



Virginia Department of Fire Programs

2014 Virginia Fire Service Needs Assessment Survey

This survey will provide updated statistical information to state legislators on the overall needs of Virginia's fire service. It will also provide important resource and training information that will be used to plan and manage programs within the Virginia Department of Fire Programs. **** Review and consult with your Chief and Training Officer concerning your selections. **** All survey data will be compiled and the results will be published in January 2015 in Volume XI of the Virginia Fire Service Needs Assessment.

Each fire department in Virginia has been issued a password which will allow access to the questionnaire on-line. Multiple responses from a single department will not be possible. The first submission will be the only response accepted by the survey website. The estimated time needed to complete the entire survey is approximately 45 minutes. All questions require an answer.

Also, anytime while you are completing your survey, you can exit and close, if needed, and then can return later to finish submitting your response. (Clicking "Next" on each page will save your answers.) When you logon again, the survey will bring you to your last page completed.

If you have any questions regarding the completion of this survey, please contact:

Dwight E. Crews
Information and Statistics Manager
Virginia Department of Fire Programs
Ph: (804) 249-1989
Email: dwight.crews@vdfp.virginia.gov

1. Please enter your survey password and click the 'Next' button to logon. Then, click the 'Next' button again to continue.

Completed:



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2. FDID:

3. Fire Department:

4. Survey Reporting: **** Please complete the survey for the following departments. ****

Completed:



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Contact Information

5. Please complete your contact information.

Name of Person Completing Survey

Title of Person Completing Survey

Contact Phone Number

Contact Email Address

Completed:



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Section I - General Department Information

6. Please review your fire department's contact information shown below.

Fire Department Name	<input type="text"/>
Mailing Address	<input type="text"/>
City, State, Zip (Mailing)	<input type="text"/>
Street Address (If Not Same As Mailing Address)	<input type="text"/>
City, State, Zip (Street)	<input type="text"/>
Phone Number (Non-Emergency)	<input type="text"/>
Fax Number	<input type="text"/>
Fire Department Email Address	<input type="text"/>
Current Fire Chief	<input type="text"/>
Fire Chief Email Address	<input type="text"/>
Current Training Officer	<input type="text"/>
Training Officer Email Address	<input type="text"/>

7. If changes are needed or if information is missing, please specify any updates to your fire department's contact information below.

Fire Department Name	<input type="text"/>
Mailing Address	<input type="text"/>
City, State, Zip (Mailing)	<input type="text"/>
Street Address (If Not Same As Mailing Address)	<input type="text"/>
City, State, Zip (Street)	<input type="text"/>
Phone Number (Non-Emergency)	<input type="text"/>
Fax Number	<input type="text"/>
Fire Department Email Address	<input type="text"/>
Current Fire Chief	<input type="text"/>
Fire Chief Email Address	<input type="text"/>
Current Training Officer	<input type="text"/>
Training Officer Email Address	<input type="text"/>

8. Please answer the following questions concerning your preferred form of contact by VDFFP.

	Does your department prefer to be contacted by mail, email, phone, or text message?
	If 'text message', please specify a preferred phone number.
Form of Contact	<input type="text"/> <input type="text"/>

9. Please review your fire department's status (career, volunteer, or combination) shown below.

10. If changes are needed, please select from the following list to update your fire department's status. If your status is correct, please select 'No Update Needed'.

Completed:



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11. Is the area that your department has primary responsibility to protect (exclude mutual aid areas) urban, suburban, rural?
(Check all that apply.)

- Urban
- Suburban
- Rural

12. What is the number of permanent residents that your department has primary responsibility to protect?

Please select one ... ▼

13. What is the number of square miles that your department has primary responsibility to protect?

Please select one ... ▼

Completed:



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Section II - Department Personnel

14. Please indicate the total number of active firefighters by status in your department. (The total at the bottom should be the total number of active firefighters in your department.)

