

Arkansas Fire Service Mutual Aid Plan  
Local Department Data Worksheet

**Directions:** Please fill in the information requested and return to the AAFC Mutual Aid Plan Working Group no later than December 31, 2009. If your department does not have a particular resource, place "n/a" in the blank.

**Return Information:**

AAFC Mutual Aid Plan Working Group  
c/o Maumelle Fire Dept.  
2000 Murphy Drive  
Maumelle, AR. 72113

OR: gglenn@Maumelle.org  
(Please put "mutual aid info." in title)

OR: Fax: 501-851-1365

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1. Department Name and NFIRS I.D. #: \_\_\_\_\_

2. Dept. Mailing Address (Street, City, Zip):  
\_\_\_\_\_

3. County(s) in which dept. provides normal coverage: \_\_\_\_\_

4. Fire Chief or Dept. Contact Info. (Name, Address, Phone, E-Mail): \_\_\_\_\_

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5. **Emergency** Contact Information:

- a. Dispatch Center (Phone/Address): \_\_\_\_\_
- b. Dept. Contact Phone: \_\_\_\_\_
- c. County OEM/Fire Service Coord.: \_\_\_\_\_
- d. Local Radio Frequencies: \_\_\_\_\_
- e. AWIN radio available (can go with deployed crews): Y / N

6. Department Personnel Information:

- a. Total Paid/Career: \_\_\_\_\_ Total On-Duty per Shift: \_\_\_\_\_
- b. Total Volunteer/Part-Time (fire/rescue responders): \_\_\_\_\_
- c. Normal Personnel Available: Day: \_\_\_\_\_ Night: \_\_\_\_\_
- d. Crew Only for deployment (ea. 4 + 1 Supervisor):
  - i. Immediate (up to 24 hrs) \_\_\_\_\_
  - ii. Planned (up to 72+ hrs.) \_\_\_\_\_

7. Equipment – Front Line

- a. Engine/Pumper: \_\_\_\_\_
- b. Aerial Platform: \_\_\_\_\_ (includes Snorkels)
- c. Aerial-Straight: \_\_\_\_\_
- d. Tanker/Tender: \_\_\_\_\_
- e. Wildland/Brush: \_\_\_\_\_
- f. ALS Ambulance: \_\_\_\_\_ (state licensed)
- g. BLS Ambulance: \_\_\_\_\_ (state licensed)

8. Equipment – Reserve (not counted as “first-out or frontline status”)

- a. Engine/Pumper: \_\_\_\_\_
- b. Aerial Platform: \_\_\_\_\_ (includes Snorkels)
- c. Aerial-Straight: \_\_\_\_\_
- d. Tanker/Tender: \_\_\_\_\_
- e. Wildland/Brush: \_\_\_\_\_
- f. ALS Ambulance: \_\_\_\_\_ (state licensed)
- g. BLS Ambulance: \_\_\_\_\_ (state licensed)

9. Specialized Resources:

- a. Air Cascade/Compressor (mobile only): Y / N
- b. Mobile/Portable Generator: Quantity and Capacity: \_\_\_\_\_
- c. Class B Foam: (Type and Quantity in Gal.): \_\_\_\_\_
- d. Mobile Command Post: \_\_\_\_\_
- e. Rope Rescue Team (high angle): Y / N
- f. Structural Collapse Rescue Team: Y / N
- g. Confined Space Rescue Team: Y / N
- h. Trench Rescue Team: Y / N
- i. Water Rescue Team: Y / N
- j. Dive/Recover Team: Y / N
- k. Heavy Rescue Unit: Y / N
- l. Hazmat Team (Technician): Y / N
- m. Bomb/Ordinance Team: Y / N
- n. Other (describe): \_\_\_\_\_