CITY OF PHOENIX, ARIZONA
FIRE DEPARTMENT

FORMS MANUAL
VOLUME 9

PHOENIX FIRE DEPARTMENT
FORMS MANUAL
VOLUME 9
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PHOENIX FIRE DEPARTMENT
FORMS MANUAL
VOLUME 9
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PURPOSE

The forms manual is used to provide a standard procedure for the use of both Fire Department and City of Phoenix forms. It is designed for reporting and record keeping.

CONTENTS

Volume Nine is indexed by Fire Department Divisions. Example: (Monthly Apparatus Report) Resource Management, (Triage Tags) Emergency Services. Under each section, the forms are placed in a numerical order beginning with the lowest number. Also for convenience an index listing the forms in alphabetical order is included.

Only those forms used at company level or by District Managers are listed. Forms used by a limited number of personnel have not been included in this manual.

PURPOSE/POLICY:

To describe the procedures and responsibilities in the preparation and processing of a D.S.R. Specifically, for the request of a new or revised form.

RESPONSIBILITY	D.S.R.
1. Request Originator	Complete Items 1, 2 & 6 On the Divisional Service/Supply Request Form #92-15D, provide a sample of material to be used for printing stock. Record the amount needed. Provide an original form and special instructions. Item 3 Complete the accounting data for all printing requests.
2. Approving Authority: Deputy Chief	Item 6 A. Signature indicates approval for request. B. Retain goldenrod copy. C. Forward D.S.R. to Information Services.
3. Information Services	Action to be Taken A. Upon receipt of a D.S.R., the new form is assigned a number. If the request is for a revision, a current revision date is added to form. B. Assigns a City Print Shop Requisition number to job or a Purchase Requisition number if job is to be sent to an outside vendor. C. Requisition and two copies of form are sent to the Records Management Administrator for approval for all printing requiring an outside vendor.

RESPONSIBILITY	D.S.R.
4. Varitype	A master is produced and a copy is sent to Information Services.
5. Information Services	A. The copy is forwarded to originator for review. When review process is complete and author of form has completed a review slip Form #90-70.2D, checking "yes OK to print," varitype is notified. The request is sent to the Print Shop.

CITY OF PHOENIX, ARIZONA
FIRE DEPARTMENT

REVIEW SLIP

TO: DATE:

PLEASE REVIEW ATTACHED MATERIAL AND RETURN TO:

NO LATER THAN:

COMMENTS: _____

NO.	DATE REVIEWED

INITIAL WHEN REVIEW IS COMPLETED

OK TO PRINT
Check one _____

☐ YES ☐ NO

90-70.2D REV 1/84

B. A 90-76D Forms Instruction Sheet is sent to author or responsible division for completion.

C. Completed job is delivered to requesting division or distributed as per instruction. Information services will retain a one year stock.

D. Request originator will receive their copy of the D.S.R. with printing cost added.

6. Request Originator

Completes the 90-76D Forms Instruction Sheet.

<u>NEW FORMS WILL NOT BE INCLUDED IN VOLUME 9 UNTIL FORM #90-76D HAS BEEN COMPLETED AND SENT TO INFORMATION SERVICES</u>.

Volume 9 will be revised on a quarterly basis.

City of Phoenix, Arizona
Fire Department
Forms Instruction Sheet

1. FORM NUMBER (assigned by Information Services) _____

2. TITLE OF FORM: _____

3. PURPOSE OF THIS FORM: _____

4. WHO IS RESPONSIBLE FOR COMPLETING THIS FORM? _____

5. WHEN IS IT TO BE COMPLETED? _____

6. INSTRUCTIONS FOR COMPLETION: _____

7. WHAT IS THIS FORM'S ROUTING? _____

8. WHERE AND FOR HOW LONG IS THIS FORM TO BE KEPT ON FILE? _____

9. WHO HAS THE AUTHORITY/RESPONSIBILITY FOR REVISING THIS FORM? _____

10. WHAT PROGRAM, IF ANY, IS THIS FORM ASSOCIATED WITH? _____

PURPOSE/POLICY:

To provide a limited use of forms designed for immediate work areas.

RESTRICTIONS:

1. Form cannot be used by other divisions or departments.

2. Form cannot be sent thru interoffice mail.

3. Reproduction and stock of "special" form is the responsibility of originator.

4. These forms will not be identified by the number system which is used by the Fire Department.

PURPOSE:

To maintain a stock and record of forms in current use.

RESPONSIBILITY	ACTION TO BE TAKEN
Author/Deputy Chief	Notify the supervisor of Information Services immediately when a form has been determined obsolete. Notification should be placed on a D.S.R., listing form title, number, revision date, and instructions to discard stock.
Information Services	A. Stock will be removed. B. Forms control card destroyed. C. Form number will be taken out of control log and made available for future use. D. City Forms Controller will be notified.

PURPOSE

To record information necessary to respond to incident.

INDIVIDUAL RESPONSIBLE FOR COMPLETING

The person in charge of apparatus responding to incident.

WHEN FORM IS TO BE COMPLETED

As incident is being dispatched by alarm or being directly received from control tower.

INSTRUCTIONS FOR COMPLETION

Record type of call, location, responding companies and radio channel assigned for incident.

ROUTING

None.

RETENTION

Keep as long as needed for incident.

AUTHORITY

Assistant Chief of Emergency Services

PROGRAM

Emergency Services

ALERT [1] [2] [3] [SP DUTY] [EMS]

RESPONSE [Y] [R]

AIRCRAFT TYPE _____

EMERGENCY _____

[26L] [26R] [8L] [8R] CH [ ]

CARD _____ TIME _____

R-19	F-1	F-2	F-3
NTI	MS		

E		E	
E		E	
E		E	
L		L	
R		R	
H		U	
BC		DIV	

SKY HARBOR RESPONSE 90-28.1D

PURPOSE

Used by Command and Sector Officers as a worksheet for fires or any other emergency.

INDIVIDUAL RESPONSIBLE FOR COMPLETING

Command or Technician.

WHEN FORM IS TO BE COMPLETED

During fire or other emergency incident.

INSTRUCTIONS FOR COMPLETION

Use as needed for incident. The Chief Officer responsible for the incident completes the evaluation portion on the back side of the worksheet.

ROUTING

Transfers with Command during incident.

RETENTION

Worksheet only-not filed. If incident is to be critiqued, held until critique for Critique Officer to Utilize.

AUTHORITY

Assistant Chief of Emergency Services

PROGRAM

Emergency Services

Emergency Services/Fire

TACTICAL WORKSHEET

#92-121D Rev. 10/82

PHOENIX FIRE DEPARTMENT FORMS MANUAL

M.P. 902.03 12/83-R

92-121D
REV. 10-82

TACTICAL WORKSHEET

INCIDENT NO. _____ TIME _____

☐ 2 + 1 ☐ FIRST ALARM ☐ _____

ADDRESS: _____

OCCUPANCY: _____

1 2 3 4 5 6 7 ☐

STAGED _____

☐ INITIAL REPORT: BY _____
☐ CMD LOCATION ☐N ☐S ☐A
☐ ALL CLEAR ☐E ☐W ☐B
☐ STANDPIPE ☐
☐ SPRINKLER
☐ INVESTIGATOR
☐ PUMPED WATER
☐ P.D.
☐ GAS ☐ ELECT.
☐ LEVEL 2 STAGING LOCATION _____
☐ UNDER CONTROL _____

E		
E		
E		
E		
L		
L		
H		
R		
U		
BC		

2-11

E		
E		
E		
E		
L		
L		
H		
R		
U		
BC		

COMMAND

PURPOSE

Record information necessary to respond to incident.

INDIVIDUAL RESPONSIBLE FOR COMPLETING

Person in charge of apparatus responding to an incident.

WHEN FORM IS TO BE COMPLETED

As incident is being dispatched by alarm if MDT or station terminal is not on line.

INSTRUCTIONS FOR COMPLETION

Record type of call, address, responding units and radio channel assigned for incident.

ROUTING

None.

RETENTION

Kept as long as needed for incident.

AUTHORITY

Assistant Chief of Emergency Services

PROGRAM

Emergency Services

S.D. | EMS | FIRST ALARM | Time

2-1 | STILL | Card

ADD:

OCC:

① ② ③ ④ ⑤ ⑥ ⑦ ○

E		
E		
E		
E		
L		
L		
S		
R		
U		
BC		

RESPONSE CARD 92-122D REV 2-82

Operations/EMS

RELEASE (LIABILITY) MAJOR MEDICAL DRILL

#92-13.2D New 2/80

PHOENIX FIRE DEPARTMENT FORMS MANUAL

M.P. 902.05 12/83-N

PURPOSE

Liability release for City of Phoenix.

INDIVIDUAL RESPONSIBLE FOR COMPLETING

EMS Division personnel conducting the drill.

WHEN FORM IS TO BE COMPLETED

Before start of drill.

INSTRUCTIONS FOR COMPLETION

Fill in all self-explanatory blanks. Signatures required by participant, witness and guardian if under age.

ROUTING

EMS

RETENTION

Indefinitely

AUTHORITY

EMS Division

PROGRAM

EMS

CITY OF PHOENIX, ARIZONA
FIRE DEPARTMENT

RELEASE

In consideration of _____ being permitted to be in-
(Participant)
volved in the Major Medical Drill of the Fire Department of the City of Phoenix,

I _____ do hereby release and hold harmless the said
(Participant, Parent, Guardian)
City of Phoenix, it's employees and agents from any and all liability for any

damage or injury which _____ may receive while being
(Participant)
involved in the Major Medical Drill or received while accompanying City of Phoenix

Fire Department officers from any cause whatsoever. This release of liability

and agreement given by _____ to the said City of Phoenix,
(Participant, Parent, Guardian)
its employees and agents, shall apply as to any right of action that might accrue

to _____, my/her/his heirs or my/her/his personal repre-
(Participant)
sentatives.

Furthermore, I _____ agree to assume all risks for
(Participant, Parent, Guardian)
_____ participating in the Major Medical Drill and in
(Participant)
accompanying it's officers and I am fully aware of the dangers involved.

Dated this _____ day of _____, 19_____.

_____
(Parent or Guardian)

_____
(Witness)

The following is only applicable to those participants that are of legal age

and signing for themselves.

"I the undersigned being of legal age do hereby affix my signature".

_____
(Participant)

92-13.2D
New 2/80

_____
(Witness)

PURPOSE

To mark and triage patients at EMS incidents when required.

INDIVIDUAL RESPONSIBLE FOR COMPLETING

Treatment crews at EMS incidents.

WHEN FORM IS TO BE COMPLETED

At the EMS incident scene.

INSTRUCTIONS FOR COMPLETION

Fill in all blanks. Refer to M.P. 210.05.

ROUTING

Attach top portion to patient's wrist or ankle, bottom of tag remains with transportation officer.

RETENTION

Duration of incident.

AUTHORITY

EMS Division, Assistant Chief of Emergency Services

PROGRAM

Emergency Services

92-23D New 5-83 PHOENIX FIRE DEPARTMENT

1

№ 104510

IMMEDIATE PRIORITY

CO _____

NAME _____

AGE _____ INJURIES _____

_____

_____

TIME	PUPILS	BP	PULSE	RESP	SKIN

HOSPITAL _____

TREATMENT *(SEE BACK)* →

NAME _____

AMBULANCE _____

HOSPITAL _____

№ 104510

IMMEDIATE PRIORITY 1

- ☐ UNCORRECTED RESPIRATORY PROBLEM
- ☐ CARDIAC ARREST
- ☐ SEVERE BLOOD LOSS
- ☐ UNCONSCIOUS
- ☐ SEVERE SHOCK
- ☐ OPEN CHEST or ABDOMINAL WOUNDS
- ☐ BURNS INVOLVE RESPIRATORY TRACT
- ☐ SEVERAL MAJOR FRACTURES

TREATMENT _____

_____

_____

_____

_____

92-24D New 5-83

PHOENIX FIRE DEPARTMENT

№ 200072

2 SECONDARY PRIORITY

CO _____

NAME _____

AGE _____ INJURIES _____

_____

_____

TIME	PUPILS	BP	PULSE	RESP	SKIN

HOSPITAL _____

TREATMENT *(SEE BACK)* →

NAME _____

AMBULANCE _____

HOSPITAL _____

№ 200072

SECONDARY PRIORITY 2

92-25D New 5-83 PHOENIX FIRE DEPARTMENT

№ 311279

3 AMBULATORY PATIENT

CO _____

NAME _____

AGE ____ INJURIES _____

_____

_____

TIME	PUPILS	BP	PULSE	RESP	SKIN

HOSPITAL _____

TREATMENT *(SEE BACK)* →

NAME _____

AMBULANCE _____

HOSPITAL _____

AMBULATORY PATIENT

№ 311279

PRIORITY 3

92-26D New 5-83

PHOENIX FIRE DEPARTMENT

№ 404261

4

CO _____

NAME _____

_____

LOCATION FOUND _____

_____

_____

_____

_____

TIME _____

(901-H) PRIORITY

NAME _____

AMBULANCE _____

HOSPITAL _____

№ 404261

(901-H) PRIORITY 4

PURPOSE

Documentation of use and evaluation of effectiveness.

INDIVIDUAL RESPONSIBLE FOR COMPLETING

Paramedic that uses kit.

WHEN FORM IS TO BE COMPLETED

Soon as possible after use.

INSTRUCTIONS FOR COMPLETION

Fill in all self-explanatory blanks.

ROUTING

To EMS Division along with the pink copy of the EMS incident report.

RETENTION

Indefinitely

AUTHORITY

EMS Division, Assistant Chief of Emergency Services

PROGRAM

Emergency Services

CITY OF PHOENIX, ARIZONA
FIRE DEPARTMENT

TRAUMA SUPPORT KIT — REPORT OF USE

This report is to be completed each time a Trauma Support Kit is used. Forward a copy with an attached EMS Incident Report (pink copy) to the EMS Division for filing.

Name _____ Cert. No. _____ Assignment _____

Card _____ Time _____

Location of Incident _____

No. of Patients Treated _____ Total No. of Patients at Scene _____

Treatment:

Life Saving _____

Precautionary _____

Patch:

How _____

Hospital _____

Physician _____

Time _____

*EMS Division Notified

Time/Date _____

*Who Assumed Patient Care Enroute to Hospital?

_____

*Other A.L.S. Prehospital Personnel on the Scene

_____

_____

*Other Agencies On Scene

_____

*OUT OF CITY

COMMENTS:

PURPOSE

To document medical emergency and treatment of patient by Phoenix Fire Department. THIS FORM IS A LEGAL DOCUMENT.

INDIVIDUAL RESPONSIBLE FOR COMPLETING

First arriving company officer or, if ALS skills are used, by the medic on the scene.

WHEN FORM IS TO BE COMPLETED

At the scene for each patient treated. A form must be completed for each incident, even if put available in route or aid refused.

INSTRUCTIONS FOR COMPLETION

Complete form as per C.A.D. instruction manual. Signature required. If paramedic treatment is started or a patch is made to a base hospital, medic must complete and sign form.

ROUTING

White copy with patient; pink copy Fire Department records; yellow copy to EMS Division, golden rod copy to hospital with paramedic. Information also recorded in station log book.

RETENTION

Indefinitely

AUTHORITY

Emergency Services/EMS Division

PROGRAM

Emergency Services, Incident Report System

Emergency Services/EMS

EMS/RESCUE INCIDENT

#92-45 Rev. 5/84

PHOENIX FIRE DEPARTMENT
FORMS MANUAL

M.P. 902.08 8/84-R

CITY OF PHOENIX, ARIZONA

FIRE DEPARTMENT EMS/RESCUE INCIDENT

92-45 REV 5/84

EXCEPTION REPORT - PHONE 5977
CAD TERMINAL EMSP
EQUIPMENT RETRIEVAL 3414

INCIDENT NUMBER YEAR | SERIAL NUMBER | CITY | PT NO | OF | NO OF PTS | COMPANY REPORTING | SHIFT | ALARM DATE M M D D DOW | DISPATCH TIME

ADDRESS | UNITS PROVIDING CARE

SERVICE DELIVERED BLS | ALS | SERVICE | 301H | SIGNED REFUSAL | AMBULANCE CO & UNIT | HOSP CODE | MEDIC ID #

TRAUMA				MEDICAL	BLS TREATMENT		
MVA	FALL	STAB/CUTTING			ORG—AIRWAY	C. COLLAR	PECAC
MOTORCYCLE	BURN	DROWNING			SUCTION	SPINE BOARD	M. A. S. T.
BICYCLE	ASSAULT	OTHER TRAUMA		CARDIAC ARREST	BAG—MASK	K.E.D.	APPLIED
PEDESTRIAN	G.S.W.				CPR (MANUAL)	TRACTION SPLINT	INFLATED

NAME | AGE | SEX | ADDRESS

MED HX CARDIAC

HBP ☐ CVA ☐ x _____ 19 _____ COPD ☐ GI ☐ DIABETES ☐

DONOR ☐

HX/S

ALLERGIES

DR/GROUP

TIME				
B/P				
PULSE				
RESP				
SKIN				
CAP RFL				
PUPILS				

CHIEF COMPLAINT

HPI/MECHANISM

MEDIC	TIME	TX/PROCEDURE	RESPONSE TO TX	TELEMETRY OR HOSPITAL
		"O" @ _____ L/M"		

E. K. G.

TOTAL FLUIDS | DRUG BOX NO | LOCK NO | RN/PHARMACIST ACCEPTING DRUG BOX/EXCHG DRUGS

ITEM FOR ITEM XCHNG ☐

NAME | EMT ☐ EMT-P ☐ | EQUIPMENT LEFT ON PT | EMT/RN/OR ACCEPTING PATIENT

TO PATIENT RECORDS

PURPOSE

Provides a worksheet for EMS incidents.

INDIVIDUAL RESPONSIBLE FOR COMPLETING

Command and sectors at EMS incidents.

WHEN FORM IS TO BE COMPLETED

During an EMS incident.

INSTRUCTIONS FOR COMPLETION

Fill in all self-explanatory blanks.

ROUTING

Transfers with command during incident.

RETENTION

Duration of incident.

AUTHORITY

Assistant Chief, Emergency Services

PROGRAM

Emergency Services

Emergency Services/EMS

MEDICAL INCIDENT WORKSHEET

#92-45.2D New 3/79

PHOENIX FIRE DEPARTMENT FORMS MANUAL

M.P. 902.09 12/83-R

CITY OF PHOENIX, ARIZONA
FIRE DEPARTMENT

MEDICAL INCIDENT WORKSHEET

- ☐ REPORT COMMAND POST LOCATION (TO ALARM AND STAGING) _____
- ☐ STAGING LOCATION _____
- ☐ INITIAL REPORT — EXTRICATION OFFICER _____
- ☐ SITE SAFETY — SECTOR CREWS _____
- ☐ NUMBER OF PATIENTS _____
- ☐ MANPOWER NEEDS _____
- ☐ TRIAGE MODE — TREATMENT OFFICER _____
- ☐ TRIAGE TAGS — SECTOR CREWS _____
- ☐ ASSEMBLY AREA _____
- ☐ ALL CLEAR _____
- ☐ UHF RADIOS _____
- ☐ OUTSIDE SUPPORT — TRANSPORTATION OFFICER _____
- ☐ POLICE LIASON — SECTOR CREWS _____
- ☐ TRAFFIC CONTROL _____
- ☐ SECTOR IDENTIFICATION VEST _____

EXTRICATION OFFICER ONLY

- ☐ SITE SAFETY — NUMBER OF 1 & 2 INJURIES _____
- ☐ MANPOWER NEEDS — COMMENTS _____
- ☐ TRIAGE MODE & TAGS _____
- ☐ EQUIPMENT NEEDS _____
- ☐ ALL CLEAR _____
- ☐ PROGRESS REPORTS _____
- ☐ DECEASED (901-H) SITE _____
- ☐ PRIORITY 3 ASSEMBLY AREA LOCATION _____
- ☐ PRIORITY 3 TRANSPORTATION NEEDS _____
- ☐ SECTOR IDENTIFICATION VEST _____

TREATMENT OFFICER ONLY

- ☐ TREATMENT LOCATION _____
- ☐ SITE ENTRANCE MARKERS — COMMENTS _____
- ☐ MANPOWER NEEDS _____
- ☐ SUPPLIES _____
- ☐ PROGRESS REPORTS _____
- ☐ TRIAGE TAGS _____
- ☐ SECTOR IDENTIFICATION VEST _____

92-45.2D REV 3-80

Emergency Services/EMS

MEDICAL INCIDENT WORKSHEET

#92-45.2D New 3/79

PHOENIX FIRE DEPARTMENT FORMS MANUAL

M.P. 902.09 12/83-R

TRANSPORTATION OFFICER ONLY

- ☐ TRANSPORTATION LOCATION _____
- ☐ ASSIGN AIDE
- ☐ MEDIC RADIO (MED 9)
- ☐ MANPOWER NEEDS
- ☐ PROGRESS REPORTS
- ☐ AMBULANCE STAGING SITE
- ☐ HELICOPTER LANDING CREW
- ☐ LANDING CREW
- ☐ HOSPITAL TRIAGE TEAMS
- ☐ MEDICAL SUPPLIES
- ☐ HOSPITAL ALERT
- ☐ SECTOR IDENTIFICATION VEST

COMMENTS _____

NOTE — REMOVE LOWER PORTION OF TRIAGE TAG WHEN PATIENT IS TRANSPORTED!!

HOSPITAL	EMERGENCY ROOM AVAILABILITY							COMMENTS

AMBULANCE CO.	PRIORITY 1	PRIORITY 2	HOSPITAL	DEPARTED	E.T.A.	SUPPLIES REQUESTED

Emergency Services/EMS

HELICOPTER TRANSPORTATION INFORMATION SHEET

#92-45.4D Rev. 10/80

PHOENIX FIRE DEPARTMENT FORMS MANUAL

M.P. 902.10 8/83-R

PURPOSE

To evaluate use and effectiveness of helicopter service.

INDIVIDUAL RESPONSIBLE FOR COMPLETING

Responder or Deputy Chief dispatched to incident.

WHEN FORM IS TO BE COMPLETED

At incident.

INSTRUCTIONS FOR COMPLETION

Fill in all self-explanatory blanks.

ROUTING

To EMS Division.

RETENTION

Six months at EMS Division.

AUTHORITY

EMS Deputy Chief

PROGRAM

Emergency Services/EMS

CITY OF PHOENIX, ARIZONA
FIRE DEPARTMENT

HELICOPTER TRANSPORTATION INFORMATION SHEET

REPORT NO. _____/_____
(For Office Use Only)

The following information is needed to help us evaluate the effectiveness and efficiency of air ambulance transportation in the City of Phoenix. *THIS FORM MUST BE COMPLETED BY THE OFFICER IN CHARGE, EVERY TIME A HELICOPTER IS USED.*

Unit or Agency Requesting Helicopter:

☐ Fire or Paramedic (Unit No.) _____ ☐ Patient
☐ Base Hospital Physician _____ ☐ Alarm Headquarters

Officer Reporting: _____ Company/Shift: _____ Date: _____

Address of Incident: _____ Card No.: _____

Total Number of Patients at Incident: _____ Number Transported by Helicopter: _____

Helicopter Transporting:

☐ Air Evac (JCL/Good Sam) ☐ Survival Flight (Phx. Baptist) ☐ Other _____

Dispatch Time _____ E.T.A. _____ On Scene _____

Type of Medical Incident: _____

Hospital Destination: _____ Did Patient arrive at intended Hospital: _____

If patient did not arrive at original destination, to which hospital was the patient transported: _____

HELICOPTER TRANSPORTATION WAS USED BECAUSE (CHECK ONE OR MORE)

☐ Not accessible to ground ambulance.
☐ Transport time/distance necessitated helicopter transport.
☐ Serious/critical medical condition necessitated rapid helicopter transport.
☐ Medical condition of patient required a specialty hospital:
- ☐ Trauma ☐ Poisoning ☐ Paranatal
- ☐ Head, neck & spine ☐ Burn ☐ Other _____
- ☐ Cardiac

☐ Helicopter was used as both a paramedic unit and transport unit.

Ground Ambulance Status:
- ☐ Available and enroute.
- ☐ On the scene. Time O/S _____

General Comments: _____

_____

_____

_____

_____

PURPOSE

Supplement sheet for #92-45.

INDIVIDUAL RESPONSIBLE FOR COMPLETING

First arriving company officer or, if an ALS unit is used, a medic on the scene.

WHEN FORM IS TO BE COMPLETED

At the scene for each patient treated when additional comments are needed.

INSTRUCTIONS FOR COMPLETION

Fill in year and serial number. Record comments. Signature required.

ROUTING

White copy with patient; pink copy Fire Department records; yellow copy to EMS Division, golden rod copy to hospital with paramedic. Information also recorded in station log book.

RETENTION

Indefinitely

AUTHORITY

EMS Division

PROGRAM

Emergency Services, Incident Report System

CITY OF PHOENIX
FIRE DEPARTMENT

DISTRIBUTION:
WHITE - TO PATIENT RECORDS
PINK - FIRE DEPT. RECORDS
YELLOW - BASE HOSPITAL RECORDS

FIRE DEPARTMENT EMS/RESCUE INCIDENT SUPPLEMENT

Incident Number YEAR 8 SERIAL NUMBER

SUPPLEMENTAL PAGE NO. _____

TIME	IV'S—DRUGS—DEFIBS	COMMENTS
		SIGNATURE ☐ PARAMEDIC ☐ OTHER
		DATE

PATIENT RECORDS

92-45.6D NEW 11-81

PURPOSE

To keep a record of supplies received from hospitals so payment can be made.

INDIVIDUAL RESPONSIBLE FOR COMPLETING

Paramedic

WHEN FORM IS TO BE COMPLETED

Each time supplies are restocked from a hospital, not patient chargeable.

INSTRUCTIONS FOR COMPLETION

Fill in all self-explanatory blanks. Signature required.

ROUTING

White copy-hospital; pink copy-EMS Division.

RETENTION

Indefinitely

AUTHORITY

EMS

PROGRAM

EMS

CITY OF PHOENIX, ARIZONA
FIRE DEPARTMENT

PARAMEDIC UNIT MEDICAL STOCK REPLACEMENT

This form must be completed by Phoenix Fire Department Paramedics when medical supplies other than those used on the patient are obtained from the hospital.

Paramedic Unit _____ Shift _____ Date _____ Hospital _____

Paramedic Signature _____ Paramedic Certification No. _____

Nurse Signature _____

COST	QUANTITY	SIZE		COST	QUANTITY	
			Endotrachael Tubes			O_2 Mask
			D5W			O_2 Nasal
			Lactated Ringers			O_2 Connecting Tubing
			Normal Saline			ECG Monitor Pads
			IV Catheters			Paper Tape
			Blood Tubing			Suction Catheters
			Peds Tubing			Yankauer Tip
			Regular Tubing			OTHER:
			Vacutainer Tubes			
			Syringes			
			3-way Stopcock			

DISPOSITON:
WHITE COPY — RETAINED AT HOSPITAL
PINK COPY — HOSPITAL TO SEND TO PHOENIX FIRE DEPARTMENT, EMS DIVISION, 1130 NORTH 1ST STREET, PHOENIX, ARIZONA 85004; AT LEAST QUARTERLY, WITH BILLING.

92-45.7D NEW 10-80

PURPOSE
Base Hospital assessment of Paramedic skills.

INDIVIDUAL RESPONSIBLE FOR COMPLETING

Paramedic Base Hospital Medical Director and Coordinator.

WHEN FORM IS TO BE COMPLETED
Annually, 30 days prior to the Paramedic's certification date.

INSTRUCTIONS FOR COMPLETION

Per Procedure, Volume 1, M.P. 105.12, Administrative Regulations.

ROUTING

One copy each to Paramedic, E.M.S. Office, and Base Hospital.

RETENTION

Indefinitely

AUTHORITY

E.M.S. Coordinator

PROGRAM
E.M.S.

CITY OF PHOENIX, ARIZONA
FIRE DEPARTMENT

PARAMEDIC PERFORMANCE APPRAISAL — Part I

PARAMEDIC _____ BASE HOSPITAL _____ DATE _____

LENGTH OF TIME ASSIGNED TO THIS BASE STATION _____ ☐ PERMANENT ☐ ROVER

MEDICAL DIRECTOR _____ COORDINATOR _____

SECTION A — PRE-HOSPITAL

1. *ASSESSMENT SKILLS*

2. *PRESENTATION SKILLS*

3. *TREATMENT SKILLS*

DISTRIBUTION
WHITE — PARAMEDIC
YELLOW — PHOENIX FIRE DEPT EMS OFFICE
PINK — BASE HOSPITAL FILE

CITY OF PHOENIX, ARIZONA
FIRE DEPARTMENT

PARAMEDIC PERFORMANCE APPRAISAL — Part 2

SECTION B — HOSPITAL

1. *RESPONSE TO MEDICAL CONTROL*

2. *RECOMMENDATIONS*

3. *PARAMEDIC'S COMMENTS*

PARAMEDIC'S SIGNATURE _____ DATE _____

COORDINATOR'S SIGNATURE _____ DATE _____

MEDICAL DIRECTOR'S SIGNATURE _____ DATE _____

DISTRIBUTION
WHITE — PARAMEDIC
YELLOW — PHOENIX FIRE DEPT EMS OFFICE
PINK — BASE HOSPITAL FILE

Emergency Services/EMS

DRUG CHECK OFF SHEET

#92-62D Rev. 1/83

PHOENIX FIRE DEPARTMENT FORMS MANUAL

M.P. 902.14 12/83-R

PURPOSE

Document Paramedic exchange of drug box at shift change and check controlled drugs.

INDIVIDUAL RESPONSIBLE FOR COMPLETING

Paramedic representative from the ongoing and the offgoing shift.

WHEN FORM IS TO BE COMPLETED

Daily at shift change.

INSTRUCTIONS FOR COMPLETION

Initials of Paramedic checking box next to the appropriate date, comments as to condition of contents of box.

ROUTING

Paramedic to EMS Division to Department of Health Services.

RETENTION

One year.

AUTHORITY

Emergency Medical Services

PROGRAM

Emergency Services

PURPOSE

Document Paramedic exchange of drug box at shift change and check controlled drugs.

INDIVIDUAL RESPONSIBLE FOR COMPLETING

Paramedic representative from the ongoing and the offgoing shift.

WHEN FORM IS TO BE COMPLETED

Daily at shift change.

INSTRUCTIONS FOR COMPLETION

Initials of Paramedic checking box next to the appropriate date, comments as to condition of contents of box.

ROUTING

Paramedic to EMS Division to Department of Health Services.

RETENTION

One year.

AUTHORITY

Emergency Medical Services

PROGRAM

Emergency Services

City of Phoenix, Arizona
FIRE DEPARTMENT

DRUG CHECK OFF SHEET

STATION_____ MONTH _____

	ON COMING		OFF GOING		COMMENTS	NITRONOX GUAGE READING	DRUG BOX LAST EXCH'D AT:
DAY	SHIFT	INITIAL	SHIFT	INITIAL	BROKEN, MISSING, ETC.		
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.							

SEND TO EMS DIVISION THE 1ST OF EACH MONTH

PURPOSE

To report leave of any kind to Fire and/or City administrators to record each leave of absence by employee.

INDIVIDUAL RESPONSIBLE FOR COMPLETING

If sick or on industrial injury leave, by the District Manager. If used for vacation leave, employee will call his/her District Manager or Secretary two weeks prior to scheduled leave.

WHEN FORM IS TO BE COMPLETED

Immediately by the District Manager, or when the report of sick leave or industrial injury is made in case of an anticipated leave. Complete at earliest convenience or two weeks prior to vacation.

INSTRUCTIONS FOR COMPLETION

District Manager or Secretary will complete form after being notified.

ROUTING

District Manager to Payroll, to PPMIS. One copy retained by Payroll. One copy placed in employee's personnel file.

RETENTION

Kept in employee's permanent file.

AUTHORITY

City-wide form, City Personnel

PROGRAM

Payroll

CITY OF PHOENIX, ARIZONA
PERSONNEL DEPARTMENT

PPMIS LEAVE REQUEST (PD)

WHITE—MIS
PINK—DEPT EMP

DE# PER00817

LAST NAME | FIRST NAME | DATE

FUNCTION | DEPARTMENT | SOCIAL SECURITY NUMBER | INITIALS FIRST LAST

1 P D 3 7 12 78

CHECKED BY: PAY/PERS CLERK | DATE

REASON CODE	RE-STORE	HOURS (SHOW 2 DECIMALS)	FROM (M D Y)	THROUGH (M D Y)	DAYS or TIME	REASON	SUPV.
21	23 24	37		43			
21	23 24	37		43			
21	23 24	37		43			

LEAVE WITHOUT PAY

When such leave has been requested and authorized, transfer information to Payroll Exception Request Form (TH). When hours span more than one pay period, prepare adequate additional forms

REASON CODE	RE-STORE	HOURS (SHOW 2 DECIMALS)	FROM (M D Y)	THROUGH (M D Y)	DAYS or TIME	REASON	PAY CLERK	SUPV.
21	23 24	37		43				
21	23 24	37		43				

EMPLOYEE | DATE

SUPERVISOR | DATE

DEPARTMENT DIVISION HEAD (OPTIONAL UP TO 30 DAYS) | DATE

ALL LEAVE WITHOUT PAY IN EXCESS OF 30 DAYS REQUIRES SPECIAL APPROVAL AND DISTRIBUTION.

PERSONNEL DIRECTOR | DATE

CITY MANAGER | DATE

SEE REASON CODES ON BACK

60-32D Rev 5-83

PURPOSE

To record performance of employee since previous rating.

INDIVIDUAL RESPONSIBLE FOR COMPLETING

The City Personnel staff initiates, and the form is sent to the employee's immediate supervisor. In case of special gradings the form is usually initiated in the District headquarters.

WHEN FORM IS TO BE COMPLETED

By the due date entered at the top right corner of the form.

INSTRUCTIONS FOR COMPLETION

A complete description of the evaluation procedures are contained in the Employee Performance Manual and Personnel Rule No. 11. Signature required. The supervisor completes a (worksheet) or copy of the rating report. The second level supervisor reviews the worksheet and puts his signature of approval on a typed rating report.

ROUTING

From City Personnel to Payroll to Department Head to District Manager's office. The employee and immediate supervisor review the rating report. Employee retains the pink copy. The other two copies are returned to the District Manager, to Payroll, to Personnel.

RETENTION

Duration of employment.

AUTHORITY

City-wide form, City Personnel

PROGRAM

Personnel and Training

Personnel & Operations/Personnel

EMPLOYEE PERFORMANCE RATING REPORT

#60-53 Rev. 8/78

PHOENIX FIRE DEPARTMENT FORMS MANUAL

M.P. 903.02 8/84-R

EMPLOYEE PERFORMANCE RATING REPORT

PERSONNEL DEPARTMENT

DISTRIBUTION:
Original - Personnel
Goldenrod - Department
Pink - Employee

☐

_____ EMPLOYEE EMP. NO. _____ DEPT. DIV. _____

SCHEDULED ☐
UNSCHEDULED ☐
PROBATIONARY ☐

_____ CLASS TITLE

DUE DATE

SECTION A	1 EXCEEDS STANDARDS	2 MEETS STANDARDS	3 REQUIRES IMPROVEMENT	4 NOT SATISFACTORY	FACTOR CHECK LIST (Immediate Supervisor Must Check Each Factor in the Appropriate Column)	5 DOES NOT APPLY
					1 OBSERVANCE OF WORK HOURS	
					2 USE OF SICK LEAVE	
					3 GROOMING & DRESS	
					4 COMPLIANCE WITH RULES	
					5 SAFETY PRACTICES	
					6 GETTING ALONG WITH FELLOW EMPLOYEES	
					7 MEETING AND HANDLING THE PUBLIC	
					8 KNOWLEDGE OF WORK	
					9 JOB SKILL LEVEL	
					10 WORK JUDGMENTS	
					11 PLANNING & ORGANIZING	
					12 MEETING DEADLINES	
					13 QUALITY OF WORK	
					14 VOLUME OF ACCEPTABLE WORK	
					15 ACCEPTS RESPONSIBILITY	
					16 ACCEPTS DIRECTIONS	
					17 ACCEPTS CHANGE	
					18 EFFECTIVENESS UNDER STRESS	
					19 OPERATION & CARE OF EQUIP	
					20 APPEARANCE OF WORK STATION	
					21 WORK COORDINATION	
					22 INITIATIVE	
					23 WRITTEN EXPRESSION	
					24 ORAL EXPRESSION	
					25	
					26	
					27	
					28	
					29	
					30	
					FOR EMPLOYEES who SUPERVISE OTHERS	
					31 PLANNING & ORGANIZING	
					32 TRAINING & INSTRUCTING	
					33 EVALUATING SUBORDINATES	
					34 SCHEDULING & COORDINATING	
					35 PRODUCTIVITY	
					36 SUPERVISORY CONTROL	
					37 LEADERSHIP	
					38 OPERATIONAL ECONOMY	
					39 JUDGMENTS & DECISIONS	
					40 FAIRNESS & IMPARTIALITY	
					41 SAFETY RECORD	
					42 AFFIRMATIVE ACTION	

CHECKS IN COL. (4) MUST BE EXPLAINED IN SECTION B

SECTION B Record job STRENGTHS & superior performance incidents, and/or DEFICIENCIES or job behavior requiring improvement or correction. (Explain checks in Col. 4)

SECTION C Record PROGRESS ACHIEVED in attaining previously set goals for improved work performance, for personal, or job qualifications.

SECTION D Record specific GOALS or IMPROVEMENT PROGRAMS to be undertaken during next evaluation period.

SUMMARY EVALUATION - Check Overall Performance --

1 ☐ EXCEEDS STANDARDS
2 ☐ EFFECTIVE - MEETS STANDARDS
3 ☐ REQUIRES IMPROVEMENT
4 ☐ NOT SATISFACTORY

RATER: I certify this report represents my best judgment.

☐ I DO ☐ DO NOT recommend this employee be granted permanent status. (For final probationary reports only.)

☐ I DO ☐ DO NOT recommend a Merit Pay Increase When The Scheduled Salary Increase Is Due.

RATED BY _____ DATE _____

REVIEWED BY _____ AGREE ☐ DISAGREE ☐

EMPLOYEE: I certify that a copy of this report has been given to me. I understand my signature does not necessarily indicate agreement. I understand any appeal of a 4 rating must be made in writing to the Personal Director within 7 days from date report was given to me.

_____ EMPLOYEE _____ Date

EMPLOYEE COMMENTS MAY BE ATTACHED

— SEE INSTRUCTIONS ON REVERSE SIDE —

60-53 REV 8-78

PURPOSE

To formally inform employee, in writing, of performance less than satisfactory.

INDIVIDUAL RESPONSIBLE FOR COMPLETING

Employee's immediate supervisor.

WHEN FORM IS TO BE COMPLETED

As soon after unsatisfactory performance as practical.

INSTRUCTIONS FOR COMPLETION

Fill in all self-explanatory blanks. Review with District Manager and employee. Signature required.

ROUTING

Company Officer to District Manager to Assistant Chief's office. (Assistant Chief, Division of Personnel & Operations)

RETENTION

Duration of employment.

AUTHORITY

City Personnel Department

PROGRAM

Personnel and Training

CITY OF PHOENIX, ARIZONA
PERSONNEL DEPARTMENT

INTERVIEW RECORD OF UNSATISFACTORY PERFORMANCE

1. Employee	2. Department/Division
3. Classification	4. Date Prepared
5. Description and date of unsatisfactory performance	
6. Employee explanation and date of interview	
7. Supervisor's statement to employee	
8. Reporting Supervisor	9. Copy received—Employee

(Use reverse side if necessary)

PURPOSE

To formally initiate, in writing, a grievance or grievance appeal pertaining to standards of behavior set forth by the Administrative Regulations.

INDIVIDUAL RESPONSIBLE FOR COMPLETING

Personnel with grievance.

WHEN FORM IS TO BE COMPLETED

Refer to A.R. 2.61 for time limits.

INSTRUCTIONS FOR COMPLETION

A detailed step-by-step process is outlined in A.R. 2.61 (Grievance Procedures). Signature required.

ROUTING

Route through chain of command. White copy - Personnel Department. Yellow copy - Fire Department. Pink copy - Employee to keep.

RETENTION

Permanently.

AUTHORITY

City Personnel Department

PROGRAM

City Personnel Grievance Procedure

CITY OF PHOENIX, ARIZONA

GRIEVANCE INITIATION OR APPEAL

DISTRIBUTION:
WHITE - PERSONNEL
YELLOW - DEPARTMENT
PINK - EMPLOYEE

INSTRUCTIONS

This form is to be used to initiate a formal grievance or to appeal a grievance decision. Complete original and two (2) copies and distribute as noted above. Refer to A.R. 2.61 for proper grievance procedures and time limits. If you have any questions see your supervisor.

This is: A NEW GRIEVANCE ☐ AN APPEAL OF GRIEVANCE DECISION ☐ (Check one)

EMPLOYEE'S NAME _____ JOB TITLE _____

DEPARTMENT/DIVISION _____ WORK LOCATION _____

1. What is the action or situation about which you have a grievance? (Be very specific, give names, dates and exact information.)

2. What policy or regulation do you think has been violated?

3. What do you think should be done about it?

4. Has this complaint been discussed with your immediate supervisor? _____

SUPERVISOR'S NAME _____ TITLE _____

EMPLOYEE'S SIGNATURE _____

DATE _____

60-127D
REV. 3-76

PURPOSE

To formally initiate, in writing, a grievance pertaining to the current Memorandum of Understanding.

INDIVIDUAL RESPONSIBLE FOR COMPLETING

Employee with grievance.

WHEN FORM IS TO BE COMPLETED

See time limit requirements in current M.O.U.

INSTRUCTIONS FOR COMPLETION

A complete step-by-step process is contained in current M.O.U.

ROUTING

White and canary copies - Immediate Supervisor, pink copy - Labor Relations Office of the City, goldenrod copy - Grievant's copy.

RETENTION

Permanently

AUTHORITY

City of Phoenix Labor Relations Office

PROGRAM

M.O.U. Grievance Procedure

Personnel & Operations/Personnel

FIRE UNIT - EMPLOYEE GRIEVANCE FORM

#60-164D Rev. 11/79

PHOENIX FIRE DEPARTMENT FORMS MANUAL

M.P. 903.05 8/84-R

FIRE UNIT
CITY OF PHOENIX
EMPLOYEE GRIEVANCE FORM
RE: PROVISIONS IN MEMORANDA OF UNDERSTANDING

DISTRIBUTION:
White and Canary — Immediate Supervisor
Pink — Labor Relations
Goldenrod — Grievant's Copy

Please print or type. Use attachment if additional space is needed.

NAME	DATE
CLASSIFICATION	DEPARTMENT OR DIVISION
GRIEVANT TO PERSONALLY INDICATE REPRESENTATIVE, IF ANY	SIGNATURE OF REP
FACTS CONSTITUTING GRIEVANCE	MEETING REQUESTED YES ☐ NO ☐
ACTION REQUESTED	
	SIGNATURE

STEP I REVIEW

SUPERVISOR'S DECISION	DATE RECEIVED
SUPERVISOR'S SIGNATURE	TITLE / DATE

GRIEVANT'S COMMENTS

THIS DECISION ☐ ACCEPTABLE ☐ NOT ACCEPTABLE BECAUSE	MEETING REQUESTED YES ☐ NO ☐
GRIEVANT'S SIGNATURE	DATE

STEP II REVIEW

DECISION	DATE RECEIVED
SUPERVISOR'S SIGNATURE	TITLE / DATE

GRIEVANT'S COMMENTS

THIS DECISION IS ☐ ACCEPTABLE ☐ NOT ACCEPTABLE BECAUSE	MEETING REQUESTED YES ☐ NO ☐
GRIEVANT'S SIGNATURE	DATE

STEP III REVIEW

DECISION	DATE RECEIVED
SIGNATURE	TITLE / DATE

GRIEVANT'S COMMENTS

THIS DECISION IS ☐ ACCEPTABLE ☐ NOT ACCEPTABLE BECAUSE	
GRIEVANT'S SIGNATURE	DATE

PURPOSE

Supplement sheet for #60-164D.

INDIVIDUAL RESPONSIBLE FOR COMPLETING

Employee with grievance.

WHEN FORM IS TO BE COMPLETED

If space is needed when using Form #60-164D.

INSTRUCTIONS FOR COMPLETION

Fill in all self explanatory blanks. Signature required.

ROUTING

White and canary copies to Immediate Supervisor, pink copy to City of Phoenix Labor Relations, goldenrod copy to Grievant.

RETENTION

Permanently

AUTHORITY

City of Phoenix Labor Relations Office

PROGRAM

M.O.U. Grievance Procedure

FOR ADDITIONAL FACTS OR RESPONSE

DISTRIBUTION:
White and Canary — Immediate Supervisor
Pink — Labor Relations
Goldenrod — Grievant's Copy
INSTRUCTIONS: Please print or type.

CITY OF PHOENIX
EMPLOYEE GRIEVANCE FORM — ATTACHMENT

NAME	DATE
CLASSIFICATION	DEPARTMENT OR DIVISION

PURPOSE

To maintain a current department home telephone and address list.

INDIVIDUAL RESPONSIBLE FOR COMPLETING

The employee.

WHEN FORM IS TO BE COMPLETED

As soon as possible after change (within 24 hours).

INSTRUCTIONS FOR COMPLETION

Fill in all blanks that have changed. Signature required.

ROUTING

From District Manager to Payroll and Time Management.

RETENTION

Duration of employment.

AUTHORITY

Assistant Chief, Personnel & Operations

PROGRAM

Personnel

CITY OF PHOENIX, ARIZONA
FIRE DEPARTMENT

EMPLOYEE DATA CHANGE REPORT

Date received _____

Name _____
(LAST) (FIRST) (M.I.) (RANK)

Phone Number Change: _____

Address Change: _____

Driver's License Change: Number _____ Expiration Date _____ Class _____
(MONTH) (YEAR)

Emergency Notification Change:

Name _____ Phone _____

Entered By _____ Date Entered _____

1. Only information which has changed needs to be entered.
2. Information is for City use and will be held in strict confidence.

DISPOSITION:
WHITE — Fire Department Payroll
YELLOW — Section or District File
PINK - Employee

90-1D REV 4/84

PURPOSE

Record information concerning employment outside the Fire Department.

INDIVIDUAL RESPONSIBLE FOR COMPLETING

Employee.

WHEN FORM IS TO BE COMPLETED

When requested by Administration.

INSTRUCTIONS FOR COMPLETION

Fill in all information above double lines. Signature required.

ROUTING

Employee - Personnel Control - Employee.

RETENTION

At Administration's discretion.

AUTHORITY

Administration - Personnel & Operations

PROGRAM

Personnel and Training

90-12
New 1-59

CITY OF PHOENIX, ARIZONA
FIRE DEPARTMENT
OUTSIDE WORK PERMIT

DATE	TIME

EMPLOYEE'S NAME	SERIAL NUMBER	RANK	DIVISION
DUTIES OF OUTSIDE EMPLOYMENT	WORKING HOURS		
	OF THIS APPLICATION	OF OTHER PERMITS	AT FIRE DEPT.
LOCATION OF OUTSIDE EMPLOYMENT	SUPERVISOR - OUTSIDE		PHONE
NAME OF FIRM	BUSINESS ADDRESS		PHONE

STATEMENT:

1. I HEREBY APPLY FOR PERMISSION TO ENGAGE IN OUTSIDE EMPLOYMENT, SUBJECT TO THE RULES AND REGULATIONS OF THE FIRE DEPARTMENT.