Career Firefighter	<input type="text"/>
Volunteer Firefighters	<input type="text"/>
Paid-per-call Firefighters	<input type="text"/>
Total	<input type="text"/>

15. What is the average number of firefighters (career, volunteer, or paid-per-call) on duty and available to respond to a call?

Average Firefighters on Duty

16. Please indicate the total number of civilian (non-fire service) personnel by type with your department. (The total at the bottom should be the total number of civilian employees in your department.)

Civilian - Paid	<input type="text"/>
Civilian - Volunteer	<input type="text"/>
Total	<input type="text"/>

17. Does your department have a program to maintain basic fire fighter fitness and health as recommended by NFPA 1582?

Yes
 No

18. Does your fire department currently have the following personnel programs?

	a. Does your department have the program?	b. If "Yes", do you have an individual assigned to coordinate the program?
Recruitment Program	<input type="text"/>	<input type="text"/>
Retention Program	<input type="text"/>	<input type="text"/>

19. How do you promote the recruitment of new personnel with your department? (Check all that apply.)

Advertise on TV/Radio/Newspaper
 Citizen Involvement Programs such as Fire Corps
 Fire Department/Locality Website
 Job/Career Fairs
 Letter/Email/Brochure Mailings
 Open Houses/Community Events
 Signs/Banners
 Social Media - Facebook/Twitter
 Word of Mouth/Member Recruitment
 No Promotion or Advertisement
 Other

20. What type of incentives or rewards do you offer to members of your department? (Check all that apply.)

Awards for Performance/Training
 Business Discounts
 Department Clothing - Shirts, Hats
 Free County/City/Town Decal
 Insurance - Life, Workers Compensation
 Local Tax Reduction/Discount
 Meals
 Money/Bonuses
 Paid Training/Education
 Retirement Program
 Utility Rate Discount
 No Incentives or Rewards
 Other





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Section III - Facilities & Apparatus

21. What is the age of the fire stations with your department? Please list the number of stations for each category shown below. (The total at the bottom should add to the total number of stations.)

0 to 4 Years	<input type="text"/>
5 to 9 Years	<input type="text"/>
10 to 19 Years	<input type="text"/>
20 to 29 Years	<input type="text"/>
30 to 39 Years	<input type="text"/>
40 to 49 Years	<input type="text"/>
More than 50 Years	<input type="text"/>
Total	<input type="text"/>

22. How many of your fire stations have backup power? Please list the number of stations for each category shown below. (The total at the bottom should add to the total number of stations.)

Have Backup Power	<input type="text"/>
Do Not Have Backup Power	<input type="text"/>
Total	<input type="text"/>

23. Please indicate the total number of each type of apparatus that your department owns. (Complete all that apply.)

Aerial Apparatus (Mid-Mount, Rear-Mount, Tiller, Tower)	<input type="text"/>
Aircraft Rescue and Fire Fighting (ARFF) Vehicle	<input type="text"/>
Ambulance/Other Patient Transport	<input type="text"/>
Command Support Unit	<input type="text"/>
Command Vehicle (SUV)	<input type="text"/>
Engine/Pumper	<input type="text"/>
Fire Bike (Bicycle for Response)	<input type="text"/>
Fire/Rescue Boat	<input type="text"/>
Hazardous Materials (HAZMAT) Vehicle	<input type="text"/>
Heavy Technical Rescue Vehicle	<input type="text"/>
Logistical Support Apparatus	<input type="text"/>
Mobile Air Utility	<input type="text"/>
Rehab Unit	<input type="text"/>
Quint Combination Vehicle	<input type="text"/>
Tanker	<input type="text"/>
Wildland Brush Truck	<input type="text"/>
Other	<input type="text"/>

24. Please answer the following questions concerning the age of apparatus at your department. What is the apparatus type and age of your oldest first alarm/front line apparatus?

