

**CITY OF RALEIGH  
NORTH CAROLINA**

**INTER-OFFICE CORRESPONDENCE**

**TO:** Assistant Chiefs, District                   **ROOM:**  
Chiefs and Company Officers  
**FROM:** Data Management Task Force               **DATE:** 7/19/88  
**SUBJECT:** Company and Station Report Forms

**MESSAGE:**

Many of the present forms now in use have been deleted, revised or combined. Each district and each fire station will receive a notebook that contains all the forms that each station will keep on file.

Please remove from your file cabinet and destroy all forms not in this notebook. The notebook contains a listing of the forms that have been deleted or revised as well as instructions for the new/revised forms.

1. The new #1 Company Run Reports will be filled out by the first company on the scene only. The report is to be filled out completely with all pertinent information. All other companies on the incident will fill out a new #2 Fire Report. The #2 Fire Report is to be turned in at the end of the month with the monthly report.
2. The Daily Company Run Data Report will be filled out by Station #19 (Engine 19) and new companies for a period of one year. This report is to be turned in with the monthly report.
3. Fire Report Information Form is to be used in lieu of old Missing Information Form. Forms are to be carried on all apparatus. The form is to be filled out as completely as possible before leaving incident scene. One copy goes to the owner/occupant. Retain one copy in company file until other information is received. Send completed form to the Fire Prevention Office for recording on #1 Fire Report. This new form is on NCR paper.
4. Request for Inspection Department to Inspect a Structure is to be filled out by the District Chief answering the call.

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5. Trade Time Request - Approval for the ranks of Firefighter I and Firefighter II will be by the company officer; approval for the rank of Captain will be by the District Chief; District Chief will be by the Assistant Chief of Suppression. Copy to be retained in company file.
6. New First Class Certification for Road Test and Class "A" License Road Test replaces old form.
7. New Probation and Performance Evaluation Form is a combination of both the Probation Forms and old Performance Evaluation Forms. This replaces these old forms.
8. Employee's Report of Accident is a revised form.
9. Equipment Requested by Employee (clothing) is a new form.
10. Monthly Supply Order for fire stations is a new form.
11. Yearly Hose Test Report is a new form.

FORMS TO BE DELETED OR REVISED

1. #1 Company Run Report - Revised on NCR paper
2. #1 Company Run Report State Property (Green) - Deleted
3. #2 Fire Report - New Form
4. Hose Lay and Apparatus Placement Diagram - Deleted
5. Report on Fires of Suspicious or Undetermined Origin - Delete
6. Daily Company Run Data - Revised - Note: Used by Engine 19 and new companies only

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7. Daily Work Sheet (Company Runs) - Revised
8. Missing Information Report - Delete
9. Fire Information Report - Revised - Note: This form replaces Missing Information Report
10. Fire Damage Report - Delete
11. Request for Inspection Department to Inspect a Structure - Revised - Note: District Chief to complete
12. Building Survey Report - Revised - Note: New preplan form
13. Monthly Hose Report - Delete
14. Fire Hose Report - Delete
15. Repair Request Form - Revised to add portable radio repair - check equipment block and describe problem in explanation section
16. Portable Radio Repair Form - Delete
17. Sick Leave Form - Delete
18. Trade Time Request - Revised
19. Request for Promotional Consideration - First Class Firefighter - Delete old form
20. Performance Evaluation - Delete old form New form combines both evaluations
21. Probation Evaluation - Delete old form New form combines both evaluations

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22. Daily Personnel Report (Quota) - Delete
23. Employee's Report of Accident - Revised
24. District Inspection Report - Places of Assembly - Revised on NCR paper
25. District Inspection Report - Places of Assembly Tally Sheet - Delete
26. Hydrant Inspection Report - Delete
27. Company Operation Agenda - Revised - Already in use
28. Water Receipt Ticket - On NCR paper
29. Hose Record (Hose Loaned Out) - Hose Record Form for Station #1 only - All hose loaned out from Station #1 by approval of Assistant Chief
30. Equipment Requested by Employee (Clothing) - Revised
31. Monthly Supply Order for Fire Stations - Revised
32. Home Fire Inspections (Tally Sheet Only) - Delete
33. Yearly Hose Test Report - new form

mm/mt/memo.2

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HOSE LOAN RECORD  
FUEL RECEIPT TICKET  
INVALID PROGRAM CARD

1 PHASED TRAINING - 1st  
Chest & Back  
Arm

COMPANY RUN REPORT  
RALEIGH FIRE DEPARTMENT

DISPATCH \_\_\_\_\_

( ) FIRE ( ) FIRST RESPONDER ( ) HAZARDOUS MATERIAL CALL COMPANY RUN \_\_\_\_\_

DATE \_\_\_\_\_ 19 \_\_\_\_\_ TIME OUT \_\_\_\_\_ 10-23 \_\_\_\_\_ 10-8 \_\_\_\_\_

COMPANY NO. \_\_\_\_\_ ALARM RESPONDED TO: 1st \_\_\_\_\_ 2nd \_\_\_\_\_ 3rd \_\_\_\_\_ 4th \_\_\_\_\_

Alarm received by : Telephone \_\_\_\_\_ Radio \_\_\_\_\_ Verbal \_\_\_\_\_ Responded to from \_\_\_\_\_

Address \_\_\_\_\_ No. Stories \_\_\_\_\_ Construction \_\_\_\_\_

Building or property occupied as \_\_\_\_\_ Owner \_\_\_\_\_

Occupant \_\_\_\_\_ Telephone No. of Owner \_\_\_\_\_

Location of fire in building or property \_\_\_\_\_

Describe in detail the work done and position covered at fire:

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Cause of fire \_\_\_\_\_ By authority of \_\_\_\_\_

Value/Bldg. \$ \_\_\_\_\_

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Insurance/Bldg. \$ \_\_\_\_\_

FIRST RESPONDER:

Name \_\_\_\_\_

Damage/Bldg. \$ \_\_\_\_\_

Address \_\_\_\_\_

Value/Contents \$ \_\_\_\_\_

Age \_\_\_\_\_ Race \_\_\_\_\_ Sex \_\_\_\_\_

Insurance/Contents \$ \_\_\_\_\_

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Damage/Contents \$ \_\_\_\_\_

Booster Used ( ) Gallons Water \_\_\_\_\_

OTHER COMPANIES RESPONDING:

Time Pump Operated \_\_\_\_\_ Minutes

Water Supply Location \_\_\_\_\_

SHIFT WORKING:

Signature of person in charge of company at fire:

A ( ) B ( ) C ( )

