

Fire Underwriters Survey Outreach – Community Update Form (CU4)



Please fill out this form, save and email the form back to our office.

Community Name: _____
 Fire Department Name: _____
 Fire Chief (FC) Name: _____
 FC Phone: _____ FC Email: _____
 GIS contact: _____
 GIS Phone: _____ GIS Email: _____
 FUS Office Use Only: _____

Part 1 – Response Area

- Does your Fire Department provide first alarm automatic aid to other communities? (list communities and provide contract) _____
- Does your Fire Department receive first alarm automatic aid to other communities? (list communities and provide contract) _____
- Does your Fire Department provide other types of fire response aid to other communities? (list communities and provide contract) _____
- Does your Fire Department receive other types of fire response aid to other communities? (list communities and provide contract) _____

Part 2 – Training

- Training frequency: _____
- Number of fire fighters certified to NFPA 1001 (or equivalent) Lvl 1: _____ Lvl 2: _____
- Number of fire fighters certified to NFPA 1021 (or equivalent) Lvl 1: _____ Lvl 2: _____
- Number of NFPA 1041 certified trainers (or equivalent) _____
- Is there an appointed Training Officer? _____
- Training curriculum used (provide syllabus) _____
- Live Fire Training hours per fire fighter annually _____

Part 3 – Communications

- Is the community on 911? _____
- Name of PSAP (Public Safety Answering Point) _____
- Name of Dispatch provider _____

Part 4 – Prevention/Public Education

- Inspection frequency (*excluding dwellings*):
 Semi-annual Annual Every 3 years No routine Request/Complaint
- How many inspections completed for previous year? _____
- Is there a public education program in place? _____
- How many Dwellings visited annually (smoke alarm/education/inspection) _____
- Number of fire prevention inspectors/public educators _____
- Number of inspectors certified to NFPA 1031 (or equivalent) Lvl 1: _____ Lvl 2: _____
- Number of public educators certified to NFPA 1035 (or equivalent) Lvl 1: _____ Lvl 2: _____
- Number of pre-incident plans created for the community _____

Please include the following attachments:

- Training syllabus FS4 – Fire Station Form for each Fire Station Fire Protection Area Boundary Map or GIS contact Aid Agreements