	Type of Apparatus (ex. Engine/Pumper)	Age of Apparatus (Years)
Age of Apparatus	<input type="text"/>	<input type="text"/>

25. Please indicate the total number of each type of equipment that your department owns. (Complete all that apply.)

4-Gas Monitors	<input type="text"/>
Map Coordinate System - GPS	<input type="text"/>
Mobile Data Terminals	<input type="text"/>
Personal Alert Safety Systems (PASS)	<input type="text"/>
Personal Protective Equipment (PPE)	<input type="text"/>
Radios w/ Emergency Alert Button	<input type="text"/>
Radios w/o Emergency Alert Button	<input type="text"/>
Self-Contained Breathing Apparatus (SCBA) w/ Integrated PASS	<input type="text"/>
Self-Contained Breathing Apparatus (SCBA) w/o Integrated PASS	<input type="text"/>
Thermal Imaging Cameras	<input type="text"/>
Other	<input type="text"/>

26. Please answer if your facility is shared with any other separate organizations? (Check all that apply.)

<input type="checkbox"/> 911 Center/Communications Department
<input type="checkbox"/> Emergency Medical Services (EMS) Agency
<input type="checkbox"/> Emergency Services/Public Safety Department
<input type="checkbox"/> Forestry Department
<input type="checkbox"/> Law Enforcement Department (Police, Sheriff)
<input type="checkbox"/> Local Administrative Offices
<input type="checkbox"/> Other Local Offices
<input type="checkbox"/> No Other Organizations within Facility
<input type="checkbox"/> Other <input type="text"/>

Completed:



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Section IV - Operating Budget Information

27. Please answer the following questions about your department's operating budget for FY2015.

	a. How much funding do you anticipate receiving from the following sources for FY2015?	b. If you anticipate a reduction in funding from FY2014 to FY2015, how much is your funding going to be reduced?
Locality Funding	<input type="text"/>	<input type="text"/>
Fund Raising/Donations	<input type="text"/>	<input type="text"/>
Grant Funding	<input type="text"/>	<input type="text"/>

28. Do you plan to apply for additional funding with any of the following grants in FY2015? (Check all that apply.)

- Assistance to Firefighters Fire Station Construction Grants (SCG)
- Assistance to Firefighters Grant (AFG) Program
- Burn Building Grant Program
- Fire Prevention and Safety (FP&S) Grants
- Rescue Squad Assistance Fund (RSAF) Grant Program
- Staffing for Adequate Fire and Emergency Response (SAFER) Grants
- State Homeland Security Grants
- Training Mini Grants
- VFIRS Hardware Technology Grants
- Virginia Dry Hydrant Grant Program
- Other Forestry Grants (Not Including Dry Hydrant Grant)
- Other Federal Grant Programs
- Private Grant Funding Programs
- No Funding from Grants
- Other

29. What percentage (%) of your FY2015 budget is from the following sources? (The total at the bottom should add to 100%.)

Aid to Localities (ATL) Funding	<input type="text"/>
Additional Grant Funding	<input type="text"/>
Billing Fees for Services	<input type="text"/>
Federal Government Funding	<input type="text"/>
Fire District or Other Taxes	<input type="text"/>
Fund Raising/Donations	<input type="text"/>
Local Government Funding (Not Including ATL)	<input type="text"/>
State Government Funding	<input type="text"/>
Other	<input type="text"/>
Total	<input type="text"/>

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Section V - Communications

30. Can you communicate by radio with other agencies in which you regularly need to respond with at an incident scene? (Check all that apply.)

- Local
 State
 Federal

31. What frequency spectrum does your department operate on? (Check all that apply.)

- Low Band (30 - 50 Mhz)
 High Band (147 - 174 Mhz)
 Ultra Band (450 - 470 Mhz)
 700 Mhz
 800 Mhz
 Other _____

32. Who has primary responsibility for dispatch operations?

- Fire Department
 Law Enforcement Department (Police, Sheriff)
 Combined Public Safety Agency
 911 Center/Communications Department
 Other _____

33. What percentage (%) of your apparatus are equipped with the following electronic equipment?

	Percent of Apparatus
Map Coordinate System - GPS	<input type="text"/>
Mobile Data Terminals	<input type="text"/>
Tablets/iPads	<input type="text"/>

34.