2. THIS PERMIT VOIDS PREVIOUS PERMIT

DATE	DUTIES	LOCATION	HOURS

3. THIS PERMIT IS IN ADDITION TO PREVIOUS PERMIT

DATE	DUTIES	LOCATION	HOURS

4. I HEREBY CERTIFY THAT THIS WORK WILL NOT INTERFERE WITH MY FIRE DEPARTMENT DUTIES AND UNDERSTAND THAT SHOULD THE OUTSIDE WORK CONDITIONS CHANGE SO AS TO CONFLICT WITH MY DUTIES AS A FIREMAN OR WITH ANY RULE OR REGULATION OF THE DEPARTMENT, THIS PERMIT IS VOID. I FURTHER UNDERSTAND THAT IF I FAIL TO HONESTLY REPORT ALL THE DETAILS IN CONNECTION WITH ANY OUTSIDE WORK, I WILL BE SUBJECT TO DISMISSAL.

EMPLOYEE (SIGNATURE)

DIVISION OR SECTION OFFICE

DATE	TIME	☐ APPROVED	☐ DISAPPROVED

REASON

SUPERVISOR (SIGNATURE)

FIRE CHIEF'S OFFICE

DATE	TIME	☐ APPROVED	☐ DISAPPROVED

THIS PERMIT EXPIRES | DATE | FIRE CHIEF (SIGNATURE)

INSTRUCTIONS:

1. FILL OUT IN TRIPLICATE
2. SEND ALL COPIES TO FIRE CHIEF
3. WHEN COMPLETED, COPY 3 WILL BE RETURNED TO EMPLOYEE FOR HIS INFORMATION.

DISTRIBUTION:

1. WHITE - PERSONNEL FILE
2. YELLOW - WORK PERMIT FILE
3. PINK - EMPLOYEE'S COPY

PURPOSE

Documentation and Leave Management.

INDIVIDUAL RESPONSIBLE FOR COMPLETING

District Manager.

WHEN FORM IS TO BE COMPLETED

Form is started when employee reports sick and completed upon employee's return to duty.

INSTRUCTIONS FOR COMPLETION

Fill in self-explanatory blanks. Signature required.

ROUTING

Pink copy is filed at District Office. White copy goes to Personnel Control Division Chief to be placed in employee's personnel file.

RETENTION

Indefinitely

AUTHORITY

Assistant Chief Personnel & Operations

PROGRAM

Leave Management

CITY OF PHOENIX, ARIZONA
FIRE DEPARTMENT

REPORT OF LEAVE

Employee Name _____ Section/Station _____ Shift _____

Number of illnesses this 12 month period _____

Employee Contact #1 Time _____ Date _____ Phone _____

Comments _____

_____

_____

Employee Contact #2 Time _____ Date _____ Phone _____

Comments _____

_____

_____

EMPLOYEE CONTACT WAIVED ..... _____

EMPLOYEE COUNSELED ON SICK LEAVE USAGE ..... _____

EMPLOYEE WILL PROVIDE PROOF OF MEDICAL TREATMENT
FOR FUTURE SICK LEAVE INCIDENTS ..... _____

Employee Signature _____

Section Head/District Manager _____ Approve _____ Disapprove _____

Personnel Control Officer _____ Approve _____ Disapprove _____

WHITE COPY — PERSONNEL FILE
PINK COPY — DISTRICT OR SECTION FILE

PURPOSE

To provide documentation of supervisors discipline follow-up with employee.

INDIVIDUAL RESPONSIBLE FOR COMPLETING

Immediate supervisor.

WHEN FORM IS TO BE COMPLETED

Following the follow-up action taken with regards to the employee.

INSTRUCTIONS FOR COMPLETION

Fill in all self-explanatory blanks, signature required.

ROUTING

Company officer to the District Manager, Personnel Control Orficer, to the Employee's permanent file.

RETENTION

For duration of employee's employment.

AUTHORITY

Assistant Chief of Personnel & Operations

PROGRAM

Personnel and Training

CITY OF PHOENIX, ARIZONA
FIRE DEPARTMENT

DISCIPLINE FOLLOW-UP RECORD

EMPLOYEE _____ DATE _____

INCIDENT _____ DATE _____

FOLLOW-UP ACTION

- ☐ Counsel employee
- ☐ Consult supervisor Name _____
- ☐ Refer to Training Academy Name _____
- ☐ No action at this time

COMMENTS _____

_____

_____

_____

_____

Signed _____

90-18.1D NEW 4-80

OUTSIDE EMPLOYMENT STATUS OR CHANGE REPORT

#90-23D New 2/83

M.P. 903.11 8/84-N

PURPOSE

Record information concerning employment outside the Fire Department.

INDIVIDUAL RESPONSIBLE FOR COMPLETING

Employee.

WHEN FORM IS TO BE COMPLETED

No later than 10 (ten) days after outside employment begins or when there is a change in outside work activities.

INSTRUCTIONS FOR COMPLETION

Employee: Fill in all lines except:
Received by: _____

District Manager/Section Head
Received by: _____

ROUTING

Employee - District Manager or Section Head - Employee.

RETENTION

Permanent in District or Section Employee Personnel file; if none, in Personnel File - Administration.

AUTHORITY

Administration/Personnel & Operations

PROGRAM

Personnel

City of Phoenix, Arizona
FIRE DEPARTMENT

OUTSIDE EMPLOYMENT STATUS OR CHANGE REPORT

NAME: _____
LAST FIRST M.I.

DISTRICT OR SECTION: _____

IF NOT SELF-EMPLOYED - EMPLOYER'S NAME:

_____

_____

DUTIES/TYPES OF WORK & APPROXIMATE NUMBER OF HOURS WORKED PER WEEK:

_____

_____

FORWARD TO DISTRICT OR SECTION HEAD

RECEIVED BY: _____ EMPLOYEE SIGNATURE: _____

DATE: _____

WHITE COPY DISTRICT/SECTION FILE
PINK COPY EMPLOYEE

90-23D New 2-83

PURPOSE

To request for transfer of work assignment or shift change.

INDIVIDUAL RESPONSIBLE FOR COMPLETING

Employee requesting transfer.

WHEN FORM IS TO BE COMPLETED

When transfer is desired.

INSTRUCTIONS FOR COMPLETION

Employee requesting the assignment change must fill out all self explanatory blanks and sign where indicated. Submit form to immediate supervisor.

ROUTING

Employee to immediate supervisor to District Manager to affected District's "Request for Transfer Log."

RETENTION

Retained for a maximum of 13 months (December 1st of current year to December 31st of the following year) in the Request for Transfer Log.

AUTHORITY

Assistant Chief/Operations

PROGRAM

Personnel/Payroll

CITY OF PHOENIX, ARIZONA
FIRE DEPARTMENT

REQUEST FOR TRANSFER

TO: _____

FROM: _____ RANK: _____ DATE: _____

REQUEST FOR TRANSFER

FROM: Work Assignment _____ Shift: _____

TO: Work Assignment _____ Shift: _____

Date of Classification _____ P/M Certification Date _____

Signature _____

		APPROVE	DISAPPROVE
CAPTAIN:	_____	_____	_____
DISTRICT MANAGER/ SECTION HEAD:	_____	_____	_____

COMMENTS. (If disapproved) _____

_____

_____

_____

Date of Receipt: _____ Received By: _____

Effective Date of Transfer: _____

Distribution:
Original — District Log
Copy — Employee

90-36D
REV 6 84

PURPOSE

To provide a standard place and format for Unit 5 employees to record their vacation preference, to accelerate the vacation assignment process.

INDIVIDUAL RESPONSIBLE FOR COMPLETING

Any member wishing to receive vacations assignments for the coming year, including individuals wanting no vacation assignment.

WHEN FORM IS TO BE COMPLETED

As soon as the vacation packet is received via the weekly communications mail.

INSTRUCTIONS FOR COMPLETION

Under section area, enter the section of the calendar that the vacation day falls in, enter month and day of that month. Signature required.

ROUTING

Filed between the last page and back cover of station log in the shift envelope as provided in the vacation sign up packet.

RETENTION

Until vacation assignments are completed or until January 1 of the next year.

AUTHORITY

Time Management Officer

PROGRAM

Time Management

City of Phoenix, Arizona
Fire Department
VACATION PREFERENCE RECORD

NAME: _____ STATION: _____ SHIFT: _____

RANK _____ TELEPHONE _____ *(other than station)*

VACATION PREFERENCES

☐ NO VACATION

PREFERENCE	SECTION	MONTH/S	DAYS				
1st							
1st							
1st							
2nd							
2nd							
3rd							

EMPLOYEE SIGNATURE _____

Note: Complete quickly as possible after receiving the vacation calendar and file in the station log book until the vacation call process has been completed. Failure to file may result in assignment of your vacation by staff personnel.

90-38 1D Rev 12-81

PURPOSE

To record Emergency Services employees request to cancel scheduled vacation.

INDIVIDUAL RESPONSIBLE FOR COMPLETING

The requesting employee.

WHEN FORM IS TO BE COMPLETED

At least two weeks before scheduled vacation period begins.

INSTRUCTIONS FOR COMPLETION

Fill in all self-explanatory blanks, signature required.

ROUTING

Employee to Captain, to District Manager, to Time Management Officer, to Payroll.

RETENTION

Employee's personnel file.

AUTHORITY

Assistant Chief of Personnel & Operations

PROGRAM

Time Management

CITY OF PHOENIX, ARIZONA
FIRE DEPARTMENT

REQUEST TO CANCEL SCHEDULED VACATION

Date _____

I, _____ (PRINT), hereby request that my scheduled vacation

of _____ 19 _____. (Shifts _____ Hours _____) be cancelled.

I understand that if the Department has no time available to reschedule this vacation, and if my total vacation leave balance exceeds the carry over hours at the year's ending (December 31), I will lose those excess hours. See MP 103.01 for schedule of carry over hours.

Signed _____ Rank _____ Co. _____ Shift _____

Signed _____, Captain, Co. _____ Shift _____

Signed _____, District Manager

Signed _____, Deputy Chief

90-39D REV 5 83

PURPOSE

To record all employees engaged in outside employment activities by District/Section.

INDIVIDUAL RESPONSIBLE FOR COMPLETING

District Manager/Section Head

WHEN FORM IS TO BE COMPLETED

Semi-annually (January & July)

INSTRUCTIONS FOR COMPLETION

When the District Manager or Section Head receives an Outside Employment Status or Change Report (Form #90-23D) he/she will record the required information on the Outside Employment Roster (Form #90-57D).

ROUTING

White copy: Personnel
Pink copy: District/section file

RETENTION

6 months

AUTHORITY

Administration - Personnel & Operations

PROGRAM

Personnel

CITY OF PHOENIX, ARIZONA
FIRE DEPARTMENT

90-57D
NEW 2/83

OUTSIDE EMPLOYMENT ROSTER

White Copy: Personnel Control Officer
Pink Copy: District/Section File

District/Section _____

NAME	IF NOT SELF-EMPLOYED NAME OF EMPLOYER	DUTIES OR TYPE OF WORK	APPROXIMATE NUMBER OF HOURS WORKED PER WEEK

PURPOSE

To aid District Managers with personnel assignments.

INDIVIDUAL RESPONSIBLE FOR COMPLETING

District Manager or Secretary.

WHEN FORM IS TO BE COMPLETED

At the discretion of District Manager or Secretary.

INSTRUCTIONS FOR COMPLETION

Self-explanatory.

ROUTING

Used and kept in District Office.

RETENTION

Discretion of District Manager or Secretary.

AUTHORITY

Assistant Chief Personnel & Operations

PROGRAM

Operations

City of Phoenix, Arizona
Fire Department

PERSONNEL ASSIGNMENT REPORT

District: _____

Date: _____ Shift: _____

56 hr. Chief _____ F.I.T. _____

Chief _____ F.I.T. _____

Chief _____ F.I.T. _____

****

56 hr.
Company

PURPOSE

To have a complete and up-to-date Record of Personnel assignments.

INDIVIDUAL RESPONSIBLE FOR COMPLETING

The District Manager or Division Head from which the employee is transferring.

WHEN FORM IS TO BE COMPLETED

Prior to the transfer taking place.

INSTRUCTIONS FOR COMPLETION

Self-explanatory.

ROUTING

District Manager/Division Head to affected District Manager/Division Head.

RETENTION

Payroll/personnel file - receiving District Manager's file - employees personnel file indefinitely.

AUTHORITY

Assistant Chief/Operations

PROGRAM

Personnel/Payroll

CITY OF PHOENIX, ARIZONA
FIRE DEPARTMENT

REPORT OF ASSIGNMENT CHANGE

TRANSFERRING DIVISION

EMPLOYEE NAME: _____

FROM: Division: _____ Section/District: _____

Shift: _____ Last Day Worked Date: _____ Ending Time: _____

RECEIVING DIVISION

TO: Division: _____ Section/District: _____

Shift: _____ *First Day Worked Date: _____ Starting Time: _____

Signed: _____ ☐ check if temporary assignment for Special Report

Date: _____

_____ Projected date of return to Regular Assignment

_____ Date of return to Regular Assignment

Distribution:

Original: Payroll/Personnel File
Copy: Receiving Section/District
Copy: Employee's District File

PURPOSE

For members to request to be placed on an out-of-class list for a particular rank.

INDIVIDUAL RESPONSIBLE FOR COMPLETING

Employee requesting placement on the out-of-class list.

WHEN FORM IS TO BE COMPLETED

When placement on the out-of-class list is requested.

INSTRUCTIONS FOR COMPLETION

Employee requesting placement on the out-of-class list is responsible for filling out the entire form.

ROUTING

Employee to immediate supervisor to District Manager/file.

RETENTION

To be kept in the employee's district file until employee requests to be taken off the "out-of-class" list.

AUTHORITY

Assistant Chief/Operations

PROGRAM

Personnel/Payroll

CITY OF PHOENIX, ARIZONA
FIRE DEPARTMENT
OUT OF CLASS REQUEST

TO: District Manager District # _____

FROM: _____ RANK: _____

I request to have my name placed on the out-of-class list for the position of _____

Ranking on current eligible list _____ for position of _____

Date of employment or certification date _____

In station only _____ Rove, any station _____

Members requesting an out-of class assignment may maintain a vested interest in their permanent assignment but must agree to rove in an out-of-class assignment for at least 90 days. When not used in an out-of-class position, these members may be assigned to fill any vacant position in his/her current rank. Refer to M.P 104 02.

Signed _____ Date _____

Distribution:
Original — District/Section File
Copy — Employee

90-82D
NEW 6 84

PURPOSE

To record an absence with relief.

INDIVIDUAL RESPONSIBLE FOR COMPLETING

Employee.

WHEN FORM IS TO BE COMPLETED

At employee's discretion and/or two weeks prior to requested date.

INSTRUCTIONS FOR COMPLETION

Fill in all self-explanatory blanks, signature required.

ROUTING

Employee to supervisor to District Manager's Office where employee's field file is kept.

RETENTION

Permanent

AUTHORITY

Assistant Chief of Personnel & Operations

PROGRAM

Leave Management

CITY OF PHOENIX, ARIZONA
FIRE DEPARTMENT

ABSENCE WITH RELIEF REQUEST Date _____

_____ (Printed name of member submitting request.)

I hereby make application for _____ hours leave of absence with relief, to take effect

at _____ on _____, 19 _____.

SIGNED: _____ Rank _____ Co. _____ Platoon _____

BELOW IS MY RELIEF

_____ (Printed name of member providing relief.)

I agree to work as relief on the date and time as noted above.

SIGNED: _____ Rank _____ Co. _____ Platoon _____

REQUEST APPROVAL RECOMMENDED

SIGNED: _____ Capt. Co. No. _____ Platoon _____

This Request: APPROVED ☐ REJECTED ☐ By _____
BATTALION COMMANDER, SIGNATURE

92-17D
REV. 11-79

PURPOSE

A record of uniform inspection.

INDIVIDUAL RESPONSIBLE FOR COMPLETING

Inspecting Officer.

WHEN FORM IS TO BE COMPLETED

Each time a uniform inspection is conducted.

INSTRUCTIONS FOR COMPLETION

Fill in all self-explanatory blanks.

ROUTING

Employee's personnel file at the District Manager's Office.

RETENTION

One year renewed at each inspection.

AUTHORITY

Assistant Chief of Personnel & Operations

PROGRAM

Operations

CITY OF PHOENIX, ARIZONA
FIRE DEPARTMENT
UNIFORM INSPECTION RECORD

Name _____ Rank _____

Station _____ Company _____ Date _____

Captain _____.

The following uniform items are required and are available at the station.

Inspection of uniform items shall be for availability, condition, and compliance with M.P. 106.09 Uniforms, Insignias and Hair Regulations.

Protective Clothing

		IDENT MARKINGS
Coat	_____	_____
Pants	_____	_____
Suspenders	_____	_____
Helmet	_____	_____
Boots: Day	_____	_____
Night	_____	_____
Flashlight	_____	_____
Hood	_____	_____

Dress Uniform

Chill Chaser Jacket w/Name Tag, Rank, Crest	_____
Trousers	_____
Shirt	_____
T-Shirt	_____
Tie	_____
Badge	_____
Name Tag	_____
Collar Hardware	_____

Optional Items:

Ball Cap	_____	Watch Cap	_____
Paramedic Smock	_____	Bump Hat (Eng)	_____
Wind Breaker	_____	Blazer	_____
Sweat Pants	_____		

Brush Uniform

Brush Shirt	_____
Brush Shoes	_____

Physical Fitness Uniform

Shorts	_____
Shoes	_____
Socks	_____

Fatigue Uniform

T-Shirt	_____
Pants	_____
Sweat Shirt	_____
Shoes	_____
Socks	_____
Belt	_____

Bedding

White Bedspread _____

INSPECTION MARKS: ✓ Okay X Needs Replacing 0 Not Available N/A Not Applicable

General Appearance and Grooming _____

Comments _____

Battalion Chief _____ Inspecting Officer _____

FORM 92-80 REV 5/80

PURPOSE

To advise other agencies or City Departments of hazardous conditions.

INDIVIDUAL RESPONSIBLE FOR COMPLETING

Any Fire Department supervisor.

WHEN FORM IS TO BE COMPLETED

When a hazard is recognized.

INSTRUCTIONS FOR COMPLETION

Fill in all self-explanatory blanks.

ROUTING

From reporting agency-to agency in report.

RETENTION

Until action has been taken.

AUTHORITY

City Manager

PROGRAM

City Safety

150-4D
REV. 1-79

CITY OF PHOENIX, ARIZONA

INTER-DEPARTMENTAL SPECIAL SERVICE REPORT

INSTRUCTIONS: This "Pink Slip" is to be used only in reporting non-emergency deficiencies noted in normal operations. For conditions requiring immediate attention — use the telephone.

Reported by _____ Dept. _____

Location _____ Date _____

Circle Corner NE SE NW SW

Circle Direction of Travel NB SB EB WB

FILL IN WHEN APPROPRIATE

☐ Condition caused by _____

☐ Report received from _____ (NAME)

(ADDRESS) _____ (TEL. NO.)

CONDITIONS AFFECTING OTHER DEPARTMENTS

TRAFFIC ENGINEERING DEPARTMENT

- ☐ Damaged Sign Post
- ☐ Sign Turned or Bent
- ☐ Sign Defaced
- ☐ Sign Missing
- ☐ Sign Damaged
- ☐ Other _____
- ☐ Traffic Vision Blocked
- ☐ Parking Meter No. _____ Out of Order
- ☐ Street Light Out No. _____
- ☐ Damaged Street Light No. _____

Check One

Sign Message _____

BUILDING & HOUSING SAFETY DEPARTMENT

Building Inspections Division

- ☐ Dangerous Construction (Not in R/W)
- ☐ Dangerous Demolition
- ☐ Defective Wiring
- ☐ Sign Ordinance Violation
- ☐ Other _____
- ☐ No Permit-Construction (Not in R/W)
- ☐ No Permit-Demolition
- ☐ No Permit-Moving Structure

Zoning Inspections Section

- ☐ Abandoned Automobiles on Private Property
- ☐ Other _____

Housing Services Division

- ☐ Open Vacant Buildings
- ☐ Weeds or Trash in Vacant Lot
- ☐ Other _____
- ☐ Dangerous Buildings (for Possible Demolition)

MAINTENANCE SERVICES DEPARTMENT

Electrical Maintenance Division

- ☐ Damaged Traffic Signals
- ☐ Other _____

ENGINEERING

- ☐ No Permit-Street Cut
- ☐ Construction Material in Street
- ☐ Other _____
- ☐ No Permit-Construction in R/W
- ☐ Dangerous Construction in R/W

STREET MAINTENANCE DEPARTMENT

- ☐ Damaged Street Paving
- ☐ Needs Routine Attention
- ☐ Needs Special Attention
- ☐ Damaged Sidewalk
- ☐ Irrigation Flooding
- ☐ Other _____
- ☐ Clogged Storm Sewer
- ☐ Street Cleaning
- ☐ Damaged Curbing-Driveway
- ☐ Blocked Drainageway

PURPOSE

Permanent record of injury, and release of medical information to State Compensation Fund.

INDIVIDUAL RESPONSIBLE FOR COMPLETING

Insured employee.

WHEN FORM IS TO BE COMPLETED

With preliminary injury report. Immediately following injury.

INSTRUCTIONS FOR COMPLETION

Fill in all self-explanatory blanks, signature required.

ROUTING

Employee to his/her District Manager, to Fire Payroll, to City Personnel Safety.

RETENTION

Personnel Department

AUTHORITY

Training/Development & Safety

PROGRAM

Time Management and Safety

STATE COMPENSATION FUND

WORKMAN'S REPORT OF INJURY AND RELEASE OF MEDICAL INFORMATION

COMPLETE AND MAIL TO
STATE COMPENSATION FUND
P.O. BOX 6967
PHOENIX, ARIZONA 85005
TELEPHONE: (602) 255-5622

1 LAST NAME | FIRST NAME | M.I. | EMPLOYED BY AT TIME OF INJURY | DATE INJURED MO DAY YR | CLAIM NUMBER

2 STREET ADDRESS | CITY | STATE | ZIP CODE | TELEPHONE NUMBER

3 IF NO PHONE OR STREET ADDRESS, HOW CAN YOU BE LOCATED

4 SOCIAL SECURITY NUMBER | BIRTH DATE MO DAY YR | SEX MALE 1 ☐ FEMALE 2 ☐ | MARITAL STATUS SINGLE 1 ☐ MARRIED 2 ☐ | IF MARRIED, IS SPOUSE EMPLOYED? YES ☐ NO ☐ | ARE YOU RIGHT ☐ OR LEFT ☐ HANDED?

