

City of Rochester Hills 2005 Survey Municipal Fire Departments

1000 Rochester Hills Dr. Rochester Hills, MI 48309 248, 841.2463 www.rochesterhills.org

The Rochester Hills City Council's Public Safety Committee would like your feedback regarding services provided by your Fire Department. We appreciate your time in completing this survey. If you are interested in receiving the compiled information, please check the box below your signature. Thank you!

Profile Information: Please type or print using black ink.
Municipality: CHESTATION TWO Contact Person: 500th Mossen
Mailing Address: 4E475 TEFFENSEN
City: Chesten F. = 10 tul. State: MI Zip Code: 48047
Business Phone: 526-949-9666 Fax: 526-598-932 B
E-Mail: SMESSER & cheston Field Fine. only
Survey Questions:
1. How do you provide Emergency Medical Services (EMS)? Do you use a private source or a Fire-based source, i.e., your municipal Fire Department? Please briefly explain.
MEDSTAN AMB. Locking At Comb ALS - with Fine BASE AMB WE RUN BLS - NON TRANSPORTAGE RIGHT NOW
2. If you use your municipal Fire Department for EMS services, do you provide the transport service? How? Please briefly explain.
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3. What is your initial apparatus response to a medical emergency, i.e. Fire engine, heavy-duty rescue ambulance, etc? Please briefly explain.
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4. How do you provide Fire protection? Do you use full-time Fire personnel, part-time Fire personnel, paid-on-call personnel (POC) or a combination? Please briefly explain.
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5. If you use POC personnel, what is their hourly rate of pay? Do you have any incentive programs, to retain and enhance POC personnel? Please briefly explain. FF-16 56T-1831 with comes FF 5 11 To 30 Hours for week
6. Do you have a Fire-based EMS budget? If so, what has been the annual revenue for the past three (3) to five (5) years? Please briefly explain.
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7. How many Fire stations do you currently operate? What are the staffing numbers for full time and/or part-time positions per station? Please briefly explain.	
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8. How is your Fire Department funded, i.e. millage, etc? Please briefly explain.	
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9. Do you use any local, state, or federal criteria for your full-time and/or part-time staffing levels, i.e., number of Firefighters on duty per 24-hour period, etc? Please briefly explain.	
10. Do you use Public Safety Aides or have a Public Safety Aid Program in place? If yes, please briefly describe your program to include duties and funding source.	
N/A	
11. Please briefly describe your service area to include the following: Square miles	
12. Do you receive assistance from other agencies for Fire and/or Police i.e. other communities, mutual aid, State Police, etc? Please briefly explain. Vest Mottal A-V Abnormant	_
Signed: JM Dated: 4/11/05 Title: chick	
Yes, I would like a copy of the compiled information.	
Please fax or email the completed survey by May 5, 2005 to: City of Rochester Hills Clerk's Office Susan Koliba-Galeczka, City Council Liaison 1000 Rochester Hills Drive. Rochester Hills, MI 48309 Fax: 248. 656.4744 Email: Galeczks@rochesterhills.org	
Office Use Only: Date Received: CITY COUNCIL	ganda 1541 2 Y