Does your department have the following equipment available for use at your stations? (Check all that apply.)

- Desktop Computers
 Laptop/Netbook/Ultrabook Computers
 Toughbook Computers
 Tablets/iPads
 Projectors
 No Equipment Available

35. Does each of your stations have a computer available for incident reporting? Please list the number of stations for each category shown below. (The total at the bottom should add to the total number of stations.)

Computer at Station	<input type="text"/>
No Computer Available	<input type="text"/>
Total	<input type="text"/>

36. What type of internet does each of your stations have? Please list the number of stations for each category shown below. (The total at the bottom should add to the total number of stations.)

Dial-Up Internet	<input type="text"/>
High Speed Internet	<input type="text"/>
Wireless Internet	<input type="text"/>
Satellite Internet	<input type="text"/>
Cable TV (No Internet)	<input type="text"/>
No Internet Service	<input type="text"/>
Total	<input type="text"/>

37. Does your department use any of the following social media? (Check all that apply.)

- Facebook
- Twitter
- YouTube
- Google+
- Flickr
- Pinterest
- Social Media Not Used

38.

Please answer the following questions concerning if your fire department has a website or Facebook page.

	Does your department have and maintain the following websites?	If "Yes", please specify the website address.
Department Webpage	<input type="checkbox"/>	<input type="text"/>
Facebook Page	<input type="checkbox"/>	<input type="text"/>

39. VDFP has developed a fire safety application, FireSafe Family VA, that is now available as a free download on iPhones and Android phones. Please answer the following questions concerning mobile apps.

	Is your department aware of the free App from VDFP?	If "Yes", has your department been promoting the download and use of this mobile app in your community?	If "Yes", how has your department been promoting it?
Mobile Apps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Section VI - Fire Department Roles / Training

40. Please answer if your department has personnel designated and responsible for the duties associated in the following roles or if you have no designated officers. (Check all that apply.)

- Health & Safety Officer
- Incident Reporting Officer
- Public Fire & Life Safety Educator
- Public Relations Officer
- Training Officer
- No Designated Officers

41. Please answer the following questions concerning minimum levels of training required at your department.

a. Does your department currently have a minimum level of training required to be an active member?	b. If "Yes", what minimum level are your members certified?	c. If "Yes", what period of time does a member have to become certified?
Minimum Training		
<input type="text"/>	<input type="text"/>	<input type="text"/>

42. Does your jurisdiction mandate firefighter certification (VDFP/Pro-Board)?

- Yes
- No

Completed:



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43. Please answer the following questions about your department's training based on the National Fire Protection Association (NFPA) standards. **** Review and consult with your Chief and Training Officer concerning your selections. ****

	a. How many of your active firefighters are trained in the following fire service areas and levels?	b. How many of your active firefighters need training at this level?
Hazardous Materials (NFPA 472) - Awareness	<input type="text"/>	<input type="text"/>
Hazardous Materials (NFPA 472) - Operations	<input type="text"/>	<input type="text"/>
Fire Fighter (NFPA 1001) - Level I	<input type="text"/>	<input type="text"/>
Fire Fighter (NFPA 1001) - Level II	<input type="text"/>	<input type="text"/>
Fire Apparatus Driver/Operator (NFPA 1002) - Driver/Pump Operator	<input type="text"/>	<input type="text"/>
Fire Apparatus Driver/Operator (NFPA 1002) - Aerial Operator	<input type="text"/>	<input type="text"/>
Airport Fire Fighter (NFPA 1003)	<input type="text"/>	<input type="text"/>
Fire Officer (NFPA 1021) - Level I	<input type="text"/>	<input type="text"/>
Fire Officer (NFPA 1021) - Level II	<input type="text"/>	<input type="text"/>
Fire Officer (NFPA 1021) - Level III	<input type="text"/>	<input type="text"/>
Fire Officer (NFPA 1021) - Level IV	<input type="text"/>	<input type="text"/>
Fire Inspector (NFPA 1031) - Level I/II	<input type="text"/>	<input type="text"/>
Fire Investigator (NFPA 1033)	<input type="text"/>	<input type="text"/>
Fire Service Instructor (NFPA 1041) - Level I	<input type="text"/>	<input type="text"/>
Fire Service Instructor (NFPA 1041) - Level II	<input type="text"/>	<input type="text"/>
Fire Service Instructor (NFPA 1041) - Level III	<input type="text"/>	<input type="text"/>
Public Fire and Life Safety Educator (NFPA 1035) - Level I	<input type="text"/>	<input type="text"/>
Public Fire and Life Safety Educator (NFPA 1035) - Level II	<input type="text"/>	<input type="text"/>
Juvenile Firesetter Intervention Specialist (NFPA 1035) - Level I	<input type="text"/>	<input type="text"/>
Juvenile Firesetter Intervention Specialist (NFPA 1035) - Level II	<input type="text"/>	<input type="text"/>
Farm Machinery Extrication	<input type="text"/>	<input type="text"/>
Mayday Firefighter Down	<input type="text"/>	<input type="text"/>
Rapid Intervention Team/Crew (RIT/RIC)	<input type="text"/>	<input type="text"/>

