

# 2013 MSFA Statistical Report

## 1. Demographic Informaiton

**\*1. County and Station Number - 6 digit number used on Fire & EMS reports to the state -  
i.e. 160049**

**\*2. Full Corporation Name**

**\*3. Station Location - Street Address, City, State & Zip**

**4. Corporation mailing address (if different from above)**

**5. Phone Number**

**6. Website Address**

**\*7. Email Address**

2.

8. Population served

9. Number of Stations

\*10. PERCENTAGE OF INCOME BY SOURCE:

|                                                     |                      |
|-----------------------------------------------------|----------------------|
| Municipality:                                       | <input type="text"/> |
| County:                                             | <input type="text"/> |
| State:                                              | <input type="text"/> |
| Billing:                                            | <input type="text"/> |
| Fund Raising - Fill the Boot,<br>Bingo, Poker, etc: | <input type="text"/> |
| Fund Drives - Mailout, Door-<br>to-Door:            | <input type="text"/> |
| Other:                                              | <input type="text"/> |

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## 3. Membership Information

We would like to know the number of different types of members you have.  
Remember that an Operational/Responding Member could be a Life Member, too.

**\*11. Total Number of Members:**

**12. Of your total number of members, how many are Life Members:**

**13. Of your total number of members, how many are Trainees/Cadets/Students:**

**14. Of your total number of members, how many are Support/Axillary Members:**

**15. Of your total number of members, how many are Fire Police:**

**16. Other Types of Members:**

**17. Paid Staff - these are people paid by your corporation, not County Career Staff. These can be, but are not limited to, paid administrative help, paid on-call responders, paid maintenance.**

**18. How many of your members are Males? Females?**

**We have a number of asking for a break down of our members by sex.**

Male

Female

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## 4. Training

We would like to know how many of your members have been trained to the different levels of certification. Please only count the level of highest certification for each member for each specialty.

### \*19. Fire

|                    |                      |
|--------------------|----------------------|
| Pre-Basic          | <input type="text"/> |
| Basic/FF-I         | <input type="text"/> |
| Intermediate/FF-II | <input type="text"/> |
| Advanced/FO-I      | <input type="text"/> |
| FO-II & Above      | <input type="text"/> |
| No Fire Training   | <input type="text"/> |

### 20. Rescue Training

|                                                                 |                      |
|-----------------------------------------------------------------|----------------------|
| Basic:                                                          | <input type="text"/> |
| Intermediate/Technician:                                        | <input type="text"/> |
| Advanced/Specialist:                                            | <input type="text"/> |
| Specialized Training<br>(Confined Space, Swift<br>Water, etc.): | <input type="text"/> |
| No Rescue Training:                                             | <input type="text"/> |

### \*21. EMS

|                  |                      |
|------------------|----------------------|
| CPR:             | <input type="text"/> |
| First Responder: | <input type="text"/> |
| EMT-B:           | <input type="text"/> |
| CRT:             | <input type="text"/> |
| EMT-I:           | <input type="text"/> |
| EMT-P:           | <input type="text"/> |
| No EMS Training: | <input type="text"/> |

### 22. Hazardous Materials

|                      |                      |
|----------------------|----------------------|
| Awareness:           | <input type="text"/> |
| Operations:          | <input type="text"/> |
| Technician:          | <input type="text"/> |
| Specialist:          | <input type="text"/> |
| WMD/Terrorism:       | <input type="text"/> |
| No Haz-Mat Training: | <input type="text"/> |

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## 5. Activity

We would like to know how much time your members spend performing different activities through out the year.

### \*23. Drill/Training Hours:

|          |                      |
|----------|----------------------|
| Fire:    | <input type="text"/> |
| Rescue:  | <input type="text"/> |
| EMS:     | <input type="text"/> |
| Haz-Mat: | <input type="text"/> |
| Other:   | <input type="text"/> |

### \*24. Hours of Activity. Please report on the total number of hours your members spent completing the following activities.

|                                  |                      |
|----------------------------------|----------------------|
| Fire Calls:                      | <input type="text"/> |
| Rescue Calls:                    | <input type="text"/> |
| EMS Calls:                       | <input type="text"/> |
| Stand-by:                        | <input type="text"/> |
| Fire & Injury Prevention:        | <input type="text"/> |
| Fund Raising:                    | <input type="text"/> |
| Administration Activities:       | <input type="text"/> |
| Meetings:                        | <input type="text"/> |
| Station & Equipment Maintenance: | <input type="text"/> |

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## 6. Equipment

We would like some information about your department owned/leased equipment.

### 25. Engine, Pumper, Tanker, Rescue-Engine

|                                  |                      |
|----------------------------------|----------------------|
| Designation                      | <input type="text"/> |
| Gallons per minute (or Capacity) | <input type="text"/> |
| Year Purchased                   | <input type="text"/> |
| Anticipated Replacement Year     | <input type="text"/> |
| Anticipated Replacement Cost     | <input type="text"/> |

### 26. Engine, Pumper, Tanker, Rescue-Engine

|                                  |                      |
|----------------------------------|----------------------|
| Designation                      | <input type="text"/> |
| Gallons per minute (or Capacity) | <input type="text"/> |
| Year Purchased                   | <input type="text"/> |
| Anticipated Replacement Year     | <input type="text"/> |
| Anticipated Replacement Cost     | <input type="text"/> |

### 27. Engine, Pumper, Tanker, Rescue-Engine

|                                  |                      |
|----------------------------------|----------------------|
| Designation                      | <input type="text"/> |
| Gallons per minute (or Capacity) | <input type="text"/> |
| Year Purchased                   | <input type="text"/> |
| Anticipated Replacement Year     | <input type="text"/> |
| Anticipated Replacement Cost     | <input type="text"/> |

### 28. Engine, Pumper, Tanker, Rescue-Engine

|                                  |                      |
|----------------------------------|----------------------|
| Designation                      | <input type="text"/> |
| Gallons per minute (or Capacity) | <input type="text"/> |
| Year Purchased                   | <input type="text"/> |
| Anticipated Replacement Year     | <input type="text"/> |
| Anticipated Replacement Cost     | <input type="text"/> |

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## 29. Aerial, Truck, Tower, Heavy Rescue

|                              |                      |
|------------------------------|----------------------|
| Designation                  | <input type="text"/> |
| Year Purchased               | <input type="text"/> |
| Anticipated Replacement Year | <input type="text"/> |
| Anticipated Replacement Cost | <input type="text"/> |

## 30. Aerial, Truck, Tower, Heavy Rescue

|                              |                      |
|------------------------------|----------------------|
| Designation                  | <input type="text"/> |
| Year Purchased               | <input type="text"/> |
| Anticipated Replacement Year | <input type="text"/> |
| Anticipated Replacement Cost | <input type="text"/> |

## 31. Aerial, Truck, Tower, Heavy Rescue

|                              |                      |
|------------------------------|----------------------|
| Designation                  | <input type="text"/> |
| Year Purchased               | <input type="text"/> |
| Anticipated Replacement Year | <input type="text"/> |
| Anticipated Replacement Cost | <input type="text"/> |

## 32. Mini-Pumper, Brush Truck, Gator, Jeep

|                              |                      |
|------------------------------|----------------------|
| Designation                  | <input type="text"/> |
| Year Purchased               | <input type="text"/> |
| Anticipated Replacement Year | <input type="text"/> |
| Anticipated Replacement Cost | <input type="text"/> |

## 33. Mini-Pumper, Brush Truck, Gator, Jeep

|                              |                      |
|------------------------------|----------------------|
| Designation                  | <input type="text"/> |
| Year Purchased               | <input type="text"/> |
| Anticipated Replacement Year | <input type="text"/> |
| Anticipated Replacement Cost | <input type="text"/> |

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## 34. Mini-Pumper, Brush Truck, Gator, Jeep

|                              |                      |
|------------------------------|----------------------|
| Designation                  | <input type="text"/> |
| Year Purchased               | <input type="text"/> |
| Anticipated Replacement Year | <input type="text"/> |
| Anticipated Replacement Cost | <input type="text"/> |