# 2 FIRE REPORT  
RALEIGH FIRE DEPARTMENT

FDID		Department Name								Exp.	Incident No.				
Mo.	Day	Yr.	Day of Week	Alarm Time	Time Out	Arr. Time	Time In	Tot. Time Out	FIRE SERVICE RESPONSE						
INCIDENT ADDRESS		Street								Rm. Or Apt.		Personnel			
		City								State		Zip		Engines	
OCCUPANT NAME		Last, First				Phone				Mutual Aid (check one)		Aerials			
OWNER NAME		Last, First				Phone				<input type="checkbox"/> Received		<input type="checkbox"/> Given			
OWNER ADDRESS		Street								State ZIP		<input type="checkbox"/> Not Apply		Tankers	
		City												Other Vehicles	
PLEASE PUT APPROPRIATE CODE NUMBER IN BOX FOR EACH CATEGORY															
METHOD OF ALARM FROM PUBLIC		TYPE OF SITUATION FOUND		19 Fire/explosion not classified		20 Overpressure rupture (no combustion)		TYPE OF ACTION TAKEN		No. Incident-related Injuries					
1 Telephone		11 Structure fire		30 Rescue		32 EMS only		1 Extinguishment		Fire Srv. <input type="checkbox"/> Other <input type="checkbox"/>					
2 Municipal alarm system		12 Any fire outside a structure where the material burning has a value		40 Hazardous condition		50 Service call		2 Rescue							
3 Private alarm system		13 Vehicle fire		60 Good intent call		71 False malicious		3 Investigation							
4 Radio		14 Trees, brush, grass fire		73 False malfunction		74 False unintentional		4 Remove hazard							
5 Verbal		15 Refuse fire (material burning has no value)		99 Other situation found		75 Ambulance		5 Standby							
6 Home dialer		16 Explosion, no after-fire				8 Fill in, move up		6 Salvage							
7 Tie-line		17 Outside spill, leak with fire				9 Cancelled en route		7 Ambulance							
8 Voice signal Fire alarm system								8 Fill in, move up							
9 Other								9 Cancelled en route							
										Is juvenile involved in ignition? 1 <input type="checkbox"/> YES 2 <input type="checkbox"/> NO					
										Is property abandoned/vacant? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No					
Fill in this section if "TYPE OF SITUATION FOUND" is 11, 12, 13, 16, 17, 19 ONLY (Refer to coding sheet)															
Ignition Factor				Area of Fire Origin				Fixed Property Use							
Form of Heat of Ignition				Type of Material Ignited				Equipment Involved in Ignition							
If Heating Equipment Involved, Type of Fuel Used		1 Kerosene 2 LPG 3 Electric		4 Wood 5 Coal 6 Oil		7 Natural Gas 8 Gasoline 9 Other 0 Not Apply		Property Damage Classifications		Actual Damage					
CONDITION UPON ARRIVAL		MOBILE PROPERTY TYPE		20 Freight road transport		0 Not Apply		1 \$1-99 2 \$100-999 3 \$1,000-9,999 4 \$10,000-24,999 5 \$25,000-49,999		6 \$50,000-149,999 7 \$150,000-499,999 8 \$500,000-999,999 9 \$1,000,000 OR MORE 0 NO DOLLAR LOSS					
1 Overheat 2 Smoldering 3 Open flame 8 Out on arrival <input type="checkbox"/>		11 Automobile 12 Bus 13 Motorcycle, snowmobile 14 Motor home 15 Travel trailer 17 Mobile home		30 Rail transport 40 Water transport 50 Air transport 60 Heavy equipment 70 Special vehicles, containers 99 Other mobile property types						Value <input type="checkbox"/> Damaged <input type="checkbox"/>					
If Mobile Property		Yr.	Make	Model		St.	Lic. Number	Fire Referred for Investigation to:							
If Equipment Involved in Ignition		Yr.	Item	Make		Model				Serial Number					
No. of Stories		Extent of Damage								Detector Performance					
1 Single Story		1 Confined to the object of origin								1 <input type="checkbox"/> Present 2 <input type="checkbox"/> Not Present					
2 Two Stories		2 Confined to part of room or area of origin								If Present, Type of Closest Unit					
3 3 or 4		3 Confined to room of origin								1 <input type="checkbox"/> Smoke 2 <input type="checkbox"/> Heat					
4 5 or 6		4 Confined to fire-rated comp. of origin								Power Supply					
5 7 to 10		5 Confined to floor of origin								1 <input type="checkbox"/> Battery 2 <input type="checkbox"/> A/C					
6 11 to 20		6 Confined to structure of origin								1 In room of fire: operated					
7 21 to 50		7 Extended beyond structure of origin								2 Not in room of fire: operated					
8 Over 50		8 No damage of this type								3 In room of fire: did not operate					
9 Below Grade										4 Not in room of fire: did not operate					
Building Height		<input type="checkbox"/>		Construction Type		Sprinkler Performance		5 In room: fire too small to operate							
		<input type="checkbox"/>		1 Fire resistive 2 Noncombustible 3 Heavy timber 4 Ordinary 5 Frame 0 Other		1 Equipment operated		6 Not classified (Not Apply) <input type="checkbox"/>							
Level of Fire Origin		<input type="checkbox"/>				2 Equipment inservice, did not operate									
						3 Equipment present: fire too small to operate									
						8 No equipment present in room/space of fire origin									
						9 Equipment not in service									
Officer in Charge (name, position)				Member Making Report								Please Return Monthly to: NC Fire Commission P.O. Box 26387 Raleigh, NC 27611			
Remarks															

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N.C. STATE FIRE COMMISSION  
DEPARTMENT OF CRIME CONTROL & PUBLIC SAFETY  
116 W. JONES ST., RALEIGH, N.C. 27611

802G 8/77  
LAYOUT 2

NORTH CAROLINA FIRE CASUALTY REPORT

FIRE DEPARTMENT

PAGE \_\_\_\_ OF \_\_\_\_

FDID	INCIDENT NO.	MO.	DAY	YEAR	DAY OF WEEK	ALARM TIME	ARRIVAL TIME	TIME 10-8
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EXP. NO.	CASUALTY NUMBER	<input type="checkbox"/> INITIAL 1. <input type="checkbox"/> DELETE 2. <input type="checkbox"/> CHANGE
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GA.	CASUALTY LAST NAME	FIRST NAME	MI	D.O.B. MO. YR.	AGE	TIME OF INJURY
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GE.	HOME ADDRESS	TELEPHONE
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GC.	SEX	CASUALTY TYPE	SEVERITY	AFFILIATION
	1. <input type="checkbox"/> MALE	1. <input type="checkbox"/> FIRE CASUALTY	1. <input type="checkbox"/> INJURY	1. <input type="checkbox"/> FIRE SERVICE
	2. <input type="checkbox"/> FEMALE	2. <input type="checkbox"/> ACTION CASUALTY	2. <input type="checkbox"/> DEATH	2. <input type="checkbox"/> OTHER EMERGENCY PERSONNEL
	3. <input type="checkbox"/> CIVILIAN			3. <input type="checkbox"/> UNINFORMED.

GD-1.	FAMILIARITY WITH STRUCTURE	CONDITION BEFORE INJURY	AFFILIATION
	1. <input type="checkbox"/> LESS THAN 1 DAY.	1. <input type="checkbox"/> ASLEEP.	4. <input type="checkbox"/> UNDER RESTRAINT.
	2. <input type="checkbox"/> 1 TO 7 DAYS.	2. <input type="checkbox"/> BEDRIDDEN, OTHER	5. <input type="checkbox"/> TOO YOUNG TO ACT.
	3. <input type="checkbox"/> 8 TO 30 DAYS.	3. <input type="checkbox"/> PHYSICAL HANDICAP.	6. <input type="checkbox"/> TOO OLD TO ACT.
	4. <input type="checkbox"/> 1 TO 2 MONTHS.	4. <input type="checkbox"/> IMPAIRED BY DRUGS, ALCOHOL.	7. <input type="checkbox"/> MENTALLY HANDICAPPED, SENILE.
	5. <input type="checkbox"/> FAMILIARITY UNDETERMINED OR NOT REPORTED.	5. <input type="checkbox"/> CONDITION BEFORE INJURY NOT CLASSIFIED ABOVE.	8. <input type="checkbox"/> AWAKE, UNIMPAIRED.
		6. <input type="checkbox"/> CONDITION BEFORE INJURY UNDETERMINED OR NOT REPORTED.	

GD-2.	LOCATION AT IGNITION	AFFILIATION
	1. <input type="checkbox"/> FIRE CASUALTY INTIMATELY INVOLVED WITH IGNITION. INCLUDED ARE IGNITION OF CLOTHING ON A PERSON AND IGNITION OF BEDDING OR FURNITURE ON WHICH A PERSON IS SITTING OR LYING.	1. <input type="checkbox"/> FIRE SERVICE
	2. <input type="checkbox"/> FIRE CASUALTY IN THE ROOM OR SPACE OF FIRE ORIGIN. INCLUDED ARE VEHICLE COMPARTMENTS, PORCHES, TENTS, AND PLAYHOUSES.	2. <input type="checkbox"/> OTHER EMERGENCY PERSONNEL
	3. <input type="checkbox"/> FIRE CASUALTY ON SAME FLOOR AS ORIGIN OF FIRE.	3. <input type="checkbox"/> CIVILIAN
	4. <input type="checkbox"/> FIRE CASUALTY IN SAME BUILDING AS ORIGIN OF FIRE.	

