



WV State Fire Marshal's Office

Fire Department Evaluation

DATE: _____ INSPECTOR: _____

FIRE DEPARTMENT

NAME: _____ FDID: _____

ADDRESS: _____

MAILING ADDRESS _____ STREET ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

TYPE: VOLUNTEER PART-PAID PAID PHONE: _____ FAX: _____

GPS: LON: _____ LAT: _____ ISO RATING: _____ LAST EVALUATION: _____

INSURANCE: _____ LOCAL AGENT: _____

DEPARTMENT CHIEF

NAME: _____

ADDRESS: _____

MAILING ADDRESS _____ STREET ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

PHONE: _____ EMAIL: _____ @ _____

DEPARTMENT PRESIDENT

NAME: _____

ADDRESS: _____

MAILING ADDRESS _____ STREET ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

PHONE: _____ EMAIL: _____ @ _____

ORGANIZATION

ON FILE: ART. INCORP. BY-LAWS FIRE DISTRICT MUTUAL AID AGREEMENTS APP. MAINT. RECORDS

MEETINGS: MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY SATURDAY SUNDAY

EVERY WEEK EVERY TWO WEEKS OTHER TIME OF MEETING: _____

NOTIFICATION: PAGER PHONE RADIO SIREN OTHER

COMPLIANCE

ADEQUATE HOUSING FOR APPARATUS	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	DETAILS:
<hr/>					
NFIRS COMPLIANT	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	EVP COMPLIANT
		<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
<hr/>					
PASS DEVICE COMPLIANT	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	ANNUAL FIRE PUMP TEST
		<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
<hr/>					
SCBA REPAIR CONTRACT	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	DETAILS:
<hr/>					
PPE COMPLIANT	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	ANSI COMPLIANT TRAFFIC VESTS
		<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
<hr/>					
ANNUAL HOSE TEST	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	DETAILS:
<hr/>					
WORKERS COMPENSATION	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	DETAILS:

MEMBERSHIP

NUMBER OF ACTIVE MEMBERS:

ACTIVE MEMBERS W. LEVEL 1	NUMBER:	PERCENTAGE OF TOTAL:	%					
<hr/>								
ACTIVE MEMBERS W. LEVEL 2	NUMBER:	PERCENTAGE OF TOTAL:	%					
<hr/>								
ACTIVE MEMBERS W. HAZMAT	NUMBER:	PERCENTAGE OF TOTAL:	%					
<hr/>								
ACTIVE MEMBERS W. FIRST AID/CPR	NUMBER:	PERCENTAGE OF TOTAL:	%					
<hr/>								
ALL OFFICERS FIRE OFFICER 1	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	NUMBER:	PERCENTAGE OF TOTAL:	%	
		<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	NUMBER:	PERCENTAGE OF TOTAL:	%
<hr/>								
ALL CHIEF OFFICERS FIRE OFFICER 2	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	NUMBER:	PERCENTAGE OF TOTAL:	%	
		<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	NUMBER:	PERCENTAGE OF TOTAL:	%
<hr/>								
IS THIS DEPARTMENT NIMS COMPLIANT?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	NUMBER:	PERCENTAGE OF TOTAL:	%	

NARRATIVE