of continuing education hours per person per year. _____

Residential Fire Safety Program

What percentage of the population in the jurisdiction is reached with fire safety educational
programs each year? _____%

**To receive credit in this area the department must provide documentation for review of
fire education programs that have been offered in the last 12 months.**

School Fire Exit Drills

Are the schools in the FPA conducting at least 1 fire drill per month during the
school session? Yes _____ No _____

If No, how many months is the school session and how many fire exit drills are they
conducting?

Session length (in months) _____

Fire exit drills _____

Is developmentally appropriate classroom instruction presented on fire safety to
all students in early childhood education? Yes _____ No _____

If no, what is the percentage of students who received developmentally
appropriate classroom instruction over the past three years? _____%

Juvenile Fire Setter Intervention

What percentage (averaged over the past three years) of juveniles identified as being involved in fire-play or fire-setting behavior are referred for intervention services? _____%

Large Loss Potential Occupancies

Does the fire department present fire safety education to all occupancies that have a large loss of life potential or hazardous conditions, such as high-rise buildings, hospitals, nursing homes, industrial facilities, other large commercial structures or community risk from wildfires? Yes _____ No _____

If no, what percentage of the properties like these in your jurisdiction do you reach with fire safety educational programs each year? _____%

Fire Investigation

Fire Investigation Organization and Staffing

Is an agency established within the jurisdiction with responsibility to conduct fire cause investigations? Yes _____ No _____

Does the district utilize their investigators/SBI/County Fire Marshal Office/Local Law Enforcement to investigate suspicious fires? Yes _____ No _____

According to the fire department procedures, what percentage of structure fires receive a cause and origin investigation? _____%

How many fire investigators are there? _____

Fire Investigators Certification and Training

How many existing fire investigators are certified as Basic Fire and Arson Investigator or higher following the criteria contained in NFPA 1033, Standard for Professional Qualifications for Fire Investigator? _____

Fire Investigation Continuing Education Training

Is there a required amount of continuing education hours per year? Yes _____ No _____

If yes, enter the required number of continuing education hours per person per year. _____

Use of the National Fire Incident Reporting System (NFIRS)

Does the department participate in the NFIRS program? Yes _____ No _____

Alternate Water Supply Information

This information is to be completed if a Fire District is being graded for a lower than class 9 rating and there are no recognized hydrants or certified water points with a 1000' of any build upon area in the district.

What alternate method or methods of operation will be used in the Fire District.

Nurse Tanker	_____
Drop Tank Operation	_____
Hose Lay Operation over 1000'	_____
Other	_____

Provide a brief description on the different methods that might be used by the fire department to provide a water supply during a structure fire in the district. The description should include information such as the number tankers responding on first alarm, the method in which you plan to fill the tankers, how drop tank will be used etc. If the hose lay operation is used, you must indicate the longest lay that will be needed and what equipment will be used in the operation.

The department must also provide a description of a recent structure fire or training exercise where a fire hydrant was more than 1,000 feet from the fire-site but 250 gpm or more was able to be delivered for more than one hour. Give the following information.

- Location of fire or training _____
- Date of fire or training _____
- Number of water tankers used _____
- Rate of flow delivered _____
- Distance between the fire-site and the water supply site _____
- Time duration where at least 250 gpm was able to be flowed continuously _____