## 35. Watercraft

|                              |                      |
|------------------------------|----------------------|
| Designation                  | <input type="text"/> |
| Year Purchased               | <input type="text"/> |
| Anticipated Replacement Year | <input type="text"/> |
| Anticipated Replacement Cost | <input type="text"/> |

## 36. Watercraft

|                              |                      |
|------------------------------|----------------------|
| Designation                  | <input type="text"/> |
| Year Purchased               | <input type="text"/> |
| Anticipated Replacement Year | <input type="text"/> |
| Anticipated Replacement Cost | <input type="text"/> |

## 37. Watercraft

|                              |                      |
|------------------------------|----------------------|
| Designation                  | <input type="text"/> |
| Year Purchased               | <input type="text"/> |
| Anticipated Replacement Year | <input type="text"/> |
| Anticipated Replacement Cost | <input type="text"/> |

## 38. EMS Apparatus

|                              |                      |
|------------------------------|----------------------|
| Designation                  | <input type="text"/> |
| Year Purchased               | <input type="text"/> |
| Anticipated Replacement Year | <input type="text"/> |
| Anticipated Replacement Cost | <input type="text"/> |

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## 39. EMS Apparatus

|                              |                      |
|------------------------------|----------------------|
| Designation                  | <input type="text"/> |
| Year Purchased               | <input type="text"/> |
| Anticipated Replacement Year | <input type="text"/> |
| Anticipated Replacement Cost | <input type="text"/> |

## 40. EMS Apparatus

|                              |                      |
|------------------------------|----------------------|
| Designation                  | <input type="text"/> |
| Year Purchased               | <input type="text"/> |
| Anticipated Replacement Year | <input type="text"/> |
| Anticipated Replacement Cost | <input type="text"/> |

## 41. EMS Apparatus

|                              |                      |
|------------------------------|----------------------|
| Designation                  | <input type="text"/> |
| Year Purchased               | <input type="text"/> |
| Anticipated Replacement Year | <input type="text"/> |
| Anticipated Replacement Cost | <input type="text"/> |

## 42. Chief Vehicles, Utilities, Other Vehicles

|                              |                      |
|------------------------------|----------------------|
| Designation                  | <input type="text"/> |
| Year Purchased               | <input type="text"/> |
| Anticipated Replacement Year | <input type="text"/> |
| Anticipated Replacement Cost | <input type="text"/> |

## 43. Chief Vehicles, utilities, Other Vehicles

|                              |                      |
|------------------------------|----------------------|
| Designation                  | <input type="text"/> |
| Year Purchased               | <input type="text"/> |
| Anticipated Replacement Year | <input type="text"/> |
| Anticipated Replacement Cost | <input type="text"/> |

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## 44. Chief Vehicles, Utilities, Other Vehicles

|                              |  |
|------------------------------|--|
| Designation                  |  |
| Year Purchased               |  |
| Anticipated Replacement Year |  |
| Anticipated Replacement Cost |  |

## 45. Chief Vehicles, Utilities, Other Vehicles

|                              |  |
|------------------------------|--|
| Designation                  |  |
| Year Purchased               |  |
| Anticipated Replacement Year |  |
| Anticipated Replacement Cost |  |

7. Corporation Owned Buildings

We would like some information regarding your building/station.

46. Corporation Owned Buildings:

|                                  |                      |
|----------------------------------|----------------------|
| Number of Stations:              | <input type="text"/> |
| Year Built/Renovated:            | <input type="text"/> |
| Is/are the building(s) adequate: | <input type="text"/> |

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## 8. Certification

The Undersigned Does Hereby Certify That, To The Best Of His/Her Knowledge,  
The Above Information Is True and Correct

**\*47. Name of Submitting Official: (Required)**

**\*48. Title of Submitting Official:**

**\*49. Email Address of Submitting Official: (Required)**

**50. Phone Number:**