5 LAST DAY WORKED ▶ MO DAY YR | HAVE YOU RETURNED TO WORK YES ☐ NO ☐ | DATE RETD TO WORK MO DAY YR

TREATMENT RECEIVED

6 NAME OF DOCTOR WHO EXAMINED YOU | ADDRESS OF DOCTOR WHO EXAMINED YOU | CITY | STATE | ZIP CODE

7 DATE OF FIRST TREATMENT ▶ FIRST TREATMENT MO DAY YR | DATE OF LAST TREATMENT ▶ LAST TREATMENT MO DAY YR

8 IF TREATED IN EMERGENCY ROOM ▶ | NAME OF HOSPITAL | NAME OF PHYSICIAN | DATE TREATED ▶ MO DAY YR

9 IF TREATED IN A GOV'T OR V. A. HOSPITAL ▶ | NAME & ADDRESS OF HOSPITAL | DATE TREATED ▶ MO DAY YR

10 **INJURY INFORMATION**

DESCRIBE FULLY HOW YOUR INJURY HAPPENED

11 PARTS OF BODY YOU INJURED

12 HOUR OF INJURY A.M. ☐ P.M. ☐ | ADDRESS OR LOCATION WHERE INJURED

13 DATE YOU REPORTED INJURY ▶ DATE REPORTED MO DAY YR | NAME OF SUPERVISOR INJURY REPORTED TO

14 IF INJURY REPORTED LATE, GIVE REASON FOR DELAY

15 WITNESS TO YOUR INJURY: GIVE FULL NAMES AND ADDRESS. IF NO WITNESSES WRITE NONE

16 IF INJURY CAUSED BY ANOTHER PERSON GIVE FULL NAME AND ADDRESS

OCCUPATIONAL DATA

17 EMPLOYER'S ADDRESS | CITY | STATE | ZIP CODE

18 OCCUPATION AT TIME OF INJURY | ARE YOU A UNION MEMBER? ▶ YES ☐ NO ☐ | NAME OF UNION

19 AT TIME OF INJURY WERE YOU A CONTRACTOR, SUB CONTRACTOR, OR WORK FOR OTHER THAN WAGES ▶ YES ☐ NO ☐

20 DATE HIRED MO DAY YR | NUMBER OF DAYS WORKED PER WEEK ▶ DAYS | NUMBER OF HOURS WORKED PER DAY ▶ HOURS | HOURLY WAGE ▶ PAY PER HR. $ | MONTHLY SALARY ▶ $

GENERAL INFORMATION

21 EDUCATION (CIRCLE LAST COMPLETED) GRADE SCHOOL 1 2 3 4 5 6 7 8 | HIGH SCHOOL 9 10 11 12 | COLLEGE 13 14 15 16

22 YEAR YOU BECAME ARIZONA RESIDENT | STATE YOU MOVED FROM | VALID DRIVER'S LICENSE? ▶ YES ☐ NO ☐

23 LIST FULL NAMES AND ADDRESSES OF PERSONS DEPENDENT ON YOU FOR SUPPORT

IMPORTANT THE REVERSE SIDE OF THIS FORM MUST ALSO BE COMPLETED AND SIGNED BEFORE YOUR CLAIM CAN BE FULLY CONSIDERED IN ORDER TO DETERMINE YOUR ENTITLEMENT TO BENEFITS. COMPLETING AND SENDING IN THIS FORM IMMEDIATELY WILL ASSIST IN PREVENTING DELAY TO ANY BENEFITS TO WHICH YOU MAY BE ENTITLED.

STATE COMPENSATION FUND

STATE OF ARIZONA

Claimant_____ Claim No._____

Social Security No._____ Date of Birth_____

AUTHORIZATION TO RELEASE MEDICAL INFORMATION

By this medical authorization or reproduction hereof, I hereby authorize and request any person or organization in the medical or health-related fields to allow the STATE COMPENSATION FUND or its authorized representative to examine and copy any information, records, reports and x-rays regarding my medical condition and treatment.

Date_____ _____
Claimant's Signature

Address_____
Street City State Zip

Witnessed_____

41-407 Rev. 09/82

PURPOSE

To release claims of money possibly received as a result of an industrial injury. It allows the City to recover the amount of money paid to offset the difference between regular pay versus workman's compensation coverage. Workman's compensation pays 66 2/3% of regular pay.

INDIVIDUAL RESPONSIBLE FOR COMPLETING

Injured employee.

WHEN FORM IS TO BE COMPLETED

With preliminary injury report. Immediately following injury.

INSTRUCTIONS FOR COMPLETION

Fill in all self-explanatory blanks, signature required.

ROUTING

Employee to his/her District Manager, to Fire Payroll, to City Personnel Safety.

RETENTION

Personnel Department

AUTHORITY

Training/Development & Safety

PROGRAM

Time Management and Safety

CITY OF PHOENIX, ARIZONA

AN AGREEMENT ON DISPOSITION OF INDUSTRIAL COMPENSATION WARRANT

I, the undersigned, hereby agree as follows:

That all warrants for compensation issued to me by The State Compensation Fund and The State Compensation Fund is hereby directed that all warrants be mailed to the City Controller, City of Phoenix, 251 W. Washington, Phoenix, Arizona 85003.

That the City Controller of Phoenix shall have, and he is hereby given the right and authority to endorse said warrants on behalf of the undersigned, and to cash the same.

DATED this _____ day of _____, 19 _____.

SIGNED _____

NAME *(Print)* _____

SOCIAL SECURITY NO. _____

DATE OF INJURY _____

60-30D
REV 12-79

PURPOSE

Statement of injured person as to how the injury occurred and extent of injury.

INDIVIDUAL RESPONSIBLE FOR COMPLETING

The injured employee if possible.

WHEN FORM IS TO BE COMPLETED

Immediately following injury.

INSTRUCTIONS FOR COMPLETION

Fill in the blanks as clearly and completely as possible. Signature required.

ROUTING

Employee to immediate supervisor to District Manager. White copy to Payroll, yellow copy to Safety, pink copy to City Safety.

RETENTION

Permanently. One copy Personnel file, one copy Safety Division of Training/Development & Safety.

AUTHORITY

Training/Development & Safety, Division Chief of Safety

PROGRAM

Accident and Injury Prevention/Safety

CITY OF PHOENIX, ARIZONA
FIRE DEPARTMENT
PRELIMINARY INJURY REPORT

INSTRUCTIONS
White — Payroll
Yellow — Safety
Pink — City Safety

NOTE: **All reportable industrial injuries are subject to review by The Fire Department Accident Review Committee. Injured Employee and Reviewing Authority Subject to appear before Accident Review Committee.**

EMPLOYEE	LAST NAME	FIRST NAME	M.I.	S.S.N.	BIRTH DATE	COMPANY	SHIFT

HOME ADDRESS (number & street)	CITY	STATE	ZIP CODE	PHONE NO.

SEX:	MALE	FEMALE	MARITAL STATUS:	SINGLE	MARRIED	DIVORCED	WIDOWER	NO. OF DEPENDENTS

ACCIDENT	DATE	TIME	DATE EMPLOYER NOTIF.	PART OF BODY INJURED	SIDE INJURED RIGHT LEFT BOTH

YOUR JOB TITLE	PROBABLE DATE RETURN TO WORK	LAST DAY EMPL. WORKED	GP. NO.

ADDRESS OR LOCATION OF ACCIDENT CITY COUNTY STATE ZIP CODE

ON EMPLOYER'S PREMISES YES ☐ NO ☐	NATURE OF INJURY (scratch, cut, bruise)	REINJURY YES ☐ NO ☐	LOST TIME YES ☐ NO ☐

ATTENDING PHYSICIAN	ADDRESS (street, city state & zip code)

IF HOSPITALIZED, HOSPITAL NAME	ADDRESS (street, city, state & zip code)

NOTE: **If medical attention is required after submitting this preliminary injury report you must report the doctor's name and address to the fire chief's office.** *(Via the Shift Commander if after hours.)*

CAUSE OF ACCIDENT. How did accident happen (state precise action lifting hose, climbing ladder, lifting, etc.)

Specify Machine, Tool, Substance or object most closely connected with accident. (Hose, Hose, Apparatus, etc.)

What were you doing when accident occurred (fighting Fire, Physical fitness, Station routine, Training, etc.)

IF PERSON NOT IN DEPARTMENT EMPLOY CAUSED ACCIDENT, GIVE NAME & ADDRESS

LIST WITNESSES BELOW

NAME	ADDRESS

I ATTEST THE FOREGOING STATEMENTS ARE TRUE. (signed)

90-4D REV 7-81

PURPOSE

To receive safety suggestions from field personnel.

INDIVIDUAL RESPONSIBLE FOR COMPLETING

Anyone with a suggestion.

WHEN FORM IS TO BE COMPLETED

Anytime.

INSTRUCTIONS FOR COMPLETION

Fill in all self explanatory blanks.

ROUTING

From employee to Safety Division Chief.

RETENTION

One year

AUTHORITY

Safety Division

PROGRAM

Safety

CITY OF PHOENIX, ARIZONA
FIRE DEPARTMENT

SAFETY PROCEDURE SUGGESTIONS OR CHANGES

This form is for your convenience in recommending improvements or changes in the current safety procedures. Please be specific with your recommendations and provide a brief explanation as to why you feel this improvement or change is necessary. All suggestions will be reviewed by Fire Safety.

Thank you for your interest and comments.

TO: Fire Safety DATE.

From:

	SCBA
	Protective Clothing
	Fireground Safety
	Driver Safety
	Station Safety
	Physical Fitness

PURPOSE

To record driver's explanation of what happened at the accident in which he was involved.

INDIVIDUAL RESPONSIBLE FOR COMPLETING

Driver of vehicle involved.

WHEN FORM IS TO BE COMPLETED

Immediately to five days after accident.

INSTRUCTIONS FOR COMPLETION

Complete each blank or question as accurately as possible.

ROUTING

One copy to Safety Division Chief, to Action Safety Subcommittee.

RETENTION

Throughout employee's career

AUTHORITY

Safety Officer

PROGRAM

Safety

CITY OF PHOENIX, ARIZONA
FIRE DEPARTMENT

DRIVER'S VEHICLE ACCIDENT REPORT
(Complete within 5 days - return to Safety Officer)

Date _____

Time _____

Name of Driver _____ Name of Supervisor _____

Location _____ Equip. # _____ Sta/Shift _____ Company _____

Was Fire Department Vehicle Code 3? Yes _____ No _____

Did Police Department make a report of accident? Yes _____ No _____

Fire Department injuries: Yes _____ No _____

Civilian injuries: Yes _____ No _____

Severity of vehicle damage: NONE MINOR MODERATE EXTENSIVE TOTAL

Driver's statement of how accident happened: _____

Check the items that you believe were the contributing causes of this accident:

_____ Inattention of driver

_____ Driving too fast for conditions

_____ Failed to allow sufficient clearance

_____ Improper use of mirrors

_____ Failed to check equipment

_____ Poor driving judgment

_____ Mechanical failure

_____ Road conditions

_____ Other driver's error

_____ Backing spotter error

_____ Other: (Explain)

90-7D
New 7-79

PURPOSE
To determine preventability of each industrial and vehicular accident on the job.

INDIVIDUAL RESPONSIBLE FOR COMPLETING

Company Commanders and District Managers.

WHEN FORM IS TO BE COMPLETED
At the time of review of form #90-4D, preliminary injury report.

INSTRUCTIONS FOR COMPLETION

Fill in all self-explanatory blanks, signature required.

ROUTING

Employee to first level supervisor to second level supervisor. Three copies - Company Officer to District Manager, Assistant Chief Training/Development & Safety. White copy-Payroll, yellow copy-Safety, pink copy-City Safety.

RETENTION

Duration of employee's career

AUTHORITY

Safety Officer/Training/Development & Safety

PROGRAM
Safety

CITY OF PHOENIX, ARIZONA
FIRE DEPARTMENT

SUPERVISOR'S SAFETY INVESTIGATION REPORT

INSTRUCTIONS:
WHITE: PAYROLL
YELLOW: SAFETY
PINK: CITY SAFETY

EMPLOYEE NAME:	RANK	DIV.	CO. & SHIFT

☐ VEHICLE ACCIDENT
☐ INDUSTRIAL INJURY
☐ SAFETY VIOLATION, specify:
☐ OTHER

LOCATION:

DATE: TIME:

THIS SECTION SHALL BE COMPLETED BY THE 1st LEVEL SUPERVISOR

1st LEVEL SUPERVISOR RANK DATE

I have investigated this incident and made the following determinations:

1. Were any Fire Department procedures violated: ☐ Yes ☐ No

   If yes, specify _____

2. Did the employee exercise good judgement? ☐ Yes ☐ No
3. Was equipment failure or inadequacy involved? ☐ Yes ☐ No

   If yes, specify _____

(attach a supplement sheet for more comments)

4. I ☐ RECOMMEND ☐ HAVE TAKEN the following action:

   A. _____

   B. _____

   C. _____

DATE SIGNATURE

THIS SECTION SHALL BE COMPLETED BY THE 2nd LEVEL SUPERVISOR

2nd LEVEL SUPERVISOR RANK: DATE:

☐ I agree with the 1st Level Supervisor's conclusions and recommendations
☐ I disagree, comment:

DATE SIGNATURE

SAFETY OFFICER DISPOSITION:

☐ Agree with action taken
☐ Further investigation required, referred to: _____
☐ Other recommendation: _____

DATE SIGNATURE

NOTE. All reportable industrial injuries are subject to review by The Fire Department Accident Review Committee. Injured Employee and Reviewing Authority subject to appear before Accident Review Committee.

PURPOSE

Maintain standard for protective clothing.

INDIVIDUAL RESPONSIBLE FOR COMPLETING

Captain or District Manager.

WHEN FORM IS TO BE COMPLETED

July, by the District Manager. January, by the Captain.

INSTRUCTIONS FOR COMPLETION

Place findings or comments in proper column.

ROUTING

Three Parts
White copy - Safety
Blue copy - Resource Management
Yellow copy - District Manager

RETENTION

One year

AUTHORITY

Safety Officer

PROGRAM

Safety

City of Phoenix, Arizona
FIRE DEPARTMENT

PROTECTIVE CLOTHING INSPECTION REPORT

DISTRIBUTION:
White - Safety
Yellow - District
Pink - Station

STATION:	DATE:
SHIFT:	INSPECTED BY:

NAME	HELMET	FACE SHIELD	HOOD	COAT	PANTS	GLOVES	DAY BOOTS	NIGHT BOOTS	FLASHLIGHT	OTHER

OK = Satisfactory
C = Clean
R = Repair
X = Replace

REMARKS: _____

INSPECTED BY: _____ DATE: _____

APPROVAL: _____ DATE: _____

92-5D
Rev. 1-83

City of Phoenix, Arizona
FIRE DEPARTMENT

PROTECTIVE CLOTHING INSPECTION REPORT

DISTRIBUTION:
White - Safety
Yellow - District
Pink - Station

STATION:	DATE:
SHIFT:	INSPECTED BY:

NAME	HELMET	FACE SHIELD	HOOD	COAT	PANTS	GLOVES	DAY BOOTS	NIGHT BOOTS	FLASHLIGHT	OTHER

OK = Satisfactory
C = Clean
R = Repair
X = Replace

REMARKS: _____

INSPECTED BY: _____ DATE: _____

APPROVAL: _____ DATE: _____

92-5D
Rev. 1-83

PURPOSE
To document reasons for a company's late arrival at the Training Academy.

INDIVIDUAL RESPONSIBLE FOR COMPLETING

Initiated by the company officer, Supervisor of Training makes appropriate comments, Shift Commander makes comments, and District Manager make comments.

WHEN FORM IS TO BE COMPLETED
Upon company's arrival at the Training Academy.

INSTRUCTIONS FOR COMPLETION

Fill in upper portion of the explanation from company officer by making appropriate checks and information. Explanation from company officer portion should include any verifying information such as card number and time out. Signature required.

ROUTING

Company officer to Supervisor of Training to Shift Commander to District Manager back to Supervisor of Training.

RETENTION

Two years at Training Academy

AUTHORITY

Supervisor of Training

PROGRAM
Training classes

CITY OF PHOENIX, ARIZONA
FIRE DEPARTMENT

ACADEMY REVIEW MEMO

TO: Supervisor of Training DATE:

FROM:

COMPANY: SHIFT:

REASON FOR MEMO:

- ☐ Late for Training
- ☐ Late Training Packet
- ☐ Late for Officer's Training
- ☐ Other _____

EXPLANATION DATE _____

Signature: _____

TRAINING SUPERVISOR'S COMMENTS: DATE _____

Officer's Signature _____

DISTRICT MANAGER'S COMMENTS. DATE _____

_____ Officer's Signature _____

90-46D REV 2-83

PURPOSE
To provide a monthly performance evaluation of the probationary firefighter.

INDIVIDUAL RESPONSIBLE FOR COMPLETING

Company Officer.

WHEN FORM IS TO BE COMPLETED
At the end of each monthly grading period.

INSTRUCTIONS FOR COMPLETION

Employee is to be rated in all areas listed on form. Rater is to review completed form with employee and District Manager and obtain appropriate signatures. Ratings of 3 or 4 in any area shall be accompanied by appropriate documentation.

When the reviewer disagrees with the rater's assessment, supporting comments must be included.

ROUTING

Three copies - White to Personnel, Canary to Training Section, Pink to employee.

RETENTION
White copy - maintained in Firefighter's personnel file through his/her career. Canary copy - maintained in Firefighter's personnel file at Training Academy and destroyed at end of probationary period. Pink copy - employee.

AUTHORITY

Supervisor of Training

PROGRAM
Probationary Firefighter's Progress Report

City of Phoenix, Arizona
FIRE DEPARTMENT
Probationary Firefighter's Monthly Progress Report

DATE _____ EMPLOYEE _____ ASSIGNMENT _____

THE ABOVE EMPLOYEE HAS BEEN UNDER MY SUPERVISION _____ SHIFTS OR MONTHS (CIRCLE ONE)

EVALUATION KEY 1. EXCEEDS STANDARDS 2. MEETS STANDARDS 3. REQUIRES IMPROVEMENT 4 NOT SATISFACTORY

THE EMPLOYEE HAS BEEN EMPLOYED BY THE DEPARTMENT FOR: (PLEASE CHECK ONE)

	3-6 Mos.	6-9 Mos.	9-12 Mos.	
	1	2	3	4
1. PARTICIPATION IN PHYSICAL TRAINING				
2. ATTITUDE TOWARD SUPERVISORS				
3. ATTITUDE TOWARD OTHER EMPLOYEES				
4 KNOWLEDGE OF FIRE DEPARTMENT EQUIPMENT				
5 CARE AND MAINTENANCE OF FIRE DEPT EQUIPMENT				
6. CARE AND MAINTENANCE OF PERSONAL EQUIPMENT				
7 ACCEPTS SUPERVISION				
8 FOLLOWS DIRECTION				
9 OBSERVANCE OF WORK HOURS				
10. OBSERVANCE OF SAFETY PROCEDURES				
11 OPERATION OF THE CAD SYSTEM				
12. PERFORMANCE OF ROUTINE STA. DUTIES/ASSIGNMENTS				
13 PERFORMANCE AT FIRE INCIDENTS				
14 PERFORMANCE AT E.M.S. INCIDENTS				
15. PERFORMANCE OF				
A HOSE EVOLUTIONS				
B HAND LADDER OPERATIONS				
C SALVAGE OPERATIONS				
D FORCIBLE ENTRY TECHNIQUES				
E VENTILATION OPERATIONS				
F E.M.S SKILLS				
G S.C.B.A DONNING & USE				
16 OTHER _____				

RATINGS OF 3 OR 4 REQUIRE DOCUMENTATION

REMARKS OR RECOMMENDATIONS AND NAMES OF OTHER SUPERVISORS CONSULTED: _____

(USE REVERSE SIDE FOR ADDITIONAL REMARKS)

RATER'S OVERALL EVALUATION 1 2 3 4
(PLACE APPROPRIATE BOX)

RATED BY _____ DATE _____

REVIEWED BY _____ DATE _____

AGREE ☐ DISAGREE ☐ COMMENTS _____

EMPLOYEE _____ DATE _____

DISTRIBUTION
WHITE – PERSONNEL FILE
CANARY – TRAINING ACADEMY
PINK – EMPLOYEE

PURPOSE

To provide a format for processing employee suggestions.

INDIVIDUAL RESPONSIBLE FOR COMPLETING

The employee with the suggestion or idea.

WHEN FORM IS TO BE COMPLETED

At employee's convenience.

INSTRUCTIONS FOR COMPLETION

Fill in all self-explanatory blanks. Signature required.

ROUTING

From employee to Management and Budget (directly); three copies.

RETENTION

City Employee Suggestion Program Committee until determination is made.

AUTHORITY

Citywide form - City personnel

PROGRAM

City Personnel

CITY OF PHOENIX

Employee Suggestion Program

ESP SSSS

Send all three (3) copies to:
Value Management
Resource Office
A copy of the suggestion and number will be returned to you as a receipt.

All Information MUST Be Completed Prior To Evaluation.

DEPARTMENT	Suggestion Number
DIVISION/SECTION	
SUPERVISOR'S NAME / OFFICE PHONE NO.	For Office Use Only

SUBJECT OF SUGGESTION (to allow for future reference)

Brief description of problem, and the present method or procedure in detail.

My suggestion is: *(Specify in detail. Attach additional pages, sketches or samples, etc. to clarify.)*

IDEAS PAY OFF! THINK OF WAYS TO IMPROVE

How will this suggestion improve service, reduce cost or increase revenue for the City?

NAME *(Please Print or Type)* — Office Ph — Home Ph

HOME ADDRESS *(Give House or Apartment No. City and Zip Code)*

JOB TITLE — SOCIAL SECURITY NUMBER

SIGNATURE *(Suggestions Not Acceptable if Unsigned)*

Your name will not appear on any ESP Evaluation without your permission.
Will you permit your name to be revealed for the Evaluation? If "Yes", initial ____

NOTE: The use of my (our) adopted suggestion shall not form the basis of a future claim of any nature upon the City of Phoenix by myself (ourselves), heirs or assigns other than provided by the Employee Suggestion Program. I am (we are) also bound by all the terms, conditions and provisions of AR2.27 and other City, County and State Statutes.

PURPOSE

Report when Fire Department personnel have completed authorized overtime/constant manning work. Report full 24-hour shifts of constant manning as well as partial shifts. To convert compensatory time to pay.

INDIVIDUAL RESPONSIBLE FOR COMPLETING

The individual working overtime/constant manning and the approving Supervisor. The employee converting compensatory time to pay.

WHEN FORM IS TO BE COMPLETED

Immediately following the overtime/constant manning period worked. When employee converts compensatory time to pay.

INSTRUCTIONS FOR COMPLETION

Print name, division, district, station and shift (sections include duty hours/days off). Fill in department, social security number, initials, date, and time worked (must be in military time), reason for overtime/constant manning. If overtime, check if holdover or call out. If constant manning, include station and shift worked. Check pay or compensatory time credit, include total hours worked. Sign and forward to supervisor who authorized overtime/constant manning. Form must be typed or written in ink. Supervisor should include section, index number and check if 56 or 40 hour job. To convert compensatory time: complete entire top portion, check convert compensatory time, include hours, sign and forward to Payroll.

ROUTING

Employee to Supervisor to Division Head to Payroll Clerk. Should be turned in to Payroll within five (5) days from date overtime worked. For compensatory time, convert employee to Payroll.

RETENTION

Seven years at Fire Department Payroll

AUTHORITY

City Personnel/Fire Administration

PROGRAM

Payroll

Administrative Services/Pay and Benefits

OVERTIME/CONSTANT MANNING REQUEST

#90-63D Rev. 7/84

PHOENIX FIRE DEPARTMENT FORMS MANUAL

M.P. 905.01 8/84-R

CITY OF PHOENIX, ARIZONA **FIRE DEPARTMENT** OVERTIME/CONSTANT MANNING REQUEST

EMPLOYEE FILL IN					
	FUNCTION	DEPARTMENT	SOCIAL SECURITY NUMBER	INITIALS 1st	INITIALS Last
1 P D	3 1 0 0 0	B 1 0	1 2	7 8	

PAYROLL USE ONLY			
Reason Code	HOURS SHOW 2 DECIMALS		DATE M D Y
2 1	2 4		3 7

FILL IN COMPLETELY

DIVISION/SECTION _____ DISTRICT _____ STATION _____ SHIFT _____

DUTY HOURS/DAYS OFF _____

EMPLOYEE'S NAME *(PLEASE PRINT LAST NAME, FIRST NAME, INITIAL)*

TOTAL HOURS WORKED _____ PAY ☐ COMP TIME CREDIT ☐

Use Military Time

Date	From:	To:	Reason:

OVERTIME

☐ Holdover Date of shift _____

☐ Call Out

Supervisor Approval _____

Section _____ (Date)

Division Head Approval _____ (Date)

☐ Constant Manning - Station _____

Shift _____

☐ Convert comp. time to pay _____ hours (Supervisor approval not necessary)

☐ 56 Hr. Job ☐ 40 Hr. Job Supervisor use only Index No. _____

Signature of Employee _____ (Date)

DE# PER035-02

90-63D REV 7 84

PURPOSE

To record equipment loan to other City departments, agencies, contractors, etc.

INDIVIDUAL RESPONSIBLE FOR COMPLETING

The person responsible for loaning equipment.

WHEN FORM IS TO BE COMPLETED

Prior to making the loan.

INSTRUCTIONS FOR COMPLETION

Get verification of the individual or company borrowing the equipment, then complete as indicated. Signature required.

ROUTING

Kept by loaning Station or Division until the equipment is returned.

RETENTION

Until equipment is returned in good condition.

