



## Department of Military Affairs and Public Safety

Earl Ray Tomblin, Governor  
Joseph Thornton, Cabinet Secretary

Phone: (304) 558-2191

Fax: (304) 558-2537

### OFFICE OF THE STATE FIRE MARSHAL

1207 Quarrier St, 2<sup>nd</sup> Floor  
Charleston, WV 25301  
[www.firemarshal.wv.gov](http://www.firemarshal.wv.gov)

# 2014 Survey of West Virginia Fire Departments

## FROM THE WEST VIRGINIA STATE FIRE MARSHAL

In 2013, the West Virginia Legislature appropriated over four million dollars (\$4,000,000.00) from the Office of the State Fire Marshal to be placed in a fund to assist volunteer fire departments in meeting workers' compensation premiums. As part of that action, the law imposed upon the State Fire Marshal a duty to provide a comprehensive report to the Legislature by December 31, 2015. (West Virginia Code § 33-3-33a) This report requires an assessment of multiple aspects of the fire service, such as the following:

(1) An assessment of all current funding received by the volunteer fire companies and departments, and a further assessment of the funding necessary to provide the community protections required for the areas served by the volunteer fire companies and departments, the extent to which those needs are being met, the extent to which they are not being met, and recommendations of sources of funds to meet additional needs and the amounts needed, if any;

(2) An assessment of the cost of workers' compensation coverage for the volunteer fire companies and departments and recommendations for any actions that may be undertaken by the volunteer fire companies and departments and others to reduce those costs;

(3) An assessment of the causes of any decline in recruitment and retention of volunteer firefighters and recommendations for improvements in this area, including any recommendations for incentives that have a demonstrated record of significant increases in recruitment and retention as well as recommendations of sources of funds to provide those incentives, if funds are necessary;

(4) An assessment of the level of financial accountability that should be required of volunteer fire companies and departments in order to provide the Legislature the information necessary to target future funding for their activities based upon the safety and fire protection needs of the various areas of the state;

(5) An assessment of the comparative levels of funding for volunteer fire companies and departments provided by counties, municipalities and other political subdivisions and the means by which that funding is provided, including identification of those which contribute little or no funding to the volunteer fire companies and departments within their jurisdictions, together with recommendations for increasing those levels of contributions;

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(6) An assessment of the comparative levels of funding for volunteer fire companies and departments provided by their own efforts, and the means by which that funding is provided, including identification of those which provide little or no funding through their own efforts, together with recommendations for increasing these sources of funding;

(7) An assessment of the comparative economic and other benefits provided by the various volunteer fire companies and departments to their particular counties, municipalities and other political subdivisions, as well as to citizens of the local communities they serve;

(8) An assessment of the sustainability of the current model of providing fire and other protections to the citizens of rural communities through volunteer fire companies and departments and an assessment of alternative models for providing those protections; and

(9) Other assessments and recommendations which the State Fire Marshal deems appropriate in the circumstances.

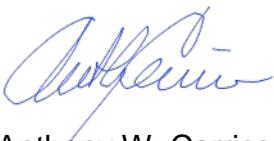
In an effort to meet the requirements of this law in a cost effective manner, we have developed the attached Survey Report Questionnaire. We are confident you will find it relatively easy to complete. It is my personally desire this survey ultimately works to the benefit of the fire service community of West Virginia.

\*\*\*\*\* This survey is **MANDATORY** to fulfill the requirements of the Legislature and is requested to be completed and returned **by October 31, 2014**. \*\*\*\*\*

Your response will only be used for statistical purposes to give vital data for the State Fire Marshal's Office to provide quarterly updates to the Legislature. The reporting burden for this survey is estimated to average approximately one (1) hour per response. You may use reasonable estimates if book figures are not readily available. Please keep in mind, the accuracy of the data you provide will directly impact the validity of the conclusions provided to the Legislature.

I greatly appreciate your assistance and **THANK YOU** in advance for ensuring that the results of this survey are comprehensive, timely, and reliable.

Sincerely,



Anthony W. Carrico  
State Fire Marshal (Acting)

CC: W.Va. State Fire Commission

Visit [www.firemarshal.wv.gov](http://www.firemarshal.wv.gov)

- To get help with reporting
- For a fillable electronic version to be printed and returned upon completion
- To answer questions about this survey or the office



# Survey Report Questionnaire

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**Prepared by:**

**Address:**

**Phone:**

**Mobile phone:**

**E-mail:**

**Date:**

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NOTE: Please attach additional sheets to answer any of the following questions if necessary. Again, if you have the exact information readily available, please provide the same. If, however, you do not have this information, you may provide reasonable estimates to answer the questions.

## ORGANIZATION INFORMATION

### Profile

Fire Chief:

Board President (if applicable):

Number of Chief Officers:

Number of Line Officers:

Number of Active Members:

Number of Inactive/Support/Honorary:

Does the Department have current Bylaws and are they actively followed and enforced:

### General Information

#### Type of Organization

County (Paid)

Corporation/Incorporated (Paid)

County (Volunteer)

Corporation/Incorporated  
(Combination)

Municipal (Paid)

Corporation/Incorporation (Vol.)

