

# UTAH FIRE CHIEFS EMERGENCY RESPONSE PLAN DEPARTMENT DATA RESOURCE FORM

1. COUNTY \_\_\_\_\_ 2. REGION \_\_\_\_\_
3. DEPT. NAME \_\_\_\_\_ 4. DEPT. STATE ID # \_\_\_\_\_
5. COUNTY FIRE ER CONTACT POINT \_\_\_\_\_
6. COUNTY ER PHONE \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ 7. DEPT. ER PHONE \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_
8. PERSONNEL: PD \_\_\_\_\_ PT \_\_\_\_\_ VOL \_\_\_\_\_ NORMAL DUTY STAFFING DAY \_\_\_\_\_ NIGHT \_\_\_\_\_

**9. APPARATUS & UNITS**

| TYPE                | IN SER | RESERVE | POT MUT AID | POT EMAC | NOTES |
|---------------------|--------|---------|-------------|----------|-------|
| ENGINE              |        |         |             |          |       |
| TRUCK               |        |         |             |          |       |
| TANKER (TENDER)     |        |         |             |          |       |
| RESCUE              |        |         |             |          |       |
| AIR                 |        |         |             |          |       |
| BRUSH (NWCG TYPE)   |        |         |             |          |       |
| CRF/FOAM UNIT       |        |         |             |          |       |
| CHIEF OFFICER UNITS |        |         |             |          |       |
| HAZ-MAT             |        |         |             |          |       |
| ALS (PARAMEDIC)     |        |         |             |          |       |
| BLS (EMT)           |        |         |             |          |       |
| CREWS-MANPOWER      |        |         |             |          |       |
| SPECIAL TEAMS       |        |         |             |          |       |
| WATER               |        |         |             |          |       |
| DIVE                |        |         |             |          |       |
| ROPE                |        |         |             |          |       |
| TRENCH              |        |         |             |          |       |
| COLLAPSE            |        |         |             |          |       |
| CONF'D SPACE        |        |         |             |          |       |
| HAZ-MAT             |        |         |             |          |       |
| OTHER (LIST)        |        |         |             |          |       |

10. SPECIAL UNITS/NOTES \_\_\_\_\_
11. FD RADIO FEQ'S. \_\_\_\_\_
12. DEPT. HOSE THREADS: 2 ½" NST \_\_\_\_\_ OTHER \_\_\_\_\_ 4 ½" NST \_\_\_\_\_ OTHER \_\_\_\_\_
13. DEPT. DISPATCH POINT \_\_\_\_\_ PHONE \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_
14. DEPT. ADDRESS \_\_\_\_\_
- CITY \_\_\_\_\_ ZIP \_\_\_\_\_ - \_\_\_\_\_ BUS. PHONE \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_
15. CHIEFS NAME (FIRST) \_\_\_\_\_ (LAST) \_\_\_\_\_
- CHIEFS ADDRESS \_\_\_\_\_
- CITY \_\_\_\_\_ ZIP \_\_\_\_\_ - \_\_\_\_\_ PHONE \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_
16. SUBMITTED BY (PRINT) \_\_\_\_\_ DATE \_\_\_\_\_

**UTAH FIRE CHIEFS**  
**EMERGENCY RESPONSE PLAN**  
**DEPARTMENT DATA RESOURCE FORM**  
**INFORMATION COLLECTION PROCEDURES**

1. COUNTY County in which the Department is located.
  2. REGION State Region.
  3. DEPT. NAME Name of the Department.
  4. DEPT. STATE ID # Dept. number used for state reporting: Fire Depts. – UFIRS reporting number; EMS Agencies.
  5. COUNTY ER CONTACT POINT Centralized point in the county that Dispatch will direct equipment requests to for this Department. Must be a 24/7 emergency dispatch type operation.
  6. COUNTY ER PHONE # A 7 digit plus area code, 24/7 emergency phone number for the Contact Point.
  7. DEPT. ER PHONE # A 7 digit plus area code, 24/7 emergency phone number for the Department.
  8. NORMAL STAFFING Indicate what the Department considers their normal on duty strength for daytime and nighttime. For Departments the utilize volunteers, paid-on-call, or call back personnel as part of their initial response; then include those numbers in these calculations.
  9. IN SERVICE UNITS Refer to Plan Equip. Designations to categorize apparatus.  
  
List the number of units that Department has in service and available for response. Include all units even though some vehicles make be cross-staffed. (Ex. An Engine Co. also staffs a brush unit. Both are listed.)  
  