Completed:



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44. Please answer the following questions about your department's technical rescue training based on the National Fire Protection Association (NFPA) standards. **** Review and consult with your Chief and Training Officer concerning your selections. ****

	a. How many of your active firefighters are trained in the following technical rescue areas and levels?	b. How many of your active firefighters need training at this level?
Introduction to Technical Rescue - Module I	<input type="text"/>	<input type="text"/>
Introduction to Technical Rescue - Module II	<input type="text"/>	<input type="text"/>
Rope - Level I	<input type="text"/>	<input type="text"/>
Rope - Level II	<input type="text"/>	<input type="text"/>
Confined Space - Level I	<input type="text"/>	<input type="text"/>
Confined Space - Level II	<input type="text"/>	<input type="text"/>
Trench - Level I	<input type="text"/>	<input type="text"/>
Trench - Level II	<input type="text"/>	<input type="text"/>
Surface Water - Level I	<input type="text"/>	<input type="text"/>
Surface Water - Level II	<input type="text"/>	<input type="text"/>
Swift Water - Level I	<input type="text"/>	<input type="text"/>
Swift Water - Level II	<input type="text"/>	<input type="text"/>
Vehicle - Level I	<input type="text"/>	<input type="text"/>
Vehicle - Level II	<input type="text"/>	<input type="text"/>

Completed:



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45. How many of your stations have adequate technical rescue equipment ? Please list the number of stations for each category shown below.

	Stations with adequate equipment to respond	Stations without adequate equipment to respond
Rope	<input type="text"/>	<input type="text"/>
Confined Space	<input type="text"/>	<input type="text"/>
Trench	<input type="text"/>	<input type="text"/>
Surface/Swift Water	<input type="text"/>	<input type="text"/>
Vehicle	<input type="text"/>	<input type="text"/>

46. Please answer the following questions concerning your ability to respond to railway incidents.

	Does a railway pass through your coverage area?	If "Yes", has your department received training with handling railway incidents?	If "Yes", would your department like training specific to handling railway incidents?	What additional resources does your department need to handle railway incidents?
Railway Incidents	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

47. Please answer the following questions regarding your department's Emergency Medical Services (EMS) license.

	a. Is your department licensed by the Virginia Department of Health, Office of Emergency Medical Services as an EMS agency?	b. If "Yes", what classification of EMS license does your department hold?
EMS Classification	<input type="text"/>	<input type="text"/>

48. Please answer the following questions about your department's EMS training. **** Review and consult with your Chief and Training Officer concerning your selections. ****

	a. How many of your active firefighters are trained in the following EMS levels?	b. How many of your active firefighters need training at this level?
EMS First Responder	<input type="text"/>	<input type="text"/>
EMT - Basic	<input type="text"/>	<input type="text"/>
EMT - Advanced	<input type="text"/>	<input type="text"/>
EMT - Intermediate	<input type="text"/>	<input type="text"/>
EMT - Paramedic	<input type="text"/>	<input type="text"/>