Municipal (Combination)

Other  
\_\_\_\_\_

#### Number of Stations/Substations

#### Comments

1  2  More

#### Number of Engines

#### Comments

1  2  3  4 or more

#### Number of Aerial/Ladder/Quint

#### Comments

1+  2+  3+  4 or more

#### Number of Rescues or Squads

#### Comments

1  2  3  4 or more

### Detailed Information

Mailing address:

Primary Physical Address:

Primary phone:

E-mail:

Number of all calls dispatched in 2013:

Number responded:

Structure/Vehicle Fires:		Vehicle Crashes/Technical Rescues:	
Medical Calls:		Other:	
Number of all members:		Number of Board members (if any):	
Average age:	Avg. years of service:	Avg. % responses:	
Percentage of members holding full time employment:		Percentage of members holding part time employment:	
Number of members receiving social security retirement, social security disability, workers' compensation, or other entitlement supplemental income?			
Is there any other biographical information about the department which you feel may be helpful in this assessment? If yes, please explain:			

## FUNDING/INCOME SOURCES

Specific Funding Sources			
Source	Yes	Amount Received	Amount Needed
Federal Appropriations	<input type="checkbox"/>		
State Appropriations	<input type="checkbox"/>		
County Fire Fee	<input type="checkbox"/>		
County Fire Levy	<input type="checkbox"/>		
Other County Allocation	<input type="checkbox"/>		
Municipal Allocations	<input type="checkbox"/>		
Federal Grant	<input type="checkbox"/>		
Other Grant	<input type="checkbox"/>		
Unsolicited Donations	<input type="checkbox"/>		
Solicited Donations	<input type="checkbox"/>		
Fundraising Activities	<input type="checkbox"/>		
Bingo, photography or other service exchanged fundraising	<input type="checkbox"/>		
Ambulance / EMS Services	<input type="checkbox"/>		
Other	<input type="checkbox"/>		
List any comment you may have to explain the above information:			

## OPERATIONAL COSTS

Current Assets	
Total checking account balance: \$	Bank:
Total savings account balance: \$	Bank:
Value of stocks and bonds: \$	
Value of real estate owned: \$	
Value of personal property/equipment: \$	
Value of vehicle(s): \$	
Other current assets: \$	
<b>Total asset value: \$</b>	

Current Liabilities	
Real estate mortgage loan amount: \$	Annual Cost: \$
improvement or other loan amount: \$	Annual Cost: \$
Charge accounts (include all account balances): \$	Annual Cost: \$
Vehicle loan amount(s): \$	Annual Cost: \$
Workers' Compensation Premiums: \$	Annual Cost: \$
All other liabilities (e.g. utilities, insurance, repairs, maintenance, etc.): \$	Annual Cost: \$
	<b>Total Annually: \$</b>

## RECRUITMENT AND RETENTION

Recruitment	Retention
<input type="checkbox"/> Salaried Compensation	<input type="checkbox"/> Salaried Compensation
<input type="checkbox"/> Hourly Compensation	<input type="checkbox"/> Hourly Compensation
<input type="checkbox"/> Per-call Compensation	<input type="checkbox"/> Per-Call Compensation
<input type="checkbox"/> Gifts or other tangible items in exchange for work	<input type="checkbox"/> Gifts or other tangible items in exchange for work
<input type="checkbox"/> Other	<input type="checkbox"/> Other
Please detail attempts and costs of these programs:	

## FINANCIAL AND LOSS PREVENTION ACCOUNTABILITY

### Financial Accountability

Last Audit by State Legislative Auditor Date:

Last Audit by State Auditor's Office (Municipality Only) Date:

Last Audit by other Governmental Auditor (if any) Date:

Last Audit by Independent Auditor or CPA Date:

Last In-house (uncertified) Financial Audit Date:

Findings of Audit(s). Specify:

### Financial Record Keeper

Name:

Address:

Phone:

E-mail:

Comments:

### Risk Analysis / Loss Prevention

Does the department have a Health, Safety or Health/Safety Officer: Y / N

Is that person responsible for only scene safety or general safety and welfare of the membership: Y / N

Who is designated as being responsible for safe practices for department:

Does the Department have a loss prevention program: Y / N

What steps could your department take to reduce injuries and losses :

### Workers' Compensation Specific Information

Number of Workers' Compensation Claims Filed in 2013:

W/C Claims in last 10 years:

Number of 2013 claimants who did not return to work:

Number of claimants in 10 year period who did not return:

Comments:

## COMMUNITY ORIENTED BENEFITS

### Community Benefits Derived

Last ISO review date:

ISO ratings received:

Does the department respond to "all hazards" (e.g. fallen trees, traffic control, flooded basements, etc.):

List examples of recent "all hazard" responses:

If "all hazard" services were not provided, what agency or entity would:

Does the department provide EMS response:

Annual EMS response(s):

Does the department provide ALS or BLS service(s):

If these services were not provided, what agency or entity would:

Does your department conduct fire safety inspections in the community:

How many annually:

Does your department conduct pre-planning of the community:

How many annually:

Do members of the department serve on federal, state, county, municipal or local organizations concerning emergency services or fire service functions:

How many members serve in this capacity:

Does your fire station(s) serve as a community center for local events:

How many annually:

Describe all other community outreach activities:

## SUSTAINABILITY OF FIRE SERVICE MODEL

Short-Term/Long-Term Projection	
Last <b>short-term</b> assessment and plan (5 or <b>less</b> years):	
Made by ( <i>i.e.</i> Chief, Membership, Board, etc):	
Comments:	
Next steps:	
Last <b>long-term</b> assessment and plan (5 or <b>more</b> years):	
Made by ( <i>i.e.</i> Chief, Membership, Board, etc):	
Comments:	
Next steps:	
Recommendations for sustainability of your Department:	

### Other

If you have any other comments, suggestions, or details, which you believe may be useful in providing the Legislature a full and complete understanding of the West Virginia Fire Service, please let us know: