



FLORIDA FIRE SERVICE – NEEDS ASSESSMENT

I. INTRODUCTION

The Division of State Fire Marshal is implementing an annual Florida Fire Service Needs Assessment Survey. The purpose of this survey is to identify the level of resources available to Florida fire departments and to determine the department's greatest need.

A focus of this survey includes identifying specific needs in the areas of training, firefighter personal protective equipment (PPE), firefighter self-contained breathing apparatus (SCBA), and fire engine pumper apparatus.

The information requested in the survey includes your department profile, apparatus and equipment status, certification levels, and critical fire department needs and will be used to support legislative funding requests and Florida's Firefighter Assistance Grant Program.

The completion of the Needs Assessment Survey is an eligibility requirement for the Firefighter Assistance Grant Program.

The Firefighter Assistance Grant Program was established to improve the emergency response capability of volunteer fire departments and combination fire departments and provide financial assistance to improve firefighter safety and enable such fire departments to provide firefighting, emergency medical, and rescue services to their communities.

Grant funding is available for training, PPE, SCBA's, and cost share subsidy for AFG apparatus awards.

Completing this survey should take no more than ten minutes of your time!

If you encounter any issues while completing this survey; send an e-mail to:

FSFC.COMMENTS@MyFloridaCFO.com

Be sure to include a brief description of the issue, your contact information and a preferred time for us to contact you.

DEMOGRAPHICS

Department Name:

FDID #:

Address 1

Address 2

City

State

Zip

Phone

Fire Chief's Name

Email Address

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Please select the classification of your fire department.

- 1. Volunteer
- 2. Career
- 3. Combination (less than 30% are volunteer)
- 4. Combination (30% or greater are volunteer)

What is the population of your jurisdiction? (1st Due Only)

- 1. 25,000 or greater
- 2. 5,000 - 24,999
- 3. 2,000 - 4,999
- 4. Under 2,000
- 5. Other

What is the size of your jurisdiction in square miles? (1st Due Only)

- 1. More than 100 Square Miles
- 2. 51 - 100 Square Miles
- 3. 25 - 50 Square Miles
- 4. Less than 25 Square Miles

PERSONNEL AND THEIR CAPABILITIES

Please indicate how many department personnel are:

Certified at the Firefighter I Level ONLY (160 or 206 hours):	
Certified at the Firefighter II Level:	
Not certified, but are considered "trained commensurate to duty":	

Is Hazardous Material (Hazmat) Response a service that your fire department provides?

- 1. Yes ("Formal" Hazmat Team is not a requirement)
- 2. No

How many of your personnel are certified to the following level:

Hazmat Awareness	
Hazmat Operations	
Hazmat Technician	

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Is Wildland-Urban Interface / Wildland (brush, grass, forest) firefighting a service that your fire department provides?

- 1. Yes
- 2. No

Are your firefighters equipped with wildland fire personal protective clothing?

- 1. Yes
- 2. No

Is Technical Rescue a role that your fire department performs?

- 1. Yes
- 2. No

EQUIPMENT

Does your department have a complete set of bunker gear for all certified firefighters?

- 1. Yes
- 2. No

What is the average age of your bunker gear (approximate age of each set)?

- 1. 0 - 5 years
- 2. 6 - 10 years
- 3. Greater than 10 years

Does your department have an SCBA for each riding position on all Fire Apparatus?

- 1. Yes
- 2. No

Please indicate which edition of NFPA 1981 "Standard on Open Circuit Self-contained Breathing Apparatus" your department's SCBA are compliant with:

	Quantity
1997 Edition	
2002 Edition	
2007 Edition	
2013 Edition	

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How many firefighters who work in the Immediately Dangerous to Life or Health (IDLH) Environment are equipped with a PASS device?

	Quantity
PASS Device enable is integrated into the SCBA air valve	
PASS Device is manually enabled	
No PASS Device	

Does your department have a Thermal Imager / Thermal Imaging Camera (TIC) available?

1. Yes
2. No

Does your department have a portable radio for each for each riding position on all Fire Apparatus?

1. Yes
2. No

APPARATUS

List the number of each type of apparatus in service. (if NONE, please ENTER a "0")

	Engines/ Pumpers	Ladders/ Aerials	Tankers/ Tenders	Brush Trucks	Other Vehicles
0 - 14 years old					
15 - 19 years old					
20 - 29 years old					
30 or more years old					

FACILITIES

How many stations does your department operate?

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What is the approximate age of your oldest and newest station?

	1 - 15 years	16 - 30 years	31 - 40 years	Over 40 Years Old	N/A
Oldest Station or ONLY Station					
Newest Station (Select N/A if you only have one station)					

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How many of your stations have emergency generator power?

YOUR COMMENTS

If adequate funding were available, what do you consider your fire department's **MOST** critical need? (List only one)

Your 2nd highest priority need? (List only one)

Your 3rd highest priority need? (List only one)

Would you like a representative of the Bureau of Firefighter Standards and Training to schedule (or discuss) a complimentary Fire Department Safety Compliance Check for your fire department?

- 1. Yes
- 2. No
- 3. I am not familiar with the Florida State Fire Marshal's FD Safety Compliance Check.
- 4. Our department has successfully completed a FD Safety Compliance Check performed by the Florida State Fire Marshal.

Do you have any additional comments or suggestions?