AUTHORITY

Resource Management.

PROGRAM

Resource Management.

CITY OF PHOENIX, ARIZONA
FIRE DEPARTMENT

EQUIPMENT LOAN RECORD

LOANED: _____

LOANING SECTION OR DIVISION: _____

CITY OF PHOENIX FIXED PROPERTY INVENTORY NUMBER
OR FIRE DEPARTMENT I.D. NUMBER: _____

ESTIMATED VALUE OF LOANED EQUIPMENT: _____

DATE LOANED: _____ LOANED BY: _____

DATE TO BE RETURNED: _____ RETURNED: _____

BORROWED BY: _____ PHONE NUMBER: _____

REPRESENTING: _____

ADDRESS: _____

CONDITION OF LOANED ITEM PRIOR TO LOAN: _____

CONDITION OF LOANED ITEM AFTER RETURN: _____

REPAIR NEEDED, IF ANY: _____

ESTIMATED COST OF REPAIR OR REPLACEMENT: _____
(TO BE DETERMINED BY PROPER SECTION OR DEPT.)

LOANED EQUIPMENT RETURNED BY: _____

RETURNED EQUIPMENT RECEIVED BY: _____

It shall be, and is expressly understood by any person borrowing Fire Department property in his name or as a representative of any agency, public or private, that he is solely responsible for the prompt return of any item or article of equipment borrowed as stated above and in addition, except for fair wear and tear, is responsible for repair or replacement of any item or items lost, broken or damaged while those items are in his possession. Any expense for legal recovery or relief shall be borne by the borrower. Any liability occurring as a result of the possession, storage or use of the loaned items by the borrower are the sole responsibility of the borrower and shall not encumber the City of Phoenix, its employees or agents.

SIGNED: _____
BORROWER

SIGNED: _____
LOANING FIRE DEPARTMENT OFFICER, WITNESS

PURPOSE

To record problems found during plug inspection.

INDIVIDUAL RESPONSIBLE FOR COMPLETING

Captain

WHEN FORM IS TO BE COMPLETED

Same day as problem is found.

INSTRUCTIONS FOR COMPLETION

Fill out form completely. Location, make, date, proper time number, draw in location in area provided. Signature required.

ROUTING

White copy to Water Resources Officer, canary copy to City Water Department, pink copy to Resource Management, goldenrod copy - Station.

RETENTION

Keep goldenrod copy in station file until pink copy is returned with disposition.

AUTHORITY

Water Resource Officer

PROGRAM

Hydrant Maintenance

Support Services/Resource Management

HYDRANT REPAIR REQUEST

#92-3D Rev. 7/84

PHOENIX FIRE DEPARTMENT FORMS MANUAL

M.P. 906.02 8/84-R

CITY OF PHOENIX
FIRE DEPARTMENT

HYDRANT REPAIR REQUEST

Water Dept. Request ☐

CONTROL # A 0001

LOCATION: DATE:

MAKE: HYDRANT I.D. # MAP PAGE:

CHECK APPROPRIATE BOX BELOW:

- ☐ Priority Repair
- ☐ Dry Hydrant
  - ☐ Independent Valve Exercised
- ☐ Broken Stem
- ☐ Frozen Stem
- ☐ Low Volume
- ☐ Steamer Too Low
- ☐ Hydrant Missing
- ☐ Hydrant Off Base
- ☐ Other Out-of-service _____
- ☐ Red Ring Installed
- ☐ Hydrant Hit (leaning)
- ☐ Leak at Base
- ☐ Leak at Bonnet, or Stem (Circle one)
- ☐ Outlet Damaged — 2½", 4" (Circle dimension)
- ☐ Hard Turning Stem
- ☐ Steamer Facing Wrong
  - Face: _____
- ☐ Internal Obstruction
- ☐ Needs Paint
- ☐ Other Deficiency:

Comments: *(Print)* _____

Street location of Hydrant

N

COMPANY OFFICER (print)

STATION: _____ SHIFT: _____

Water Resources Use ONLY

INITIALS

Date Logged IN: _____ by _____

Date Logged OUT for Verifications

Date _____ by _____

WATER & WASTEWATER USE ONLY

DATE RECEIVED: REPAIRED BY: DATE REPAIRED

WORK DONE: REPLACED HYDRANT ☐ I.V. OPENED ☐ OTHER:

MATERIALS USED

DESCRIPTION	PART #	QUANTITY

EQUIPMENT USED

EQUIPMENT TYPE	EQUIP. #	HOURS
TOTAL PERSON HOURS		

COMMENTS:

FIRE DEPT. USE	M.C.:	E.C.:	LABOR:	TOTAL:

FIRE DEPT. USE

HYDRANT CHECKED AND IN SERVICE

COMPANY OFFICER DATE

DISTRICT MANAGER DATE

DISTRIBUTION:
WHITE: WATER FIRE
CANARY: WATER
PINK: RESOURCE MGMT
GOLDENROD: STATION

92-10 REV 7-84

Support Services/Resource Management

HYDRANT REPAIR REQUEST

#92-3D Rev. 7/84

PHOENIX FIRE DEPARTMENT
FORMS MANUAL

M.P. 906.02 8/84-R

CITY OF PHOENIX
FIRE DEPARTMENT

HYDRANT REPAIR REQUEST

Water Dept. Request ☐

CONTROL # A 0001

LOCATION: DATE:

MAKE: HYDRANT I.D. # MAP PAGE:

CHECK APPROPRIATE BOX BELOW:

- ☐ Priority Repair
- ☐ Dry Hydrant
  - ☐ Independent Valve Exercised
- ☐ Broken Stem
- ☐ Frozen Stem
- ☐ Low Volume
- ☐ Steamer Too Low
- ☐ Hydrant Missing
- ☐ Hydrant Off Base
- ☐ Other Out-of-service _____
- ☐ Red Ring Installed
- ☐ Hydrant Hit (leaning)
- ☐ Leak at Base
- ☐ Leak at Bonnet, or Stem (Circle one)
- ☐ Outlet Damaged — 2½", 4" (Circle dimension)
- ☐ Hard Turning Stem
- ☐ Steamer Facing Wrong
  - Face: _____
- ☐ Internal Obstruction
- ☐ Needs Paint
- ☐ Other Deficiency:

Comments: *(Print)* _____

Street location of Hydrant

N

COMPANY OFFICER (print)

STATION: _____ SHIFT: _____

Water Resources Use ONLY

INITIALS

Date Logged IN: _____ by _____

Date Logged OUT for Verifications

Date _____ by _____

WATER & WASTEWATER USE ONLY

DATE RECEIVED: REPAIRED BY: DATE REPAIRED

WORK DONE: REPLACED HYDRANT ☐ I.V. OPENED ☐ OTHER:

MATERIALS USED

DESCRIPTION	PART #	QUANTITY

EQUIPMENT USED

EQUIPMENT TYPE	EQUIP. #	HOURS
TOTAL PERSON HOURS		

COMMENTS:

FIRE DEPT. USE	M.C.:	E.C.:	LABOR:	TOTAL:

FIRE DEPT. USE

HYDRANT CHECKED AND IN SERVICE

COMPANY OFFICER DATE

DISTRICT MANAGER DATE

DISTRIBUTION:
WHITE: WATER FIRE
CANARY: WATER
PINK: RESOURCE MGMT
GOLDENROD: STATION

92-30 REV 7-84

PURPOSE

To record hydrant condition after inspection.

INDIVIDUAL RESPONSIBLE FOR COMPLETING

Captain

WHEN FORM IS TO BE COMPLETED

Same day as inspection.

INSTRUCTIONS FOR COMPLETION

Fill out one copy. The location of hydrant is identified by two streets. Street steamer faces comes first.

ROUTING

Stays in station.

RETENTION

Kept in station file box in index file until completely used and new forms started.

AUTHORITY

Water Resource Officer

PROGRAM

Hydrant Maintenance.

CITY OF PHOENIX, ARIZONA
92-4D
NEW 11-75

FIRE DEPARTMENT

HYDRANT INSPECTION RECORD

LOCATION	MAKE OR MFGR.	CIRCLE BARREL SIZE 4" 6" 8"

DATE INSP.	CAPTAIN	CONDITION FOUND		DATE CORRECTED

Support Services/Resource Management

AUTHORIZATION TO TEST PRIVATE FIRE HYDRANTS

#92-6D Rev. 9/82

PHOENIX FIRE DEPARTMENT FORMS MANUAL

M.P. 906.04 12/83-R

PURPOSE

Authorize testing of hydrant.

INDIVIDUAL RESPONSIBLE FOR COMPLETING

Owner of property.

WHEN FORM IS TO BE COMPLETED

Upon request.

INSTRUCTIONS FOR COMPLETION

Fill in all self-explanatory blanks. Signature required.

ROUTING

Kept in station file.

RETENTION

Until test is completed.

AUTHORITY

Fire Chief

PROGRAM

Hydrant Inspection

A. V. Brunacini, Fire Chief
Phoenix Fire Department
620 W. Washington
Room 465
Phoenix, Arizona 85003

Authorization to test private fire hydrants

Dear Sir:

Please consider this letter as a request and authorization to test the fire hydrants owned by the _____ _____ Company/Corporation.

I understand that the hydrants will be tested as a courtesy to our company in accordance with the Fire Department's annual hydrant inspection program, and that all necessary repairs are our responsibility.

I also agree that the Fire Department shall be held harmless while inspecting and testing company equipment.

Signed _____

Title _____

Company _____

Date _____

PURPOSE

(A C-Shift form) To order regular station commodities.

INDIVIDUAL RESPONSIBLE FOR COMPLETING

C-Shift Captain of each station with input from A and B Shift Captains.

WHEN FORM IS TO BE COMPLETED

At least two Fridays prior to the scheduled delivery date.

INSTRUCTIONS FOR COMPLETION

Commodities catalog.

ROUTING

Form goes from C-Shift Captain to District Manager for review, then to Resource Management. White copy stays at Resource Management; yellow copy, delivery; pink copy stays at the station.

RETENTION

One year

AUTHORITY

Resource Management

PROGRAM

Resource Management.

Support Services/Resource Management

REGULAR SUPPLY FORM

#92-7D Rev. 8/83

PHOENIX FIRE DEPARTMENT FORMS MANUAL

M.P. 906.05 12/83-R

CITY OF PHOENIX, ARIZONA
FIRE DEPARTMENT

STA. NO._____ **REGULAR SUPPLY ORDER FORM** DATE_____

ITEM CODE	DESCRIPTION	ORDER	SHIP	REC.

ORDERED BY	DISTRICT MGR.	FILLED BY	DELIVERED BY	RECEIVED BY	POSTED BY
DATE	DATE	DATE	DATE	DATE	DATE

NOTES:

ON INITIAL ORDER SEND ALL 3 COPIES TO RESOURCE MANAGEMENT
DISTRIBUTION WHITE—RESOURCE MANAGEMENT YELLOW—STATION AND AFTER DELIVERY RETURN TO RES MGMT PINK — STATION

92-7D
REV 8 83

PURPOSE

For the requisition of other than regular supply items. To start a service request. To exchange items. To order forms.

INDIVIDUAL RESPONSIBLE FOR COMPLETING

Personnel needing the items or service.

WHEN FORM IS TO BE COMPLETED

As items/service are needed.

INSTRUCTIONS FOR COMPLETION

Complete date, item #1, 2 and 6. Items #3, 4 and 5 are entered in at Resource Management. Signature required by District Manager/Section Head.

ROUTING

District Manager completes form, then forwards to Resources Management/ Information Services.

RETENTION

Goldenrod kept at District Headquarters. Pink copy goes to station ordering supplies. Yellow copy is kept at District Headquarters after supplies are delivered. White is kept at Resource Management/Information Services.

AUTHORITY

Resource Management

PROGRAM

Resource Management

Support Services/Resource Management

DIVISIONAL SERVICE/SUPPLY REQUEST

#92-15D Rev. 10/83

PHOENIX FIRE DEPARTMENT FORMS MANUAL

M.P. 906.06 12/83-R

L.S.D. NUMBER

CITY OF PHOENIX, ARIZONA
FIRE DEPARTMENT
DIVISIONAL SERVICE/SUPPLY REQUEST

LOG NO.	CONTROL NUMBER

92-15D
Rev 10/83

Date _____

(1) ☐ APPARATUS ☐ EQUIPMENT ☐ INFO. SERVICES ☐ INVENTORY/RADIO
☐ BLD'G & GRND'S ☐ WATER RESOURCE ☐ MATERIAL MGMT. ☐ SUPPLY WAREHOUSE

NUMBER REQUIRED	CATALOG-PART OR FORM NUMBER	DESCRIPTION
		(2)

(3) CHARGE TO: EST. COST INDEX SUB-OBJECT

BUDGET: BUDGETED ☐ UN-BUDGETED ☐ BUDGET ADJT. REQ. ☐ ADJUST FROM

(5) FOR RESOURCE MGMT./INFO. SERVICES USE ONLY

NOTES:

TIME	(4)
MATERIAL	
TOTAL	
BY	

☐ FILLED ☐ BACK ORDER ☐ PART FILLED ☐ NOT FILLED

BY _____

REQUESTED BY (6)

CAPT. _____

COMPANY ____ SHIFT ____ DISTRICT ____

SECTION HEAD/DISTRICT MANAGER

_____

REQUISTION NO.

DATE

DISTRIBUTION:
WHITE — RESOURCE MGMT./INFO. SERVICES
CANARY — RESOURCE MGMT.
PINK — RESOURCE MGMT.
GOLDENROD — REQUEST ORIGINATOR
NOTE: PINK COPY BACK TO SECTION HEAD/DISTRICT MANAGER WITH RESOURCE MGMT. ACTION

P.O. NUMBER	W.O. NUMBER

Support Services/Resource Management

DIVISIONAL SERVICE/SUPPLY REQUEST

#92-15D Rev. 10/83

PHOENIX FIRE DEPARTMENT FORMS MANUAL

M.P. 906.06 12/83-R

L.S.D. NUMBER

CITY OF PHOENIX, ARIZONA
FIRE DEPARTMENT
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LOG NO.	CONTROL NUMBER

92-15D
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NOTES:

TIME	(4)
MATERIAL	
TOTAL	
BY	

REQUESTED BY (6)
CAPT. _____
COMPANY ____ SHIFT ____ DISTRICT ____

☐ FILLED ☐ BACK ORDER ☐ PART FILLED ☐ NOT FILLED

BY _____

SECTION HEAD/DISTRICT MANAGER

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DATE	

P.O. NUMBER	W.O. NUMBER

PURPOSE

Record all hose lengths on apparatus and in storage at each station.

INDIVIDUAL RESPONSIBLE FOR COMPLETING

Station Captain

WHEN FORM IS TO BE COMPLETED

At annual testing or when hose condition changes.

INSTRUCTIONS FOR COMPLETION

Record company, number, date, pressure tested, disposition and general condition.

ROUTING

Remains in station.

RETENTION

As long as hose is in service.

AUTHORITY

Water Resource Officer

PROGRAM

Hose record and inventory.

CITY OF PHOENIX, ARIZONA
FIRE DEPARTMENT

HOSE RECORD

SIZE	TYPE OF HOSE	BRAND	NO.

VENDOR ____________ DATE IN SERVICE ____________
COST PER FOOT ____________ STATION NO. ____________
DATE PURCHASED ____________

COMPANY NUMBER	FLUSH OR TESTED			OUT OF SERVICE		COUPLING CONDITION	REMARKS
	DATE	PRESSURE	OK/FAILURE	DATE	REASON		

HOSE NO.

92-18 D rev. 4/83

PURPOSE

To report lost, stolen or damaged property.

INDIVIDUAL RESPONSIBLE FOR COMPLETING

Person reporting lost, stolen or damaged equipment.

WHEN FORM IS TO BE COMPLETED

As soon as property is determined as lost, stolen or damaged.

INSTRUCTIONS FOR COMPLETION

The upper portion identified by the words (reported by) is to be completed by the individual making the determination on the property. The reporting individual fills in each blank until all blanks are completed to the portion which reads (supervisor's statement). In the area of the form which reads (reported to), enter the name of immediate supervisor to which report or notification was made. Do not mark the boxes with a check mark. Signature required. Second level supervisor completes Section 3.

ROUTING

Employee, Supervisor, District Manager through chain of command. White copy Support Services; canary copy stays at Resource Management; pink copy Safety Officer; goldenrod station.

RETENTION

Information will be stored in Olivetti word processor, and in individual's file at Resource Management. Discard after each use.

AUTHORITY

Resource Management

PROGRAM

Resource Management

Support Systems/Resource Management

LOST, STOLEN, DAMAGED PROPERTY REPORT

#92-22D Rev. 2/81

PHOENIX FIRE DEPARTMENT FORMS MANUAL

M.P. 906.08—12/83-R

CITY OF PHOENIX, ARIZONA
FIRE DEPARTMENT

LOST, STOLEN or DAMAGED PROPERTY REPORT

CONTROL No. **No. 07217** | CARD No.

1 REPORTED BY | NAME | DATE OF REPORT

ASSIGNMENT COMPANY | SHIFT | BATTALION | JOB CLASSIFICATION | LOG ENTRY PAGE NO. _____

PROPERTY INVOLVED ☐ BUILDINGS/GROUNDS ☐ EQUIPMENT ☐ VEHICLE ☐ OTHER | DATE | TIME | EQUIP. No. or I.D.

DESCRIPTION AND EXTENT OF DAMAGE

CAUSE

PERSONS INVOLVED	ASSIGNMENT	CLASSIFICATION

LOCATION AND CIRCUMSTANCE

WITNESS: NAME	ADDRESS	PHONE

REPORTED TO | SUPERVISOR | SAFETY OFFICER | POLICE | DR No. | OTHER

ACTION TAKEN/RECOMMENDATION

2 SUPERVISOR'S STATEMENT | NAME | RANK | STATION/SHIFT/BATTALION | DATE

YES ☐ NO ☐ HAVE YOU REVIEWED CIRCUMSTANCES WITH THOSE INVOLVED?
YES ☐ NO ☐ WERE DEPARTMENT SAFETY PROCEDURES ADEQUATE?
YES ☐ NO ☐ WERE DEPARTMENT PROCEDURES VIOLATED?

NOTE ACTION TAKEN AND RECOMMENDATIONS:

SIGNATURE DATE

3 REVIEW | BATTALION CHIEF DATE | DIVISION CHIEF DATE | ACCIDENT REVIEW COMMITTEE DATE

DEPUTY CHIEF DATE | SAFETY OFFICER DATE | FINAL DATE

DISPOSITION | NOTE ACTION TAKEN AND RECOMMENDATIONS

VALUE

ESTIMATE BY

DISTRIBUTION
WHITE — SUPPORT SERVICES
CANARY — RESOURCE MGMT
PINK — RES MGT /SAFETY
GOLDENROD - ORIGINATOR

STATION FILE NO 680.01

92-22D
Rev. 2-81

Support Systems/Resource Management

LOST, STOLEN, DAMAGED PROPERTY REPORT

#92-22D Rev. 2/81

PHOENIX FIRE DEPARTMENT FORMS MANUAL

M.P. 906.08—12/83-R

CITY OF PHOENIX, ARIZONA
FIRE DEPARTMENT

LOST, STOLEN or DAMAGED PROPERTY REPORT

CONTROL No. No. 07217

CARD No.

1 REPORTED BY NAME | DATE OF REPORT

ASSIGNMENT COMPANY | SHIFT | BATTALION | JOB CLASSIFICATION | LOG ENTRY PAGE NO. _____

PROPERTY INVOLVED ☐ BUILDINGS/GROUNDS ☐ EQUIPMENT ☐ VEHICLE ☐ OTHER | DATE | TIME | EQUIP. No. or I.D.

DESCRIPTION AND EXTENT OF DAMAGE

CAUSE

PERSONS INVOLVED	ASSIGNMENT	CLASSIFICATION

LOCATION AND CIRCUMSTANCE

WITNESS: NAME	ADDRESS	PHONE

REPORTED TO SUPERVISOR | SAFETY OFFICER | POLICE | DR No. | OTHER

ACTION TAKEN/RECOMMENDATION

2 SUPERVISOR'S STATEMENT NAME | RANK | STATION/SHIFT/BATTALION | DATE

YES ☐ NO ☐ HAVE YOU REVIEWED CIRCUMSTANCES WITH THOSE INVOLVED?
YES ☐ NO ☐ WERE DEPARTMENT SAFETY PROCEDURES ADEQUATE?
YES ☐ NO ☐ WERE DEPARTMENT PROCEDURES VIOLATED?

NOTE ACTION TAKEN AND RECOMMENDATIONS:

SIGNATURE DATE

3 REVIEW BATTALION CHIEF DATE | DIVISION CHIEF DATE | ACCIDENT REVIEW COMMITTEE DATE

DEPUTY CHIEF DATE | SAFETY OFFICER DATE | FINAL DATE

DISPOSITION NOTE ACTION TAKEN AND RECOMMENDATIONS

VALUE

ESTIMATE BY

DISTRIBUTION
WHITE — SUPPORT SERVICES
CANARY — RESOURCE MGMT
PINK — RES. MGT./SAFETY
GOLDENROD - ORIGINATOR

STATION FILE NO 680.01

92-22D
Rev. 2-81

PURPOSE

Maintain records on testing, flushing, repair and condition.

INDIVIDUAL RESPONSIBLE FOR COMPLETING

Company Commander

WHEN FORM IS TO BE COMPLETED

At hose test, flush, repair or change of hose status.

INSTRUCTIONS FOR COMPLETION

Fill in all self-explanatory blanks. Use a separate page for each hose size.

ROUTING

From captain to District Manager. From district Manager to Water Resource Officer.

RETENTION

One year.

AUTHORITY

Water Resource Officer

PROGRAM

Hose Care and Inventory

CITY of PHOENIX, ARIZONA
FIRE DEPARTMENT
HOSE CARE SUMMARY

Station_____

Color Code_____

Test ☐ Flush ☐ Repair ☐

HOSE SIZE	LENGTH NUMBER	TEST PRESSURE	OK	F	RECORD INFORMATION

TOTAL LENGTHS:_____ DATE: _____

INFORMATION RECORDED BY: _____ STATION:_____

92-31D Rev. 9/80

PURPOSE

Record hydrant inspection.

INDIVIDUAL RESPONSIBLE FOR COMPLETING

Company Officer

WHEN FORM IS TO BE COMPLETED

When inspecting hydrants.

INSTRUCTIONS FOR COMPLETION

Fill in all self-explanatory blanks.

ROUTING

Station, District Manager, Resource Management/Water Resources Officer.

RETENTION

One year.

AUTHORITY

Support Services

PROGRAM

Hydrant Testing

CITY OF PHOENIX, ARIZONA
FIRE DEPARTMENT
DATE ____

HYDRANT DATA FOR CAD
(RECORD OF HYDRANT INSPECTIONS)

HYDRANT I.D. #	HYDRANT LOCATION	MAKE OF HYDRANT	MAP PAGE #	STATION #	OWNER OF HYDRANT p-pvt. o-other	INDEPENDENT VALVE LOCATION	HYDRANT REPAIR PRIORITY

CAPTAIN ____ REVIEWED BY ____
DATE ENTERED IN CAD ____ BY ____

92-40 D
REVISED 1/84

Support Services/Resource Management

MAINTENANCE REQUEST

#92-49D New 8/82

PHOENIX FIRE DEPARTMENT FORMS MANUAL

M.P. 906.11 12/83-N

PURPOSE

To obtain needed repair of building and grounds.

INDIVIDUAL RESPONSIBLE FOR COMPLETING

District Secretary if repair is urgent.
Captain if repair is not urgent.

WHEN FORM IS TO BE COMPLETED

When repair is needed.

INSTRUCTIONS FOR COMPLETION

Fill in all self-explanatory blanks.

ROUTING

Company Officer to District Manager, to Resource Management.

RETENTION

Filed by District Secretary.

