

York County Communications Instructions for Submitting Resource Information and Boxes for CAD

All fire chiefs submitting box alarm information to be entered into CAD must do so on the following forms. The chief must initial the bottom of each page submitted. The bottom of this instruction sheet must also be completed and sent in with the other forms. All completed forms should be sent to:

York County 9-1-1 Communications
120 Davies Dr
York, PA 17402
Attention: Melony Grove (mmgrove@ycdes.org)

All forms not returned would be completed by York County 9-1-1 following the standard County Response Format designed by members of the Fire Chiefs and Firefighters Association CAD Committee.

You will need to print one copy of the forms for each box area in your response area. Please complete each form as described below. Print your station number, the York County box number and Municipality at the top of each page.

Incident Types Form

This form lists all incident types in CAD that a fire department would respond on. Under each unit type column, print the number of units that you would like dispatched to that incident type. If your department does not respond to an incident type (i.e. Vehicle Accident Unknown Injuries) or you are not listing resources for all alarms, print "N/A" under the Engine column. For 2nd through 6th alarms, list only the additional number of units to be dispatched, NOT the sum of 1st and 2nd alarms. For unit types not listed, print the number of units and the unit type under one of the "Other" columns.

Example:

Dispatch Code Type	Engine	Tanker	Truck	Rescue	Air	Other	Other
Automatic Fire Alarm – High Risk	2	2	1				
Automatic Alarm - Apartment						Automatic Alarm - Industrial	
Automatic Alarm - Nursing Home/Hospital						Automatic Alarm - Commercial	
Automatic Fire Alarm - Residential	2	2					
Brush Fire 1A		1				1-Brush	1-Attack
Brush Fire 2A	1	2			1	2-Brush	1-Service
Brush Fire 3A	1	2				3-Brush	
Brush Fire	Hay Bale Fire	Grass Fire	Mulch Fire				
Forest Fire	Mountain Fire	Leaves on Fire	Woods Fire				

Resource Forms

On this form, list apparatus in the order that they are to be dispatched for that box area. Please complete the list for each unit type as fully as possible (minimum of 15 Engines, Tankers, and Brush Trucks). There is no limit to the number of units that can be entered into the CAD. The same list will be used for each incident type.

Authorization for Changes

Only the fire chief of the company may submit changes to box alarm assignments. By signing below, you are acknowledging that you have read and understand the above instructions and that York County 9-1-1 is authorized to make changes to your fire box alarm resources as shown on the included forms.

Signature of Fire Chief _____ Date _____

Signature of Municipal Official _____ Date _____

York County 9-1-1 Use Only

Date Received _____ Assigned To _____

Received By _____ Date Started _____

Station # _____ York County Box # _____ Municipality _____

Engine Tanker Truck Rescue Air Other Other

Automatic Alarm - Carbon Monoxide							
Carbon Monoxide Detector Alarm Carbon Monoxide Emergency							
Automatic Fire Alarm - False							
Automatic Fire Alarm - High Risk							
Automatic Alarm - Apartment				Automatic Alarm - Industrial			
Automatic Alarm - Nursing Home/Hospital				Automatic Alarm - Commercial			
Automatic Fire Alarm - Residential							
Vehicle Acc. with Entrapment							
Subject Pinned under a Vehicle Vehicle Accident with Entrapment							
Vehicle Acc. with Fire							
Vehicle Acc. with Injuries							
Vehicle Accident with Injuries		Train Derailment		Vehicle Accident - Tractor Trailer			
Vehicle Accident into a Structure		Pedestrian Struck		Hit and Run with Injuries			
Vehicle Accident No or Unknown Injuries		Mass Transit		ATV Accident with Injuries			
Vehicle Accident No or Unknown Injuries		Overturned		Vehicle Accident - Train			
Vehicle Accident No or Unknown Injuries over an Embankment							
Vehicle Acc. Unknown Injuries							
Vehicle Acc. w/ Inj. Mass Transit							
Aircraft Incident 1A							
Aircraft Incident 2A							
Aircraft Incident 3A							
Aircraft Fire		Aircraft Standby					
Aircraft Crash							
Fire Police							
Medical Assist							
Bomb Threat							
Brush Fire 1A							
Brush Fire 2A							
Brush Fire 3A							
Brush Fire		Hay Bale Fire		Grass Fire			
Forest Fire		Mountain Fire		Leaves on Fire			
Mulch Fire		Woods Fire					
Hazmat Response							
Containment Detail		Hazmat Incident					
Fuel Leak / Spill		Spill Control					
Natural Gas Leak							
Investigation - Outside							
Investigation Odor - Outside		Investigation Smoke - Outside					
Landing Zone							
Mayday							
Miscellaneous Fire							
Assist Police		Gas Grill Fire		Rock Slide		Transformer Fire/Explosion	
Dumpster Fire		Miscellaneous Fire		Search Detail		Trash Fire Unknown Type Fire	
Utility Pole Fire		Wires on Fire		Controlled Burning-Extinguish		Debris Removal	
Odor Investigation Inside-(no smoke)							

Station # _____ York County Box # _____ Municipality _____

	Engine	Tanker	Truck	Rescue	Air	Other	Other
Public Service							
Public Service Flooded Basement							
Farm Rescue							
Industrial Rescue							
Residential Rescue							
Special Rescue							
Water Rescue							
Drowning Water Rescue Boat in Distress							
Structure Fire High Risk 1A							
Structure Fire High Risk 2A							
Structure Fire High Risk 3A							
Structure Fire High Risk 4A							
Structure Fire High Risk 5A							
Structure Fire High Risk 6A							
Barn Fire Hospital Fire School Fire Structure Collapse - High Risk Apartment Fire Hotel/Motel Fire Bulk Storage Facility Fire Church Fire Industrial Fire Silo Fire Commercial Fire Nursing Home Fire Smoke Investigation Inside-High Risk Facility							
Structure Fire – Residential 1A							
Structure Fire – Residential 2A							
Structure Fire – Residential 3A							
Structure Fire – Residential 4A							
Structure Fire – Residential 5A							
Structure Fire – Residential 6A							
Residential Structure Fire Mobile Home Fire Gamewell Box Alarm Chimney Fire - Residential Appliance Fire - Residential Smoke Investigation Inside - Residential Structure Collapse - Residential							
Vehicle Fire							
Vehicle Fire – High Risk							
Vehicle Fire Mass Transit Vehicle Fire Tanker Vehicle Fire Railroad Vehicle Fire Tractor Trailer							
Working Fire							

Station # _____ York County Box # _____ Municipality _____

Resources

	Engine	Tanker	Truck	Rescue	Air	Boat	Brush	Foam	Transfers	RIT
1										
2										
3										
4										
5										
6										
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Special Instructions: