Year:
Allegany County Fire & EMS Data Sheets

Department Information

Department Name:			
Company Number:			
Physical Address:			
Mailing Address:			
Station Telephone:			
Fax Number:			
Bar/Hall/Etc No.:			
Form Completed by:		Date Completed:	

Administrative Officers

Title	Name	Telephone	Email Address

Operational Officers

Title	Radio ID	Name	Telephone	Email Address

Personnel

Total Members	
Firefighter I	
Firefighter II	
Firefighter III	

Fire Officer I	
Fire Officer II	
Fire Officer III	

First Responder	
EMT-B	
CRT / EMT-I	
EMT-P	

Apparatus

Pumping Apparatus

Unit ID	Type/Year	Make/Model	Pump Size	Tank Size	LDH (Ft.)	Foam Type/Amt.	Specialized Equipment	Extrication Equipment
Notes:								

Specialized

Notes:			

Aerial / Ladder

Unit ID	Type/Year	Make/Model	Aerial Length	Pump Size	Tank Size	Specialized Equipment
Notes:						

Medical Units

Unit ID	Type/Year	Make/Model	Chase (C) or Transport (T)	ALS or BLS	Seal of Excellence Yes/No	Specialized Equipment
Notes:						