

**COMMUNITY OUTREACH QUESTIONNAIRE**  
**FROM THE**  
**ISO COMMUNITY MITIGATION WEBSITE**

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Please mail the questionnaire and a map that shows your current fire protection boundaries and fire station locations to the appropriate ISO office listed below. The map is very important to insurers as it defines your fire protection area and the properties deserving of the insurance premium recognition reflecting your classification number.

If this questionnaire is for a community or fire district in the following states:

Alabama	Maryland	Pennsylvania
Connecticut	Massachusetts	Rhode Island
Delaware	New Hampshire	South Carolina
Florida	New Jersey	Tennessee
Georgia	New York	Vermont
Kentucky	North Carolina	Virginia
Maine	Ohio	West Virginia

please use the following address:

**Pam Messina**  
**Insurance Services Office**  
**4 B Eves Drive**  
**Suite 200**  
**Marlton, NJ 08053-3112**  
**877-892-5622**

If this questionnaire is for a community or fire district in the following states:

Alaska	Kansas	New Mexico
Arizona	Michigan	Oklahoma Oregon
Arkansas	Minnesota	South Dakota
California	Missouri Montana	Utah
Colorado	North Dakota	Wisconsin
Illinois	Nebraska	Wyoming
Indiana	Nevada	
Iowa		

please use the following address:

**Community Outreach Department  
Insurance Services Office  
111 North Canal Street  
Suite 950  
Chicago, IL. 60606-7270  
312-930-0070, ext. 6214**

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If this questionnaire is for a community or fire district in the following state:

Texas

please use the following address:

**Sharon Whitehurst  
Insurance Services Office  
4030 West Braker Lane  
Suite #350  
Austin, TX 78759  
800-444-4554, option 2**

# FIRE PROTECTION SURVEY

Date Survey Completed: \_\_\_\_\_

Community or Fire Protection Area: \_\_\_\_\_

County: \_\_\_\_\_ State: \_\_\_\_\_

Fire Department name: \_\_\_\_\_ Telephone no: \_\_\_\_\_ Ext: \_\_\_\_\_

Hdqtrs street address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Chief of Department: \_\_\_\_\_ Telephone no: \_\_\_\_\_ Ext: \_\_\_\_\_

Admin Officer of City: \_\_\_\_\_ Telephone no: \_\_\_\_\_ Ext: \_\_\_\_\_

Admin Officer address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Person completing survey: \_\_\_\_\_ Telephone no: \_\_\_\_\_ Ext: \_\_\_\_\_

Fire Department or Chief Officer's E-mail address: \_\_\_\_\_

Telephone number the Fire Chief can be reached during the day: \_\_\_\_\_

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## GENERAL INFORMATION

1. Population served: \_\_\_\_\_ Year of "Population served" statistics: \_\_\_\_\_

Source of "Population served" statistics:  US Census Bureau  Other : \_\_\_\_\_

2. Have there been any changes to the boundaries of your fire protection area as shown on the enclosed map?

Yes  No

**If there have been changes please show the new boundaries by drawing a red line at the appropriate location on the enclosed map. If you provide service to both sides of a street, please offset the boundary accordingly.**

## FIRE ALARM/COMMUNICATION

1. Emergency phone number: \_\_\_\_\_

2. Total number of Emergency lines at dispatch facility: \_\_\_\_\_

3. Is there a recording device at dispatch facility that records all incoming emergency calls?  Yes  No

4. Where are phone calls to report a fire received and dispatched? Briefly describe: \_\_\_\_\_

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5. How many fire alarm dispatch personnel are normally on duty to receive fire calls? \_\_\_\_\_

6. How are the fire department members notified of a fire alarm? Check all that apply:

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Fire station CAD/printers | <input type="checkbox"/> Fire station direct phone     | <input type="checkbox"/> Fire station facsimile   |
| <input type="checkbox"/> Fire station radio        | <input type="checkbox"/> Fire station telegraph system | <input type="checkbox"/> Fire station voice alarm |
| <input type="checkbox"/> Home radio/scanners       | <input type="checkbox"/> Outside air horn              | <input type="checkbox"/> Outside siren            |
| <input type="checkbox"/> Pager – alerting only     | <input type="checkbox"/> Pager – alpha numeric         | <input type="checkbox"/> Pager -- voice           |
| <input type="checkbox"/> Other, describe: _____    |  |   |

# FIRE PROTECTION SURVEY

## FIRE DEPARTMENT

1. Type of Fire Department:  
 Career     Volunteer     Combination     Public Safety     Other: \_\_\_\_\_
2. Total number of calls (past calendar or fiscal year): \_\_\_\_\_  
 Structural fires: \_\_\_\_\_    Non structure fires: \_\_\_\_\_    EMS: \_\_\_\_\_    Other: \_\_\_\_\_  
 Of the above, how many were:    False/faulty alarms? \_\_\_\_\_    Multiple alarms? \_\_\_\_\_
3. Number of fire stations the Fire Department has within the fire protection area: \_\_\_\_\_
4. Total number of personnel (past calendar or fiscal year)  
 Paid: \_\_\_\_\_    Volunteer: \_\_\_\_\_    Uniformed: \_\_\_\_\_    Civilian/Support: \_\_\_\_\_    Paid on call: \_\_\_\_\_
5. Minimum staffing per shift: \_\_\_\_\_
6. Minimum number of apparatus and personnel responding to initial alarm of fire from your department:

Number of units responding

	Engines	Ladder/Trucks	Chiefs	Other	Total Personnel Responding
Dwelling					
Commercial					
High-rise structure (over 35 feet)					

7. Does your community receive any first alarm automatic aid from any fire departments that are located outside of your area?     Yes     No

If yes, please provide the following information:

Fire department(s)/station providing the coverage: \_\_\_\_\_

Is the assistance received on a 24-hour basis:     Yes     No

Is there a contractual agreement for the assistance?     Yes     No

Please outline on the enclosed map the areas covered by this assisting fire station or describe: \_\_\_\_\_

8. Do you have any, or use any of the following training facilities:  
 Structural burn building     Yes     No  
 Drill tower     Yes     No  
 How often are these facilities used each year? \_\_\_\_\_  
 Who operates the training facility? \_\_\_\_\_
9. What is the average number of structural fire fighting drill and company training hours per year that EACH active firefighting member of your fire department receives? \_\_\_\_\_ hours

**Please verify the location of all of your fire stations on the enclosed map and provide street addresses. Mark new or relocated stations with a red "X". Cross out any closed fire stations and write "Closed" over the existing "X". If a fire station operates only during parts of the year, write "Seasonal" over the existing "X"**

# FIRE PROTECTION SURVEY

## WATER SUPPLY

1. Please indicate who owns the hydrants and water system: \_\_\_\_\_  
\_\_\_\_\_
2. How often are fire hydrants flushed and inspected?     Semi-annually     Annually  
 Other: \_\_\_\_\_
3. Major changes to the water system(s) in the past 5 years:  
 Significant addition/deletion of water lines     Significant addition/deletion of water storage capability  
 Significant increase/decrease in water flow rates     Other \_\_\_\_\_
4. Amount of storage added or removed? \_\_\_\_\_
5. Total number of fire hydrants on the system: \_\_\_\_\_
6. Please provide a current community Hydrant Map.  
Hydrant Map enclosed?     Yes     No
7. If you cannot provide a Hydrant Map, please provide the contact information of someone who can.  
Hydrant Map can be obtained from: \_\_\_\_\_ Telephone number: \_\_\_\_\_
8. If hydrant flow test information is available from your jurisdiction in an electronic format, please provide a contact name and phone number: \_\_\_\_\_
9. Does your fire protection area have certified dry hydrants or suction points capable of providing 250gpm or more?     Yes     No  
If yes, please provide an address list of those locations or plot them on the enclosed map.
10. Is your fire department capable of providing 250 gpm or more, uninterrupted, for a period of 2 hours using tender/tanker shuttle operations or large diameter hose relays?     Yes     No
11. Is your fire department capable of delivering an uninterrupted fire flow of 200 gpm for 20 minutes beginning within 5 minutes of the first arriving engine company?     Yes     No

# Fire Station Information Sheet

(Please provide a separate sheet for each fire station)

Fire station name: \_\_\_\_\_ Fire station number: \_\_\_\_\_

Fire station street address (please be specific and include the nearest cross street): \_\_\_\_\_

Does this station operate all year long:  Yes  No

## Fire Apparatus – Pumpers (use additional sheets for additional apparatus)

A. Unit number: \_\_\_\_\_

Pump size: \_\_\_\_\_ gpm Water tank size \_\_\_\_\_ gal.

List amount of hose carried: 1 1/2" \_\_\_\_\_ ft 1 3/4" \_\_\_\_\_ ft 2" \_\_\_\_\_ ft 2 1/2" \_\_\_\_\_ ft  
3" \_\_\_\_\_ ft 3 1/2" \_\_\_\_\_ ft 4" \_\_\_\_\_ ft 5" \_\_\_\_\_ ft

Dates (year) of last 3 dates that the hose was tested: \_\_\_\_\_

What pressure is the hose tested to? \_\_\_\_\_ psi

Is the deck pipe, deluge set or monitor carried rated to flow at least 1000 gpm?  Yes  No

Dates (year) of last 3 service tests from draft: \_\_\_\_\_

How many minutes is the test? \_\_\_\_\_

B. Unit number: \_\_\_\_\_

Pump size: \_\_\_\_\_ gpm Water tank size \_\_\_\_\_ gal.

List amount of hose carried: 1 1/2" \_\_\_\_\_ ft 1 3/4" \_\_\_\_\_ ft 2" \_\_\_\_\_ ft 2 1/2" \_\_\_\_\_ ft  
3" \_\_\_\_\_ ft 3 1/2" \_\_\_\_\_ ft 4" \_\_\_\_\_ ft 5" \_\_\_\_\_ ft

Dates (year) of last 3 dates that the hose was tested: \_\_\_\_\_

What pressure is the hose tested to? \_\_\_\_\_ psi

Is the deck pipe, deluge set or monitor carried rated to flow at least 1000 gpm?  Yes  No

Dates (year) of last 3 service tests from draft: \_\_\_\_\_

How many minutes is the test? \_\_\_\_\_

What is the average staffing level of the above apparatus for structural fires?

Paid: \_\_\_\_\_ Volunteer: \_\_\_\_\_

## Fire apparatus – Aerial Ladders/Platforms (use additional sheets for additional apparatus)

Unit number: \_\_\_\_\_

Type of unit: \_\_\_\_\_ Length of aerial device: \_\_\_\_\_ feet

Pump size: \_\_\_\_\_ gpm Water tank size \_\_\_\_\_ gal.

How many self-contained breathing apparatus (masks) are carried? \_\_\_\_\_

Dates (year) of last 3 operational load tests: \_\_\_\_\_

Date (year) of the last non-destructive aerial device test: \_\_\_\_\_

What is the average staffing level of the above apparatus for structural fires?

Paid: \_\_\_\_\_ Volunteer: \_\_\_\_\_

## Fire apparatus – Tankers (Water Tenders) (use additional sheets for additional apparatus)

Unit number: \_\_\_\_\_

Pump size: \_\_\_\_\_ gpm Water tank size \_\_\_\_\_ gal.

List amount of hose carried: 1 1/2" \_\_\_\_\_ ft 1 3/4" \_\_\_\_\_ ft 2" \_\_\_\_\_ ft 2 1/2" \_\_\_\_\_ ft  
3" \_\_\_\_\_ ft 3 1/2" \_\_\_\_\_ ft 4" \_\_\_\_\_ ft 5" \_\_\_\_\_ ft

## Other Structure Fire apparatus (including rescue or other service apparatus) (use additional sheets for additional apparatus)

Unit number: \_\_\_\_\_ Type of unit: \_\_\_\_\_

Special structural fire fighting equipment carried: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_