



NC DEPARTMENT OF  
**INSURANCE**  
OFFICE OF STATE FIRE MARSHAL

# **9S / 9E Inspection Worksheets**

**The fire department should complete the following sheets prior to inspection date**

# 9S/E Rating Inspection Work Sheets

Date of Inspection \_\_\_\_\_

Fire District Name \_\_\_\_\_

Department Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

Physical Address \_\_\_\_\_

County (s) \_\_\_\_\_

Department Phone \_\_\_\_\_

Department Fax \_\_\_\_\_

## Governmental Information

Part of Municipal Government **Yes** \_\_\_ **No** \_\_\_ (If yes provide verification from the town or city see sample forms)

Services Provided Fire \_\_\_ Rescue \_\_\_ EMS \_\_\_ First Responder \_\_\_

Date of Original Charter: \_\_\_\_\_ Date of Amended Charter: \_\_\_\_\_ (if applicable)

Name of Communication Center: \_\_\_\_\_

Fire Department Tax ID Number or FEIN Number: \_\_\_\_\_

- **The inspector will need to review copies of current Charter and any amendments**

## Contact Information

### Fire Chief

First Name \_\_\_\_\_ Middle Initial \_\_\_\_ Last Name \_\_\_\_\_

Fire Department Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Phone Numbers: Work \_\_\_\_\_

Mobile \_\_\_\_\_

Fax \_\_\_\_\_

E-Mail Address \_\_\_\_\_ **Must be Completed**

### Board President

First Name \_\_\_\_\_ Middle Initial \_\_\_\_ Last Name \_\_\_\_\_

Fire Department Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Phone Numbers: Work \_\_\_\_\_

Mobile \_\_\_\_\_

Fax \_\_\_\_\_

E-Mail Address \_\_\_\_\_ **Must be Completed**

### County Manager / City Manager / Mayor (Complete which applies)

First Name \_\_\_\_\_ Middle Initial \_\_\_\_ Last Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Phone Numbers: Work \_\_\_\_\_

Mobile \_\_\_\_\_

Fax \_\_\_\_\_

E-Mail Address \_\_\_\_\_ **Must be Completed**

## Contact Information

### Fire Marshal

First Name \_\_\_\_\_ Middle Initial \_\_\_\_ Last Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Numbers: Work \_\_\_\_\_

Mobile \_\_\_\_\_

Fax \_\_\_\_\_

E-Mail Address \_\_\_\_\_ **Must be Completed**

### Fire Marshal

First Name \_\_\_\_\_ Middle Initial \_\_\_\_ Last Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Numbers: Work \_\_\_\_\_

Mobile \_\_\_\_\_

Fax \_\_\_\_\_

E-Mail Address \_\_\_\_\_ **Must be Completed**

### Communications Director

First Name \_\_\_\_\_ Middle Initial \_\_\_\_ Last Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Numbers: Work \_\_\_\_\_

Mobile \_\_\_\_\_

Fax \_\_\_\_\_

E-Mail Address \_\_\_\_\_

## District Information

### District Size

4 Mile District \_\_\_\_      5 Mile District: \_\_\_\_      6 Mile District: \_\_\_\_

### District Population

Population of Rural District \_\_\_\_\_      Population of City or Town \_\_\_\_\_

### District Funding and Tax Rate

General Fund \_\_\_\_      Service District \_\_\_\_      Rural Fire Protection District \_\_\_\_      Tax Rate \_\_\_\_

### County Contracts and County Maps

#### Current GIS Map

County or Counties in which the district provides protection and has contracts

County Map	Approval Date	Date of Contract	Auto Aid		
			Yes ___	No ___	N/A ___
_____	_____	_____	Yes ___	No ___	N/A ___
_____	_____	_____	Yes ___	No ___	N/A ___
_____	_____	_____	Yes ___	No ___	N/A ___
_____	_____	_____	Yes ___	No ___	N/A ___

- The inspector will need to review a map that the county has approved and the approval document
- The inspector will need to review copies of signed contracts with county or counties they provide protection
- The inspector will need to review any Automatic Aid Contracts that are in place

### Municipal Contracts and City Maps

Town or City in which the district provides protection

Town or City	Date of Contract	Auto Aid		
		Yes ___	No ___	N/A ___
_____	_____	Yes ___	No ___	N/A ___
_____	_____	Yes ___	No ___	N/A ___
_____	_____	Yes ___	No ___	N/A ___

- Municipal Department will need to provide some type of documentation confirming the fire department is in fact part of the city or town
- The inspector will need to review a current map of the city or town limits of the area they are providing protection
- The inspector will need to review copies signed contracts with town or city they provide protection
- The inspector will need to review any Automatic Aid Contracts that are in place

# Inspection Information

## Records

### Training

Number of training hours the departments provides each month \_\_\_\_\_

- The department shall provide training records that will verify that each firefighter on the departments roster has the minimum 36 hours of training
- If the department has firefighters who are members of another department, the training they obtain from that department may be creditable for your department if they have had at least 12 hours of documented training with the department being graded.

### Roster

- The department shall provide a current roster that shows the Date of Birth of each firefighter. The NC State Firefighters Association can be used for this roster.

### Incident Response

- The department shall provide incident reports for all structure fires from the last **12 months**.
  - Structure fires include NFIRS code numbers 111, 112, 113, 114, 115, 116, 117, 118, 120,121, 122,123
  - Include only structure calls that occurred in your district **do not** include mutual or automatic aid calls.
  - The reports will be reviewed by the inspector at the time of the inspection, but copies are not needed for the states file
- Is the fire department currently submitting their incident reports to the State? Yes \_\_\_ No \_\_\_
- Has the fire chief completed the Chiefs 101 Class? Yes \_\_\_ No \_\_\_

### Personnel

Number of Volunteer Firefighters \_\_\_\_\_

Number of Paid Firefighters \_\_\_\_\_

Total Number of Personnel \_\_\_\_\_

- **The department shall provide verification of that Workers Comp. Insurance is current**

### Communication Equipment

Number of Pagers \_\_\_\_\_

Number of Portable Radios \_\_\_\_\_

Number of Mobile Radios \_\_\_\_\_

# Station Information

Station Number \_\_\_\_\_

Fire Department Physical Address \_\_\_\_\_

City \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Fire Department Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Latitude \_\_\_\_\_ N Longitude \_\_\_\_\_ W

*Use WGS 84 Coordinates, decimal degrees*  
Example 35.56738 N - 79.6532 W

Station Size \_\_\_\_\_ Year Constructed \_\_\_\_\_

Type of Construction \_\_\_\_\_

Number of Bays \_\_\_\_\_

Bays Heated Yes \_\_\_ No \_\_\_

Is department using an outside Siren for alarm notification Yes \_\_\_ No \_\_\_

Pump Test within the last 12 months for the first out Engine Yes \_\_\_ No \_\_\_

- The department shall provide the last 12 months of apparatus maintenance check off sheets for all in service Engines and Tankers.
  - The check off sheets will be reviewed by the inspector at the time of the inspection but copies are not needed for the states file
- The department should have inventory of equipment for all in service Engines and Tankers.
  - The inventory sheets will be reviewed by the inspector at the time of the inspection but copies are not needed for the states file
- **For departments that have sub stations please fill out a Station sheet for each station.**

# Apparatus

## First out Engine

Apparatus Unit Number (example - Engine 101) \_\_\_\_\_  
Make and Model (example - Freightliner FL80) \_\_\_\_\_  
Manufacture (example - E-One) \_\_\_\_\_  
Year Manufactured: \_\_\_\_\_  
Tank Capacity \_\_\_\_\_ Pump GPM \_\_\_\_\_  
Baffled Tank      Jet Assist      Gravity Dump      Four Wheel Drive    Yes    No  
Most Current Pump Test Date \_\_\_\_\_

## First out Tanker

Apparatus Unit Number (example - Engine 101) \_\_\_\_\_  
Make and Model (example - Freightliner FL80) \_\_\_\_\_  
Manufacture (example - E-One) \_\_\_\_\_  
Year Manufactured: \_\_\_\_\_  
Tank Capacity \_\_\_\_\_ Pump GPM \_\_\_\_\_  
Baffled Tank      Jet Assist      Gravity Dump      Four Wheel Drive    Yes    No  
Most Current Pump Test Date \_\_\_\_\_ (\*not required)

- Pump test – The pump test on the first out engine must be complete and accurate and have been run within 12 months prior to the fire department inspection. The test should be run the full 40 minutes, form filled out and **signed**.
- The inspector will verify that the first out engine has the minimum equipment on board the apparatus.
- **For departments that have sub stations please fill out an Apparatus sheet for each station.**



### Other Equipment

Apparatus Unit Number (example - Engine 101) \_\_\_\_\_  
Make and Model (example - Freightliner FL80) \_\_\_\_\_  
Manufacture (example - E-One) \_\_\_\_\_  
Year Manufactured: \_\_\_\_\_  
Tank Capacity \_\_\_\_\_ Pump GPM \_\_\_\_\_  
Baffled Tank      Jet Assist      Gravity Dump      Four Wheel Drive    Yes    No  
Most Current Pump Test Date \_\_\_\_\_ (\*not required)

### Other Equipment

Apparatus Unit Number (example - Engine 101) \_\_\_\_\_  
Make and Model (example - Freightliner FL80) \_\_\_\_\_  
Manufacture (example - E-One) \_\_\_\_\_  
Year Manufactured: \_\_\_\_\_  
Tank Capacity \_\_\_\_\_ Pump GPM \_\_\_\_\_  
Baffled Tank      Jet Assist      Gravity Dump      Four Wheel Drive    Yes    No  
Most Current Pump Test Date \_\_\_\_\_ (\*not required)