ENG = Engine or Pumper  
TRK = Truck of Ladder  
RES = Rescue (A unit specifically equipped for rescue functions)  
TNK = Tanker (Water Tender)  
BRUSH = Brush or Grass Unit  
CRASH = Airport Crash Rescue Fire Attack Unit  
CHF = Chief Officers  
ALS = Advanced Life Support  
HAZMAT = Haz-Mat Unit  
BLS = Basic Life Support Unit  
SPC = Special Teams (Indicate those teams that the Dept. operates. In the appropriate indicate the number of teams in each column. i.e.; Water = surface, fast water, Dive Trench = Cave in, Rope = high angle rappelling, Bldg. Collapse = Structural and Haz-Mat)
- RESERVE UNITS List units which are equipped and functional; but not staffed.

**POTENTIAL MUTUAL AID UNITS** List units which the Dept. would be able to send mutual aid. Given the 30 minute "Scramble" response criteria, recalled personnel could be used to staff units and/or to back fill on duty responders.

NOTE: Depts. To utilize a 50% rule for reporting units for mutual aid purposes. (Example: if they have 2 engines, then 1 engine could be sent mutual aid while the other is held for coverage). County Coordinators will show the total number of units that the departments indicate that are available for potential mutual aid.

Specialized and/or single units such as ladders, tankers, brush, etc. that are available for potential mutual aid. These specialized and/or single units will be utilized up to 50% of the total available for each county, with the remaining being left for county coverage. In developing the actual available units for a county; the total number of active and reserve units will be combined and then 50% of that total will become the potential mutual aid number. (Example: a county has 8 in service tankers plus 2 tankers in reserve. The County Coordinator will combine the numbers and list 5 tankers available for mutual aid use in areas beyond the county).

**CREWS:** If the Dept. cannot send apparatus but has additional personnel available, then personnel groups of an officer and 4 firefighters, all with state fire training certificates, will be shown as a fire crew. Personnel must response a group, each with approved full personnel protective equipment. Individual SCBA is preferred; but not required.

**POTENTIAL EMAC UNITS** Departments that have units available for an outside of state response. (EMAC = Emergency Management Assistance Compact; which is a sharing of resources between states for a state or nationally declared disaster). Apparatus and personnel committed can normally be gone for up to 14 days; with eligible costs being reimbursed. If Utah receives an out-of-state request, through the EMAC system, then these Depts. Will be the first considered.

**SPECIAL TEAMS** List special teams by specialty.

10. **SPECIAL UNITS/NOTES** List non-categorized units such as air trucks, commo units, foam trailers, etc. Include any pertinent notes relative to this Dept.
11. **FD RADIO FREQ'S.** List all radio frequencies on which the Dept. operates. With multiple freq.'s., indicate primary use of each channel.
12. **HOSE** Self-explanatory
13. **DISPATCH POINT** List the name and phone of the dispatch center for this Dept.
14. **DEPT. INFO.** List Dept. mailing address.
15. **CHIEF INFO.** List the mailing address and phone number for the Fire Chief.
16. **SUBMITTER** Name of person submitting information

# Utah Fire Chiefs Emergency Response Plan

**\*\*All fields on this sheet must be filled in to submit the activation\*\***

Date: \_\_\_\_\_ Time: \_\_\_\_\_ CS/CO #: \_\_\_\_\_

Requesting Organization: \_\_\_\_\_ Name of Caller: \_\_\_\_\_

Callback Number: \_\_\_\_\_

Agency Requesting Assistance: \_\_\_\_\_

**\*\*Must be the name of a fire department in\*\***

**\*\*Will be selected from a list on the website\*\***

## Staging Area

Be specific, the location will have to verify on a map on the internet.

Address: \_\_\_\_\_ City: \_\_\_\_\_

Zip: \_\_\_\_\_

## Response Type



30 minute response  
Onsite up to 24 hours



Enroute within 3 hours  
Onsite up to 72 hours



Enroute within 24 hours  
Onsite up to 14 days

Activation Requested By: \_\_\_\_\_ Emergency Contact Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_ Frequency/Channel for Response: \_\_\_\_\_

Incident Commander: \_\_\_\_\_ Emergency Contact: \_\_\_\_\_

Staging Area Manager: \_\_\_\_\_ Emergency Contact: \_\_\_\_\_

## Select Resources

Example Type 1 Engine, ALS, BLS, Crew. See website for specific unit types and definitions.

| Resource Type | #     | Resource Type | #     | Resource Type | #     |
|---------------|-------|---------------|-------|---------------|-------|
| _____         | _____ | _____         | _____ | _____         | _____ |
| _____         | _____ | _____         | _____ | _____         | _____ |
| _____         | _____ | _____         | _____ | _____         | _____ |