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Section VII - Fire Prevention & Code Enforcement

49. Which of the following programs or activities does your department conduct? (Check all that apply.)

- Child Safety Seat Installations
- Community Emergency Response Teams (CERT)
- Distribution/Installation of Home Smoke/Heat/CO Alarms
- Fire Extinguisher Training
- Juvenile Firesetter Program
- Permit Approval
- Plans Review
- Routine Testing of Active Systems (Fire Sprinkler, Detection/Alarm, Smoke Control)
- School Fire Safety Education Program
- No Programs or Activities
- Other _____

50. Who conducts fire code enforcements in your community? (Check all that apply.)

- Building Department
- Fire Department Inspectors
- In-Service Fire Fighters
- Separate Inspection Bureau
- State/Local Fire Marshal's Office
- Local Public Safety Department
- Other _____

51. Who determines if a fire was deliberately set in your area? (Check all that apply.)

- Fire Department Fire Investigator
- Incident Commander Or Other First-In Fire Officer
- Local Fire Marshal's Office
- Local Public Safety Department
- Police/Sheriff's Department
- Regional Arson Task Force Investigator
- VA State Police Arson Investigator
- Other _____

Completed:



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Section VIII - Your Fire Department's Top Needs

52. Please rank your department's Top Needs from 1 to 5 for FY2015. (1 - Most Important Need, 5 - Least Important Need)

Each row for Apparatus, Equipment, Facilities, Personnel and Training should only have 1 answer choice. Also, each column (#1 - #5) should be used only once.

(For Example, if Apparatus is the Most Important Need with your Fire Department, then select # 1. Then, select the next Top Need, such as Training, as your # 2 choice. Each number should only be used once. You cannot have more than one Top Need listed with #1.)

	# 1 (Most Important)	# 2	# 3	# 4	# 5 (Least Important)
Apparatus	<input type="radio"/>				
Equipment	<input type="radio"/>				
Facilities	<input type="radio"/>				
Personnel	<input type="radio"/>				
Training	<input type="radio"/>				

53. Please indicate the amount of additional funding that your department needs in FY2015 for each type of specific department need. (Do not include current expected amounts of funding reported in Section IV.)

	Additional Funding
Apparatus	<input type="text"/>
Equipment	<input type="text"/>
Facilities	<input type="text"/>
Personnel	<input type="text"/>
Training	<input type="text"/>

Completed:



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54. Please check the specific type of apparatus that your department needs for FY2015 and also indicate a quantity needed. Do not report current apparatus already budgeted for FY2015. (Check and complete all that apply.)

	Apparatus Needed	Quantity Needed
Aerial Apparatus (Mid-Mount, Rear-Mount, Tiller, Tower)	<input type="checkbox"/>	<input type="text"/>
Aircraft Rescue and Fire Fighting (ARFF) Vehicle	<input type="checkbox"/>	<input type="text"/>
Ambulance/Other Patient Transport	<input type="checkbox"/>	<input type="text"/>
Command Support Unit	<input type="checkbox"/>	<input type="text"/>
Command Vehicle (SUV)	<input type="checkbox"/>	<input type="text"/>
Engine/Pumper	<input type="checkbox"/>	<input type="text"/>
Fire Bike (Bicycle for Response)	<input type="checkbox"/>	<input type="text"/>
Fire/Rescue Boat	<input type="checkbox"/>	<input type="text"/>
Hazardous Materials (HAZMAT) Vehicle	<input type="checkbox"/>	<input type="text"/>
Heavy Technical Rescue Vehicle	<input type="checkbox"/>	<input type="text"/>
Logistical Support Apparatus	<input type="checkbox"/>	<input type="text"/>
Mobile Air Utility	<input type="checkbox"/>	<input type="text"/>
Rehab Unit	<input type="checkbox"/>	<input type="text"/>
Quint Combination Vehicle	<input type="checkbox"/>	<input type="text"/>
Tanker	<input type="checkbox"/>	<input type="text"/>
Wildland Brush Truck	<input type="checkbox"/>	<input type="text"/>
No Apparatus Currently Needed	<input type="checkbox"/>	<input type="text"/>
Other	<input type="checkbox"/>	<input type="text"/>

55. Please check the specific type of equipment that your department needs for FY2015 and also indicate the quantity needed. Do not report current equipment already budgeted for FY2015. (Check and complete all that apply.)

