

## **FOCUS Department Enrollment Information Guide**

Below is the information you will need to fill out the enrollment form for the FOCUS survey.

Please fill out the form to the best of your abilities. If we have additional questions about any of your responses, the FIRST team will reach out to you.

## **Department Information Needed:**

- Department Name
- 2 Points of Contact (email & phone number)
- Organization Type
- Number of Male & Female Members in your department
- Total Number of Annual Injuries (all reported injuries in the last calendar year) (if applicable)
- Population Served (# of people)
- Annual number of EMS runs (if applicable)
- Annual number of Fire run
- Average Fire Response Time (rounded in minutes)
- Average Turnout Time (in seconds)
- Shift Type
- Number of years the department has been operational
- Duration of Firefighter I Academy Training (in weeks)
- Starting Salary for Entry Level Firefighter
- Department's Annual Operating Budget (rounded)
- Information on labor union (if applicable)
- Insurance Services Office (ISO) Rating (if applicable) (1-10)
- Center for Public Safety Excellence accredited (yes/no)
- Incident Safety Officer (ISO) & Health Safety Officer (HSO) duties (yes/no)
- NFPA 1500 adherence & auditing (yes/no)
- Has your department taken FOCUS before?
- Departmental changes since your last administration of FOCUS (if applicable)

## **Station Information Needed**

To provide you with station level data, we need the following information:

- Does your department have Administration/Training personnel who regularly report to an administrative building?
  - Annual number of injuries for these individuals
- Does your department have rovers/floaters or individuals not assigned to a single station?
  - Annual number of injuries for these individuals
  - o Annual number of calls for these individuals
- Number of Stations
  - For each station:
    - Street Address (no city or state required)
    - Number of active uniformed members
    - Annual number of injuries (estimated from the last calendar year)
    - Annual number of calls (estimated from the last calendar year)
  - Annual Call volume per station

Please submit this information to the FIRST team using our online form:

