

THE MARYLAND STATE FIREMEN'S ASSOCIATION
Annual Statistical Report
for the year ending December 31, 2008

MFIRS/MAIS Number:

(6 digit number - County + Station - this is the number you use when filing your Maryland Fire Incident Report or your Maryland Ambulance Information System Report)

Full Legal Name of Company or Department:

Mailing Address:

Physical Address (if different):

City: _____, State _____ Zip _____

Phone Number: _____ Fax Number: _____

Email Address:

Web Site:

All of the Form Fields below should be numbers, please be as accurate as possible.

Response Area Population: _____ Number of Stations: _____

PERCENTAGE OF INCOME BY SOURCE:

County: _____ State: _____ Billing: _____ Fund Raising: _____ Fund Drives: _____ Other: _____

MEMBERSHIP BY CATEGORY:

Active Volunteers: _____ Life Members: _____ Cadets: _____ Fire Police: _____

Support/Auxiliary Members: _____ Retired Members: _____ Inactive Members: _____

Other Types of Volunteers: _____ Total Volunteers: _____ Career/Paid Employees: _____

Total Members: _____

NUMBER OF MEMBERS WITH TRAINING:

(Count the Highest Level of Training in each Category for each member)

Fire:

Pre-Basic: _____ Basic/FF-I: _____ Intermediate/FF-II: _____ Advanced/FO-I & Above: _____ No Fire Training: _____

Rescue:

Basic: _____ Intermediate/Technician: _____ Advanced/Specialist: _____ No Rescue Training: _____

EMS:

CPR: _____ First Responder: _____ EMT-B: _____ CRT: _____ EMT-P: _____ College: _____

Haz-Mat:

Awareness: _____ Operations: _____ Technician: _____ Specialist: _____ WMD/Terrorism: _____ No Haz-Mat Training: _____

DRILL/TRAINING HOURS:

(Total for the Corporation)

Fire: Rescue: EMS: Haz-Mat: Other: Total:

HOURS OF MEMBER ACTIVITY:

Fire/Rescue Calls: EMS Calls: Fire Prevention: Fund Raising: Administration/Meetings:

Maintenance: Stand-by/Misc: Total:

CORPORATION OWNED EQUIPMENT :

ENGINES,PUMPER/TANKER, RESCUE/PUMPER, TANKERS

DESIGNATION	GPM (Numbers Only)	YR PURCH (Numbers Only)	SCH REPL (Numbers Only)	PURCH VALUE (Numbers Only)

AERIALS, TRUCKS, TOWERS, SQUADS

DESIGNATION	YR PURCH (Numbers Only)	SCH REPL (Numbers Only)	PURCH VALUE (Numbers Only)

BRUSH TRUCKS, JEEPS, GATORS

DESIGNATION	YR PURCH (Numbers Only)	SCH REPL (Numbers Only)	PURCH VALUE (Numbers Only)

WATERCRAFT

DESIGNATION	YR PURCH (Numbers Only)	SCH REPL (Numbers Only)	PURCH VALUE (Numbers Only)

EMS APPARATUS

DESIGNATION	YR PURCH (Numbers Only)	SCH REPL (Numbers Only)	PURCH VALUE (Numbers Only)

OTHER VEHICLES NOT LISTED

DESIGNATION	YR PURCH (Numbers Only)	SCH REPL (Numbers Only)	PURCH VALUE (Numbers Only)

CORPORATION OWNED BUILDING :

Year Station was Built: Year Station was Renovated: Is your building adequate for your needs?:

CERTIFICATION:

The Undersigned Does Hereby Certify That, To The Best Of His/Her Knowledge,
The Above Information Is True and Correct

Name of Submitting Official: (Required)

Title of Submitting Official:

Email Address of Submitting Official: (Required)

Telephone Number of Submitting Official:

Any problems or questions should be emailed to [Barry Johnson](#)