### Other Equipment

Apparatus Unit Number (example - Engine 101) \_\_\_\_\_  
Make and Model (example - Freightliner FL80) \_\_\_\_\_  
Manufacture (example - E-One) \_\_\_\_\_  
Year Manufactured: \_\_\_\_\_  
Tank Capacity \_\_\_\_\_ Pump GPM \_\_\_\_\_  
Baffled Tank      Jet Assist      Gravity Dump      Four Wheel Drive    Yes    No  
Most Current Pump Test Date \_\_\_\_\_ (\*not required)

### Other Equipment

Apparatus Unit Number (example - Engine 101) \_\_\_\_\_  
Make and Model (example - Freightliner FL80) \_\_\_\_\_  
Manufacture (example - E-One) \_\_\_\_\_  
Year Manufactured: \_\_\_\_\_  
Tank Capacity \_\_\_\_\_ Pump GPM \_\_\_\_\_  
Baffled Tank      Jet Assist      Gravity Dump      Four Wheel Drive    Yes    No  
Most Current Pump Test Date \_\_\_\_\_ (\*not required)

# 9S / 9E First Out Engines and Tankers Equipment Worksheet

## First Out Engine Unit # \_\_\_\_\_

- \_\_\_\_\_ A tank with at least a 300-gallon capacity.
- \_\_\_\_\_ Two 200-foot pre-connected hose lines, with a diameter of 1 ½ inches, 1 ¾ inches, or 2 inches, with nozzles that have a minimum flow of 95 GPM.
- \_\_\_\_\_ At least 20 feet of hard-suction hose in a size to flow the capacity of the engine, or at least 15 feet of soft-suction hose with a diameter of at least four inches.
- \_\_\_\_\_ Four self-contained breathing apparatus (SCBA) in proper working condition. A SCBA shall be considered in proper working condition if the facepiece, back frame and harness, cylinder, hoses, low air alarms, regulators, and accessories are tested and operational in accordance with manufacturer's recommendations. The SCBA's shall be certified in accordance with NFPA 1981, "Standard on Open-Circuit Self-Contained Breathing Apparatus (SCBA) for Emergency Services."
- \_\_\_\_\_ Four spare SCBA cylinders.
- \_\_\_\_\_ One roof ladder at least 12 feet long.
- \_\_\_\_\_ One extension ladder at least 24 feet long.
- \_\_\_\_\_ One folding ladder.
- \_\_\_\_\_ One pike-head axe.
- \_\_\_\_\_ One flat-head axe.
- \_\_\_\_\_ One forcible entry tool.
- \_\_\_\_\_ One pike pole or plaster hook at least 6 feet long.
- \_\_\_\_\_ Two portable, rechargeable hand lights suitable for use in hazardous conditions in accordance with NFPA 70, "National Electrical Code."
- \_\_\_\_\_ 100 feet of utility rope, at least ½ inch in diameter.
- \_\_\_\_\_ Two 20-pound, class BC portable extinguishers.
- \_\_\_\_\_ One 2½-gallon water extinguisher.
- \_\_\_\_\_ One first aid kit.
- \_\_\_\_\_ One bolt cutter at least 14 inches long.
- \_\_\_\_\_ One two-way radio assigned to the apparatus.
- \_\_\_\_\_ One traffic vest for each riding position.

## First Out Tanker Unit # \_\_\_\_\_

- \_\_\_\_\_ Equipped with at least 1,000 gallons of water.
- \_\_\_\_\_ Equipped with hoses and equipment for filling the tank and transferring water to the engine.
- \_\_\_\_\_ Properly baffled in accordance with NFPA 1901, "Standard for Automotive Fire Apparatus."
- \_\_\_\_\_ Equipped with one traffic vest for each riding position

### Protective Clothing (list quantity of each)

- \_\_\_\_\_ Helmet.
- \_\_\_\_\_ Coat.
- \_\_\_\_\_ Pants.
- \_\_\_\_\_ Boots.
- \_\_\_\_\_ Gloves.
- \_\_\_\_\_ Hoods.

# Inspection Summary

## Items to be reviewed by the inspector copies will not be needed

1. Current County contract; a town-or city may not have or need a contract with the county if they receive protection from their municipal department. However, if they **do** provide fire protection outside the municipality (and in the county) there must be a contract for fire protection in the county. The inspector will need a copy of the current contract(s).
2. Any contract with other department or city (**not** including mutual aid contracts)
3. Current Charter and any amendments
4. Current **signed** pump test
5. Insurance district map and the resolution in which the county approved the insurance district
6. Training Records, well need to review the **last 12 months of training records**. The inspector will need to see how the department confirms each firefighter obtains their 36 hours of training each year.
7. Inventory check sheets for all in service engines and tankers
8. Maintenance check sheets for all in service engines and tankers
9. One year of maintenance check sheets on the first out engine
10. Reports from all structure fires from the last 12 months which includes NFIRS code numbers 111, 112, 113, 114, 115, 116, 117, 118, 120,121, 122,123
11. Verification of worker's comp insurance on fire department personnel.
12. The inspector will review the department's legal fire insurance district (FD) boundary to assure there is no area outside the five mile (9S) or six mile (9E) approved district