



FOCUS: Department Demographic Form

**Welcome to the Department Demographic Form for
FOCUS: the Fire Service Organizational Culture of Safety survey**

*The completeness of the information provided will determine your department's
eligibility to participate in FOCUS survey administration.*

You will need the following information to complete this survey
(department totals and station breakdowns as applicable):

- Roster Size
- Annual Call Volume
- Annual Number of Injuries

Q1 Department Name:

Q2 What state is your department in (Example: PA)?

Q3 Organization Type (as designated in the USFA census):

- Career/Mostly Career (1)
- Volunteer/Mostly Volunteer (2)

Q4 How many years has the department been operational?

Q5 What is the duration of Firefighter I academy training?

- Weeks: _____

Q6 What is the starting salary for an entry level firefighter?

Q7 What is your department's annual operating budget (rounded)?

Q8 What is your ISO rating?

Q9 Is your fire department accredited by the Center for Public Safety Excellence (CPSE)?

Yes (1)

No (2)

Q10 What is the minimum number of firefighters per **engine** company?

Q11 What is the minimum number of firefighters per **ladder** company?

Q12 Percentage of Runs:

% of Fire Runs (1) _____

% of EMS Runs (2) _____

Q13 Average Response Time **(rounded in minutes):**

Q14 Average Turnout Time **(in seconds):**

Q15 Population of community served (# of people):

Q16 What percentage of your members are...

Male (1) _____

Female (2) _____

Q17 What is the total annual call volume for your department?

Q18 What is the total annual number of injuries (last calendar year)?

The following questions are critical and **required** to analyze your data.

Please fill the following section out completely.

Q19 Enter the following information **for each station** in your department:

| | Number of Active Members | Annual # of Injuries by Station (last calendar year) | Annual Call Volume by Station (If Available) |
|---------------|-----------------------------|--|--|
| Station ----- | | | |

Example:

| | | | |
|--------------------|-----------|----------|-------------|
| Station 201 | 20 | 2 | 1200 |
| Station 202 | 12 | 0 | 750 |

Q20 Please provide the following contact information:

- Point of Contact (ATTN:) _____
- Title/Rank _____
- Telephone _____
- Email _____

Q21 The FOCUS survey can be administered through an online link **OR** paper surveys.

Does your department have an online platform, such as Target Solutions, that can be used to administer the survey online?

Q22 --- IF ANSWER IS "NO" TO HAVING AN ONLINE PLATFORM (Q21)

a. How many FOCUS paper surveys are needed?

The FOCUS survey should be administered to all active members in your department (including leadership).

Q23 Please provide the following information for where to send your paper surveys by UPS delivery.

We are unable to deliver to P.O. Boxes.

- Department Name _____
- Point of Contact (ATTN:) _____
- Contact Title/Rank _____
- Street Address _____
- City _____
- State _____
- Zip code _____