AUTHORITY

Building and Grounds

PROGRAM

Maintenance

Support Services/Resource Management

MAINTENANCE REQUEST

#92-49D New 8/82

PHOENIX FIRE DEPARTMENT FORMS MANUAL

M.P. 906.11 12/83-N

CITY OF PHOENIX, ARIZONA
FIRE DEPARTMENT

MAINTENANCE REQUEST

CONTROL NUMBER
№ 04817

REQUESTED BY
Capt. _____ Company _____ Shift _____ District _____ Date _____

Maintenance required: *(only one repair item per form)*

Date completed: _____ Repairs made by: _____ Quality of work: ACCEPTABLE ☐ UNACCEPTABLE ☐

(DO NOT WRITE BELOW THIS LINE)

Remarks:

Distribution: White — Resource Mgmt.
Canary — Resource Mgmt.
Pink — Request originator
Goldenrod — Request originator

Note: Canary copy back to originator when request complete. Pink copy back to Resource Mgmt. when repairs complete.

DEPARTMENT REQUEST SENT TO FOR COMPLETION	USE OF DEPARTMENT COMPLETING REPAIRS ONLY	USE OF RESOURCES MANAGEMENT ONLY
DEPT	Time	Time
	Materials	Materials
DATE	Total	Total
	By	By

92-49D NEW 8-82

PURPOSE

To record weekly fuel consumption and identify balance of fuel in storage.

INDIVIDUAL RESPONSIBLE FOR COMPLETING

House Captain or Company Commander.

WHEN FORM IS TO BE COMPLETED

Tuesday prior to 0900 hours.

INSTRUCTIONS FOR COMPLETION

Fill in all self-explanatory blanks. Signature required.
When balance of fuel is near 100 gallons notify Resource Management to request a delivery.

ROUTING

Kept at the Station.

RETENTION

Six months

AUTHORITY

Resource Management

PROGRAM

None

City of Phoenix, Arizona
Fire Department
WEEKLY FUEL REPORT

Type of Fuel

GASOLINE/DIESEL

Fire Station _____

When balance becomes lower than 100 gallons - order fuel from Resource Mgt.

SHIFT	DATE	EQUIPMENT NUMBER	GALLONS DISPERSED	METER READING (After Fuel is Dispersed)	BALANCE OF FUEL	NAME (Print)

PURPOSE

To indicate deficiencies found during inspection (needs wax, frame dirty, etc.).

INDIVIDUAL RESPONSIBLE FOR COMPLETING

District Manager performing the inspection.

WHEN FORM IS TO BE COMPLETED

On the assigned apparatus day.

INSTRUCTIONS FOR COMPLETION

Form to indicate both problems and the steps needed to bring the apparatus to acceptable levels. All deficiencies should be reviewed with the Company Officer and Engineer. Signature required.

ROUTING

Pink copy - Station apparatus file. Yellow copy - Inspecting District Manager. White copy - Apparatus Officer.

RETENTION

Station Apparatus File 604 for one year then removed/destroyed.

AUTHORITY

Division Chief, Fleet Management

PROGRAM

Apparatus Maintenance

CITY OF PHOENIX
FIRE DEPARTMENT

MONTHLY APPARATUS INSPECTION REPORT

EQUIPMENT NO. _____ TYPE _____ STATION _____ BATTALION _____ DATE _____

	PASS	FAIL	RECOMMENDED CORRECTION
UNDERCARRIAGE:			
FRONT AXLE			
REAR AXLE			
FRAME RAILS			
TRANSMISSION AREA			
PUMP AREA			
PUMP TRANSMISSION			
BOTTOM OF ENGINE			
ENGINE COMPARTMENT:			
TOP OF ENGINE			
TOP OF TRANSMISSION			
INSIDE OF HOOD PANELS			
INTERIOR:			
CAB AREA			
JUMP SEAT AREA			
EXTERIOR PAINT FINISHED AREA:			
DIAMOND PLATE (*NO* PAINT ON ALUMINUM)			
CAB & HOSE BODY			
COMPARTMENTS:			
INTERIOR (ALL)			
HOSE BEDS			
BATTERY & BOX			
EQUIPMENT MARKINGS:			
ALL ALLIED EQUIPMENT			
WOOD EQUIPMENT			
ALL LADDERS			
AERIAL LADDER:			
BEAM, ROLLERS, GUIDES			
(TO BE FREE OF ALL GREASE. REFER TO			
92-77D FOR PROPER LUBRICATION)			
TILLER AXLE			
TILLER BUCKET			
TURNTABLE AREA			
WOOD HANDLES:			
PIKE POLE HANDLES			
SHOVEL HANDLES			
AXE HANDLES			
EXTINGUISHERS: (Refer to M.P. #307.07 for proper maintenance)			
DRY CHEMICAL			
PRESSURIZED WATER			

REMARKS:

WHITE - APPARATUS CAPTAIN
YELLOW - INSPECTING BATTALION CHIEF
PINK COMPANY APPARATUS FILE

BATTALION CHIEF: _____

STATION CAPTAIN: _____

Support Services/Fleet Management

APPARATUS MAINTENANCE SCHEDULE

#92-77D Rev. 12/81

PHOENIX FIRE DEPARTMENT FORMS MANUAL

M.P. 906.14 12/83-R

PURPOSE

Reference guide in maintenance of all apparatus.

INDIVIDUAL RESPONSIBLE FOR COMPLETING

Engineer assigned to apparatus.

WHEN FORM IS TO BE COMPLETED

Each day at the beginning of shift.

INSTRUCTIONS FOR COMPLETION

Check list as directed.

ROUTING

Stays in apparatus - until replacement is needed.

RETENTION

Life of unit.

AUTHORITY

Division Chief, Fleet Manager

PROGRAM

Apparatus Maintenance

City of Phoenix, Arizona
FIRE DEPARTMENT

APPARATUS MAINTENANCE CHECK LIST

DAILY

D-1 Engine oil level (before starting or 30 minutes after shut down).

D-2 Radiator level (two inches below top of radiator tank). Or full to top with recovery system.

D-3 Engine oil, fuel, water and air leaks.

D-4 Drain air tanks.

D-5 Check fan belts for proper tension and condition.

D-6 Check coolant hoses for leaks or signs of failure.

D-7 Check air cleaner hose for tightness and leaks.

D-8 Check automatic transmission level with engine cold. If fluid appears on dip stick fluid level will be ok at running temperature.

D-9 Fuel tank level.

D-10 Cables (choke, throttle, diesel shut down).

D-11 Run engine for five (5) minutes and check all instruments.

D-12 Check booster tank level.

D-13 Operate discharge gates, dump valves, change over valve and humat valve - lubricate ball shut offs with WD 40.

D-14 Check for excessive water leaks in plumbing.

D-15 Engage pump and check for clutch operation (vacuum and manual).

D-16 Check frame, spring shackle hangers, mounting brackets, crossmembers for cracks, bends, distortion or misalignment.

D-17 Check for any other items: such as, loose nuts, bolts, hoses, fittings, dragging or loose wires, missing, bent or damaged parts.

D-18 Check condition of tires (nails, cuts, bruises, etc., or treadwear).

D-19 All lights (head, tail, emergency).

D-20 Check all linkage to discharge gates, transmission pump controls and other apparatus accessories for excessive wear, binding or misalignment.

WEEKLY

W-1 Drive all apparatus a minimum of 2 miles.

W-2 Operate pump, priming pump, relief valve or governor. (Include all reserve pumpers)

W-3 Lube clutch linkage, discharge gate control linkage, bell crank guides, throttle pedal pivot with light engine oil.

W-4 Check battery electrolyte level, cable and box.

W-5 Raise aerial ladders, rotate 360°, full extension. Remove, service and clean hand ladders and beds.

W-6 Run small engines in generator and power saw 5 minutes. Shake and mix fuel before starting.

W-7 Lube nozzles ball shut-off with WD-40/equivalent.

W-8 Check air lines, drain valves, heater hoses, emergency radiator fill and vacuum lines.

W-9 Check for exhaust manifold leaks.

W-10 Activate and re-set emergency engine shut down.

W-11 Change and service tachograph.

MONTHLY

M-1 The aerial ladder will be cleaned with a solvent type cleaner to remove all old lubricants and dirt. After cleaning with solvent, the ladder is to be thoroughly washed with water to remove any solvent, and the ladder will be dried. Particular attention should be given those areas where water may be pocketed.

M-2 The ladder rollers will be lubricated with dry graphite lubricant or equivalent.

M-3 The ladder guides will be lubricated with dry graphite lubricant or equal.

M-4 The ladder extension and retracting cables shall be thoroughly lubricated with chain and cable fluid or equal. It is important that the lubricant penetrates to the inner strands and core of the cable to minimize friction when passing over pulleys and around the cable drum. Wipe excess fluid from the cable by using a clean cloth and glove. During this operation inspect the cable for any frayed or broken wire.

M-5 The pumps on American LaFrance trucks must be lubed after each pumping. Also after each hour of continuous pumping.

M-6 All cable controls having a spiral or basket-weave sheath: such as, choke cables, parking brake controls, pump panel, throttle controls, are to be lubricated from the outside for their entire length with a spray dry graphite lubricant.

M-7 Hose reel swivels, fittings are often covered with a rubber plug. Lubricate with chassis lube until grease is visible but not more than 15 strokes with hand gun (1 1/2 oz.) or until resistance is felt.

M-8 Slip joints on propeller shafts (splines) are subject to very heavy sliding loads and are often found to be lacking lubrication. Lubricate until grease comes out of the relief hole in the center of the drive line slip joint.

M-9 Inspect the steering gear oil level. NOTE: Do not fill.

M-10 Inspect the power steering reservoir. The correct level is 1" from the top.

M-11 Inspect and fill universal joints. (Hand gun only.) Lubricate with chassis lube. NOTE: Two strokes per universal joint.

M-12 Lubricate any other grease fitting of apparatus that has not been noted. Enter on Monthly Apparatus Report, Form # 92-83C and Shop Guide Repair List, Form # 92-85D any fitting that will not take grease.

M-13 Inventory, inspect, clean and mark all tools and equipment.

Instructions: All deficiencies to be noted on the Shop Guide Repair List # 92-85D (1) entry per repair needed.

City of Phoenix, Arizona
FIRE DEPARTMENT

APPARATUS MAINTENANCE CHECK LIST

DAILY

D-1 Engine oil level (before starting or 30 minutes after shut down).

D-2 Radiator level (two inches below top of radiator tank). Or full to top with recovery system.

D-3 Engine oil, fuel, water and air leaks.

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D-8 Check automatic transmission level with engine cold. If fluid appears on dip stick fluid level will be ok at running temperature.

D-9 Fuel tank level.

D-10 Cables (choke, throttle, diesel shut down).

D-11 Run engine for five (5) minutes and check all instruments.

D-12 Check booster tank level.

D-13 Operate discharge gates, dump valves, change over valve and humat valve - lubricate ball shut offs with WD 40.

D-14 Check for excessive water leaks in plumbing.

D-15 Engage pump and check for clutch operation (vacuum and manual).

D-16 Check frame, spring shackle hangers, mounting brackets, crossmembers for cracks, bends, distortion or misalignment.

D-17 Check for any other items: such as, loose nuts, bolts, hoses, fittings, dragging or loose wires, missing, bent or damaged parts.

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M-11 Inspect and fill universal joints. (Hand gun only.) Lubricate with chassis lube. NOTE: Two strokes per universal joint.

M-12 Lubricate any other grease fitting of apparatus that has not been noted. Enter on Monthly Apparatus Report, Form # 92-83D and Shop Guide Repair List, Form # 92-85D any fitting that will not take grease.

M-13 Inventory, inspect, clean and mark all tools and equipment.

Instructions: All deficiencies to be noted on the Shop Guide Repair List # 92-85D (1) entry per repair needed.

PURPOSE

To monitor the out-of-service time for all apparatus. Obtain mechanical assistance for minor repairs

INDIVIDUAL RESPONSIBLE FOR COMPLETING

Engineer assigned to apparatus.

WHEN FORM IS TO BE COMPLETED

Each day.

INSTRUCTIONS FOR COMPLETION

Record downtime of apparatus, list repairs needed. This form is to be kept on apparatus at all times when vehicle is removed from service, total down time is to be recorded for each incident. Repairs needed shall be listed in appropriate spaces. This form should be ready for review by District Manager on apparatus inspection day. Signature required.

ROUTING

District Manager to Support Services to Equipment Management.

RETENTION

White copy stays at Resource Management. Canary copy stays at Equipment Management. Pink copy Station File 605 and stays for one year, then removed and destroyed.

AUTHORITY

Division Chief, Fleet Management

PROGRAM

Apparatus Maintenance

Support Services/Fleet Management

MONTHLY APPARATUS REPORT

#92-83D Rev. 12/80

PHOENIX FIRE DEPARTMENT FORMS MANUAL

M.P. 906.15 12/83-R

CITY OF PHOENIX, ARIZONA
FIRE DEPARTMENT

NOTE: Report due the day of APPARATUS INSPECTION

MONTHLY APPARATUS REPORT

Station No. _____ Company No. _____

Date _____ Equipment No. _____

List dates and apparent cause for apparatus being out of service because of *mechanical breakdown or repair.*

OUT OF SERVICE DATE	BRIEFLY STATE APPARENT CAUSE	RETURNED TO SERVICE DATE	HOURS DOWN
	MONTHLY TOTAL HOURS OUT OF SERVICE FOR REPAIR		

LIST REPAIRS NEEDED AS PER SHOP GUIDE REPAIR LIST 92-85D

Signatures

SERVICE DIVISION APPARATUS OFFICER _____ ENGINEER _____

BATTALION CHIEF _____ CAPTAIN _____

DISTRIBUTION:
1ST COPY (WHITE)
SUPPORT SERVICES DIVISION
2ND COPY (CANARY)
EQUIPMENT MANAGEMENT
3RD COPY (PINK)
STATION APPARATUS FILE

92-83D REV 12-80

PURPOSE

To record needed repair of apparatus.

INDIVIDUAL RESPONSIBLE FOR COMPLETING

Engineer assigned to apparatus.

WHEN FORM IS TO BE COMPLETED

When any malfunction is found.

INSTRUCTIONS FOR COMPLETION

Form to be completed as repairs are needed.

ROUTING

Stays with apparatus until all blanks are used.

RETENTION

For life of apparatus. Filed at station in File 606.

AUTHORITY

Division Chief, Fleet Management

PROGRAM

Apparatus Maintenance

City of Phoenix, Arizona
FIRE DEPARTMENT

SHOP GUIDE REPAIR LIST

Station No. _____ Company No. _____ Apparatus No. _____ Page No. _____

(To be retained as a permanent part of the apparatus file.)

ID No. or	Date Noted (Incl. year)	Reporting Engineer Initial	Remarks (NOTE IF REPAIR IS A TEMPORARY MEASURE)	Date Repaired	Repaired by	
					Shop Mechanic	Engineer

PURPOSE

To assure that needed repairs are identified by the requesting person or company and that the Equipment Management personnel actually do the repair.

INDIVIDUAL RESPONSIBLE FOR COMPLETING

The person, engine or ladder company that is turning the vehicle in for repair.

WHEN FORM IS TO BE COMPLETED

At the time the vehicle is being turned in for repair.

INSTRUCTIONS FOR COMPLETION

For to indicate all repairs needed, this shall be determined by referring to the shop guide repair list or by inspection of vehicle.

ROUTING

White copy - Station file
Canary copy - Equipment Management
Pink copy - Equipment file at Resource Management.

RETENTION

One year

AUTHORITY

Fire Department Apparatus Officer

PROGRAM

Fleet Management

CITY OF PHOENIX, ARIZONA
FIRE DEPARTMENT

APPARATUS REPAIR REQUEST

EQUIPMENT MGM'T.
REPAIR ORDER NUMBER

AUTHORIZED BY _____
PFD Apparatus Officer

EQUIP. NO. _____ DIVISION _____

LEFT AT: EQUIP. MGM'T ☐ RADIO SHOP ☐

ON(DATE) _____ AT(TIME) _____

MILEAGE _____

SCHEDULED ☐ UNSCHEDULED ☐

RETURNED

ON (DATE) _____ AT(TIME) _____

BY _____

IF PROBLEM IS WITH RADIO, NOTE WHICH CHANNEL/S

EQUIPMENT REPAIRS NEEDED
LIST DETAILS OF PROBLEMS

PROBLEMS NOTED BY: _____ REPAIRS BY

WHITE - STATION FILE CANARY - MAINT. FACILITY PINK - APPARATUS SECTION

92-85.1 D
REV. 3/84

Support Services/Fleet Management

APPARATUS INVENTORY CHANGE AUTHORIZATION

#92-87D New 3/77

PHOENIX FIRE DEPARTMENT FORMS MANUAL

M.P. 906.17 12/83-N

PURPOSE

(An "A" shift form) To control special/used items on fire apparatus, or unused items.

INDIVIDUAL RESPONSIBLE FOR COMPLETING

Engineer or Captain requesting equipment addition or deletion.

WHEN FORM IS TO BE COMPLETED

Anytime a piece of equipment is to be added or removed, this form is to be completed.

INSTRUCTIONS FOR COMPLETION

This covers any special, seldom used equipment to be added. The apparatus inventory sheet must also be corrected. This form, along with a D.S.R., is required after approval of the shift commander. Signature required.

ROUTING

Person requesting change to Captain, to District Manager, Shift Commander, to Apparatus officer (this is done on "A" shift). White copy - apparatus master file at Resource Management, pink copy - Apparatus officer, yellow copy - Station File 603.

RETENTION

One year in apparatus station file.

AUTHORITY

Division Chief/Fleet Management

PROGRAM

Apparatus Maintenance

FORM 92-87D
NEW 3/77

APPARATUS INVENTORY CHANGE AUTHORIZATION

COMPANY _____ DATE _____

ADDITION ☐ ISSUING AGENCY _____

REMOVAL ☐ BY ORDERS OF _____

ITEM DESCRIPTION _____

_____

_____

_____

APPROVED BY "A" SHIFT OFFICERS & SUPPORT SERVICES:

APPARATUS OFFICER: _____ DIVISION CHIEF: _____

BATTALION CHIEF: _____ COMPANY COMMANDER: _____

RECEIVED BY: _____ DATE _____
(RESPONSIBLE ENGINEER)

REMOVED BY: _____ DATE _____
(RESPONSIBLE ENGINEER)

INVENTORY FORMS ADJUSTMENT BY: _____ DATE _____
(CAPTAIN)

DISTRIBUTION:
- White Copy (Original) - Apparatus Master Inventory File
- Yellow Copy - Company Apparatus File
- Pink Copy - Retained by Apparatus Officer

PRESS HARD - USE BALLPOINT PEN

PURPOSE

To control Allied equipment on all Fire Department apparatus.

INDIVIDUAL RESPONSIBLE FOR COMPLETING

Engineer assigned to apparatus.

WHEN FORM IS TO BE COMPLETED

On apparatus inspection day or when apparatus is reassigned.

INSTRUCTIONS FOR COMPLETION

Fill in all appropriate blanks.

ROUTING

Engine Company, thru Responder Chief, to Resources Management Apparatus Captain.

RETENTION

Resource Management - 1 year

AUTHORITY

Apparatus Inventory Committee

PROGRAM

Apparatus Maintenance

City of Phoenix, Arizona
FIRE DEPARTMENT

Date _____

PARAMEDIC ENGINE COMPANY

APPARATUS INVENTORY RECORD

EQUIPMENT NO. ENGINE CO.

INVENTORIED EQUIPMENT	Req Inv	On app
SCBA / INV No		
1. _____	1	
2. _____	1	
3. _____	1	
4. _____	1	
5. _____		
6. _____		
Spare air cylinders	2	
MEDICAL-STABILIZATION		
Resuscitator and suction kit / cylinder inv. no. _____	1	
Spare oxygen cyl. "D" size	2	
Traction splints		
Adult	1	
Pediatric	1	
Backboards	2	

INVENTORIED EQUIPMENT	Req inv	On app
I.V. Box (see IV box list)	1	
Trauma box (see trauma box)	1	
CPR thumper kit inv. no. _____	1	
Nitronox kit inv. no. _____	1	
Monitor inv. no. _____ Defibrillator inv. no. _____	1	
Ked kit	1	
Cervical collars		
adult	4	
pediatric	2	
Sandbags	2	
Blankets	2	
Rigid splints		
18"	2	
30"	2	
Adult shock suit /case and control no. _____	2	
Pediatric shock suit /case and control no. _____	2	
Triage tag kit	1	
Truck rope (½" x 100')	1	
Rescue rope (9/16" x 100') Sealed	1	

SHORTAGE REPORTED

REMARKS

INVENTORIED BY

DISTRICT MGR
CAPTAIN

City of Phoenix, Arizona
FIRE DEPARTMENT

Page 1 of 8

ENGINE COMPANY

Date _____

APPARATUS INVENTORY RECORD

EQUIPMENT NO. ENGINE CO.

INVENTORIED EQUIPMENT	Req. inv.	On app.
SCBA / INV NO		
1. _____	1	
2. _____	1	
3. _____	1	
4. _____	1	
5. _____		
6. _____		
Spare air cylinder		
MEDICAL-STABILIZATION		
Resuscitator and suction kit / cylinder Inv. no. _____	1	
Spare oxygen cyl. "D" size	2	
EMS kit	1	
Traction splint (Adult)	1	

INVENTORIED EQUIPMENT	Req. inv.	On app.
Backboards	2	
Cervical collars		
Pediatric	2	
Adults	4	
Sandbags	2	
Blankets	2	
Rigid splints		
18"	2	
30"	2	
Adult shock suit / case and control no. _____	1	
Pediatric shock suit / case and control no. _____	1	
Triage tag kit	1	
Truck rope (½" x 100')	1	
Rescue rope (9/16" x 100') Sealed	1	

SHORTAGES REPORTED

REMARKS

INVENTORIED BY

DISTRICT MGR.
CAPTAIN

City of Phoenix, Arizona
FIRE DEPARTMENT

Date _____

RESCUE COMPANY
APPARATUS INVENTORY RECORD

EQUIPMENT NO. RESCUE CO.

INVENTORIED EQUIPMENT	Req inv	On app
SCBA / INV No		
1. _____	1	
2. _____	1	
Spare air cylinders	2	
MEDICAL-STABILIZATION		
Resuscitator and suction kit / cylinder Inv. no.	1	
Spare oxygen cyl. "D" size	2	
CPR thumper kit Inv. no.	1	
Nitronox kit Inv. no.	1	
SHORTAGES REPORTED		
REMARKS		

INVENTORIED EQUIPMENT	Req inv	On app
Monitor Inv. no. _____ Defibrillator Inv. no. _____	1	
Laryngoscope bulbs OTTO	2	
CO400	2	
Esophageal obturator kit	1	
Drug box (hosp seal)	1	
I.V. Box (see IV box list)	1	
Lactated Ringers 1000 c.c. (exp. date)	4	
D 5 W 500 c.c. (exp. date)	4	
Normal saline I.V. 1000 c.c. (exp. date)	2	
Blood I.V. tubing	4	
Pediatric I.V. tubing	4	
Sterile water 1000cc	2	
Trauma box (see trauma box)	1	
O.B. Kit	2	
Poison antidote kit	2	

INVENTORIED BY DISTRICT MGR.
CAPTAIN

CITY OF PHOENIX, ARIZONA
FIRE DEPARTMENT

PAGE 1 OF 13
DATE _____

LADDER COMPANY
APPARATUS INVENTORY RECORD

EQUIPMENT NO. LADDER CO.

INVENTORIED EQUIPMENT	Req inv	On app
SCBA / INV NO		
1. _____	1	
2. _____	1	
3. _____	1	
4. _____	1	
5. _____		
6. _____	1	
7. _____		
8. _____		
Spare air cylinders	5	
Safety lines 100'	5	
Remote SCBA system kit (see kit list) inv. no. _____	1	
SHORTAGES REPORTED		
REMARKS		

INVENTORIED EQUIPMENT	Req inv	On app
MEDICAL-STABILIZATION		
Resuscitator and suction kit / cylinder inv. no. _____	1	
Spare oxygen cyl. "D" size	2	
EMS kits	2	
Backboards	4	
Orthopedic stretcher / straps i.D. no. _____	1	
Cervical collars pediatric	2	
adult	4	
Blankets	2	
Sandbags	4	
Shock suit - adult / case control no. _____	1	
Shock suit - ped / case control no. _____	1	
Triage tag kits	2	
Stokes basket / sling	1	

INVENTORIED BY

DISTRICT MGR.
CAPTAIN

92-102 D rev. 4/83

CITY OF PHOENIX, ARIZONA
FIRE DEPARTMENT

DATE _____

UTILITY TRUCKS

APPARATUS INVENTORY RECORD

EQUIPMENT NO. UTILITY CO.

INVENTORIED EQUIPMENT	Req inv	On app
SCBA / INV. Nº		
1. _____	1	
2. _____	1	
Spare air cylinders		
Spare "O" rings	10	
PORTABLE HIGH-RISE FILLING STATION (see list page)	1	
O_2 EQUIPMENT		
Test gauge	1	
Hand wheels	2	
Gaskets	6	
Resuscitator bottles		
Thumper bottles		
Storage bottles		

INVENTORIED EQUIPMENT	Req inv	On app
ILLUMINATING DEVICES		
Light cord 25'	1	
50'	2	
Portable reel / 200' 3 wire cord	1	
Portable lights 150 watt	2	
spare bulbs	2	
Electric cord adapters 3 way female house to 3 way male twist	3	
3 way female twist to 3 way male house	3	
3 way female twist to 3 way male twist	3	
EXTINGUISHERS		
Dry chemical 5lb.	2	
MAP BOOKS		
Phoenix	1	
Glendale	1	
Tempe	1	
Chandler	1	
Peoria	1	

SHORTAGES REPORTED

REMARKS

INVENTORIED BY

DISTRICT MGR.
CAPTAIN

CITY OF PHOENIX, ARIZONA
FIRE DEPARTMENT

FOAM & NURSE TANKER
APPARATUS INVENTORY RECORD

EQUIPMENT NO. UNIT NO.

INVENTORIED EQUIPMENT	Req. inv.	On app
SCBA / INV Nº		
1.	1	
2.	1	
Spare air cylinders	2	
RESCUE EQUIPMENT		
Aircraft rescue tool roll	1	
Air chisel inv. no. _____	1	
50' airhose / airgun and tiregauge	1	
Cable cutter	1	

INVENTORIED EQUIPMENT	Req inv.	On app
WATER APPLIANCES		
2½" peripheral I. D. Nº _____ I. D. Nº _____	2	
1½" peripheral I. D. Nº _____ I. D. Nº _____	2	
WRENCHES		
Hydrant	2	
Spanner	2	
4" spanner	2	
HOSE: Number of feet in hose compartment.		
1½"		
2½"		
3½"		
3" short length	1	

SHORTAGES REPORTED

REMARKS

INVENTORIED BY

DISTRICT MGR.
CAPTAIN

92-105 D rev. 1/84

CITY OF PHOENIX, ARIZONA
FIRE DEPARTMENT

CHEMICAL 19

APPARATUS INVENTORY RECORD

EQUIPMENT NO. UNIT NO.

INVENTORIED EQUIPMENT	Req inv	On app
SCBA / INV Nº		
1 _____	1	
2 _____	1	
3 _____	1	
4 _____	1	
Spare air cylinders	2	
MEDICAL-STABILIZATION		
Resuscitator and suction kit / cylinder inv. no. _____	1	
Spare oxygen cylinder	2	
EMS kit	1	
SHORTAGES REPORTED		
REMARKS		

INVENTORIED EQUIPMENT	Req inv	On app
Cervical collars		
pediatric	2	
adult	2	
Blanket / case	1	
Rigid splints		
small	1	
large	1	
Sandbags	2	
Triage tag kit	1	
RESCUE EQUIPMENT		
Aircraft rescue tool roll	1	
Air chisel inv. no. _____	1	
Cable cutter	1	
WATER APPLIANCES		
1" foam nozzle I.D. no. _____	1	
1½" peripheral I.D. no. _____ I.D. no. _____	2	
1" dry powder I.D. no. _____	1	

INVENTORIED BY

DISTRICT MGR.
CAPTAIN

City of Phoenix, Arizona
FIRE DEPARTMENT

SUPPORT 4

APPARATUS INVENTORY RECORD

EQUIPMENT NO. COMPANY NO.

INVENTORIED EQUIPMENT	Req inv	On app
EXTERIOR compartment no. 1		
SHOVELS, scoops	5	
round point	4	
square point	3	
BROOMS	1	
GROUND ROD	1	
GROUND ROD HAMMER	1	
EXTERIOR compartment no. 2		
AIR HOSE ROLL - MSA	13	
PORTA POWER C.O.P # ____	1	

INVENTORIED EQUIPMENT	Req inv	On app
EXTERIOR compartment no. 3		
REMOTE AIR PACKS	4	
C.O.P. # ____		
EXTERIOR compartment no. 4		
WATER DRILL COP # ____	1	
AIR DRILL COP # ____	1	
AIR BOTTLE (or COP # ____)	1	
AIR REGULATOR (AJAX)	1	
HIGH PRESS AIR HOSE 25'	1	
WATER BITS		
6" diamond	1	
4" diamond	1	
3" diamond	2	
6" metal	1	
4" metal	1	
3" metal	2	
4" wood	1	
3" wood	2	

SHORTAGES REPORTED

REMARKS

INVENTORIED BY

DISTRICT MGR
CAPTAIN

PURPOSE

To identify items being sent to Resource Management for repair/replacement.

INDIVIDUAL RESPONSIBLE FOR COMPLETING

Any member of the Department who initiates action for Repair/Replacement of an item.

WHEN FORM IS TO BE COMPLETED

At the time the item is turned in for Repair/Replacement.

INSTRUCTIONS FOR COMPLETION

Instructions are self explanatory. If any questions arise, refer to M.P. 302.04 in Volume 3.

ROUTING

From sender to Resource Management

RETENTION

Forms will be kept on file at Resource Management for 90 days, then destroyed.

AUTHORITY

Resource Management Deputy Chief or Equipment Officer

PROGRAM

All Maintenance Programs involving equipment, furniture and misc. items.

92-129.1D REV. 4/84

CITY OF PHOENIX, ARIZONA — FIRE DEPARTMENT

P.M. REPAIR TAG

(please print)

DATE _____

TYPE OF EQUIPMENT _____

ASSIGNMENT CO. NO. _____

STA. NO. _____ EQUIP. NO. _____

CITY INV. NO. _____

INDICATION OF TROUBLE IF POSSIBLE _____

SCHEDULED P.M. ☐ DSR ☐

FIELD FAILURE ☐ LSD ☐ DAILY CHECK ☐

NAME OF SENDER _____

PURPOSE
Record location and use of supplemental issue of S.C.B.A.

INDIVIDUAL RESPONSIBLE FOR COMPLETING

Emergency Responders.

WHEN FORM IS TO BE COMPLETED
When an extra S.C.B.A. is issued.

INSTRUCTIONS FOR COMPLETION

Complete "issued" section when S.C.B.A. is issued. Complete "picked up" section when retrieved. Send to Resource Management after five turnarounds.

ROUTING

Emergency Responder initiates, form is left with S.C.B.A. until all portions of form are completed, then sent to Resource Management for file.

RETENTION

Resource Management for life of S.C.B.A.

AUTHORITY

Air/Equipment Officer at Resource Management

PROGRAM
Breathing Air Program

COP # ___

CITY OF PHOENIX, ARIZONA
FIRE DEPARTMENT

BATT # ___

EMERGENCY RESPONDERS SCBA CONTROL FORM

ISSUED			PICKED-UP		
DATE	LOCATION	USERS NAME	DATE	NAME	CONDITION OF UNIT

RETURN UNIT TO RESOURCE MANAGEMENT FOR TECHNICIAN CHECK

DATE _____

COMMENTS _____

DATE RETURNED _____ NAME OF TECH _____

ISSUED			PICKED-UP		
DATE	LOCATION	USERS NAME	DATE	NAME	CONDITION OF UNIT

RETURN UNIT TO RESOURCE MANAGEMENT FOR TECHNICIAN CHECK

DATE _____

COMMENTS _____

DATE RETURNED _____ NAME OF TECH _____

ISSUED			PICKED-UP		
DATE	LOCATION	USERS NAME	DATE	NAME	CONDITION OF UNIT

RETURN UNIT TO RESOURCE MANAGEMENT FOR TECHNICIAN CHECK

DATE _____

COMMENTS _____

DATE RETURNED _____ NAME OF TECH _____

92-132-D
New 4/84

Fire Prevention/Code Enforcement

HAZARDOUS MATERIALS PERMIT APPLICATION

#90-10D Rev. 2/80

PHOENIX FIRE DEPARTMENT FORMS MANUAL

M.P. 907.01 12/83-R

PURPOSE

To notify Emergency Services and Fire Prevention of possible hazardous conditions in a commercial occupancy.

INDIVIDUAL RESPONSIBLE FOR COMPLETING

Building owner/occupant or his authorized representative. Legal responsible party, with permission of building owner.

WHEN FORM IS TO BE COMPLETED

When hazardous materials, as defined by N.F.P.A. or other national authority, are kept in an occupancy.

INSTRUCTIONS FOR COMPLETION

Building owner or authorized representative shall fill form out in its entirety with the exception of permit number. Signature required by legal responsible party.

ROUTING

Upon completion of the form, it shall be picked up by the company officer or inspector for review. Issuance of permit will be completed at the Div. of Fire Prevention after applicant has paid fee. After issuance, white copy goes to occupant, blue copy - Fire Prevention, pink copy - Station occupancy file.

RETENTION

As long as occupancy exists and there is no appreciable change in type or amount of storage.

AUTHORITY

Fire Marshal

PROGRAM

Code Enforcement

Fire Prevention/Code Enforcement

HAZARDOUS MATERIALS PERMIT APPLICATION

#90-10D Rev. 2/80

PHOENIX FIRE DEPARTMENT FORMS MANUAL

M.P. 907.01 12/83-R

CITY OF PHOENIX, ARIZONA
FIRE DEPARTMENT
DIVISION OF FIRE PREVENTION
620 W. Washington St. • Room 167 • Phoenix, AZ 85003

PERMIT NUMBER

HAZARDOUS MATERIALS PERMIT APPLICATION

For the confidential information of the Chief of the Division of Fire Prevention who shall use the data contained therein to evaluate the fire and explosion hazard.

ADDRESS	OCCUPANCY NAME
BLDG./PROP. OWNER NAME PHONE	RESPONSIBLE PARTY PHONE

NOTE: FILL OUT COMPLETELY AND RETURN TO ADDRESS AT TOP OF PAGE WITHIN _____ DAYS.

1. Indicate by a "Yes or No" for each of the following hazardous materials whether they are to be used, processed or stored in this building. (See back for definitions)

FLAMMABLE LIQUIDS _____ EXPLOSIVE AND UNSTABLE _____
FLAMMABLE GASES _____ DUSTS _____ FIBERS _____ CORROSIVE _____
COMBUSTIBLE LIQUID _____ TOXIC _____
COMBUSTIBLE DUST _____ FIBERS _____ OXIDIZERS _____

2. Indicate equipment or process involving any of the above Material:

Hydraulic Equipment	☐	Dust Collectors	☐	Drying Rooms	☐
Indust./Medical Gas	☐	Electro Plating	☐	Flow Coaters	☐
Picking or Garnetting	☐	Spray Painting	☐	Dip Tanks	☐
Magnesium Processing	☐	Ovens, Process	☐	Baler or Shredder	☐
Molten Salt Baths	☐	Welding/Cutting	☐	Others	☐

3. List separately any hazardous materials indicated in item 1. Show maximum quantities in use, storage or processing and show flash point of flammable and combustible liquids.

LIST HAZARDOUS MATERIALS	AMT. IN USE	AMT. IN STORAGE	FLASH PT.

I hereby certify that the use, storage or process of hazardous materials in this building will be limited as indicated above.

Signature _____ Date _____
Owner or Responsible Agent

PERSON TO CONTACT FOR ADDITIONAL HAZARDOUS MATERIAL INFORMATION.

Name _____ Phone _____

OCCUPANT

90-10D
Rev. 2-80

Fire Prevention/Code Enforcement

HAZARDOUS MATERIALS PERMIT APPLICATION

#90-10D Rev. 2/80

PHOENIX FIRE DEPARTMENT FORMS MANUAL

M.P. 907.01 12/83-R

FOR FIRE DEPARTMENT USE

CLASSIFICATION _____ DATE _____

BY _____

COMMENTS:

HAZARDOUS MATERIAL DEFINITIONS (brief)

AIR REACTIVE MATERIAL — Any material which will ignite spontaneously in contact with air.

COMBUSTIBLE MATERIALS — Liquids with a flash point of 150° or above and other materials which ignite and actively support combustion when exposed to an environmental temperature of 1500° F for a period of not less than 5 minutes.

COMBUSTIBLE CORROSIVE MATERIAL — Solids, liquids or gases which can damage living tissue or cause fire.

EXPLOSIVE MATERIAL — Any compound which is classed as an A, B, or C Explosive.

FLAMMABLE LIQUIDS AND MATERIALS — Gases, liquified gases, liquids, dusts, fibers, or other materials which are flammable.

OXIDIZING MATERIALS — Any element or compound which yields oxygen or reacts when subjected to water, heat or fire conditions.

TOXIC MATERIALS — Gases, liquids or solids which may create a hazard to life by ingestion, inhalation, etc., under fire conditions.

UNSTABLE MATERIALS — Those materials which react from heat, shock, friction, contamination, etc., and which are capable of violent decomposition or auto reaction, but which are not designed primarily as an explosive.

WATER REACTIVE MATERIAL — React violently or dangerously upon exposure to water or moisture.

OTHER MATERIALS — Indicate any materials of which you are in doubt as to proper classification.

PURPOSE

To notify owner of cargo tanker, aircraft fueler, and L.P.G. cargo tanker of items which do/do not meet compliance standards.

INDIVIDUAL RESPONSIBLE FOR COMPLETING

Person inspecting vehicle, under direction of Fire Captain or Inspection Specialist. Their signature required.

WHEN FORM IS TO BE COMPLETED

When cargo tank vehicle is presented for inspection, annual renewal.

INSTRUCTIONS FOR COMPLETION

The form shall be filled out in its entirety with the exception of the decal number. Permits can be obtained at Division of Fire Prevention. The signature of person receiving a copy of permit is required.

ROUTING

Three copies. Unsatisfactory inspection, white copy-Tanker Owner, blue and pink copies - maintained in the Station. After compliance and issuance of a form letter of compliance the Station retains the pink copy and forwards the blue copy along with copy of form letter to Fire Prevention through District Manager.

Satisfactory inspections, white copy and form letter-Tanker Owner, blue copy and copy of form letter - Fire Prevention through the District Manager, pink copy - Station file.

RETENTION

Five years at Fire Prevention and Station file. Copies of unsatisfactory inspections not corrected within 30 days to be forwarded to Fire Prevention through the District Manager.

AUTHORITY

Fire Marshal

PROGRAM

Code Enforcement

Fire Prevention/Code Enforcement

CARGO TANK INSPECTION REPORT

#91-1D Rev. 12/79

PHOENIX FIRE DEPARTMENT FORMS MANUAL

M.P. 907.02 12/83-R

CITY OF PHOENIX, ARIZONA
FIRE DEPARTMENT
FIRE PREVENTION DIVISION

Permit No. _____

Owner's No. _____

CARGO TANK INSPECTION REPORT

Date _____ 19 _____

Owner _____ Vehicle Lic. _____ Copy Rec'd. by _____

Mail Address _____

Mainly Kept at _____

Inspected at (Station/Location) _____ Inspected by _____ (PRINT — DO NOT SIGN)

TANK: TRUCK ☐ TRAILER ☐ SEMI ☐ SKID ☐ PORTABLE ☐ OTHER _____

CARRIES: GAS ☐ GAS OILS ☐ CRUDE ☐ ALCOHOL ☐ AV GAS ☐ JET FUEL ☐ LPG ☐

Last Tested _____ 19 ____
Cert. of Comp. _____
Manufr's. No. _____
ICC MC _____
Design Pressure _____

GENERAL DESIGN AND CONSTRUCTION

Made by _____ Year 19 _____

Metal: Ferrous ☐ Stainless ☐ Aluminum ☐ Bulkheads ☐ Baffles ☐ Rings ☐

Shell full capacity _____ Number of compartments _____ Fuel tank: Separate ☐ Integral ☐ Shutoff ☐

Double bulkheads: Yes ☐ No ☐ Drain open: Yes ☐ No ☐ Remarks _____

Fill opening closures (Dome covers) Made by _____

Internal Valves: Mechanical ☐ Hydraulic ☐ Pneumatic ☐ Inspected: Full ☐ Sealed ☐ Empty ☐ Partial ☐

Manifold ☐ Hydrafold ☐ Selector ☐ Loading: Top ☐ Bottom ☐

No.	ITEM	Satisfactory	Unsatisfactory	REMARKS	No.	ITEM	Satisfactory	Unsatisfactory	REMARKS
1	Placarding				25	No smoking signs in cab			
2	Inspection label & Permit					AIRCRAFT FUELER INSPECTION REPORT ONLY			
3	Closure lock				26	Extinguisher 20BC (2)			
4	Closure gasket				27	Flame arrestor/Air cleaner			
5	Vacuum vent				28	Deadman controls			
6	Pressure vent				29	Overwing nozzles			
7	Overturn protection				30	Pump test			
8	Capacity markers				31	Hose test			
9	Fill spill drain				32	Grounding & Bonding Cables			
10	Internal valve				33	Bonding clips			
11	Shear section				34	Use On Public Highways			
12	Fusible section				35	Marking of Vehicle			
13	Emergency valve control				36	Emergency Shut-Off			
14	EVC access					L.P.G. CARGO TANKS ONLY			
15	EVC marked				37	Chock Blocks			
16	Pipe & fittings protected				38	Liquid Level Gauge			
17	Tank securement				39	Pressure Gauge			
18	Wiring — conduit, loom				40	Inlet-Outlet Marking			
19	Emergency reflectors				41	Complete Drainage Opening			
20	Muffler, tailpipe shielded				42	Transfer Hoses			
21	Extinguisher 20BC or (2) 10BC				43	Pumps-Pump Relief Valve			
22	Extinguisher access				44	Differential Regulator			
23	Extinguisher condition				45	Excess Flow Valve			
24	Hydrostatic test date posted				46	Muffler-Exhaust System			

Compliance Standards for this Inspection Report — PHOENIX FIRE CODE G-1141, NATIONAL FIRE PROTECTION ASSOCIATION NO. 407. (Highway Use No. 385) (NFPA Pamphlet #58) FEDERAL MOTOR CODE D.O.T. TITLE 49

INSPECTION LABEL: Issue ☐ Hold ☐ For inspection of items noted by _____ 19 _____

REMARKS:

DISTRIBUTION: WHITE — TANKER OWNER BLUE — FIRE PREVENTION PINK — STATION

91-1D REV 12-79

PURPOSE

To inform the owner/occupant of a business of which permits are required by the Fire Code for their occupancy.

INDIVIDUAL RESPONSIBLE FOR COMPLETING

Fire Inspector or Company Officer assigned to that inspection.

WHEN FORM IS TO BE COMPLETED

At the time of inspection if a permit or permits are required.

INSTRUCTIONS FOR COMPLETION

Check the appropriate boxes indicating the permits required by the Fire Code.

ROUTING

Form is to be given to owner, directing him to present it to Fire Prevention along with proper fees. Process can be done in person or by mail.

RETENTION

Destroyed after permit issued.

AUTHORITY

Fire Marshall

PROGRAM

Property Management

Fire Prevention/Code Enforcement

PERMIT CHECK LIST

#91-23D Rev. 7/83

PHOENIX FIRE DEPARTMENT FORMS MANUAL

M.P. 907.03 12/83-R

(Print Or Type Only)

CITY OF PHOENIX, ARIZONA
FIRE DEPARTMENT
DIVISION OF FIRE PREVENTION

Date: _____

PERMIT CHECK LIST

Checkback Date: _____

OCCUPANCY NAME: _____ ADDRESS: _____

BUS. OWNER NAME: _____ BUS. PHONE: _____

The following permits indicated below are required of your business or place of occupancy, to maintain, store or handle material, conduct a process or to conduct an operation. These permits are required by the City of Phoenix Fire Code, Ordinance G-2221.

PLACE OF ASSEMBLY (Art. 27) (Occ. Load) _____ ☐

AMMUNITION (Art. 12) Small Arms ☐ Smokeless Powder ☐
- Terminal, Receiving or Delivering _____ ☐
- Storage, Possess and Sell _____ ☐

CHLORINE STORAGE + USE (Art. 20)
- Gas Cylinders (Liquid) _____ ☐
- Granuals or Solids _____ ☐

COMBUSTIBLE FIBERS, MATERIALS
- Storage & Handling (Art. 28) _____ ☐
- On Floors (Art. 28) _____ ☐

COMPRESSED GASES, CYLINDERS (Art. 8 + 30)
- Flammable — Storage + Handling _____ ☐
- Non-flammable — Storage + Handling _____ ☐

DRY CLEANING PLANTS (Art. 9) _____ ☐

DUST PRODUCING MATERIALS, Plant Operation (Art. 10) _____ ☐

EXPLOSIVES & BLASTING AGENTS (Art. 12)
- Possess and Store _____ ☐
- Store and Sell _____ ☐
- Terminal Operation, Receiving or Delivering _____ ☐

FLAMMABLE/COMBUSTIBLE LIQUIDS (Art. 16)
- Cargo Carrier
  - Painting _____ ☐
  - Vehicle Parking (property owner) _____ ☐
- Storage & Handling _____ ☐
- Special Type Dispensers _____ ☐
- Tank Cleaning _____ ☐

FLAMMABLE FINISHES (Art. 15)
- Spraying Operation _____ ☐
- Coating Operation _____ ☐
- Dipping Operation _____ ☐

FRUIT RIPENING (Art. 17) _____ ☐

FUMIGATION (Art. 18) _____ ☐

GARAGES, SERVICING & REPAIRING (Art. 19) _____ ☐

HAZARDOUS CHEMICALS/MATERIALS (Art. 20)
- Terminal, Operation of _____ ☐
- Storage & Handling Per Haz. Mat. Application _____ ☐
- Vehicle Parking (property owner) _____ ☐

HAZARDOUS CHEMICAL SYSTEMS (Art. 1)
- Maintain _____ ☐
- Handling _____ ☐

SALVAGE YARDS (Art. 3) _____ ☐

LIQUEFIED PETROLEUM GAS (Art. 21)
- Cargo Carriers
  - Painting _____ ☐
  - Parking (property owner) _____ ☐
- Tanks
  - Storage & Handling (Size _____ Gal.) _____ ☐
  - 23-Gallon Cylinders (#- _____) _____ ☐

LUMBER YARDS (Art. 22) _____ ☐

MAGNESIUM (Art. 23) _____ ☐

MATCHES, STORAGE OF (Art. 28) _____ ☐

ORGANIC COATING, MANUFACTURE OF (Art. 25) _____ ☐

OVENS & FURNACES (Art. 26) _____ ☐

SERVICE STATION, OPERATION OF (Art. 16)
- *Self Service _____ ☐
- *Private/Commercial/Industrial _____ ☐
- *Public/Retail _____ ☐

TIRE RECAPPING, REBUILDING (Art. 2) _____ ☐

WASTE MATERIAL HANDLING PLANTS (Art. 3) _____ ☐

WELDING & CUTTING (Art. 30)
- Company (One location only) _____ ☐
- Company (Various locations) _____ ☐
- Calcium Carbide, Storage of _____ ☐

OTHER:

_____ ☐

_____ ☐

The above required permit(s) shall be obtained by mail or in person from the Division of Fire Prevention — 620 West Washington, Room 167, Phoenix, Arizona 85003. Submit this form and a check made payable to "City of Phoenix" in the amount of **$45.00**. You will receive a receipt showing that the permit(s) has been paid for and the actual permit(s) will be issued to you by the inspecting officer upon correction of violations noted on the Inspection Report.

