



DEPARTMENT QUESTIONNAIRE

Please complete by March 1, 2020

Purpose: The MSFCA and MSFDA recognize that fire departments across the state are experiencing a variety of challenges. This questionnaire is intended to assist MSFCA and MSFDA leadership in collecting data pertaining to the day-to-day operations of fire departments from all regions in the state. The information will be used by the Associations in developing strategies and opportunities to assist fire departments (including developing legislative priorities).

Departments are encouraged to submit one survey; providing as much detailed information as possible is very much appreciated.

Submittal: Submitting via online is preferred although the form can be completed by hand and submitted to either the MSFCA or MSFDA office.

Confidentiality Statement

We recognize the sensitivity surrounding this topic. Individual data will not be shared publicly.

Section 1: Department Demographics

MSFCA/MSFDA Region #: _____

Fire Department Name: _____

City or Township: _____

Zip Code: _____

Department Type: _____ Municipal _____ JPA _____ Private/Non-Profit

_____ District _____ Other

Total Square Miles Served: _____

Total Population Served: _____

Does your Department provide emergency medical care?

_____ Yes, EMS First Response (EMR Level) _____ EMS First Response (EMT Level)

_____ Yes, EMS Transport (EMT Level) _____ Yes, EMS Transport (EMT-P Level)

_____ No

MSFCA and MSFDA – Department Questionnaire

Page 2

Total number of NON-EMS calls (2019): _____

Total number of NON-EMS calls (2018): _____

Total number of EMS and rescue calls (2019): _____

Total number of EMS and rescue calls (2018): _____

Section 2: Recruitment and Retention

How many active firefighters **do you currently have?**

_____ Volunteer _____ Paid On-Call _____ Part-Time _____ Full-Time

How many firefighters **are you authorized to have?**

_____ Volunteer _____ Paid On-Call _____ Part-Time _____ Full-Time

Do you believe that your Department has an adequate number of firefighters?

Yes No

What is the average age of the firefighters on the Department? _____

What is the average years of service of firefighters currently on the Department? _____

In the past 24 months (2 years), how many new firefighters have you hired? _____

In the past 24 months (2 years), how many firefighters have resigned/retired? _____

Do you have a succession plan in place for the Fire Chief? Yes No

Do you have a succession plan in place for your Officers? Yes No

What challenges or barriers do you have in **recruiting** new firefighters?

MSFCA and MSFDA – Department Questionnaire

Page 4

How many **tenders** does your department have? _____

What is the newest **tender** that you have (years)? _____

What is the oldest **tender** that you have (years)? _____

Do you conduct annual NFPA pump and ladder testing? Yes No

Do you currently have any major deficiencies on your front-line apparatus? Yes No

If yes, do you want to elaborate? _____

How many fire stations does your department have? _____

What year was your fire station built? _____

Note: if more than one station, list the age of the oldest station.

What facility (fire station) issues does your Department face? _____

Do any of your stations have significant structural, mechanical, or electrical issues?

Yes No

Does every firefighter in your Department have individually issued turn-out gear?

Yes No

Does every firefighter in your Department have a second (back-up) set of turnout gear?

Yes No

At what interval do you replace turn-out gear (years)? _____ years

Do you have the means to wash turnout gear after every fire? Yes No

Do you have enough SCBAs for each riding position on front line apparatus? Yes No

Are all of your in-service SCBAs bottles 15 years of age or less? Yes No

If No, what is the oldest SBCA bottle that you currently have in-service? _____ years

Does every firefighter have their own SCBA mask? Yes No, firefighters share a mask

Is every firefighter OSHA fit tested annually? Yes No

What equipment challenges does your department face? _____

Section 4: Funding

What is your department's 2018 annual operating budget? _____

What is your department's 2019 annual operating budget? _____

What is your department's 2020 annual operating budget? _____

Do you currently have a long-range capital improvement plan in place to replace apparatus?

Yes No

If No, how does your Fire Department plan to fund apparatus replacements?

Do you rely on non-government funding sources (i.e. fundraisers)?

_____ Yes, for essential day-to-day operations and equipment purchases.

_____ Yes, for non-operational functions (i.e. recognition events, etc.)

_____ No

Have you been asked to cut your budget within the last five years? Yes No

Is your budget adequate to meet your current and anticipated needs? Yes No

How much of your department's annual budget is allocated to training? _____

Does your Department received MBFTE reimbursement funding? Yes No

If yes, has your Department's training budget been reduced because of anticipated

MBFTE reimbursement funding? Yes No

What funding challenges does your department currently have?

Section 5: Training

Does your Department require every Firefighter to be a minimum of Firefighter I and II?

Yes No

On average, how many hours/year does each firefighter receive in fire training? _____

On average, how many hours/year does each firefighter receive in EMS training? _____

Do your firefighters have access to an Employee Assistance Program (EAP)? Yes No

Does your Department require annual medical evaluations of all firefighters? Yes No

Section 6: Response Capabilities

What is the average **MOBILIZATION TIME** (minutes) for a front-line unit to a **FIRE** incident?

_____ minutes

Note: mobilization time is the time the call was dispatched to the time the first-truck goes en-route. Please do not include chief or line officers; only include front-line suppression vehicles.

What is the minimum number of firefighters you require on your first-due truck before it leaves the station? _____

On average, how many times **per month** does your first-due truck leave without the minimum number of firefighters? _____

What is the average **MOBILIZATION TIME** (minutes) for a front-line unit to an **EMS** incident?

_____ minutes

Note: mobilization time is the time the call was dispatched to the time the first-truck goes en-route.

MSFCA and MSFDA – Department Questionnaire

Page 7

What is the average **RESPONSE TIME** (minutes) to a **FIRE** incident?

_____ minutes

Note: response time is the time a call was dispatched to the arrival of the first unit on-scene.

What is the average **RESPONSE TIME** (minutes) to an **EMS** incident?

_____ minutes

Note: response time is the time a call was dispatched to the arrival of the first unit on-scene.

Has there ever been a time in the past six months that:

Yes No Your Department had to be paged multiple times for a response.

Yes No A neighboring jurisdiction has had to cover a call in your primary response area (**excluding** times in which your Department was operating at an incident and another Department was providing coverage?)

Are there any challenges that you specifically wish to highlight regarding responses?

Section 7: Additional Information

Is there anything else you wish to share with us, specifically about the challenges facing your Department or the Minnesota Fire Service?

In the event we have questions or want to clarify something, please provide contact information.

Name: _____

Rank: _____

E-Mail: _____

Phone: _____

Mail to:
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Milwaukee, WI 53214

-or-

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