GE-1.	CONDITION PREVENTING ESCAPE	AFFILIATION
	1. <input type="checkbox"/> NO TIME TO ESCAPE; EXPLOSION OR FIRE PROGRESSED TOO RAPIDLY.	4. <input type="checkbox"/> FIRE CASUALTY OUTSIDE OF BUILDING OF FIRE ORIGIN BUT ON PROPERTY.
	2. <input type="checkbox"/> FIRE BETWEEN CASUALTY AND EXIT.	5. <input type="checkbox"/> FIRE CASUALTY OFF PROPERTY OF FIRE ORIGIN AT TIME OF IGNITION.
	3. <input type="checkbox"/> LOCKED DOOR.	6. <input type="checkbox"/> TOO YOUNG TO ACT.
	4. <input type="checkbox"/> ILLEGAL GATES, LOCKS.	7. <input type="checkbox"/> TOO OLD TO ACT.
	5. <input type="checkbox"/> CLOTHING ON CASUALTY BURNING.	8. <input type="checkbox"/> MENTALLY HANDICAPPED, SENILE.

GE-2.	ACTIVITY AT TIME OF INJURY	AFFILIATION
	1. <input type="checkbox"/> RESPONSE/RETURN.	4. <input type="checkbox"/> PELL OR STEPPED ON.
	2. <input type="checkbox"/> ESCAPING.	5. <input type="checkbox"/> OVEREXERTION.
	3. <input type="checkbox"/> RESCUE ATTEMPT.	6. <input type="checkbox"/> RUBBED BY, CONTACT WITH.
	4. <input type="checkbox"/> FIRE CONTROL.	7. <input type="checkbox"/> STRUCK BY.
	5. <input type="checkbox"/> ACTIVITY AT TIME OF INJURY NOT CLASSIFIED ABOVE.	8. <input type="checkbox"/> NOT APPLICABLE.
	6. <input type="checkbox"/> ACTIVITY AT TIME OF INJURY UNDETERMINED OR NOT REPORTED.	9. <input type="checkbox"/> CAUSE OF INJURY NOT CLASSIFIED ABOVE.
		10. <input type="checkbox"/> CAUSE OF INJURY UNDETERMINED OR NOT REPORTED.

GF-1.	NATURE OF INJURY	AFFILIATION
	1. <input type="checkbox"/> BURNS AND ASPHYXIA/SMOKE.	4. <input type="checkbox"/> COMPLAINT OF PAIN.
	2. <input type="checkbox"/> BURNS ONLY.	5. <input type="checkbox"/> INCLUDED ARE HEART ATTACKS AND STROKES.
	3. <input type="checkbox"/> ASPHYXIA/SMOKE ONLY.	6. <input type="checkbox"/> SHOCK.
	4. <input type="checkbox"/> WOUND, CUT, BLEEDING.	7. <input type="checkbox"/> STRAIN, SPRAIN.
	5. <input type="checkbox"/> DISLOCATION, FRACTURE.	8. <input type="checkbox"/> NATURE OF INJURY OR ILLNESS NOT CLASSIFIED ABOVE.
		9. <input type="checkbox"/> NATURE OF INJURY OR ILLNESS UNDETERMINED OR NOT REPORTED.

GF-2.	PART OF BODY INJURED	AFFILIATION
	1. <input type="checkbox"/> INTERNAL.	1. <input type="checkbox"/> REFUSED HELP.
	2. <input type="checkbox"/> HEAD, NECK.	2. <input type="checkbox"/> TREATED AT SCENE AND RELEASED.
	3. <input type="checkbox"/> BODY, TRUNK, BACK.	3. <input type="checkbox"/> TAKEN TO HOSPITAL BY FIRE DEPARTMENT VEHICLE.
	4. <input type="checkbox"/> ARM.	4. <input type="checkbox"/> TAKEN TO HOSPITAL BY NONFIRE DEPARTMENT VEHICLE.
	5. <input type="checkbox"/> LEG.	5. <input type="checkbox"/> TAKEN TO OTHER THAN A HOSPITAL.
	6. <input type="checkbox"/> HAND.	6. <input type="checkbox"/> DIED.
	7. <input type="checkbox"/> FOOT.	7. <input type="checkbox"/> DISPOSITION OF CASUALTY NOT CLASSIFIED ABOVE.
		8. <input type="checkbox"/> DISPOSITION OF CASUALTY UNDETERMINED OR NOT REPORTED.

11. CASUALTY SEVERE ENOUGH TO CHECK ON LATER	<input type="checkbox"/> YES <input type="checkbox"/> NO	SEE REMARKS ON BACK	SEE ADDITIONAL REPORT
PERSON MAKING REPORT			DATE

CASUALTY

## DAILY RUN WORK SHEET

DATE	RUN	INCIDENT	TIME OUT	10-23	10-8	BOOSTER	PUMP TIME	1 1/2 FT. USED	1 3/4 FT. USED	2 1/2 FT. USED	3 FT. USED	TIME AT FIRE	TIME ON CALL	FIRST RESPONDER	
								AT SCENE	ON CALL					AT SCENE	ON CALL
TOTALS															

**COMPANY:** \_\_\_\_\_

RALEIGH FIRE DEPARTMENT  
DAILY COMPANY RUN DATA

MONTH: \_\_\_\_\_ YEAR: \_\_\_\_\_

YEAR:

RALEIGH FIRE DEPARTMENT  
FIRE REPORT INFORMATION

INCIDENT # \_\_\_\_\_  
CO. RUN # \_\_\_\_\_

OWNER: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

OCCUPANT: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

VALUE/BLDG. \$ \_\_\_\_\_ VALUE/CONTENTS \$ \_\_\_\_\_

INSURANCE/BLDG. \$ \_\_\_\_\_ INSURANCE/CONTENTS \$ \_\_\_\_\_

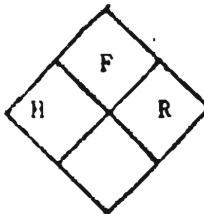
DAMAGE/BLDG. \$ \_\_\_\_\_ DAMAGE/CONTENTS \$ \_\_\_\_\_

PLEASE CONTACT THE PERSON BELOW AS SOON AS POSSIBLE WITH  
THIS INFORMATION:

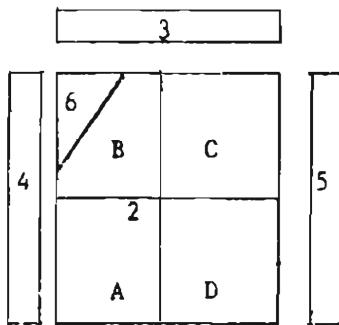
CAPTAIN: \_\_\_\_\_ STATION: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

**FIREGROUND COMMAND WORKSHEET**  
**RALEIGH FIRE DEPARTMENT**

ADDRESS:		DIST. #		INCI. #	DISPATCH
		D.C. ON DUTY		10-23	
				10-8	
OCCUPANCY:		WIND: N S W E			
DATE		WEATHER CONDITIONS:			
<b>FIRST ALARM</b> E E T R C EX	<b>INITIAL REPORT</b>	<b>FIRE ATTACK</b>	<b>PRIORITIES</b>	<b>AGENCIES</b>	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>
		OFFEN.	RESCUE	C.P. & L.	CMD. LOCAL
			EXPOSURE	POLICE	SPRINKLER
			PROTECTION	GAS CO.	STANDPIPE
		DEFEN.	FIRE CONTROL	EMS	INVESTIGATOR
			PROPERTY CONSER-VATION		LEVEL II
			HAZARDS	COMMAND LOCATION:	



SECTOR 7 (STAGING) LOCATION:



MULTI STORY

S-2 3rd. F1.
S-2 2nd. F1.
FIRE FL. S-2

SECTOR 1	SECTOR 2	SECTOR 3	SECTOR 4	SECTOR 5	SECTOR 6	SECTOR 7	OTHER

PUT IN EACH SECTOR BLOCK: SECTOR COMMANDER, EQUIP.# AND NUMBER OF PERSONNEL

TO: CITY OF RALEIGH INSPECTIONS DEPARTMENT  
SUBJECT: REQUEST FOR INSPECTION OF STRUCTURE DUE TO STRUCTURE DAMAGE  
RESULTING FROM FIRE

NAME OF OWNER: \_\_\_\_\_

NAME OF OCCUPANCY: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

DATE: \_\_\_\_\_ TIME: \_\_\_\_\_

REMARKS:

DATE: \_\_\_\_\_ DISTRICT CHIEF: \_\_\_\_\_

CITY OF RALEIGH  
FIRE DEPARTMENT  
WATER RECEIPT TICKET

RECEIVED FROM FIRE STATION # \_\_\_\_\_

DATE: \_\_\_\_\_

AMOUNT OF WATER RECEIVED \_\_\_\_\_  
(GALLONS)

COMPANY NAME \_\_\_\_\_

DRIVER'S SIGNATURE \_\_\_\_\_

FIRE CAPTAIN'S SIGNATURE \_\_\_\_\_

White copy to be forwarded to Fire Administrative Office  
Yellow copy to be forwarded to Construction Company

## REPAIR REQUEST FORM

**SERVICE DIVISION**

- Station Needs  
 Station Repairs  
 Other

**TRAINING AND FLEET MAINT.**

- Equipment Repairs  
 Equipment Replacement  
 Nozzle/Hose Repair  
 SCBA Repair/Rescue  
 Vehicle Repair-All Units

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Date \_\_\_\_\_ Station \_\_\_\_\_ Unit # \_\_\_\_\_

Shift \_\_\_\_\_

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**EXPLANATION OF REPAIRS/REQUEST**

- 1) \_\_\_\_\_
  - 2) \_\_\_\_\_
  - 3) \_\_\_\_\_
  - 4) \_\_\_\_\_
  - 5) \_\_\_\_\_
- 

Engineer \_\_\_\_\_

Company Officer \_\_\_\_\_

\*\*\* District Chief \_\_\_\_\_

\*\*\* Equipment must be checked by District Chief before this repair request form can be signed.

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Signature \_\_\_\_\_ Completion Date \_\_\_\_\_  
(Person Filling Out Request)

**RALEIGH FIRE DEPARTMENT**  
**MONTHLY SUPPLY ORDER FOR FIRE STATIONS**

## **FIRE STATION**

## CAPTAIN

## DISTRICT CHIEF

- \* Per dozen price
- \*\*<sup>2</sup> Per  $\frac{1}{2}$  gallon price
- \*\*<sup>3</sup> Per 5 gallon price
- \*\*\* Per case price

**RALEIGH FIRE DEPARTMENT  
EQUIPMENT REQUESTED BY EMPLOYEE**

NAME \_\_\_\_\_ STATION \_\_\_\_\_ DISTRICT \_\_\_\_\_

DATE \_\_\_\_\_

<u>ARTICLE</u>	<u>SIZE</u>	<u>AMOUNT NEEDED</u>
Blue Shirt (SS)		
Blue Shirt (LS)		
White Shirt (SS)		
White Shirt (LS)		
Uniform Cap		
Uniform Coat		
Uniform Pants		
Name Tag		
Badges		
Ball Cap		
Belt		
Shoes		
Necktie		
Turnout Coat		
Turnout Pants		
Boots		
Helmet		
Suspenders		
Gloves		
Wash and Wear Pants		

EMPLOYEE \_\_\_\_\_

CAPTAIN \_\_\_\_\_

DISTRICT CHIEF \_\_\_\_\_

ISSUED BY \_\_\_\_\_

**NOTE:** Make sure sizes are correct before turning in request.

VACATION LEAVE REQUEST

RALEIGH FIRE DEPARTMENT

DATE: \_\_\_\_\_

NAME OF EMPLOYEE: \_\_\_\_\_ TITLE: \_\_\_\_\_

STATION ASSIGNMENT & SHIFT: \_\_\_\_\_

I request VACATION Leave on \_\_\_\_\_  
(# of days; 1 or 2) (Day and Date)

FROM: 8:00 a.m. to 8:00 a.m. \_\_\_\_\_

8:00 a.m. to 8:00 p.m. \_\_\_\_\_

8:00 p.m. to 8:00 a.m. \_\_\_\_\_

By: \_\_\_\_\_  
(Employee)

APPROVED BY: \_\_\_\_\_  
(Captain)

\_\_\_\_\_  
(District Chief)

DISTRICT CHIEF-PLEASE CHECK:

\_\_\_\_\_ APPROVED (Send to District # 2 Chief for recording on  
Master List, and then to Office )

\_\_\_\_\_ DENIED (Return to Employee)

\_\_\_\_\_ EMERGENCY REQUEST (Check only if not 48 hrs in advance)

\*\*\*\*\*MUST BE MADE AT LEAST 48 HOURS IN ADVANCE\*\*\*\*\*

## TRADE TIME REQUEST

COMPANY \_\_\_\_\_

DATE \_\_\_\_\_

The following person requests permission to trade duty tour time:

I, \_\_\_\_\_, \_\_\_\_\_,  
NAME RANK

request that \_\_\_\_\_, \_\_\_\_\_,  
NAME RANK

work for me from \_\_\_\_\_ a.m./p.m. \_\_\_\_\_  
TIME DATE

to \_\_\_\_\_ a.m./p.m. \_\_\_\_\_  
TIME DATE

We, the persons making the trade indicated above, understand and agree to the following provisions:

1. The City of Raleigh or Raleigh Fire Department does not encumber an expense or responsibility for compensation due to this trade;
2. The person working during the trade is to fulfill and satisfy all requirements as if the regular person were on duty;
3. The person who has agreed to work the trade shall be responsible to report for duty as if it were that person's normal assignment and that person shall be held responsible as if it were his/her regular duty assignment.

Signature of Persons Making Trade \_\_\_\_\_

Approved By \_\_\_\_\_ Date \_\_\_\_\_

\* One copy to remain in company file.

\*\* Approval of request will be by supervisor of person making request

ACTING POSITION FORM

(date) \_\_\_\_\_

The following employee: \_\_\_\_\_

is to be (check one)    put on,    taken off ACTING STATUS  
effective (date) \_\_\_\_\_ at Station \_\_\_\_\_, \_\_\_\_\_ Shift.

This employee is ACTING for: \_\_\_\_\_

whose position is: \_\_\_\_\_ and

who is out due to: Sickness \_\_\_\_\_

Injury \_\_\_\_\_

Other \_\_\_\_\_  
(Explain)

INSTRUCTIONS: The above form is to be used when requesting that an employee be compensated for ACTING STATUS DUTY or when requesting that ACTING STATUS be discontinued.

Please be sure to fill out all the necessary information and then turn this form into the Chief's Office.

F I R E   D E P A R T M E N T  
CITY OF RALEIGH

• ROAD TEST CERTIFICATION •

First Class Certification       Class "A" License  
Road Test    Road Test

Station/Shift \_\_\_\_\_ Company \_\_\_\_\_ Date \_\_\_\_\_

Name \_\_\_\_\_ Employment Date \_\_\_\_\_

N.C. Driver's License No. \_\_\_\_\_

Class "A" Permit No. \_\_\_\_\_ Date Issued \_\_\_\_\_

I certify that the above named employee displays competent driving skills in preparation for the road test and has driven the following apparatus:

	Drive	Pump
Aerial Ladder Apparatus	<input type="checkbox"/>	
Aerial Ladder Apparatus (Tiller)	<input type="checkbox"/>	
Elevating Platform	<input type="checkbox"/>	
Service Ladder Truck	<input type="checkbox"/>	
Pumper	<input type="checkbox"/>	<input type="checkbox"/>

Applicant's Signature \_\_\_\_\_

Supervisor's Signature \_\_\_\_\_

District Chief's Signature \_\_\_\_\_

(Office Use)

Examiner's Signature \_\_\_\_\_

Date Administered \_\_\_\_\_ Passed \_\_\_\_\_ Failed \_\_\_\_\_

Comments \_\_\_\_\_

RALEIGH FIRE DEPARTMENT

NAME \_\_\_\_\_ EMPLOYEE NO. \_\_\_\_\_

DATE OF EMPLOYMENT \_\_\_\_\_

COMPANY ASSIGNMENT \_\_\_\_\_

DATE OF ASSIGNMENT \_\_\_\_\_

PROBATION EVALUATION

PERFORMANCE EVALUATION

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ADDRESS and/or TELEPHONE CHANGE INFORMATION

DATE: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ COUNTY: \_\_\_\_\_ ZIPCODE \_\_\_\_\_

TELEPHONE NUMBERS:      PRIMARY: \_\_\_\_\_

                          SECONDARY: \_\_\_\_\_

DISTANCE (in road miles) from the Raleigh City Municipal Building: \_\_\_\_\_

Please indicate if telephoning the above telephone numbers would be a LOCAL or a LONG DISTANCE CALL.

