

ANNUAL FIRE DEPARTMENT REPORT



840 Helena Avenue
Helena, Montana 59601
800.332.6148 or 406.444.2040
csimt.gov

File on or before April 1st

_____, Montana _____, 20____
(City or Town)

Pursuant to the provisions of Section 19-18-511, MCA, I respectfully submit the following report on the _____ Fire Department for the preceding year ending **December 31**, _____.

Date Organized: _____ Number of Stations: _____ Business Phone Number: _____

Number of: Engines _____ Trucks _____ Other: _____ Specify _____

Does the value of all equipment exceed \$750.00? Yes _____ No _____

Volunteer Fire Departments Only (complete the following two questions):

1. Time & Location of meetings _____

2. Have all members received at least 30 hours of instruction during the past year? _____

Number of active members: Paid _____ Part Paid _____ Volunteer _____

Number of Civilian Employees: Paid _____ Part Paid _____ Volunteer _____

Chief _____ Home Phone _____

Asst. Chief _____ Home Phone _____

Fire Marshall _____ Home Phone _____

Water Supply:
Source of Supply _____ Storage Capacity _____ Gal.

Miles of Mains _____ Number of Hydrants _____ Average Pressure _____

Hydrants maintained and flushed by _____

Describe Fire Alarm System: _____

(OVER)

Apparatus-Pumping

| Year | Make | Pumping Cap. GPM | Tank Capacity | 3" Hose Carried (ft.) | 2 ½' Hose Carried (ft.) | 1 ½" Hose Carried (ft.) |
|----------|-------|------------------|---------------|-----------------------|-------------------------|-------------------------|
| 1. _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| 2. _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| 3. _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| 4. _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| 5. _____ | _____ | _____ | _____ | _____ | _____ | _____ |

Apparatus-Aerial or Elevating Platform

| Year | Make | Extended Height | Equipment With Pump |
|----------|------|-----------------|---------------------|
| 1. _____ | | | |
| 2. _____ | | | |

Apparatus-Other

| Year | Make | Use of Equipment Carried |
|----------|------|--------------------------|
| 1. _____ | | |
| 2. _____ | | |

Hose

| Size | Total Feet | N.S. | I.P.T. | Other | Tested Annually? | | Pressure |
|------|------------|------|--------|-------|------------------|----|----------|
| | | | | | Yes | No | |
| 3" | | | | | | | |
| 2 ½" | | | | | | | |
| 1 ½" | | | | | | | |

I hereby certify the above information is true and correct to the best of my knowledge.

(Signature of City Clerk)

(Type or Print Name of City Clerk)