

# Wayne County Fire Department Inventory

Fire Department

, New York 14 \_ \_ \_ \_

FDID #: 590 \_ \_ / Battalion

Fire Station Non-Emerg. #:

Fax Number:

E-Mail Address:

Vehicle ID:									
Year of Vehicle									
Type of Vehicle									
Seating Capacity									
NIMS Typing									
Pump Capacity (GPM)									
Tank Capacity (GALS)									
Foam Equipped (Y/N)									
Deluge Gun									
Portable Tank	(# / CAP)								
Hose in Feet	1 ½"								
	1¾"								
	2 ½"								
	3"								
	4"								
	5"								
Suction Hose - Ft / Dia.									
Cascade System									
Air Packs									
Spare Bottles									
AED									
Detectors: Air Quality (4 Gas)									
Carbon Monoxide									
Natural Gas									
Thermal Imaging Camera									
Air Bags									
Hurst Tool									
Torch Set									
Plasma Cutter									
Confined Space Equip. (Y/N)									
Rope Rescue Equip. (Y/N)									
Trench Rescue Equip. (Y/N)									
Cold Water Equipment									
SCUBA Equipment									
Fans: Exhaust									
Pos. Pressure									
Saws: Chain									
K-12									
Reciprocating									
Ventilation									
Foam: Gal / Typ									
Generator - Built-In									
Generator - Portable									
Portable Pump									
(GPM)									
Stokes Basket									
Winch									

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## Fire Station Inventory

Auxiliary Power: \_\_\_\_\_

Kitchen (Residential / Commercial) \_\_\_\_\_

Ladies Auxiliary (Yes or No) / # of Members \_\_\_\_\_

Fuel Storage (Capacity) Diesel \_\_\_\_\_

Gas \_\_\_\_\_

Active Firefighters \_\_\_\_\_

Total FD Members \_\_\_\_\_

## Specialized Equipment in Station

In-House AED (Yes or No) \_\_\_\_\_

Cascade System (Breathing Air / Oxygen) \_\_\_\_\_

Additional:

### List Confined Space Equipment

### List Trench Rescue Equipment

### List Rope Rescue Equipment

### List Hazardous Materials Equipment

### Air Bags (Tons)

### Foam (List Type and Quantity)

### Vehicle Cell Phone Numbers

### Disaster Supplies

## Dry Hydrant Locations

## Notes

# Wayne County Storm Emergency Resource Availability

## New York State Fire Mobilization And Mutual Aid

Complete the following with the number of specific, surplus units available to respond with the activation of the New York State Fire Mobilization And Mutual Aid Plan.

### SECTION I - GENERAL INFORMATION

Department Name: \_\_\_\_\_ Department ID: \_\_\_\_\_

### SECTION II - PORTABLE PUMPS (Please include the GPM of each pump)

- |   |   |
|---|---|
| <input type="checkbox"/> Portable Pump<br>GPM _____ | <input type="checkbox"/> Portable Pump<br>GPM _____ |
| <input type="checkbox"/> Portable Pump<br>GPM _____ | <input type="checkbox"/> Portable Pump<br>GPM _____ |

\* Pumps to Include the following: Hard Suction, Strainer, 200 feet of discharge hose and necessary fittings and adapters. \*

### SECTION III - PORTABLE GENERATORS (Please include the wattage of each generator)

- |  |  |
|--|--|
| <input type="checkbox"/> Portable Generator<br>WATTS _____ | <input type="checkbox"/> Portable Generator<br>WATTS _____ |
| <input type="checkbox"/> Portable Generator<br>WATTS _____ | <input type="checkbox"/> Portable Generator<br>WATTS _____ |

### SECTION IV - S.E.F.U. (Storm Emergency Fire Unit)

#### Unit Specifications:

- Two (2) firefighters with personal protective equipment and SCBA with spare cylinders. Extra clothes, bedding and food for a **72 hour** deployment;
- 4-wheel drive pickup or similar size vehicle (fire department owned);
- Portable pump (along with fuel and fuel can) with hard suction, strainer, 200 feet of discharge hose and necessary fittings and adapters;
- One (1) 2 ½ gal pressurized water extinguisher AND one (1) 10 lbs Co2 or One (1) 10 lbs Dry Chemical Extinguisher;
- Portable generator (along with fuel and fuel can) with cables and necessary electrical adapters to fit household-type receptacles, as well as portable lighting for night-ops;
- Chain saw with appropriate fuel and oil;
- Two (2) shovels;
- Carbon monoxide detector.

Please indicate if you have a unit available to respond meeting the above requirements

- Yes      If yes, indicate Unit # \_\_\_\_\_  
 No