	Equipment Needed	Quantity Needed
4-Gas Monitors	<input type="checkbox"/>	<input type="text"/>
Map Coordinate System - GPS	<input type="checkbox"/>	<input type="text"/>
Mobile Data Terminals	<input type="checkbox"/>	<input type="text"/>
Personal Alert Safety Systems (PASS)	<input type="checkbox"/>	<input type="text"/>
Personal Protective Equipment (PPE)	<input type="checkbox"/>	<input type="text"/>
Radios w/ Emergency Alert Button	<input type="checkbox"/>	<input type="text"/>
Radios w/o Emergency Alert Button	<input type="checkbox"/>	<input type="text"/>
Self-Contained Breathing Apparatus (SCBA) w/ Integrated PASS	<input type="checkbox"/>	<input type="text"/>
Self-Contained Breathing Apparatus (SCBA) w/o Integrated PASS	<input type="checkbox"/>	<input type="text"/>
Thermal Imaging Cameras	<input type="checkbox"/>	<input type="text"/>
No Equipment Currently Needed	<input type="checkbox"/>	<input type="text"/>
Other	<input type="checkbox"/>	<input type="text"/>

56. Please check the specific type of facilities that your department needs for FY2015. Do not report current facility improvements/new construction already budgeted for FY2015. (Check all that apply.)

- Addition to Existing Stations
- Exhaust/Ventilation System
- Improvements/Remodeling of Existing Stations
- Installation of Backup Power
- New Constructed Stations
- No Facilities Currently Needed
- Other _____

57. Please check the specific type of personnel that your department needs for FY2015 and also indicate the quantity needed. Do not report current personnel already budgeted for FY2015. (Check and complete all that apply.)

	Personnel Needed	Quantity Needed
Firefighter - Paid	<input type="checkbox"/>	_____
Firefighter - Volunteer	<input type="checkbox"/>	_____
Civilian - Paid	<input type="checkbox"/>	_____
Civilian - Volunteer	<input type="checkbox"/>	_____
No Personnel Currently Needed	<input type="checkbox"/>	_____
Other	<input type="checkbox"/>	_____

Completed: 



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58. Please select your top 3 priority types of training that your department needs for FY2015 from the following training areas and levels. **** Review and consult with your Chief and Training Officer concerning your selections. VDFP will be utilizing this information to develop FY2015 training delivery courses for your locality. ****

Training Area and Level

1 Top Training Priority

2 Top Training Priority

3 Top Training Priority

59. Please select your top 3 priority types of training that your department needs for FY2015 from the following technical rescue areas and levels. **** Review and consult with your Chief and Training Officer concerning your selections. VDFP will be utilizing this information to develop FY2015 training delivery courses for your locality. ****

Technical Rescue Training Area and Level

1 Top Training Priority

2 Top Training Priority

3 Top Training Priority

Completed:



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Final Comments

60. Do you feel that this survey addresses all of your department needs?

- Yes
 No

61. Do you think that this survey is beneficial to fire service in Virginia?

- Yes
 No

62. Please rate if you disagree/agree with the following statements on the overall performance of this survey.

	Disagree		Neutral		Agree	
Easy to Understand Questions	<input type="radio"/>					
Simple to Complete Response On-line	<input type="radio"/>					

63. Please complete any final comments to provide feedback to VDFP.

64. Please complete any final comments concerning your needs to Virginia legislators. Your department's comments may be included in the final report.

[Before submitting your survey, click here to review your survey response. You can print your answers from here, but you still need to return and click 'Submit' button to send your survey.](#)

Completed:

