



Virginia Fire Services Board Virginia Department of Fire Programs



Fire and EMS Study/Review Pre-Site Questionnaire

Name:

Title:

Locality Name:

Study/Review Type (Please Circle):

Type I

Type 2

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1. This request is being made by (name organization):
 2. **Scope of Study:** Study results/recommendations will be comprehensive in nature. The study team will examine organization, budget, personnel, training, equipment, and operations at a minimum. In the space below, please list specifically why you are requesting the Virginia Fire Services Board complete a study in your locality. *Reasoning behind a study is a selection criterion for approval.*
 3. Have you had a VFSB study in the past? If so, what year was the study completed?
 4. Has a private consultant or other entity completed or is in the process of completing a review or study of your fire and EMS system?
 5. Is there a financial need for a study/review in your locality? What is this financial need?
 6. Is this request based on a recent incident or issue related to fire/EMS? What is this incident/issue?
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7. Does your organization have a current organizational chart? If yes, you shall include this with the questionnaire.
 8. Does your organization have a map of current response districts? If yes, please attach to the questionnaire.
 9. What best describes your fire operations response?
Career
Volunteer
Combination (both career and volunteer)
 10. What best describes your EMS operations response?
Career
Volunteer
Combination (both career and volunteer)



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- 11. Please answer the following questions:**
 - a. How many career personnel do you have and what is their role?**
 - b. How many active, riding volunteers do you have and what is their role?**
- 12. Is your organization (Fire or EMS agencies/departments) established by local or county government? If so, you shall attach it to this application.**
- 13. Please attach a list of departments (fire and EMS) with the chief/captains name and contact information to this application that are participating in this study/review.**
- 14. Does the local government's establishing ordinance clearly authorize all services that are provided by your organization (Fire or EMS agencies/departments)? If not, please explain what is not authorized currently.**
- 15. Does your organization have stated short and long term goals? If so, please attach to this application.**
- 16. Do you operate under a centralized Fire and EMS authority?**
- 17. If yes to the above, what is the title of the position that oversees the central Fire and EMS organization?**
- 18. Is there an organization (i.e. Fire and Rescue Association) or similar body that discusses Fire and EMS issues collaboratively? Please provide the contact information for the leadership of this organization.**
- 19. Does the local government provide funding? Please provide the most recent budget(s) for the fire and EMS organizations from the locality.**
- 20. Does your organization charge for services?**
- 21. Does the jurisdiction/local government own the following:**
 - a. Fire Apparatus**
 - b. EMS Vehicles**
 - c. Stations**

Please attach a list of apparatus and vehicles separated by ownership and assignment.

- 22. Does your organization have a capital improvement plan or apparatus replacement schedule? If so, please attach these documents to the questionnaire.**



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23. Does your organization track maintenance of apparatus and equipment?
24. Does your jurisdiction/locality have a:
- a. Fire Marshal
 - b. Public Fire and Life Safety Educator
 - c. Fire Corps Program
25. If you have a fire marshal, do they regularly inspect places of public assembly? Does your fire marshal have police powers?
26. Does your jurisdiction/locality have a:
- a. A Coordinated Centralized Training Program for Fire
 - b. A Coordinated Centralized Training Program for EMS
 - c. A Fire Training Officer
 - d. An EMS Training Officer
27. Has your jurisdiction/locality adopted the Statewide Fire Prevention Code? Was this adopted in full or by complaint only?
28. Does your jurisdiction/locality provide public fire and life safety activities? If so, please provide examples of these activities below:
29. Does your jurisdiction/locality have formal written Mutual or Automatic Aid agreements with your neighboring jurisdictions/localities?

Please attach these agreements to this application.

30. Does your jurisdiction/locality have current, written Standard Operating Procedures (SOPs) and/or Standard Operating Guidelines (SOGs) that all organizations follow? If yes, please attach those to this application.

Please attach any training requirements, SOGs, or SOPs to this application.

31. Does your jurisdiction/locality have established written response time criteria?

If so, please attach to this application.

32. Does your jurisdiction/locality have centralized and structured dispatch criteria with predetermined response criteria?

If so, please attach to this application.



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- 33. Does your dispatch center practice Emergency Medical Dispatch (EMD)?**
- 34. Is your jurisdiction/locality NIMS compliant?**
- 35. Does your jurisdiction/locality have a written policy for minimum staffing level for:**
- 36. Does your jurisdiction/locality have a structured Recruitment and Retention program?**

If so, please attach to this application.

- 37. Does your jurisdiction/locality have minimum standardized training requirement? What are those requirements?**
- 38. How many of your firefighters have the following certifications:**
 - a. FFI:
 - b. FFII:
 - c. Instructor I:
 - d. Officer I:
 - e. Other:
- 39. How many of your EMS providers have the following certifications:**
 - a. NRP:
 - b. EMT-I:
 - c. EMT-A:
 - d. EMT-B:
- 40. Does your jurisdiction/locality have a centralized data collection system?**
 - Fire - VFIRS
 - EMS - PPDR
 - EMS - VPHIB
- 41. What is the daytime population of the area being served?**
- 42. What is the nighttime population of the area being served?**
- 43. Does your locality have municipal water and who maintains the system?**
- 44. Is there a hydrant system in your locality? What percentage of the locality is covered by a hydrant system? Are these marked in a map or other source for fire response?**
- 45. How many dry hydrants does your locality have? Are these marked in a map or other source for fire response?**
- 46. What prompted your request for this study? Please provide detailed comments below.**



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- 47. Please provide any additional comments that you believe would be beneficial to the study team.**