

**NATIONAL FIRE PROTECTION ASSOCIATION
SURVEY OF FIRE DEPARTMENTS FOR UNITED STATES FIRE EXPERIENCE**

Please key the information from the mailing label of your survey form that was mailed to you below. Make sure you enter the ID number from the upper left corner of your mailing label. If your address is incorrect, please correct it and check the box below.

ID Number: 31-073

Fire Department Name: Delhi Township

Address: 697 Neeb Road

City/Town, State, Zip Code: Cincinnati, OH 45233

Did you have to correct your address? Yes No

Name of Person Completing Form: Douglas S. Campbell Jr. **Date:** 4/19/2009

Title: Assistant Chief

Non-Emergency Phone Number: (513) 922-2011 **Fax:** (513) 922-8767

E-mail Address: dcampbell@delhi.oh.us

Please use enclosed postpaid envelope and return completed survey form to:



NFPA
Fire Analysis and Research Division
1 Batterymarch Park
Quincy, MA 02169-7471

If you fax the form back, please reduce it first to 8½" x 11" size.

FIRE SERVICE PERSONNEL

Number of fire fighters: If actual average strength over the year differed from authorized strength, give the actual figure. Count all fire fighters, regardless of assignment. For volunteers, please report active members (involved in fire fighting) only.

Number of full-time (career) uniform fire fighters: 20

Number of active part-time (call or volunteer) fire fighters: 40

Are the part-time personnel compensated for their time? Yes (1) No (2)

Number of Active Fire Fighters by Age Group: (If data is not available, write NA)

Under 20 0, 20-29 24, 30-39 17, 40-49 14, 50-59 5,
60 and Over 0, Unknown 0

GENERAL INSTRUCTIONS

- To assist fire departments using reporting systems in a state system as part of NFIRS, data classifications are identified for the various questions throughout the form.
- For this study, fire experience for calendar year is requested. Does the data reported on this form cover the time period January 1 to December 31? Yes No
If *No* above, and your department summarizes its data on a fiscal rather than a calendar year basis, report your fire experience for the most recently completed fiscal year and indicate the time period covered:
From _____ to _____.
- Report fire experience only for areas where you had primary responsibility. Do not include areas where you had mutual aid or assistance responsibilities.
- Please make your answers as legible as possible; data will be keyed for processing directly from this form.
- If the answer to a given question is zero; write 0.
- If you do not keep the records necessary to answer a question, write NA (not available). It is extremely important that answers of NA can be distinguished from zero. For example, if your department had no civilian fire deaths, report 0, do not report NA. No question should be left blank.

DEFINITIONS

Civilian Casualties: The term “civilian” should include anyone other than a fire fighter and covers public service personnel, such as police officers, civil defense staff, non-fire service medical personnel, and utility company employees.

Injury: Physical damage suffered by a person as a direct result of fire and that requires (or should require) treatment by a practitioner of medicine (physician, nurse, paramedic, EMT) within one year of the incident (regardless of whether treatment was actually received), or results in at least one day of restricted activity immediately following the incident.

Death: An injury that occurred as a direct result of a fire and that is fatal or becomes fatal within one year.

Incident: The movement of a piece of fire service apparatus or equipment in response to an alarm.

Fires: Any instance of uncontrolled burning. Include combustion explosions and fires out on arrival. Exclude controlled burning (whether authorized or not), overpressure rupture without combustion, mutual aid responses, smoke scares, and hazardous condition responses (e.g., oil spill without fire).

Mutual Aid or Assistance: Any assistance rendered to another fire department in an area that is not considered your primary responsibility.

Structure: An assembly of materials forming a construction for occupancy or use in such a manner as to serve a specific purpose. A building is a form of a structure. Open platforms, bridges, roof assemblies over open storage or process areas, tents, air-supported structures, and grandstands are other forms of a structure.

Fires in Highway Vehicles and Other Vehicles: Fires in these instances may have been associated with an accident; *however, casualties and property loss reported should be the direct result of the fire only.* Highway vehicles include any vehicle designed to normally operate on highways, e.g., automobiles, motorcycles, buses, trucks, trailers (not mobile homes on foundations), etc. Other vehicles include trains, boats and ships, aircraft, farm, and construction vehicles.

Property Damage: Give your best estimate for overall direct loss—loss to contents, structure, machinery, a vehicle, vegetation or anything else involved in the fire. Do not include indirect losses, such as business interruption, or temporary shelter provisions.

DATA INCIDENT SYSTEM

If your department is part of a state system that participates in NFIRS (National Fire Incident Reporting System), please select the version of NFIRS that the data reported on this form is based on (check one):

- 1. NFIRS 4.0-4.1
- 2. NFIRS 5.0
- 3. Combination NFIRS 4.0-4.1 and NFIRS 5.0
If combination, please report the first month that NFIRS 5.0 was used: _____
- 4. Other (Not NFIRS). Specify _____

How many months of data are reported on this form: 12

PART I: POPULATION AND AREA PROTECTED OF PRIMARY RESPONSIBILITY AND COMMUNITY TYPE PROTECTED

Report the number of people (permanent residents) and the area you had primary responsibility to protect. Do not count populations or areas to which you responded under mutual aid or assistance agreements. Include populations of neighboring areas only if you had primary responsibility for their fire protection. Do not include seasonal populations (e.g., vacationers), or daytime working populations.

Number of people (permanent residents) your department had *primary responsibility to protect* (exclude mutual aid areas): 30,321

Area protected in square miles your department had *primary responsibility to protect* (exclude mutual aid areas): 10.5

Please check *the one box* that best describes the community and population you had primary responsibility to protect.

- a portion of a city or town*
- a major portion of a county*
- a whole city or town
- an entire county
- a township*
- other*
- a whole city or town plus surrounding areas or communities*

*Please list the communities or places protected Delhi Township

Percentage of population protected that lives in an unincorporated area (e.g., 0%, 12%, 100%): 0 %.

PART II: MAJOR FIRES

Please list below all multiple-death fires (3 or more deaths), and all large-loss fires (\$1 million or more) that occurred for the year. If none, please list below the three highest loss of life fires (if any) and also the three fires with the highest property damage. (Please attach additional sheet if necessary.)

Date	Name Of Occupant or Owner, Property Use, and Address (e.g., Smith Dwelling, 119 Pleasant St., or Central Building Supply Co., 112 Main St.)	Number of Civilian Fire Deaths	Property Loss
1/20/08	Gee Dwelling, 5143 Serenade Drive	0	\$45,000
1/27/08	Lasita Dwelling, 5383 Casual Court	0	\$175,000
2/01/08	Cunningham, Ally/C.B. Lube, 5193 Delhi Road	0	\$550,000

PART III: BREAKDOWN OF STRUCTURE FIRES AND OTHER FIRES AND INCIDENTS

Departments using NFIRS 5.0 will find incident type (IT), and the Fixed Property Use (FPU) codes for each category in parentheses. For lines 1 to 13, Section A structure fires include incident type 110–129.

A. FIRES IN STRUCTURES BY FIXED PROPERTY USE (OCCUPANCY) (all in Section A are Incident Type 110–129)	Number of Fires	Number of Civilian Fire Casualties. If none, write 0		Estimated Property Damage from Fire. If no loss, write 0
		Deaths	Injuries	
1. Private Dwellings (1 or 2 family), including mobile homes (FPU 419)	21	0	1	\$226,500
2. Apartments (3 or more families) (FPU 429)	4	0	0	\$60
3. Hotels and Motels (FPU 449)	0	0	0	0
4. All Other Residential (dormitories, boarding houses, tents, etc.) (FPU 400, 439, 459–499)	4	0	0	0
5. TOTAL RESIDENTIAL FIRES (Sum of lines 1 through 4)	29	0	1	\$226,560
6. Public Assembly (church, restaurant, clubs, etc.) (FPU 100–199)	1	0	0	0
7. Schools and Colleges (FPU 200–299)	1	0	0	0
8. Health Care and Penal Institutions (hospitals, nursing homes, prisons, etc.) (FPU 300–399)	0	0	0	0
9. Stores and Offices (FPU 500–599)	1	0	0	\$550,000
10. Industry, Utility, Defense, Laboratories, Manufacturing (FPU 600–799)	0	0	0	0
11. Storage in Structures (barns, vehicle storage garages, general storage, etc.) (FPU 800–899)	1	0	0	0
12. Other Structures (outbuildings, bridges, etc.) (FPU 900–999)	0	0	0	0
13. TOTALS FOR STRUCTURE FIRES (Sum of lines 5 through 12)	33	0	1	\$776,560
14a. Fires in Highway Vehicles (autos, trucks, buses, etc.) (IT 131–132, 136–137)	9	0	0	\$52,400
14b. Fires in Other Vehicles (planes, trains, ships, construction or farm vehicles, etc.) (IT 130, 133–135, 138)	0	0	0	0
15. Fires outside of Structures with Value Involved, but Not Vehicles (outside storage, crops, timber, etc.) (IT 140, 141, 161–162, 164, 170–173)	9	0	0	\$50
16. Fires in Brush, Grass, Wildland (excluding crops and timber), with no value involved. (IT 142–143)	4	0		
17. Fires in Rubbish, Including Dumpsters (outside of structures), with no value involved. (IT 150–155)	15	0		
18. All Other Fires. (IT 100, 160, 163)	2	0	0	0
19. TOTALS FOR FIRES (Sum of lines 13 through 18)	72	0	1	\$829,010
20. Rescue, Emergency Medical Responses (ambulance, EMS, rescue) (IT 300–381)	2,510			
21. False Alarm Responses (malicious or unintentional false calls, malfunctions, bomb scares) (IT 700–746)	124			
22. Mutual Aid Responses Given	116			
23a. Hazardous Materials Responses (spills, leaks, etc.) (IT 410–431)	38			
23b. Other Hazardous Responses (arcing wires, bomb removal, power line down, etc.) (IT 440–482, 400)	47			
24. All Other Responses (smoke scares, lock-outs, animal rescues, etc.) (IT 200–251, 500–699, 800–911)	224			
25. TOTAL FOR ALL INCIDENTS (Sum of lines 19 through 24)	3,131			

Based on what is reported in lines 5 and 13 for number of fires above, please report separately:
Confined fires (e.g., cooking fires confined to cooking vessel, or chimney fire that did not spread beyond chimney, or confined trash fires) (IT 113-118), and Nonconfined fires (IT 110-112, 120-123).

	Number of Confined Fires	Number of Nonconfined Fires
5. Residential Fires (line 5 above)	18	11
13. Structure Fires (line 13 above)	20	13

PART IV: BREAKDOWN OF FALSE ALARM RESPONSES

Please report separately below a further breakdown on false alarm responses reported in item 21 in Part III above. If data for this section is “Not Available”, please write NA.

Type of False Alarm	Number of Incidents
1. Malicious, Mischievous False Call (IT 710–715)	2
2. System Malfunction (IT 730–739)	39
3. Unintentional (tripping on interior device accidentally, etc.) (IT 740–749)	79
4. Other False Alarms (bomb scares, etc.) (IT 721, 700)	4

PART V: INTENTIONALLY SET FIRES IN STRUCTURES AND VEHICLES

Report in this part fires that were intentionally set for structures and vehicles.

	Number of Fires	Number of Civilian Fire Casualties. If none, write 0		Estimated Property Damage from Fire. If no loss, write 0
		Deaths	Injuries	
1. Structure Fires Intentionally set (IT=110-129, and cause E1=1)	1	0	0	0
2. Vehicle Fires Intentionally set (IT=130-139, and cause E1=1)	0	0	0	0

PART VI: FIRE SERVICE EXPOSURES AND INJURIES

Total number of firefighters that were exposed to infectious diseases (hepatitis, meningitis, HIV, other) for year (severity 1, cause 4, and object 25, 51): ³ _____

Total number of firefighters that were exposed to hazardous conditions (asbestos, chemicals, fumes, radioactive materials, other) (severity 1, cause 4, and object 41, 52, 53, 56): ⁰ _____

Total number of nonfatal firefighter injuries (not exposures) during all types of duty (severity 1 (not exposures), and severity 2 thru 6): ¹⁴ _____

On-Duty Fire Fighter Injuries (not exposures to infectious diseases) by Type of Duty, and Nature of Most Serious Injury

Departments using NFIRS 5.0 should include results on cases where severity is 1 (not exposures), and severity is 2 thru 6. Primary apparent symptom (PAS) codes are noted in parenthesis for each category. At non-fire emergencies includes EMS and rescue calls, and hazardous condition calls, while other on-duty includes inspection and maintenance duties.

Nature of Most Serious Injury (Primary Apparent Symptom (PAS) codes in parenthesis)	Type of Duty				
	(A) Responding to or Returning from Incidents	(B) At the Fire Ground	(C) At Non-Fire Emergencies	(D) Training	(E) Other On-Duty
1. Burns (PAS 12, 13, 14, 15)	0	0	0	1	0
2a. Smoke or Gas Inhalation (PAS 01, 02)	0	0	0	0	0
2b. Other Respiratory Distress (PAS 03, 44, 64, 65)	0	0	0	0	0
3. Burn and Smoke Inhalation (PAS 11)	0	0	0	0	0
4. Wound, Cut, Bleeding, Bruise (PAS 21-25, 35, 36, 72, 73)	0	3	0	1	0
5. Dislocation, Fracture (PAS 31, 32, 63)	0	0	0	0	0
6. Heart Attack or Stroke (PAS 41, 42, 43)	0	0	0	0	0
7. Strain, Sprain, Muscular Pain (PAS 33, 34, and 98)	0	0	3	3	2
8. Thermal Stress (frostbite, heat exhaustion) (PAS 57, 83-85)	0	0	0	0	0
9. Other (PAS All other codes)	0	0	1	0	0
10. TOTAL	0	3	4	5	2

Other (please specify): Narcotics Splashed in eyes during flush

FIREGROUND INJURIES BY CAUSE

In the following table, include injuries that occurred at the fireground as reported in column B above. Report the number of injuries that occurred at the fireground by cause, based on the initial factor leading to the injury. Departments using NFIRS 5.0 can find cause and object involved in injury codes in parentheses.

- 1. Exposure to Fire Products (cause 4, object 47-49, 53, 64) ⁰ _____
- 2. Exposure to Chemicals or Radiation (cause 4, object 52, 56) ¹ _____
- 3. Fall, jump, slip, trip (cause 1 to 3) ² _____
- 4. Overexertion, strain (cause 7) ⁰ _____
- 5. Contact with object (cause 6) ⁰ _____
- 6. Struck by (cause 5) ¹ _____
- 7. Extreme weather (cause 4, object 62) ⁰ _____
- 8. Other ⁰ _____

Please report the number of injuries that resulted in lost time (severity 4 thru 6): ⁰ _____

How many shifts were lost as a result of these injuries? ⁰ _____

FIRE DEPARTMENT VEHICLE ACCIDENTS

Please report below the number of accidents involving fire department emergency vehicles or fire fighter's personal vehicles while responding to or returning from incidents. (If none, report 0).

Accidents involving fire department emergency vehicles: ⁴ _____ Resulting fire fighter injuries: ⁰ _____

Accidents involving fire fighter's personal vehicles: ⁰ _____ Resulting fire fighter injuries: ⁰ _____

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