

Rating Inspection Work Sheet

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. _____