(Print Only)

FIRE DEPARTMENT OFFICER: _____ _____ SHIFT AREA OF RESPONSIBILITY: _____

91-23D Rev. 7-83

Fire Prevention/Code Enforcement

OCCUPANCY PRE-PLAN DRAWING

#91-40 Rev. 2/82

PHOENIX FIRE DEPARTMENT FORMS MANUAL

M.P. 907.04 12/83-N

PURPOSE

Pre-Plan drawing for C.A.D.

INDIVIDUAL RESPONSIBLE FOR COMPLETING

Captain or Inspector assigned to project.

WHEN FORM IS TO BE COMPLETED

With-in allotted time frame.

INSTRUCTIONS FOR COMPLETION

Refer to Operations Manual Vol.4. M.P. #403.01.

ROUTING

From Captain to District Manager, to Fire Prevention and Technical Drawing, then to C.A.D.

RETENTION

Indefinitely

AUTHORITY

Fire Marshall

PROGRAM

Code Enforcement/Technical Drawing

Fire Prevention/Code Enforcement

OCCUPANCY PRE-PLAN DRAWING

#91-40 Rev. 2/82

PHOENIX FIRE DEPARTMENT FORMS MANUAL

M.P. 907.04 12/83-N

CITY OF PHOENIX, ARIZONA
FIRE DEPARTMENT

OCCUPANCY PRE-PLAN DRAWING

OCCUPANCY NAME:

ADDRESS:

OCCUPANCY:

AREA:

NFPA CODE:

SQ. FT.:

ADDITIONAL INFORMATION:

DO NOT USE SHADED AREA

N

TO C.A.D.

91-40 REV 2-82

PURPOSE

To provide information for C.A.D. Pre-Plan drawing.

INDIVIDUAL RESPONSIBLE FOR COMPLETING

Captain or Inspector assigned to project.

WHEN FORM IS TO BE COMPLETED

At time of inspection.

INSTRUCTIONS FOR COMPLETION

Fill in self-explanatory blanks.

ROUTING

From Captain to District Manager to Fire Prevention and Technical Drawing, then to C.A.D.

RETENTION

Indefintely

AUTHORITY

Fire Marshal

PROGRAM

Code Enforcement/Technical Drawings

Fire Prevention/Code Enforcement OCCUPANCY PRE-PLAN INFORMATION SHEET #91-41 Rev. 5/84	PHOENIX FIRE DEPARTMENT FORMS MANUAL M.P. 907.05 8/84-R

CITY OF PHOENIX, ARIZONA
FIRE DEPARTMENT

OCCUPANCY PRE-PLAN DRAWING INFORMATION

DATE. _____ CO/SHIFT _____

CO OFFICER: _____

AREA: _____ DISTRICT _____

OCC NAME. _____ OCC PHONE: _____

OCC ADDRESS. _____
(LIST ADDITIONAL ADDRESSES/OCCUPANCY NAMES ON REVERSE SIDE)

CONSTRUCTION TYPE/S: _____
(REFER TO MP 403.03 - IF MULTIPLE TYPE, EXPLAIN ON REVERSE SIDE AND ON DRAWINGS)

TOTAL SQ. FT OF OCC. _____ STORIES _____ NUMBER BSMT LEVELS. _____ BSMT SQ. FT.. _____

FLOOR MATERIAL. _____ SUBSTANDARD (Y/N): _____

ATTIC HEIGHT OF ATTIC SPACE: _____ FIRE STOPS (Y/N): _____ NO ATTIC. _____

BEST ACCESS: _____

ROOF MATERIAL: _____ SUBSTANDARD (Y/N): _____

FLAT _____ PEAKED _____ RAKED _____ BOWSTR _____ MANSARD _____ OTHER _____ (EXPLAIN)

F WALLS LOCATION: _____ NO FIRE WALLS. _____

ELEV/S LOCATION: _____

FIREMAN FEATURE (Y/N): _____ NO ELEVATORS. _____

AIR SYS SHUTOFF/CONTROL LOCATION: _____

SMOKE REMOVAL FEATURE (Y/N) _____ NO AIR SYSTEM: _____

FIRE PROTECT EQPT

STANDPIPES (Y/N): _____ LOCATION: _____

SPRINKLERS (Y/N): _____ LOCATION: _____

HOUSELINES (Y/N): _____ LOCATION: _____

ANNUNCIATOR (Y/N): _____ LOCATION: _____

LOCK BOX (Y/N): _____ LOCATION: _____

HAZ MAT (Y/N): _____ IF YES, ATTACH SUPPLEMENT IN DUPLICATE EXPLAINING TYPE, QUANTITY, LOCATION, NFPA CLASSIFICATION, ETC.

REQUIRED ATTACHMENTS
1. FORM 91-40, OCCUPANCY PRE-PLAN DRAWING/S (BLUEPRINTS, ETC. NOT ACCEPTABLE IN LIEU OF FORM 91-40)
2. PRINTOUT OF OAR INDICATING "RECORD UPDATED" (IF UNOBTAINABLE, SUBMIT COMPLETED FORM 91-63)

DISTRIBUTION
WHITE – DISTRICT MGR. CAO
BLUE – FIRE PREVENTION
PINK – STATION FILE

Fire Prevention/Code Enforcement

OCCUPANCY ACTIVITY REPORT

#91-63 Rev. 5/83

PHOENIX FIRE DEPARTMENT FORMS MANUAL

M.P. 907.06 12/83-R

PURPOSE

Provides a record of Code enforcement inspection.

INDIVIDUAL RESPONSIBLE FOR COMPLETING

Company officers and/or Fire Inspectors.

WHEN FORM IS TO BE COMPLETED

When an inspection has been initiated.

INSTRUCTIONS FOR COMPLETION

To be filled out as completely as possible while conducting initial inspection and when compliance has been achieved. Complete all blanks possible before routing, signature required of responsible party and company officer or fire inspector.

ROUTING

Three Copies.
White copy - Occupant
Blue copy - Fire Prevention
Pink copy - Station Occupancy File

RETENTION

As long as occupancy exists.

AUTHORITY

Fire Marshal

PROGRAM

Code Enforcement/Property Mangement

Fire Prevention/Code Enforcement

OCCUPANCY ACTVITY REPORT

#91-63 Rev. 5/83

PHOENIX FIRE DEPARTMENT FORMS MANUAL

M.P. 907.06 12/83-R

USE BLACK INK ONLY

PREV. OCC. CLASS

PLEASE PRINT
PLACE X ONLY IN BOXES

CITY OF PHOENIX
FIRE DEPARTMENT
OCCUPANCY ACTIVITY REPORT

DM. _____ OIC _____
CAD _____ OIS _____

PAGE ___ OF ___

OCC. CLASS | CITY P | ADDRESS NO. | DIR. | STREET NAME | TYPE | CITY P | SUITE OR UNIT # | MONTH | DAY | YEAR

NFPA CLASS | GROUP INSP. NO. | FIRE CODE PERMITS REQ YES ☐ NO ☐ | OCCUPANCY LOAD DAY NIGHT | # OF UNITS OR SUITES | PRIORITY | AREA OF RESPON

SQ FT OF OCC INSP | STORIES | BASEMENTS LEVELS SQ. FT | EMERGENCY LIGHTING YES ☐ NO ☐ | LOCK BOX YES ☐ NO ☐ | FIRE LANES YES ☐ NO ☐ | GUARD DOGS YES ☐ NO ☐

ELEVATORS # OF | # WITH FIREMAN FEATURE | EXIT PLANS YES ☐ NO ☐ | EXIT DRILLS YES ☐ NO ☐ | STANDPIPE SYSTEM WET ☐ DRY ☐ NONE ☐ | HOUSE LINES YES ☐ NO ☐ | FIRE PUMPS YES ☐ NO ☐ | HOOD SYS YES ☐ NO ☐

AUTOMATIC SPRINKLER SYS FULL ☐ PART ☐ NONE ☐ | UNSUPERVISED ☐ | SUPERVISOR NAME | PHONE | PREVIOUS FIRE HISTORY YES ☐ NO ☐

FIRE ALARM SYSTEM YES ☐ NO ☐ | UNSUPERVISED ☐ | SUPERVISOR NAME | PHONE | SEARCH WARRANT USED YES ☐ NO ☐

HAZARDOUS MATERIAL YES ☐ NO ☐ | BUILD PLACARDED YES ☐ NO ☐ | EXPLOSIVES TYPE NONE ☐ A ☐ B ☐ C ☐ | EXPLOSIVES MAGAZINE YES ☐ NO ☐

FLAMMABLE LIQUID AG GALS | UG GALS | LP GAS AG GALS | UG GALS

FLAM. HEALTH REACTY

RESPONSIBLE PARTY LAST FIRST MI | HOME PHONE | INSP HRS | COMPLETED INSP DATE

RESPONSIBLE PARTY LAST FIRST MI | HOME PHONE | BUILD DRAW REQUIRED YES ☐ NO ☐ | DRAWING COMPLETED YES ☐ NO ☐

PROPERTY MANAGEMENT

OCCUPANCY NAME | PHONE | BUSINESS OWNER'S NAME LAST FIRST MI | HOME PHONE

BUILD/PROPERTY OWNER'S NAME LAST FIRST MI | HOME PHONE | INSURANCE COMPANY NAME | PHONE

RESPONSIBLE PARTY | LAST NAME | FIRST NAME | MI | DATE OF BIRTH

HOME ADDRESS | HOME PHONE | STATE | DRIVER'S LIC. NO | SOCIAL SECURITY NUMBER

THE FOLLOWING ITEMS ARE IN VIOLATION

EXIT REQUIREMENTS		HAZARDOUS MATERIALS		FIRE PROTECTION		BUILDING & GROUNDS	
1 NUMBER REQUIRED		9 STORAGE-HANDLING-USE		17 FIRE DEPARTMENT CONNECTIONS		25 DRY VEGETATION	
2 DOOR WIDTH/SWING		10 HAZARDOUS CHEMICALS		18 AUTOMATIC SPRINKLERS		26 TRASH CONDITIONS	
3 LOCKS, LATCHES		11 FLAMM./COMB. LIQUIDS		19 AUTOMATIC EXTINGUISHING SYSTEM		27 FIRE LANES	
4 EXIT SIGNS		12 L.P. GAS		20 PORTABLE EXTINGUISHERS		28 DANGEROUS CONDITIONS	
5 POWER OPERATED DOORS		13 EXPLOSIVES		21 HYDRANTS		29 DECORATIVE MATERIALS	
6 OBSTRUCTIONS/AISLES		14 HAZ. MAT. APPLICATION		22 FIRE ALARM SYSTEM		30 OPEN FLAME DEVICES	
7 TRAVEL DISTANCE TO EXIT		15 FIRE DIAMOND (NFPA)		23 FIRE DOORS		31 ELECTRICAL	
8 EMERGENCY LIGHTING		16 FIRE CODE PERMITS		24 STAND PIPE		32 OTHER — SPECIFY IN REMARKS	

ITEM NO	FIRE CODE SECTION	SPEC REF	REMARKS	CORR. REQ'D. BY (DATE)	CORRECTED (DATE)	CORRECTION VERIFIED BY (PRINT NAME)

The items noted above are in violation of the Phoenix Fire Code. This is an official notice of ordinance violation requiring correction within the specified time. Failure to comply with these requirements may lead to legal action. Violation of the Phoenix Fire Code is as violation of City Ordinance G-2221, as amended, a Class 1 misdemeanor punishable by a fine not to exceed One Thousand Dollars or imprisonment not exceeding six months or both. This inspection is intended for your safety and the safety of the citizens of Phoenix. Your cooperation is greatly appreciated. For information concerning this inspection call **262-**

COPY RECEIVED BY | DATE | COMPANY INSPECTOR (NAME) | STATION NO | SHIFT

REFERRED TO F.P. INSPECTOR (NAME) | TURNOVER DATE | REFERRED TO CITY PROSECUTOR BY | DATE | FIRE INCIDENT REPORT NO

OCCUPANT

91-63 REV 5/83

PURPOSE

Supplement to face sheet 91-63 to record Fire Code violations.

INDIVIDUAL RESPONSIBLE FOR COMPLETING

Personnel conducting inspection.

WHEN FORM IS TO BE COMPLETED

At time of inspection.

INSTRUCTIONS FOR COMPLETION

Fill in all self-explanatory blanks, signature required of responsible party and company officer or fire inspector assigned.

ROUTING

Three Copies.
White copy - Occupant
Blue copy - Fire Prevention
Pink copy - Fire Station in occupancy file.

RETENTION

As long as occupancy exists.

AUTHORITY

Fire Marshal

PROGRAM

Code Inforcement. Property Management

Fire Prevention/Code Enforcement

OCCUPANCY ACTVITY SUPPLEMENT

#91-63.1 Rev. 5/83

PHOENIX FIRE DEPARTMENT FORMS MANUAL

M.P. 907.07 12/83-R

CITY OF PHOENIX
FIRE DEPARTMENT

OCCUPANCY ACTIVITY REPORT

(SUPPLEMENTAL PAGE _____)

MONTH	DAY	YEAR

STREET ADDRESS

OCCUPANCY NAME

AREA OF RESPONSIBILITY

ITEM NO.	FIRE CODE SECTION	SPEC. REF.	REMARKS	CORR REQ'D BY (DATE)	Corrected (DATE)	CORRECTION VERIFIED BY (PRINT NAME)

The items noted above are in violation of the Phoenix Fire Code. This is an official notice of ordinance violation requiring correction within the specified time. Failure to comply with these requirements may lead to legal action. Violation of the Phoenix Fire Code is a violation of City Ordinance G-2221, as amended, a Class 1 misdemeanor punishable by a fine not to exceed One Thousand Dollars or imprisonment not exceeding six months or both. This inspection is intended for your safety and the safety of the citizens of Phoenix. Your cooperation is greatly appreciated. For information concerning this inspection call 262-

COPY RECEIVED BY	DATE	COMPANY INSPECTOR (NAME)	STATION NO SHIFT
REFERRED TO F P INSPECTOR (NAME)	TURNOVER DATE	REFERRED TO CITY PROSECUTOR BY	DATE

91-63 1
REV 5/83

OCCUPANT

Fire Prevention/Code Enforcement

STANDPIPE PUMP TEST WORKSHEET

#91-74D Rev. 3/81

PHOENIX FIRE DEPARTMENT FORMS MANUAL

M.P. 907.08 12/83-R

PURPOSE

Record test data.

INDIVIDUAL RESPONSIBLE FOR COMPLETING

Personnel completing test (Company Officer, Fire Prevention Inspector).

WHEN FORM IS TO BE COMPLETED

At time of test.

INSTRUCTIONS FOR COMPLETION

Refer to Volume 4, M.P. 401.07A.

ROUTING

White copy - Fire Prevention. Pink copy - Station file.

RETENTION

3 years.

AUTHORITY

Fire Prevention

PROGRAM

Standpipe Testing program

Fire Prevention/Code Enforcement

STANDPIPE PUMP TEST WORKSHEET

#91-74D Rev. 3/81

PHOENIX FIRE DEPARTMENT FORMS MANUAL

M.P. 907.08 12/83-R

Phoenix Fire Department
Division of Fire Prevention
STANDPIPE PUMP TEST WORKSHEET
(2 Copies Required)

DATE _____

STREET ADDRESS: _____

NAME OF BUILDING: _____ BUILDING MANAGER: _____

BUILDING ENGINEER: _____ STANDPIPE LOCATION: _____

SPRINKLER AREA: _____

STANDPIPE CONNECTION LOCATION: _____

SPRINKLER CONNECTION LOCATION: _____

AIR HANDLER SHUT-OFF LOCATION: _____

CAN AIR HANDLER BE USED FOR VENT? YES ☐ NO ☐

LOCATION OF ELEVATORS: _____

WHAT FLOORS DO ELEVATORS SERVE? _____

PRESSURE NEEDED TO DEVELOP 2-1.5" LINES ON ROOF OF BUILDING: _____

APPROX. GAL. OF WATER NEEDED TO FILL STANDPIPE: _____

DRAIN LOCATIONS: _____

ARE STANDPIPES CROSS-CONNECTED: YES ☐ NO ☐ STANDPIPE: WET ☐ DRY ☐

DOES BUILDING HAVE HOUSE LINES: YES ☐ NO ☐ FIRE PUMP SIZE: _____

FIRE PUMP LOCATION: _____

WATER SOURCE: MAINS ☐ STORED ☐ NEAREST OR KEY HYDRANT: _____

COMMENTS: _____

COMPANY INSPECTOR: _____ UNIT I.D. _____

INSPECTION AREA: _____

FIRE PREVENTION - WHITE
STATION COPY - PINK

91-74D
Rev 3-81

Fire Prevention/Code Enforcement

EMERGENCY PUMP TEST WORK SHEET

#91-78D New 2/81

PHOENIX FIRE DEPARTMENT FORMS MANUAL

M.P. 907.09 12/83-R

PURPOSE

Record data relevant to the testing operation.

INDIVIDUAL RESPONSIBLE FOR COMPLETING

Company Officer or Fire Prevention Inspector.

WHEN FORM IS TO BE COMPLETED

At time of testing.

INSTRUCTIONS FOR COMPLETION

Fill in all self-explanatory blanks. Signature required. Refer to Volume 4, M.P. 401.07A.

ROUTING

White copy - Fire Prevention. Pink copy - Station performing the test.

RETENTION

3 years.

AUTHORITY

Fire Prevention

PROGRAM

Sprinkler test

PHOENIX FIRE DEPARTMENT
DIVISION OF FIRE PREVENTION

EMERGENCY PUMP TEST WORKSHEET
(2 Copies Required)

STREET ADDRESS _____ DATE _____

NAME OF BUILDING _____

PUMP TEST

PUMP _____

		STATIC	RESIDUAL	PITOT
CITY PRESS.		____	____	____
	TIP SIZE			
FLOW	____	____	____	____
	____	____	____	____
	____	____	____	____
	____	____	____	____

COMMENTS: _____

_____

_____

COMPANY INSPECTOR _____ UNIT I.D. _____

INSPECTION AREA _____

FIRE PREVENTION - WHITE
STATION COPY - PINK

91-78D
NEW 2-81

PURPOSE

Maintains inventory of what occupancies are located in a particular area of responsibility.

INDIVIDUAL RESPONSIBLE FOR COMPLETING

Emergency Services Fire Captains.

WHEN FORM IS TO BE COMPLETED

During the Drive by survey.

INSTRUCTIONS FOR COMPLETION

Fill in all self-explanatory blanks.

ROUTING

To be kept in company inventory notebook.

RETENTION

Permanent Record, kept at the station in notebook.

AUTHORITY

Division of Fire Prevention

PROGRAM

Property Management

Fire Prevention/Code Enforcement

OCCUPANCY SUMMARY

#92-91D Rev. 10/81

PHOENIX FIRE DEPARTMENT FORMS MANUAL

M.P. 907.10 12/83-R

OCCUPANCY SUMMARY

STATION _____ AREA _____ — _____ YEAR _____

OCCUPANCY NAME	OCCUPANCY ADDRESS	SURVEY DATE	RESIDENTIAL	INSTITUTIONAL	MERCANTILE	BUSINESS	INDUSTRIAL	HAZARDOUS	ASSEMBLY	STORAGE	EDUCATION	VACANT	COMPLEX	CAD DRAWING REQUIRED	

92-91D
REV 10-81

Fire Prevention/Community Services

APPARATUS DISPLAY INFORMATION

#90-33D New 6/83

PHOENIX FIRE DEPARTMENT FORMS MANUAL

M.P. 907.11 12/83-N

PURPOSE

Record information of apparatus on public display.

INDIVIDUAL RESPONSIBLE FOR COMPLETING

Apparatus Captain.

WHEN FORM IS TO BE COMPLETED

After display activity.

INSTRUCTIONS FOR COMPLETION

Fill in all self explanatory blanks, signature required.

ROUTING

Captain to District Manager to Community Services.

RETENTION

1 year.

AUTHORITY

Fire Prevention

PROGRAM

Community Services

CITY OF PHOENIX, ARIZONA
FIRE DEPARTMENT

APPARATUS DISPLAY INFORMATION

Captain _____ Company _____

Display Location _____

Display Date _____ Duration _____

Number in Attendance (approx.) _____

Display Purpose: _____

_____

Type of Material Distributed: _____

_____

Comments: _____

_____

_____

_____

_____

Captain Signature _____

District Manager _____

Return to Carol Gross

Fire Prevention/Community Services

FIRE STATION TOUR RECORD

#92-2D New 2/81

PHOENIX FIRE DEPARTMENT FORMS MANUAL

M.P. 907.12 12/83-R

PURPOSE

Record information of groups visiting stations.

INDIVIDUAL RESPONSIBLE FOR COMPLETING

Station Captain.

WHEN FORM IS TO BE COMPLETED

While group is on tour. Signature required..

INSTRUCTIONS FOR COMPLETION

Fill in all self-explanatory blanks.

ROUTING

Station to Community Service.

RETENTION

Two years.

AUTHORITY

Fire Prevention

PROGRAM

Community Services

City of Phoenix, Arizona
Fire Department
FIRE STATION TOUR RECORD

NAME OF VISITING GROUP _____

DATE OF VISIT _____ TIME OF DAY _____ STATION/SHIFT _____

NUMBER OF CHILDREN _____ NUMBER OF ADULTS _____

TOUR OF STATION CONDUCTED BY _____

SIGNED _____

Forward this report to Public Education Division

92.2D
New
2-81

Fire Prevention/Community Services

RELEASE LIABILITY

#92-13D Rev. 3/79

PHOENIX FIRE DEPARTMENT FORMS MANUAL

M.P. 907.13 12/83-R

PURPOSE

Liability release for City.

INDIVIDUAL RESPONSIBLE FOR COMPLETING

Supervisor authorizing citizen to ride on Fire Department vehicle.

WHEN FORM IS TO BE COMPLETED

Before person rides vehicle.

INSTRUCTIONS FOR COMPLETION

Fill in all self-explanatory blanks. Signature required.

ROUTING

Station to Community Service.

RETENTION

Two years.

AUTHORITY

City Attorney

PROGRAM

Community Services

CITY OF PHOENIX, ARIZONA
FIRE DEPARTMENT

RELEASE

In consideration of my being permitted to ride upon the motor vehicles of the Fire Department of the City of Phoenix, I hereby release and agree to hold harmless the said City of Phoenix, its employees and agents from any and all liability for any damage or injury which I may receive while riding upon said motor vehicles or received while accompanying City of Phoenix Fire Department officers from any cause whatsoever. This release of liability and agreement given by me to the said City of Phoenix, its employees and agents, shall apply as to any right of action that might accrue to myself my heirs and my personal representatives.

Furthermore, I agree to assume all risks involved in riding in the said City of Phoenix Fire Department vehicles and in accompanying its officers and am fully aware of the dangers involved.

Dated this_____ day of _____, 19___

_____
(Signed)

_____
Witness

Research and Planning Safety/Technical PRODUCT EVALUATION #90-8.1D New 6/80	**PHOENIX FIRE DEPARTMENT FORMS MANUAL** M.P. 908.01 12/83-N

PURPOSE

This form accompanies safety equipment or clothing placed in the field for evaluation by fire fighting personnel and record their opinion of the product.

INDIVIDUAL RESPONSIBLE FOR COMPLETING

Individual testing product.

WHEN FORM IS TO BE COMPLETED

Following test of product.

INSTRUCTIONS FOR COMPLETION

Evaluate product by comparison of products currently being used. Fill in all blanks. Signature required.

ROUTING

Individual to Safety Office.

RETENTION

One year.

AUTHORITY

Safety Officer

PROGRAM

Safety/Technical

CITY OF PHOENIX, ARIZONA
FIRE DEPARTMENT

PRODUCT EVALUATION

TO: SAFETY OFFICER DATE: _____

FROM: _____

COMPANY: _____

SHIFT: _____

TYPE OF PRODUCT: _____

DATE RECEIVED: _____ DATE RETURNED: _____

COMMENTS AND RECOMMENDATIONS: _____

OVERALL EVALUATION: POSITIVE: _____ NEGATIVE: _____

SIGNATURE: _____