\_\_\_\_\_ LOCAL      \_\_\_\_\_ LONG DISTANCE

I agree to accept long distance person to person collect telephone charges from the Raleigh Fire Department personnel when Official Business makes such a call to me necessary.

\_\_\_\_\_ (Signature)

To be filed out in duplicate. The original to be sent to the Fire Chief's office and the copy to be kept at the station in the Company file.

RALEIGH FIRE DEPARTMENT  
EMPLOYEE'S REPORT OF ACCIDENT

SUBMIT ONE COPY TO FIRE CHIEF'S OFFICE. PRINT LEGIBLY.

1. Name \_\_\_\_\_ Rank \_\_\_\_\_

(Home Address) (City) (State) (Zip)

2. Age \_\_\_\_\_ Social Security Number \_\_\_\_\_

3. Check (X) Married \_\_\_\_\_ Single \_\_\_\_\_ Divorced \_\_\_\_\_

4. Male \_\_\_\_\_ Female \_\_\_\_\_

5. Number of children under 18 years \_\_\_\_\_

6. How long employed? \_\_\_\_\_

7. Date of Injury \_\_\_\_\_ Time \_\_\_\_\_  
(2400 Clock)

8. Site of Injury \_\_\_\_\_

9. Will you miss time from work for this injury? \_\_\_\_\_

10. When did you leave work? Date \_\_\_\_\_ Time \_\_\_\_\_  
(2400 Clock)

11. Describe fully how injury occurred. State what you were  
doing at the time and the thing causing the injury.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

12. Nature and location of injury (broken, bruised, cut, hand,  
foot, right, left, number of stitches, etc.)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

13. Did you see a doctor? \_\_\_\_\_ When \_\_\_\_\_

14. Name of doctor and/or hospital \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

15. To whom did you first report your accident? \_\_\_\_\_

Date \_\_\_\_\_ Time \_\_\_\_\_  
(2400 Clock)

16. Name of Supervisor \_\_\_\_\_
17. Who witnessed your accident?  
(Witnesses are to sign below)
18. Was safety clothing and/or equipment being used at the time?  
\_\_\_\_\_  
\_\_\_\_\_
19. Have you had a similar accident? \_\_\_\_\_
20. Have you previously received Workmen's Compensation?  
If so, when? \_\_\_\_\_
21. What would you do to prevent a similar accident from occurring in the future?  
\_\_\_\_\_  
\_\_\_\_\_

Employee's Signature

Date

Witness's Signature

STATEMENT OF WITNESS(ES)

The undersigned was/were witnesses to the accident referred to on the reverse side of this form, and the accident occurred in substantially the manner set out by the injured employee except that:

\_\_\_\_\_  
\_\_\_\_\_

Witness \_\_\_\_\_

Date \_\_\_\_\_

Witness \_\_\_\_\_

Date \_\_\_\_\_

STATEMENT OF SUPERVISOR

The undersigned supervisor has investigated the accident reported by the injured and finds the facts to be substantially as reported.

Supervisor's Signature \_\_\_\_\_

Rank \_\_\_\_\_ Date \_\_\_\_\_

-----  
District Chief \_\_\_\_\_ Date \_\_\_\_\_

Ass't. Chief/  
Suppression \_\_\_\_\_ Date \_\_\_\_\_

Fire Chief \_\_\_\_\_ Date \_\_\_\_\_

~~APPLICATION FOR~~  
EDUCATIONAL EXPENSE ASSISTANCE

Application Date \_\_\_\_\_

Answer All Questions (✓)

1. I would like a Tuition ADVANCE \_\_\_\_\_, or REFUND \_\_\_\_\_
2. I am receiving VA assistance or other governmental assistance: Yes \_\_\_\_\_ No \_\_\_\_\_
3. Is this course a requirement for a degree? Yes \_\_\_\_\_ No \_\_\_\_\_
4. Is this course taken at the request of City? Yes \_\_\_\_\_ No \_\_\_\_\_
  
5. I am taking this course to (check one answer)  
 a. Prepare for a new job or position in the City.  
 b. Maintain or improve skills in present job.  
 c. Meet minimum educational qualifications for present job.  
 d. None of the above. Explain:  
  
\_\_\_\_\_  
\_\_\_\_\_

Name \_\_\_\_\_ Social Security No. \_\_\_\_\_

Dept./Div. \_\_\_\_\_ Phone \_\_\_\_\_ Position \_\_\_\_\_

Name of School \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Title of Course(s) \_\_\_\_\_

Starting Date & Time \_\_\_\_\_ Ending Date \_\_\_\_\_ Credits \_\_\_\_\_

Tuition Cost Only \$ \_\_\_\_\_ Other Costs/Books, Lab Fees, Etc. \$ \_\_\_\_\_

I HEREBY AGREE TO REPAY TO THE CITY ANY MONEY RECEIVED: (1) if I should not successfully complete the course; or (2) if I should leave the City's employ prior to or within 90 days of completion of those courses for which I have received payment. Payment to the City of Raleigh will be made by me through direct reimbursement or by deduction from my paycheck as authorized by the Personnel Training Officer.

Employee Signature \_\_\_\_\_

Yes \_\_\_\_\_ No \_\_\_\_\_ Approved

Department Director: \_\_\_\_\_ Date \_\_\_\_\_  
Signature \_\_\_\_\_

Yes \_\_\_\_\_ No \_\_\_\_\_ Approved

Personnel Training Off.: \_\_\_\_\_ Date \_\_\_\_\_  
Signature \_\_\_\_\_

Completion Record: Satisfactory: Yes \_\_\_\_\_ No \_\_\_\_\_

MONTHLY PETTY LEAVE REPORT

STATION # \_\_\_\_\_  
MONTH/YEAR

**CHECK ONE:**  
**FOR PAYMENT**   
**FOR PRE-CERTIFICATION**   
**PRE-CERTIFICATION NOT REQUIRED**



**Blue Cross  
Blue Shield**

**PRECERTIFICATION NOT REQUIRED  
FORWARD TO: P.O. BOX 35, DURHAM, N.C. 27702**

1. PATIENT NAME		2. RELATIONSHIP TO EMPLOYEE SELF <input type="checkbox"/> SPOUSE <input type="checkbox"/> CHILD <input type="checkbox"/> OTHER <input type="checkbox"/>		3. SEX M <input type="checkbox"/> F <input type="checkbox"/>	4. PATIENT BIRTHDATE MO. <input type="checkbox"/> DAY <input type="checkbox"/> YEAR <input type="checkbox"/>	5. IF FULL TIME STUDENT SCHOOL <input type="checkbox"/> CITY <input type="checkbox"/>	
S U B S C R M A T I O N	FIRST <input type="text"/>	INITIAL <input type="text"/>	LAST <input type="text"/>	6. SUBSCRIBER ID. NUMBER <input type="text"/>			
				7. SUBSCRIBER ID. NUMBER <input type="text"/>			
				8. MAILING ADDRESS STREET. CITY STATE, ZIP CODE <input type="text"/>			
				9-12 EMPLOYEE/SUBSCRIBER GROUP NO AND/OR GROUP NAME <input type="text"/>			
				MEDICAL RECORD NUMBER <input type="text"/>			
	13 IS PATIENT COVERED BY ANOTHER DENTAL PLAN? <input type="checkbox"/>			DENTAL PLAN NAME <input type="text"/>	UNION LOCAL <input type="checkbox"/>	GROUP NO. <input type="text"/>	NAME AND ADDRESS OF CARRIER <input type="text"/>
<b>Patient Authorization:</b> I hereby accept the following treatment plan and authorize the release of any information relative to this case				SIGNED (PATIENT, OR PARENT IF MINOR)			DATE

