



**Member Directory Statistician Information  
South Carolina State Firefighters' Association  
For the Time Period January – December 2007**

1. FD Name:	2. FDID Number:
3. Mailing Address:	4. City/Zip:
5. County:	6. Fire Chief:
7. Do You Utilize 911 for Emergencies? Yes ? No ?	8. HQ Office Number:
9. Fax Number:	10. Population Served: Permanent:
11. Maximum:	12. Number of Stations:
13. Number of Volunteer Firefighters:	14. Number of Paid Firefighters:
15. Number of Vol. Non-suppression Personnel	16. Number of Paid Non-suppression Personnel
17. Total Personnel (13+14+15)	18. Number of Certified Instructors
19. Number of Certified Inspectors	20. Number of Male Suppression
21. Number of Female Suppression	22. Total Department Budget
23. ISO Classification	24. Number of Engines
25. Number of Tankers	26. Number of Aerial Trucks
27. Number of Other Units	28. Total of Emergency Vehicles
29. Number of AED's	30. Amount Budgeted for Training
31. Dispatching Frequency	32. Fireground Frequency

33. Does your department provide 1<sup>st</sup> Responder (Basic life support) assistance to your local EMS?  
**Yes ? No ?**
34. Is your department providing EMS (Advanced life support and patient transport) within your jurisdiction?  
**Yes ? No ?**
35. Does your department provide any additional rescue services (auto extrication, water rescue, high level rescue)?  
**Yes ? No ?**
36. Does your department provide workers compensation coverage for your volunteer personnel?  
**Yes ? No ?**

**Complete the following salary information by indicating the beginning annual salary for each position, if a position does not apply to the department write N/A.**

37. Firefighter	38. FF/EMT
39. Engineer	40. Company Officer
41. Inspector	42. Training Officer
43. Assistant Chief	44. Chief

45. Percentage of salary used as basis for determining Employee Benefits. \_\_\_\_\_
46. Average hours worked per week by Firefighter position. \_\_\_\_\_
47. Number of paid holidays per year. (Beginning Firefighter position) \_\_\_\_\_
48. Number of paid sick days per year. (Beginning Firefighter position) \_\_\_\_\_
49. Annual Merit Pay System **Yes ? No ?**
50. Longevity Pay System **Yes ? No ?**
51. State Police Officer Retirement Fund **Yes ? No ?**
52. Major medical health insurance paid for Firefighter Only **Yes ? No ?**
53. Major medical health insurance paid for Firefighter and Family **Yes ? No ?**
54. No major medical health insurance paid by employer **Yes ? No ?**
55. Do you require applicants for entry level firefighter positions to have completed OSHA Sub part "L" Training requirements prior to applying for position? **Yes ? No ?**
56. Are you a special purpose district? **Yes ? No ?**
57. Does your department own a thermal imaging camera? **Yes ? No ?**
58. Does your department provide a physical fitness program? **Yes ? No ?**
59. Does your department provide a preventive health program? **Yes ? No ?**
60. Does your department provide TB and Hepatitis B inoculations? **Yes ? No ?**
61. Does your department conduct drug tests on employees? **Yes ? No ?**
62. What is your email address? \_\_\_\_\_
63. What is your home page URL? \_\_\_\_\_

**For the Time Period January – December 2007 (cont.)**

1. Alarms	Number	2.Type of Calls	Number
Actual		Structural	
False Alarms		Mobile Home	
Rescue or Emergency		Vehicle (including Aircraft)	
Mutual Aid Calls		Hazardous material incident	
Alarm Service		Explosions (including flammable liquids)	
Other		Grass, Brush, Woods or Rubbish	
		First Responder	
		Alarm Service	
		Other	
<b>Total</b>		<b>Total</b>	

3. Fire Cause Structural	Number	Fire Cause Mobil Home	Number
Electrical		Electrical	
Smoking Materials		Smoking Materials	
Heating		Heating	
Cooking Equipment		Cooking Equipment	
Suspicious		Suspicious	
Lightning		Lightning	
Arson		Arson	
Kids Playing with Matches		Kids Playing with Matches	
Other		Other	

4. Estimated total dollar loss due to fire-structure and contents. \_\_\_\_\_

5. Firefighters Casualties	Volunteer	Paid	Total
<b>A. Deaths in Performance of Duty:</b>			
Identify causes of death. (use additional pages if necessary)			
<b>B. Injuries in Performance of Duties:</b>			
Number of injuries responding to emergencies			
Number of injuries at emergencies			
Number of injuries working at Fire Station			
Number of training injuries			

\*Of the injuries above how many caused by:

	Volunteered	Paid	Total
C. Firefighters forced to leave or retire due to On-Duty injuries:			
D. Firefighters forced to leave or retire due to occupational disease:			

**Please Return by March 31, 2008 to:**

**S.C. State Firefighters' Association**  
**P.O. Box 211725**  
**Columbia, S.C. 29221**  
**(Phone) 803-454-1800 (Toll Free) 800-277-2732**  
**(FAX) 803-454-1801**