**DO NOT WRITE IN THIS SPACE**

INFORMATION	14 DENTIST NAME		BCBS PROVIDER NUMBER		15 IS ILLNESS RESULT OF OCCUPATIONAL ILLNESS OR INJURY?		NO YES		IF YES ENTER DATE AND SPECIFIC DENTAL INJURIES (LIST TEETH)		
	16 MAILING ADDRESS STREET, CITY, STATE, ZIP CODE				17 IS TREATMENT RESULT OF AUTO ACCIDENT?						
					18 OTHER ACCIDENT? GIVE NATURE						
					19 ARE ANY SERVICES COVERED BY ANOTHER PLAN?						
	20. DIAGNOSIS								21. IF NO, GIVE DATE OF PRIOR PLACEMENT		
23. FIRST VISIT DATE CURRENT SERIES		24 PLACE OF TREATMENT OFFICE HOSP ETC OTHER	25 RADIOGRAPHS OR MODELS ENCLOSED?	NO	YES	HOW MANY	26 IS TREATMENT FOR ORTHODONTICS?		IF SERVICES ALREADY COMMENCED ENTER	DATE APPLIANCES PLACED	MOS TREATMENT REMAINING

27. EXAMINATION AND TREATMENT PLAN - LIST IN ORDER FROM TOOTH NO. 1 THROUGH TOOTH NO. 12 - USE CHARTING SYSTEM SHOWN

FOR PLAN USE ONLY  
PRE-CERTIFICATION BENEFITS

**FOR PLAN USE ONLY**      **PRE-CERTIFICATION BENEFITS**

#### **PRE-CERTIFICATION BENEFITS**

**PRE-CERTIFICATION BENEFITS**  
Pre-certification is not a guarantee of benefit payment. Eligibility will be dependent upon status of coverage on the date services are satisfactorily completed.

**Pre-certification does not constitute an expressed or implied authority to cover a change in plan of treatment or services as work progresses.**

- Your X rays are enclosed.

Pre-certification is hereby given, date \_\_\_\_\_ by \_\_\_\_\_

Pre-certification of services cannot be given at this time.

This service is not covered under the terms of the subscriber's agreement

Subject to Coordination of Benefits  Other \_\_\_\_\_

**TOTAL CHARGES**      **DEDUCTIBLE  
(IF NOT OTHERWISE MET)**

**ANNUAL MAXIMUM**

SUBJECT TO PRIOR PAYMENT FOR SERVICES RENDERED

H CURRENT YEAR

WITHIN 365 DAYS FROM DATE OF ACCIDENT

SUBJECT TO PRIOR PAYMENT FOR SERVICES RENDERED  
□ CURRENT YEAR  
□ WITHIN 365 DAYS FROM DATE OF ACCIDENT

Dentist Statement I hereby certify that the services listed above have been performed

**TOTAL CLAIM CHARGE**

SIGNED

FIRE DEPARTMENT  
CITY OF RALEIGH

SPECIMEN

• COMPANY QUARTERLY OPERATIONS AGENDA •  
MONDAY THROUGH FRIDAY SCHEDULE

REQUIRED TRAINING SUBJECTS IN QUARTER/SCBA-6 HOURS/EMS-9 HOURS/HAZMAT-6 HOURS/=21 HOURS

SECTION A	SECTION B		SECTION C		SECTION D	
SHIFT/COMPANY	QUARTER		AVAILABLE AGENDA TIME WITHIN QUARTER*		1	PREPARED BY CAPTAIN / DATE
	BEGINS	ENDS	DAYS	HOURS	2	APPROVED BY D. CHIEF / DATE
1	1	3	1	2	3	APPROVED BY DIV. CHIEF / DATE
2	2	4				

SECTION E

1	2	3	4	5	HOURS*	
DAY	DATE	SUBJECTS/ACTIVITIES	PRACTICE	CLASSROOM INSTRUCTION	6	7 OBJECTIVE ACTUAL
FIRST MONTH OF THE QUARTER <sup>8</sup>						

\*Agendas are based on six (6) activity hours per available weekday.

**SECTION E (CONTINUED)**

<b>1 DAY</b>	<b>2 DATE</b>	<b>3 SUBJECTS/ACTIVITIES</b>	<b>4 PRACTICE</b>	<b>5 CLASSROOM INSTRUCTION</b>	<b>HOURS*</b>	
					<b>6 OBJECTIVE</b>	<b>7 ACTUAL</b>

**SECOND MONTH OF THE QUARTER<sup>9</sup>**


**THIRD MONTH OF THE QUARTER<sup>10</sup>**


**Total Hours<sup>11</sup>**

\*List whole or half hours only, i.e., 1/2, 1, 1 1/2, 2, etc.  
Do not list minutes.

## INDIVIDUAL FIRE TRAINING RECORD

**NAME** \_\_\_\_\_

## YEAR

## RANK

## COMPANY

RALEIGH FIRE DEPARTMENT  
SEMI-ANNUAL REPORT

Training Division

<u>Station</u>	<u>Officer</u>	<u>Man Hours</u>		
		<u>A</u>	<u>B</u>	<u>C</u>
01. Administration & Organ.				
02. Apparatus Care				
03. Breathing Apparatus				
04. Chemistry of Fire				
05. Department Operating Proc.				
06. Driver Training				
07. Emergency Care & Practices				
08. Emergency Disaster Plans				
09. Fire Extinguishers				
10. Fireground Tactics				
11. Fire Prev. Codes & Laws				
12. Fire Safety Education				
13. Foam Practices				
14. Forcible Entry Tools				
15. Generator & Lights				
16. Hazardous Material				
17. Hose Advances				
18. Hose Care & Loading				
19. Hydrant Maint.				
20. Hydraulics				
21. Knots & Hitches				
22. Ladders, Aerial				
23. Ladders, Ground				
24. Leadership				
25. LP Gas				
26. Nozzles & Appliances				
27. Physical Training				
28. Pre-Fire Plan				
29. Pump Operations				
30. Rescue Operations				
31. Rules & Regulations				
32. Salvage				
33. Sprinkler & Standpipe				
34. Territory & Streets				
35. Ventilation				
36. Water Supply System				
jb/c33	Total			

RALEIGH FIRE DEPARTMENT

PERFORMANCE EVALUATION REPORT

I. General Information

Employee's  
Name \_\_\_\_\_

Department/  
Division \_\_\_\_\_

Social  
Security Number \_\_\_\_\_

Job  
Class \_\_\_\_\_

Date of  
Employment \_\_\_\_\_

Purpose of  
Evaluation  
Report SEMI-ANNUAL

Evaluation  
Period \_\_\_\_\_ to \_\_\_\_\_

Probationary  
Special  
Separation

-----  
Level of  
Performance \_\_\_\_\_ Grade \_\_\_\_\_

II. Job Factors - COMPLETE FOR ALL EMPLOYEES

A. Technical Competence

1. Oral Communication Skills

- a. Speaks in an understandable voice
- b. Conveys information clearly
- c. Is courteous
- d. Listens attentively
- e. Answers questions completely

Comments/Examples: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2. Written Communication Skills

- a. Writes legibly
- b. Presents accurate information, clearly and concisely
- c. Uses correct grammar & punctuation
- d. Provides required information
- \*\*e. Submits reports on time

Comments/Examples: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

FFII & ABOVE  
ONLY

Level of  
Performance

Grade

3. Job Knowledge

- a. Knows technical aspects of the job
- b. Knows departmental operating rules
- c. Understands objectives of the job
- d. Knows the geography of the jurisdiction

Comments/Examples: \_\_\_\_\_

4. Equipment Use Skills

- \*\* a. Controls vehicle, even during emergencies.
- \*\* b. Uses safe and defensive driving practices.
- c. Demonstrates effective use of assigned tools/equipment
- d. Cares for assigned vehicles/tools equipment

Comments/Examples: \_\_\_\_\_

5. Observation Skills

- a. Notes physical details, irregularities
- b. Recalls details
- c. Assimilates information from several sources
- d. Uses available information to assess a situation

Comments/Examples: \_\_\_\_\_

B. Interpersonal Relations

1. With the General Public

- a. Displays tact & consideration
- b. Listens to complaints
- c. Takes time to respond to questions
- d. Displays willingness to help

Comments/Examples: \_\_\_\_\_

2. With Other Employees

- a. Helps when work load is heavy
- b. Carries assigned work load
- c. Displays tact and consideration

Comments/Examples: \_\_\_\_\_

FFII & ( \_\_\_\_\_  
FIRST ( \_\_\_\_\_  
CLASS FF ( \_\_\_\_\_  
ONLY ( \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Level of  
Performance

Grade

3. With Supervisors
- a. Accepts criticism
  - b. Accepts direction
  - c. Follows instructions

Comments/Examples: \_\_\_\_\_

C. Responsibility Acceptance

1. Decision-Making Ability

- a. Evaluates situations quickly & accurately
- b. Uses all available data
- c. Follows set procedures
- d. Reaches decisions within a reasonable time limit

Comments/Examples: \_\_\_\_\_

2. Stress Tolerance

- a. Maintains self-control in emergencies
- b. Performs duties effectively under pressure
- c. Works within time constraints
- d. Relays information clearly in emergencies

Comments/Examples: \_\_\_\_\_

3. Work Habits

- a. Reports to work on time
- b. Observes work hours
- c. Stays with the job until it is complete
- d. Carries an adequate work load
- e. Conforms to departmental rules & regulations

Comments/Examples: \_\_\_\_\_

4. Career Development Capacity

- a. Shows initiative on the job
- b. Understands new concepts
- c. Engages in self-improvement activities
- d. Shows potential for promotion

Comments/Examples: \_\_\_\_\_

**III. Supervisory and Management Ability Factors**

**A. Supervision Ability Factors - For Classification FFII and above**

- 1. Assigns work fairly
- 2. Observes and evaluates employee job performance
- 3. Solves employee problems
- 4. Insures compliance with rules and regulations
- 5. Coordinates work of employees
- 6. Trains new employees
- 7. Maintains contact with other divisions
- 8. Requisition material/equipment in a timely and proper manner
- 9. Monitors work done by employees
- 10. Makes sure work deadlines are met
- 11. Relays necessary information

Comments/Examples: \_\_\_\_\_

**B. Management Ability Factors - For all Classifications**

- 1. Plans and manages time of self
- 2. Implements policies and procedures
- 3. Sets and meets goals and objectives
- 4. Anticipates problems
- 5. Assumes added responsibilities when necessary

Comments/Examples: \_\_\_\_\_

**IV. Overall Evaluation**

**A. Employee's strengths:**

**B. Areas needing improvement:**

**C. Recommended development activities:**

D. Overall Rating of Employee:

Level 1    Level 2    Level 3    Level 4    Level 5   

---

V. Certification

I hereby certify that this report constitutes my best judgement of the job performance of this employee and is based on personal knowledge of his work.

---

Signature of Rater

Title

Date

---

Signature of Rater

Title

Date

---

Signature of Department Head

Date

I hereby certify that this performance evaluation report has been discussed with me.

---

Signature of Employee

Date

Employee Comments:

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**PRE-FIRE INCIDENT FACT SHEET**

STATION NO. \_\_\_\_\_ I.D. NO. \_\_\_\_\_ DATE OF  
LAST PRE-PLAN \_\_\_\_\_

BUILDING ADDRESS \_\_\_\_\_

BUILDING NAME \_\_\_\_\_ PHONE NO. \_\_\_\_\_

CONTACT 1 \_\_\_\_\_ PHONE NO. \_\_\_\_\_

CONTACT 2 \_\_\_\_\_ PHONE NO. \_\_\_\_\_

CONTACT 3 \_\_\_\_\_ PHONE NO. \_\_\_\_\_

OWNER OF BUILDING \_\_\_\_\_ PHONE NO. \_\_\_\_\_

HAZARDOUS MATERIALS \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

REMARKS \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DATE OF NEXT PRE-PLAN \_\_\_\_\_

I. Accessibility \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

II. Construction \_\_\_\_\_ Occupancy \_\_\_\_\_  
Building Dimensions \_\_\_\_\_

III. Rescue \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Need \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Where \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

When \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

IV. Fire Protection Systems \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Location of F.D. Connection \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Location of Controls** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Fire Pump** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Fire Protection Devices** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Ventilation** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Water Supply** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Static** \_\_\_\_\_ **Residual** \_\_\_\_\_ **Flow** \_\_\_\_\_

**Salvage** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**V. Utility Information** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Water** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Electricity** \_\_\_\_\_  
\_\_\_\_\_

**Gas** \_\_\_\_\_  
\_\_\_\_\_

**Elevators/Escalator** \_\_\_\_\_  
\_\_\_\_\_

**Heating** \_\_\_\_\_  
\_\_\_\_\_

**A/C** \_\_\_\_\_  
\_\_\_\_\_

**VI. Exposures** \_\_\_\_\_  
\_\_\_\_\_

**Exterior** \_\_\_\_\_  
\_\_\_\_\_

**Interior** \_\_\_\_\_  
\_\_\_\_\_

**Communication Factors** \_\_\_\_\_  
\_\_\_\_\_

VII Special Hazards \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

VIII Hazardous Material yes/no \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

RALEIGH FIRE DEPARTMENT  
HOME FIRE SAFETY  
INSPECTION AND AWARENESS PROGRAM

Address \_\_\_\_\_ Date \_\_\_\_\_

Dear Householder:

If you indicate your approval, we will conduct a fire inspection of your home. This inspection sheet points out the need for a continuing effort in home fire safety. Where apparent, improvements that will need your attention have been indicated.

For the safety of you and your family, you are urged to make these improvements.

Thank you,  
Raleigh Fire Department

IT COULD SAVE THE LIFE OF YOU AND YOUR FAMILY.

If you have any questions regarding this inspection, please call the Raleigh Fire Department at 755-6392. (Emergency only dial 911)

CONDITIONS UNSAFE OR NEEDING ATTENTION-Check Where Applicable:

<input checked="" type="checkbox"/>	FLAMMABLES:	<input checked="" type="checkbox"/>	MISCELLANEOUS:	
	Improper use/Storage of Flammable Liquids		General housekeeping - Storage areas Attic	
	Oily rags - Painting materials		Basement	
<input checked="" type="checkbox"/>	HEATING & COOKING:		Utility Room	
	Chimney & Flues		Outbuildings	
	Storage too close to gas or hot water heater and heating units		Yard Other Comments:	
	Has Furnance been checked?			
	Space Heater	YES	NO	PERSONAL SAFETY:
	Grease in hood or dirty filters			Smoke Detector
<input checked="" type="checkbox"/>	ELECTRICAL:			Fire Extinguishers, Properly Charged
	Defective Fixture			House Numbers Legible - Minimum size 4"
	Improper use of Extension Cords			Invalid Decal Needed - Invalid Updated
	Defective or Frayed Wiring			Home Fire Escape Plan
	Panel Obstruction			Evidence of Careless Smoking
	Overloaded Receptacle			Matches out of reach of Children

REMARKS:

Thank you,

Engine/Truck Company \_\_\_\_\_

Fire Department Representative

"YOU CAN'T BEAT FIRE PREVENTION, TO SAVE YOUR LIFE"

## APPARATUS INSPECTION

DATE \_\_\_\_\_

ACCEPTABLE

UNACCEPTABLE

CAB		
COMPARTMENT - ENGINE		
COMPARTMENTS - LEFT SIDE		
COMPARTMENT - REAR		
COMPARTMENTS - RIGHT SIDE		
COMPARTMENT - BATTERY		
LADDER BED - TOP		
LADDER BED - BOTTOM		
FENDER WELLS		
EXTERIOR		
UNDERSIDE		
EQUIPMENT		

COMMENTS:

INSPECTED BY \_\_\_\_\_

BUREAU FIRE PREVENTION  
RALEIGH FIRE DEPARTMENT

Application is hereby made in duplicate to burn the following materials:

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- NOTE: 1. Fire extinguishing agent or method shall be on site ready for use at all times during burning.  
2. No accelerants to be added at anytime.  
3. Nothing to be added after 1500 hours and extinguish by sundown. (dusk)  
4. Fire shall be extinguished before leaving area.  
5. No burning if windy conditions exist.

Subject material to be burned at \_\_\_\_\_  
(Address)

I wish to burn these materials beginning at \_\_\_\_\_, on \_\_\_\_\_;  
(time) (date)

This burning is expected to be completed by \_\_\_\_\_, \_\_\_\_\_.  
(time) (date)

At no time during the burning of the above material will the applicant fail to have fire or fires properly tended.

If at any time this burning becomes annoying or complaints arising from, applicant will be required to immediately extinguish this fire.

Applicant will assume full responsibility for surrounding property and belongings.

This permit in no way supercedes state air quality regulation nor may it be construed to permit activities prohibited by state law.

\_\_\_\_\_  
(Applicant)

\_\_\_\_\_  
(Telephone Number)

\_\_\_\_\_  
(Inspector)

\_\_\_\_\_  
(Date)

## **LOCATION**

Form 413-25-A

### **LOCATION**

## **LOCATION**

### **LOCATION**

## **LOCATION**

**DISTRICT INSPECTION REPORT - PLACES OF ASSEMBLY**

DATE: \_\_\_\_\_ TIME \_\_\_\_\_

BUSINESS NAME AND ADDRESS \_\_\_\_\_  
\_\_\_\_\_

EXITS \_\_\_\_\_ OVERCROWDED \_\_\_\_\_ WELL LIGHTED \_\_\_\_\_

OTHER VIOLATION \_\_\_\_\_

RECHECK NEEDED \_\_\_\_\_ RECHECK MADE \_\_\_\_\_

ACTION TAKEN \_\_\_\_\_  
\_\_\_\_\_

RALEIGH FIRE DEPARTMENT

DISTRICT CHIEF'S SIGNATURE \_\_\_\_\_ MANAGER'S SIGNATURE \_\_\_\_\_

COMMENTS AND DOCUMENTATION

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RALEIGH FIRE DEPARTMENT  
DAILY RECORD OF SCOTT AIR PACS

## JUMP KIT INVENTORY

**MONTH**

**YEAR**

**RALEIGH FIRE DEPARTMENT**

DISTRICT CHIEF'S CAR CHECK LIST

**Month**                                   **Year**

[1] [2] [3] [4] [5] [6] [7] [8] [9] [10] [11] [12] [13] [14] [15] [16] [17] [18] [19] [20]

## Pitot

### Residual

## Diverter

## Hydrant Wrench

2½" Double Female

## Bolt Cutter

## Flash Light Battery

## Flashlight

## Meter Covers & Rings

Adj

## Needle Nose Pliers

## Battery Charger

## 3 Air Tanks

1 Scott

## First Aid Kit

### Jumper Cables

## File Cabinet Box

## ABC Extinguisher

**Crow Bar - 3 Ft.**

### Water Cut Off

## GAs Cut Off

## Pipe Wrench

## Battery Tester

## Gas

Water

Q11

Brah

### Times

卷之三

**ENGINE COMPANY**

MONTH \_\_\_\_\_ YEAR \_\_\_\_\_

## YEAR

ENGINE COMPANY \_\_\_\_\_

MONTH \_\_\_\_\_ YEAR \_\_\_\_\_

## TRUCK COMPANY CHECK LIST

EACH TRUCK COMPANY WILL USE THEIR MASTER COPY TO HAVE COPIES MADE. THE DISTRICT CHIEF WILL HAVE COPIES RUN AS NEEDED. SINCE THE TRUCK COMPANIES ARE EQUIPPED WITH DIFFERENT TOOLS AND APPLIANCES, EACH COMPANY HAS A DIFFERENT MASTER LIST.

## RESCUE

**RESCUE CHECK LIST**

**YEAR**      **MONTH**



## RALEIGH FIRE DEPARTMENT

Month \_\_\_\_\_ Year \_\_\_\_\_

## BRUSH TRUCK CHECK OFF LIST

1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31

1-5 1b. ABC EXTINGUISHER

1-10 1b. CO<sub>2</sub> EXTINGUISHER

1-2½ GALLON WATER EXTINGUISHER

1 CHOCK BLOCK

1-10' SUCTION HOSE

1- SUCTION STRAINER

1-PICK HEAD AXE

1-5 GALLON GASOLINE CAN

1-SET TIRE CHAINS

150' - 1" BOOSTER HOSE

1 BOOSTER NOZZLE

100' - 5/8" HOSE

5' - 2½" HOSE

1 HOSE REEL CRANK

1 SPADE

1 SHOVEL

1 HYDT. WRENCH

2 BOOSTER SPANNER WRENCHES

1-10" CRESENT WRENCH

1-PHILLIP SCREW DRIVER

1 REGULAR SCREW DRIVER

1 PLIERS

1- ½ x 9/16 WRENCH

1 SPRINKLER WEDGE

1 HAND LIGHT

OAM TRUCK # \_\_\_\_\_

MONTH \_\_\_\_\_ YEAR \_\_\_\_\_

RUCK 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31

Gas

Oil

Radiator

Battery

Radio

Lights

Tires

OAM GENERATOR

Gas

Oil

Shutes 2-50' Sections

1-25' Sections

Cover

Foam Proportioner

OTHER EQUIPMENT

1-Water Extinguisher

1-20 Lb. Dry Chem. Exting.

Tire Chains

1-5 Gal. Gas Can

## RALEIGH FIRE DEPARTMENT

## RESCUE SUPPLY ORDER

Month of \_\_\_\_\_

Fire Station # \_\_\_\_\_

Equipment \_\_\_\_\_

QUAN.	PRODUCT	QUAN.	PRODUCT
	2" Kling		Amonia Inhalants
	4" Kling		Lemon-Glycerin Swab
	6" Kling		Reactose
	4 x 4 Sterile		Bite Stick
	4 x 4 Non-Sterile		Tongue Depressor
	Adaptic Dressing		Sodium Chloride Irrigation
	Oval Eye Pad		Salt Tablets
	2" x 2" Band-aid		Triage Tags
	Reg. Band-aid		Safety Pins
	Triangular Bandage		Cups
	Burn Sheets		Pen Light
	Disposable Blanket		Flares
	Antiseptic towelette		Emesis Basin
	6" Cotton tipped Applicators		Disposal Body Bag
	Obstetrical Kit		D size O <sup>2</sup> tank
	½" Adhesive Tape		E size O <sup>2</sup> tank
	1" Adhesive Tape		M size O <sup>2</sup> tank
	3" Adhesive Tape		Scissors
	84" Supply Tubing		Forceps
	Partial Rebreathing Mask (adult)		3" Ace wrap
	Partial Rebreathing Mask (child)		6" Ace wrap
	Simple Face Mask (adult)		Syrup of Ipecac
	Simple Face Mask (child)		
	Nasal Cannula (adult)		
	Nasal Cannula (child)		
	#10 Suction Catheter 14"		
	#14 Suction Catheter 22"		
	#18 Suction Catheter 22"		
	Cold Packs		
	Hot Packs		
	Examination Gloves		
	Snake Bite Kit		

CAPTAIN \_\_\_\_\_

**\*\*MAKE TWO COPIES\*\***

**HOSE RECORD**

DATE HOSE ASSIGNED \_\_\_\_\_

DATE HOSE RETURNED \_\_\_\_\_

COMPANY, DEPARTMENT, ETC. \_\_\_\_\_

COMPANY REPRESENTATIVE \_\_\_\_\_ TELEPHONE NO. \_\_\_\_\_

COMPANY ADDRESS \_\_\_\_\_

FIRE PERSONNEL ASSIGNING HOSE \_\_\_\_\_

APPROVED BY \_\_\_\_\_

**HOSE SIZES**

**HOSE NUMBERS**

CITY OF RALEIGH  
FIRE DEPARTMENT  
FUEL RECEIPT TICKET

VEHICLE NO: \_\_\_\_\_

DATE: \_\_\_\_\_

MILEAGE: \_\_\_\_\_

DISPENSING STATION NO.: \_\_\_\_\_

LICENSE NO: \_\_\_\_\_

TYPE OF FUEL: \_\_\_\_\_ GASOLINE \_\_\_\_\_ OIL

QUARTS OF OIL: \_\_\_\_\_

METER READING: \_\_\_\_\_

GALLONS OF FUEL RECEIVED: \_\_\_\_\_

Person Receiving Fuel

Person Distributing Fuel

## INVALID PROGRAM CARD

RALEIGH FIRE DEPARTMENT

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Reason Disabled \_\_\_\_\_ Date of Birth \_\_\_\_\_

Room Location \_\_\_\_\_

Person in charge \_\_\_\_\_ Phone \_\_\_\_\_

Nearest Relative \_\_\_\_\_ Phone \_\_\_\_\_

Specific handling  
Instructions \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Remarks \_\_\_\_\_