**RESOLUTION R1011-23**

**A RESOLUTION APPROVING THE TERMS AND CONDITIONS OF THE CAL/OR FIRE CHIEFS MUTUAL AID AGREEMENT**

**WHEREAS**, certain disasters can occur within the region that could exceed a single fire district's capacity to respond effectively to protect life and property; and

**WHEREAS**, previous mutual aid has been provided between and among local fire districts; and

**WHEREAS**, the State Fire Marshal encourages fire departments responding outside their jurisdiction to enter into formal mutual aid agreements; and

**WHEREAS**, the City of Gold Beach recognizes that a formal agreement for mutual aid would allow for better coordination of effort, ensure that adequate equipment is available, and ensure that mutual aid is accomplished in the minimum time possible; and

**WHEREAS**, authority for local governments to enter into written agreements with other local governmental units is provided under ORS 190.010; and

**WHEREAS**, the City of Gold Beach recognizes the benefits of mutual aid and protection of life and property in the event of a disaster or other emergency; and

**NOW, THEREFORE, BE IT RESOLVED** that the City of Gold Beach City Council hereby authorizes the Mayor to sign the Cal/Or Fire Chiefs Mutual Aid Agreement and commit the City of Gold Beach to the terms and provisions contain therein (CAL/OR Fire Chiefs Mutual Aid Agreement Attached).

PASSED BY THE CITY COUNCIL OF THE CITY OF GOLD BEACH, COUNTY OF CURRY, STATE OF OREGON, and EFFECTIVE THIS 14th DAY OF FEBRUARY, 2011.

SIGNED BY:

James H. Wernicke, Mayor

ATTEST:

Jodi Fritts, City Recorder

# CAL/OR FIRE CHIEFS MUTUAL AID AGREEMENT

## OVERVIEW

The State Fire Marshal encourages Oregon departments that respond outside their jurisdictions to enter into formal mutual aid agreements.

ORS 190.010 authorizes local governments to enter into agreements with neighboring governmental entities for the performance of any and all functions which the parties to the agreement are authorized to perform.

In accordance with this statute, fire service districts enter into mutual aid agreements for services, including emergencies which have the potential to overwhelm the resource capabilities within a single district. These agreements are integral parts of the *Mobilization Plan* as administered by the Office of State Fire Marshal.

## CAL/OR FIRE CHIEFS MUTUAL AID AGREEMENT

### INTRODUCTION

WHEREAS, certain disasters have the potential of outstripping the capacity of any community to effectively protect life and property,

WHEREAS, the parties desire to combine and coordinate their resources for responses to disasters occurring in their jurisdictions,

NOW, THEREFORE, under the authority of ORS Chapter 190, it is agreed between the Cal/Or Fire Chiefs as follows:

This Agreement shall be effective on the date signed by all parties, and shall be effective as to each additional party as provided in Section 18 of this Agreement, and is entered into for the purpose of securing to each party periodic emergency assistance for response to emergencies resulting from any cause.

### AUTHORITY

This Agreement is entered into under the authority granted to the parties by their respective charters and/or Oregon Revised Statutes (ORS). Further, ORS 190.010 authorizes units of local government to enter into written agreements with any other units of local government for the purpose of any and all functions and activities that the parties to the agreement, its

officers or agencies, have authority to perform, and ORS 190.010 authorizes units of state and local governments to enter into agreements with each other to cooperate in the performance of their duties. Additionally, ORS Chapters 453, 476 and 401 authorize the State Fire Marshal and the Administrator of the Oregon Emergency Management to develop comprehensive statewide plans for the protection of life and property during disasters. This Agreement is intended to be consistent with, and supportive of, such state contingency plans.

SCOPE OF AGREEMENT

This Agreement, being in conformance with the *Oregon Fire Service Mobilization Plan* as adopted by the State Fire Marshal, shall include the following types and kinds of mutual aid assistance, and operating terms and conditions.

TYPE OF EQUIPMENT AND PERSONNEL.

The parties hereto agree to provide to all other parties to the Agreement personnel and equipment as described in Attachment "A" (CAL/OR resource directory) which is incorporated herein by this reference. Further, the parties hereto recognize and agree that such personnel and equipment shall be periodically unavailable under this Agreement due to normal operating requirements. However, when any significant change occurs to the available equipment and/or personnel which shall last more than thirty (30) days, the party experiencing such change shall notify all other parties to the Agreement.

GOOD FAITH.

Each of the parties hereto agrees to attempt to furnish to a requesting party such assistance as the requesting party may deem reasonable and necessary to successfully abate an emergency in the requesting party's jurisdiction. Provided, however, that the party to whom the request is made shall have sole discretion to refuse such request if sending such assistance may lead to an unreasonable reduction in the level of protection within its jurisdiction, and provided further that a state or local agency may refuse a request for assistance if necessary to comply with any limitations on the use of dedicated funds by that agency.

DISPATCHING.

It is agreed by the parties hereto that mutual aid assistance, when to be sent shall be dispatched promptly and that first response by the jurisdiction requesting assistance shall not be a prerequisite to a request for assistance under this Agreement.

SUPERVISION.

When personnel and/or equipment are furnished under this Agreement, the agency having incident command responsibility for the incident shall have overall supervision of mutual aid personnel and equipment during the period such incident is still in progress. Provided, however, when officers from the

requesting jurisdiction have not arrived at the scene of the incident, the commanding officer of the jurisdiction arriving first to provide mutual aid assistance shall be in command of the incident until relieved. Further, "supervision" as used in this section refers to conduct of the mission. Each person participating in the mission remains an employee of that person's employing agency and is subject to the personnel policies solely of that employing agency.

WAIVERS

GENERAL WAIVERS.

Each party to this Agreement waives all claims against all other parties to this Agreement for compensation for any loss, damage, personal injury, or death occurring to personnel and/or equipment as a consequence of the performance of this Agreement.

HOLD HARMLESS.

Any requesting party shall, to the extent permitted by any applicable constitutional or Tort Claims Act limitation, save and hold harmless any responding party against any and all claims or actions brought against the responding party, arising out of the responding party's efforts, except to the extent that such claims or actions arise out of any willful misconduct or grossly negligent action on the part of the responding party.

WORKERS' COMPENSATION.

Each party to this Agreement agrees to provide workers' compensation insurance coverage to each of its employees and volunteers, and responding under this Agreement recognizes that although overall incident command supervision will usually be provided by the jurisdiction in which the incident occurs, supervision of individual employees will be provided by their regular supervisors. The intent of this provision is to prevent the creation of "special employer" relationships under Oregon workers' compensation law.

RUFUSALS TO PERFORM

This is a mutual aid agreement and it is assumed that all available assistance will generally be provided. Nothing, however, in this Agreement shall be construed to prevent a party to whom a request for assistance is made from refusing to respond when that is appropriate in its sole determination. In addition, any responding party may refuse to perform any specific task when, in the sole determination of the responding party's commanding officer, response would create an unreasonable risk of danger to the responding party's employees and/or equipment or any third party.

COMPENSATION

The parties agree that the personnel and equipment available under this Agreement are roughly equivalent and agree that the availability and provision of such constitute consideration under this Agreement.

TERMINATION

Any party hereto may terminate this Agreement at any time by giving thirty (30) days notice of the intention to do so to any and all other parties. Such notice shall be sent to the governing body of the other parties and a copy thereof to the chief of the department of the parties notified. This Agreement will remain in effect so long as there are at least two parties remaining.

EXTRA JURISDICTIONAL OPERATING AUTHORITY

The parties hereto recognize and agree that ORS Chapters 190, 453 and 476 extend the powers and authorities of the parties herein beyond their regular jurisdictions when operating under this agreement.

COST RECOVERY

The parties hereto agree that any cost recovery actions brought by responding jurisdictions under this Agreement against third parties shall be coordinated by the jurisdiction in which the incident giving rise to the response occurred.

RETIREMENT SYSTEM STATUS

The parties hereto recognize and agree that under this Agreement public employee retirement benefits and social security benefits accrue in the manner prescribed by the employee's regular employment and are the responsibility of the regular employer as if the employee were performing the employee's regular duties. No additional benefits arise due to participation in assistance under this Agreement.

ASSIGNMENTS/SUBCONTRACTS

Except as expressly provided herein, the parties hereto recognize and agree not to assign, sell, transfer, subcontract or sublet rights, or delegate responsibilities under this Agreement, in whole or in part, without the prior written approval of the other parties hereto.

SUCCESSORS IN INTEREST

The provisions of this Agreement shall be binding upon and inure to the benefit of all other parties to the Agreement and the respective successors and assigns.

COMPLIANCE WITH GOVERNMENT REGULATIONS

Each party to this Agreement agrees to comply with federal, state and local laws, codes, regulations, and ordinances applicable to the work performed under this Agreement.

FORCE MAJEURE

No party to this Agreement shall be held responsible for delay or default caused by fires, riots, acts of God and/or war which is beyond the reasonable control of the parties.

SEVERABILITY

If any provision of this Agreement is declared by a court having jurisdiction to be illegal or in conflict with any law, the validity of the

remaining terms and provisions shall not be affected; the rights and obligations of the parties shall be construed and enforced as if the Agreement did not contain the particular provision held to be invalid.

AMENDMENTS

The terms and conditions of this Agreement shall not be waived, altered, modified, supplemented, or amended in any manner whatsoever without prior written approval of the parties hereto.

DISPUTE RESOLUTION

This Agreement shall be governed by and construed in accordance with the laws of the State of Oregon as interpreted by the Oregon courts. However, the parties may attempt to resolve any dispute arising under this Agreement by any appropriate means of dispute resolution, except binding arbitration.

## UNPROTECTED AREAS POLICY
(ORS 476.280, 476.290)

DEFINITIONS

"Unprotected areas" means any area of the county or state that does not have both wildland and structural protection.

"Undue jeopardy to life and property" means a "threat and/or danger to the lives and/or property of persons residing inside the boundaries of the city or district. It is further the policy that "undue jeopardy to life and property" be applied liberally in allowing fire chiefs to intervene before an actual threat arises.

OVERVIEW

The fire chief shall obtain from the governing body or the district board of the rural fie protection district general authorization to extinguish uncontrolled fires burning in unprotected areas that are causing, or may cause, undue jeopardy to life and property. This authorization to respond in unprotected areas shall not be construed to constitute a contract to provide service.

When in the opinion of the fire chief, a fire burning out of control in an unprotected area is causing, or may cause, undue jeopardy to life or property and equipment is available and a response will not unduly jeopardize local capabilities, resources may respond to extinguish the fire. The department would employ the same means and resources they would to extinguish a similar fire within their own boundaries.

When such a fire is extinguished, the governing body of the city or the district board of the rural fire protection district providing the service may bill the owner of the property involved in the fire. The cost to the property owner

will be the cost of the fire suppression, using the standardized cost schedule approved by the State Fire Marshal, on forms furnished by the State Fire Marshal for this purpose. In no case shall the cost be greater than the pro rata cost that would have been charged for the performance of a similar fire suppression in the responder's own jurisdiction.

UNPROTECTED AREAS STANDARDIZED COST SCHEDULE

This schedule is adopted by reference in OAR 837, Division 130, State Fire Marshal Standardized Cost Schedule. A copy is in the appendices of this plan.

INCIDENTS BEYOND THE CAPABILITY OF LOCAL RESOURCES

When a fire threat presenting undue jeopardy to life and property exists in an area unprotected by a city or rural fire department, and the size of the incident is beyond the capability of the responding fire department and any mutual aid departments, or if structural fire protection is not available, a fire suppression response may be available under the Emergency Conflagration Act.

## PUBLIC SAFETY POLICY
(ORS 478.310, 478.315)

DEFINITIONS

"Transportation route" means a roadway, waterway or railroad right of way against which no taxes or assessments for fire protection are levied by the city or fire district.

"State property" means any public land or other real property controlled by any agency of the State of Oregon and against which no taxes or assessments for fire protection are levied by a city or fire district.

OVERVIEW

Transportation Routes and Outside Jurisdiction Boundaries

When a city or fire district responds to a call for assistance outside the limits of a district or of a city, or an occurrence on a transportation route within the city or fire district, the city or fire district may recover from the person or property receiving the direct fire or safety services the reasonable value of the services rendered, including repairs and depreciation, in accordance with the transportation cost schedule issued by the state fire marshal. The district or city may recover other expenses or costs reasonably incurred in furnishing the assistance, as adopted by the service provider. See ORS 378.310.

## TRANSPORTATION COST SCHEDULE

This schedule is adopted by reference in OAR 837, Division 130, State Fire Marshal Standardized Cost Schedule.

## SIGNATURES

The undersigned warrant and represent that they are duty authorized to bind the agency represented by the undersigned as a party to this Agreement, and that the agency represented by the undersigned as a party to this Agreement, and that the agency represented by the undersigned is authorized to participate in and carry out the functions required by this Agreement. All signatures shall be executed in counterparts, using the form appearing on the next page hereto or another substantially in that form.

## SIGNATURE PAGE FOR MUTUAL AID AGREEMENT

City of Odd Beach

**PARTICIPATING AGENCY**

Bruce Floyd

**Fire Chief**

**Signature**

James Wernicke

**Mayor or Board Chairman**

James Wernicke

**Signature**

Feb. 2, 2011

**DATE**

# PACIFIC COAST CAL-OR FIRE CHIEFS' ASSN.

898 Elk Drive , Brookings, OR 97415
2011 Participating Agencies

AGNESS-ILLAHE V.F.D.
Bill Scherbarth, Chief
Agness Illahe Road
Agness, OR 97406
rowdee@dishmail.com
(541) 247-7987 Home

BROOKINGS FIRE DEPARTMENT
William Sharp, Chief
898 Elk Dr
Brookings, OR 97415
bsharp@brookings.or.us
(541) 469-1141 Station
(541) 412-0384Home
(541) 251-0152 Cell

CAPE FERRELO R.F.P.D.
Rich Miller, Chief
PO Box 4068
Brookings, OR 97415
capeferrelorfpd@nwtec.com
(541) 469-5637 Station
(541)469-6334 Home
(541) 661-1370 cell

CEDAR VALLEY, NORTH BANK R.F.P.D.
Keith Wright, Chief
95758 Onyx St
Gold Beach, OR 97444
isis1037@yahoo.com
(541) 247-2951 Home

CAL-ORE LIFE FLIGHT
Dan Bratton, Owner
PO Box 1986
Brookings, Or 97415
dan@cal-ore.com
(541) 469-7911

COOS FOREST PROTECTION DIST.
John Flannigan
P.O. Box 603
Gold Beach, OR 97444
jflannigan@odf.state.or.us
(541) 247-6241 Work

COOS FOREST PROTECTION DIST.
Jeremy Belleque
Coos Forest Patrol
Jeremy_belleque@yahoo.com
(541) 469-2302 Work
Cell 661-3487

| | |
|---|---|
| **GOLD BEACH FIRE DEPARTMENT**<br>**Bruce Floyd, Chief**<br>**29592 Ellensburg Ave**<br>**Gold Beach, OR 97444** | **bms21@charter.net**<br>**(541) 247-6204 Station**<br>**(541) 247-7180 Home**<br>**(541) 247-7029 City Bus.** |
| **HARBOR R.F.P.D.**<br>**John Brazil, Chief**<br>**P.O. Box 2001**<br>**Brookings, OR 97415** | **harborfire@charter.net**<br>**(541) 469-5301 Station**<br>**(541) 412-9256 Home**<br>**(530) 306-7919 Cell** |
| **KLAMATH FPD** | **(707) 482–3311 Station** |
| **LANGLOIS R.F.P.D.**<br>**Mike Murphy, Chief**<br>**P.O. Box 97**<br>**Langlois, OR 97450** | **mmurphy@portorford.org**<br>**(541) 348-2304 Home**<br>**(541) 332-3681 Work** |
| **OPHIR R.V.F.D.**<br>**Adam Brotten, Chief**<br>**PO Box 70**<br>**Ophir, OR 97464** | **(541) 247-9099 Home**<br>**(541) 247 2452 Dept** |
| **PISTOL RIVER R.V.F.D.**<br>**Chief, Ron Hanson**<br>**P.O. Box 6100**<br>**Pistol River, OR 97444** | **pistolriverfire@wildblue.net**<br>**(541) 247-7282 Home** |
| **PORT ORFORD FIRE DEPARTMENT**<br>**Chief, Gayle Wilcox**<br>**P.O. Box 310**<br>**Port Orford, OR 97465** | **seabreeze@harborside.com**<br>**(541) 332-9066 Station**<br>**(541) 332-8265 Home**<br>**(541) 332-0445 Work**<br>**(541) 253-6699 Cell** |
| **SIXES R.F.P.D.**<br>**Wayne Moore, Chief**<br>**P.O. Box 246**<br>**Sixes, OR 97476** | **hjwalter@harborside.com**<br>**(541) 332-9090 Station**<br>**(541) 348-9927 Home** |
| **STATE FIRE MARSHAL**<br>**Deputy Charles Chase**<br>**4500Rogue Valley Hwy, Suite A**<br>**Central Point, Or 97502** | **Charles.CHASE@state.or.u**<br>**541 776-6114 xt 237**<br>**Cell 541 941-7969** |

U.S.D.A FOREST SERVICE, Pacific Fire Zone. jriepe@fs.fed.us
Fire Mgmt. Officer Jeff Riepe (541) 247-3686 Work
29279 Ellensburg Ave
Gold Beach, Or 97444

UPPER CHETCO V.F.D.
Ron Vogel, Chief (541) 469-4508 Home
99691 N Bank Chetco River Rd. (541)661-1013
Brookings, OR 97415

WINCHUCK R.F.P.D. spsavona@gmail.com
Paul Savona, Chief Paul.Savona@fire.ca.gov
15740 Winriver Dr (541) 469-7751 Station
Brookings, OR 97415 (541) 469-2879 Home
(707) 845-1072 Cell

# FIRE RESOURCES INVENTORY/CAL-ORE MUTUAL AID

## *2011*

## *GENERAL INFORMATION*

DEPT. Agness – Illahe VFD BUS. ADDRESS PO Box 27
CITY, STATE & ZIP Agness, Or 97406 BUS. PHONE 541 247-7987
**Dept. or Chiefs E-Mail address** rowdee@dishmail.net
FIRE CHIEF Bill Scherbarth PRIMARY PHONE 247-7987 OTHER _____(home)
ASST CHIEF John Scherbarth PRIMARY PHONE 247-7797 OTHER 247-7987 (home)
ALTERNATE Paul Bradley PRIMARY PHONE 247-7767 OTHER _____ (home)
EMERGENCY 911 DISPATCHED BY Curry County Sheriffs Office
FIRE STA. BUS. PHONE _____ MANNED? YES ___, NO X, HRS.
AVERAGE ANNUAL # OF FIREFIGHTERS 12 Meeting/Training Night Sunday

## *COMMUNICATIONS*

BASE STA. CALL # 5600, PRIMARY FREQ. __, MUTUAL AID FREQ. _OTHER FREQS. (specify agency)
# OF HANDHELDS 8, # OF MOBILES 4, REPEATER CAPABILITY? Yes
COMMAND CALL #s - CHIEF 5621, ASST CHIEF 5622, OTHERS (specify)

## *ENGINES - STRUCTURE ONLY*

| DESIGNATION (4 digit) | PUMP GPM | TANK GALS | SUPPLY HOSE * feet / dia / lay | | | S.C.B.A units / spares | | MONITOR yes / no | | DRAFT HOSE yes / no | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 6501 | 750 | 500 | 1000 | 1 ½" | | 2 | 2 | | | X | X |

INDICATE TOTAL OF SUPPLY HOSE, INDICATE TYPE OF LAY - DUAL FORWARD=D, SINGLE=S

## *ENGINES - BRUSH RIGS*

| DESIGNATION (4 digit) | PUMP GPM | TANK GALS | CHASSIS 2WD / 4WD | | SPECIAL FEATURES - SPECIFY (foam, pump and roll, etc.) |
|---|---|---|---|---|---|
| 5618 | 500 | 1200 | X | | |

## *WATER TENDERS*

| DESIGNATION (4 digit) | PUMP GPM | TANK GALS | PORT. TANK yes / | no / | gals | LARGE DUMP yes / | no / | size | DRAFT HOSE yes / | no |
|---|---|---|---|---|---|---|---|---|---|---|
| 5615 | 250 | 3400 | | X | | X | | | X | |
| 5616 | 500 | 4000 | | X | | X | | | X | |
| 5617 | 250 | 1100 | | X | | | X | | X | |

## *OTHER VEHICLES*

| DESIGNATION (4 digits) | PURPOSE/ FEATURES |
|---|---|
| 611 | Rescue Van Fully equipped as ambulance |

# FIRE RESOURCES INVENTORY/CAL-ORE MUTUAL AID

2011

## *GENERAL INFORMATION*

DEPT. Brookings Fire Department BUS. ADDRESS 898 Elk Drive
CITY, STATE & ZIP Brookings, OR 97415 BUS. PHONE 469-1140
**Dept or Chiefs E Mail** bsharp@brookings.or.us Cell 251-0152
FIRE CHIEF William J Sharp PRIMARY PHONE 469-1140 OTHER 412-0384 (home)
ASST CHIEF Tom Kerr PRIMARY PHONE 469-3139 OTHER 469-5288 (home)
ASST CHIEF Jim Watson PRIMARY PHONE 469-1142 OTHER 254-0361 home
EMERGENCY 9-1-1 DISPATCHED BY Brookings Police Department
FIRE STA. BUS. PHONE 469-1140 MANNED? YES X , NO __ , HRS. 8am - 5 pm
AVERAGE ANNUAL # OF FIREFIGHTERS 40

## *COMMUNICATIONS*

BASE STA. CALL # STA 1 , PRIMARY FREQ. 154-385 , MUTUAL AID FREQ. 154-445
OTHER FREQS. (specify agency) Tach 1
# OF HANDHELDS 14 , # OF MOBILES 5 , REPEATER CAPABILITY?
COMMAND CALL #s - CHIEF 6221 , ASST CHIEF 6222, 6223 (specify) 3 Captains

## *ENGINES - STRUCTURE ONLY*

| DESIGNATION (4 digit) | PUMP GPM | TANK GALS | SUPPLY HOSE * feet / dia / lay | | | S.C.B.A units / spares | | MONITOR yes / no | | DRAFT HOSE yes / no | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Brkgs I - 6201 | 1500 | 1000 | 1500 | 5 in | D | 8 | 12 | X | | | X |
| Brkgs II - 6202 | 1500 | 2600 | 1500 | 5 in | D | 8 | 20 | X | | | X |

INDICATE TOTAL OF SUPPLY HOSE, INDICATE TYPE OF LAY - DUAL FORWARD=D, SINGLE=S

## *ENGINES - BRUSH RIGS*

| DESIGNATION (4 digit) | PUMP GPM | TANK GALS | CHASSIS 2WD / 4WD | | SPECIAL FEATURES - SPECIFY (foam, pump and roll, etc.) |
|---|---|---|---|---|---|
| Brkgs III-6203 | 320 | 280 | | X | Pump is supported by foam - 10 gal tank |
| | | | | | Portable pump & hose Rescue Equip., Wildland fire fighting equip. EMS Equipment. |

## *WATER TENDERS*

| DESIGNATION (4 digit) | PUMP GPM | TANK GALS | PORT. TANK yes / no / gals | | | LARGE DUMP yes / no / size | | | DRAFT HOSE yes / no | |
|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | | |

## *OTHER VEHICLES*

| DESIGNATION (4 digits) | PURPOSE/ FEATURES |
|---|---|
| 6221 | Command/ First Response Vehicle- 200 Gal Water tank/Pump with foam, Basic Medical, Stokes. |
| 6211 | Ambulance/ Rescue vehicle, Jaws, airbags, Lighting, Basic Medical, Stokes. |

## *FOAM CAPABILITIES - YES __X__ / NO*

TYPE ON BOARD _____ , EDUCTOR __X__ , CAFS or WEPS _____ , FOAM GENERATOR
DUCTORS- __2__ #- __1500__ GPM, __2__ #- __320__ GPM, _____ #- _____GPM
FOAM CONCENTRATE ON HAND- IN GALLONS
AFFF __30 Gals__ , AFFF/ATC _____ , WILDLAND __65 Gals__ , OTHER
OTHER SPECIAL APPLIANCES

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PORTABLE PUMPS- INDICATE NUMBER OF AND GPM
____ - ____ GPM, __1__ - __500__ GPM, _____ - _____ GPM, _____ - _____ GPM

PORTABLE GENERATORS- INDICATE NUMBER OF AND WATTAGE
__1__ - __4000__ WATTS, __1__ - __3500__ WATTS, __2__ - __1000__ WATTS, __2__ - __650__ WATTS

## *VENTILATION EQUIPMENT*

CARBIDE CHAINSAW __4__ , CIRCULAR SAW __3__ , SMOKE EJECTORS __4__ (#)

## *SPECIALTY EQUIPMENT*

JAWS- YES __X__ , NO ___ / PORTA POWER- YES __X__ , NO ___ / CUTTING EQUIP- YES __X__ , NO
AIR BAGS- YES __X__ , NO ___ , OTHER INFO __Portable light plants, portable lights - 6 ,__

## *HOSE IN RESERVE*

__1000__ FT OF __5"__ , __1000__ FT OF __2 1/2"__ , __1000__ FT OF __1 3/4"__

## *BREATHING AIR SYSTEM- YES __X__ , NO*

2216# ___ OR 4500# __X__ , __20__ CFM COMP., __24__ STORAGE TANKS (in station) & __24__ (mobile)

## *WILDLAND INFO*

WILD LAND TURNOUTS- YES __X__ , NO
WILD LAND FIRE FIGHTING TRAINED- YES __X__ , NO _____ Num Trained 19
Dept Training Night__Monday Night__

# FIRE RESOURCES INVENTORY/CAL-ORE MUTUAL AID
## 2011
## *GENERAL INFORMATION*

DEPT. Cape Ferrelo Rural Fire Dept. BUS. ADDRESS 96349 Cape Ferrelo Rd.
ITY, STATE & ZIP Brookings, OR 97415 BUS. PHONE 469-5637
**Dept Or Chiefs E-Mail** capeferrelorfpd@charter.net
FIRE CHIEF Rich Miller PRIMARY PHONE 469-6334 OTHER _____ (home)
ASST CHIEF Bill Adams PRIMARY PHONE _____ OTHER 661-3368 (Cell)
ALTERNATE Bob Basham PRIMARY PHONE 469-8934 OTHER 469-8934 (home)
EMERGENCY 9-1-1 DISPATCHED BY Brookings Police Department
FIRE STA. BUS. PHONE 469-5637 MANNED? YES ___, NO X, HRS.
AVERAGE ANNUAL # OF FIREFIGHTERS 21

## *COMMUNICATIONS*

BASE STA. CALL # 5300, PRIMARY FREQ. 154.385, MUTUAL AID FREQ. 154.445
OTHER FREQS. (specify agency)
# OF HANDHELDS 10, # OF MOBILES 8, REPEATER CAPABILITY? YES
COMMAND CALL #s - CHIEF 5321, ASST CHIEF 5322, OTHERS (specify)

## *ENGINES - STRUCTURE ONLY*

| DESIGNATION (4 digit) | PUMP GPM | TANK GALS | SUPPLY HOSE * feet / dia / lay | | | S.C.B.A units / spares | | MONITOR yes / no | | DRAFT HOSE yes / no | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 5301 | 1000 | 1000 | 1600 | 2.5 | | 4 | 10 | | X | X | |
| 302 | 1000 | 800 | 1000 | 2.5 | | 2 | 2 | | X | X | |

**INDICATE TOTAL OF SUPPLY HOSE, INDICATE TYPE OF LAY - DUAL FORWARD=D, SINGLE=S

## *ENGINES - BRUSH RIGS*

| DESIGNATION (4 digit) | PUMP GPM | TANK GALS | CHASSIS 2WD / 4WD | | SPECIAL FEATURES - SPECIFY (foam, pump and roll, etc.) |
|---|---|---|---|---|---|
| 5303 | 200 | 250 | | X | Pump and Roll, Wild Land set up. |

## *WATER TENDERS*

| DESIGNATION (4 digit) | PUMP GPM | TANK GALS | PORT. TANK yes / no / gals | | | LARGE DUMP yes / no / size | | | DRAFT HOSE yes / no | |
|---|---|---|---|---|---|---|---|---|---|---|
| 5314 | 200 | 2500 | X | | 3000 | X | | 3000 | | X |
| 5315 | 200 | 4000 | X | | 3000 | X | | 3000 | | X |

## *OTHER VEHICLES*

| DESIGNATION (4 digits) | PURPOSE/ FEATURES |
|---|---|
| 5311-Rescue | 4WD Scout - with portable pump, draft hose, and 1.5 hose, Auto-Difibrillator |

## *FOAM CAPABILITIES - YES _X_ / NO ____*

TYPE ON BOARD _____ , EDUCTOR _____ , CAFS or WEPS _____ , FOAM GENERATOR
DUCTORS-_____ #- _____ GPM, _____ #- _____ GPM, _____ #- _____GPM
FOAM CONCENTRATE ON HAND- IN GALLONS
AFFF _20 gal._____ , AFFF/ATC _____ , WILDLAND _____ , OTHER
OTHER SPECIAL APPLIANCES

_____

PORTABLE PUMPS- INDICATE NUMBER OF AND GPM
_1_ - _200_ GPM, _____ - _____ GPM, _____ - _____ GPM, _____ - _____ GPM

PORTABLE GENERATORS- INDICATE NUMBER OF AND WATTAGE
_1_ - _2500_ WATTS, _____ - _____ WATTS, _____ - _____ WATTS, _____ - _____ WATTS

## *VENTILATION EQUIPMENT*

CARBIDE CHAINSAW _X_ , CIRCULAR SAW _____ , SMOKE EJECTORS _1_ (#)

## *SPECIALTY EQUIPMENT*

JAWS- YES ___ , NO _X_ / PORTA POWER- YES ___ , NO _X_ / CUTTING EQUIP- YES ___ , NO
AIR BAGS- YES ___ , NO _X_ , OTHER INFO

_____ ***HOSE IN RESERVE***

_250_ FT OF _2.5_ , _250_ FT OF _1.5_ , _____ FT OF _____ , _____ FT OF

## *BREATHING AIR SYSTEM- YES _X_ , NO*

2216# _X_ OR 4500# ____ , _____ CFM COMP., _8_ STORAGE TANKS (in station) & _12_ (mobile)
10 full BA systems

WILDLAND TURNOUTS- YES _X_ , NO
WILDLAND FIRE FIGHTING TRAINED- YES _X_ , NO _____
Training Night Tuesday Night 6-8pm

# FIRE RESOURCES INVENTORY/CAL-ORE MUTUAL AID
## 2011
## *GENERAL INFORMATION*

DEPT. Cedar Valley No. Bank BUS. ADDRESS 95758 Onyx St
ITY, STATE & ZIP Gold Beach, Or 97444 BUS. PHONE 247-4112
**Dept or Chiefs E-Mail** ----------
FIRE CHIEF Keith Wright PRIMARY PHONE _____ OTHER 247-2951 (home)
ASST CHIEF Jerry Biewend PRIMARY PHONE _____ OTHER 247-4503 (home)
ALTERNATE _____ PRIMARY PHONE _____ OTHER _____ (home)
EMERGENCY 9-1-1 DISPATCHED BY Curry County Sheriff's Department
FIRE STA. BUS. PHONE _____ MANNED? YES ___, NO X, HRS.
AVERAGE ANNUAL # OF FIREFIGHTERS 10

## *COMMUNICATIONS*

BASE STA. CALL # 5500, PRIMARY FREQ. 154.430, MUTUAL AID FREQ. 154.445
OTHER FREQS. (specify agency)
# OF HANDHELDS 3, # OF MOBILES 2, REPEATER CAPABILITY? No
COMMAND CALL #s - CHIEF 5521, ASST CHIEF 5522, OTHERS (specify)

## *ENGINES - STRUCTURE ONLY*

| DESIGNATION (4 digit) | PUMP GPM | TANK GALS | SUPPLY HOSE * feet / dia / lay | | | S.C.B.A units / spares | | MONITOR yes / no | | DRAFT HOSE yes / no | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 5502 | 500 | 500 | 1400 | 2.5 | D | 2 | | | X | X | |
| 5503 | 750 | 700 | 1400 | 2.5 | S | 2 | 2 | | X | X | |

*INDICATE TOTAL OF SUPPLY HOSE, INDICATE TYPE OF LAY - DUAL FORWARD=D, SINGLE=S

## *ENGINES - BRUSH RIGS*

| DESIGNATION (4 digit) | PUMP GPM | TANK GALS | CHASSIS 2WD / 4WD | | SPECIAL FEATURES - SPECIFY (foam, pump and roll, etc.) |
|---|---|---|---|---|---|
| 5501 | 250 | 800 | X | | 1000 port a tank |

## *WATER TENDERS*

| DESIGNATION (4 digit) | PUMP GPM | TANK GALS | PORT. TANK yes / | no / gals | | LARGE DUMP yes / | no / size | | DRAFT HOSE yes / | no |
|---|---|---|---|---|---|---|---|---|---|---|
| 5515 | 200 | 2100 | | X | | X | | 12 | X | |

## *OTHER VEHICLES*

| DESIGNATION (4 digits) | PURPOSE/ FEATURES |
|---|---|
| | |

## *FOAM CAPABILITIES - YES ____ / NO X*

TYPE ON BOARD _____ , EDUCTOR _____ , CAFS or WEPS _____ , FOAM GENERATOR
EDUCTORS-_____ #- _____ GPM, _____ #- _____ GPM, _____ #- _____GPM
FOAM CONCENTRATE ON HAND- IN GALLONS
FFF _____ , AFFF/ATC _____ , WILDLAND _____ , OTHER
OTHER SPECIAL APPLIANCES

---

PORTABLE PUMPS- INDICATE NUMBER OF AND GPM
__1__ - __500__ GPM, __1__ - __350__ GPM, _____ - _____ GPM, _____ - _____ GPM

PORTABLE GENERATORS- INDICATE NUMBER OF AND WATTAGE
__1__ - __350__ WATTS, __1__ - __600__ WATTS, _____ - _____ WATTS, _____ - _____ WATTS

## *VENTILATION EQUIPMENT*

CARBIDE CHAINSAW _____ , CIRCULAR SAW _____ , SMOKE EJECTORS __1__ (#)

## *SPECIALTY EQUIPMENT*

JAWS- YES ___ , NO __X__ / PORTA POWER- YES ___ , NO __X__ / CUTTING EQUIP- YES ___ , NO
AIR BAGS- YES ___ , NO __X__ , OTHER INFO

## *HOSE IN RESERVE*

__1000__ FT OF __2.5__ , _____ FT OF _____ , _____ FT OF _____ , _____ FT OF

## *BREATHING AIR SYSTEM- YES ___ , NO __X__*

2216# ____ OR 4500# ____ , _____ CFM COMP., ____ STORAGE TANKS (in station) & ____ (mobile)

WILDLAND TURNOUTS- YES _____ , NO
WILDLAND FIRE FIGHTING TRAINED- YES _____ , NO

# FIRE RESOURCES INVENTORY/CAL-ORE MUTUAL AID

## 2011

## *GENERAL INFORMATION*

DEPT. Coos Forest Protective Assoc. BUS. ADDRESS PO Box 603
CITY, STATE & ZIP Gold Beach, OR 97444 BUS. PHONE 247-6241
**Dept. or Chiefs E-Mail Address** jflannigan@odf.state.or.us
Unit Forester John Flannigan PRIMARY PHONE 247-6241 OTHER 247-9047 (home)
Asst Unit Forester Stan Hodney PRIMARY PHONE 247-6241 OTHER 247-7846 (home)
ALTERNATE _____ PRIMARY PHONE _____ OTHER _____ (home)
EMERGENCY 9-1-1 DISPATCHED BY Curry County S. O. Brookings PD
FIRE STA. BUS. PHONE 247-6241 MANNED? YES X , NO ____, HRS. during fire season
AVERAGE ANNUAL # OF FIREFIGHTERS 9 during fire season, 3during off season

## *COMMUNICATIONS*

BASE STA. CALL # 3-5 , PRIMARY FREQ. 151-205 , MUTUAL AID FREQ. 154-445
OTHER FREQS. (specify agency) GCSO, Gold Beach Fire, Forest Service, Brookings Fire
# OF HANDHELDS 5 , # OF MOBILES 6 , REPEATER CAPABILITY? Yes
COMMAND CALL #s - UNIT FORESTER 103 , UNIT FORESTER 113 , OTHERS (specify)
Brookings Forest Officer - 124

## *ENGINES - BRUSH RIGS*

| DESIGNATION (4 digit) | PUMP GPM | TANK GALS | CHASSIS 2WD | CHASSIS 4WD | SPECIAL FEATURES - SPECIFY (foam, pump and roll, etc.) |
|---|---|---|---|---|---|
| 25 | 40 | 200 | | X | Pump on move – Gold Beach |
| 24 | 40 | 200 | | X | Pump on move- Brookings |
| 34 | 120 | 950 | X | | 1,500 Gal Porta-tank - Gold Beach |
| 35 | 300 | 1000 | X | | Has a CAFS system (foam), 2,100 Gal Porta-tank |
| 18 | 40 | 200 | | X | Pump an roll – Port Orford |

## *WATER TENDERS*

| DESIGNATION (4 digit) | PUMP GPM | TANK GALS | PORT. TANK yes | PORT. TANK no | PORT. TANK gals | LARGE DUMP yes | LARGE DUMP no | LARGE DUMP size | DRAFT HOSE yes | DRAFT HOSE no |
|---|---|---|---|---|---|---|---|---|---|---|
| 44- Gold Beach | 300 | 2800 | X | | 2000 | X | | 6" | X | |

## *FOAM CAPABILITIES - YES ___ / NO X*

TYPE ON BOARD _____ , EDUCTOR _____ , CAFS or WEPS _____ , FOAM GENERATOR
EDUCTORS-_____ #- _____ GPM, _____ #- _____ GPM, _____ #- _____GPM
FOAM CONCENTRATE ON HAND- IN GALLONS
FFF _____ , AFFF/ATC _____ , WILDLAND 10 GAL _____ , OTHER
OTHER SPECIAL APPLIANCES CAFS Foam system is on Engine 35

PORTABLE PUMPS- INDICATE NUMBER OF AND GPM
2 - 100 GPM, 1 - 250 GPM, 1 - 750 GPM, ____ - ____ GPM

PORTABLE GENERATORS- INDICATE NUMBER OF AND WATTAGE
1 - 1500 WATTS, ____ - ____ WATTS, ____ - ____ WATTS

***VENTILATION EQUIPMENT***

CARBIDE CHAINSAW ____ , CIRCULAR SAW ____ , SMOKE EJECTORS ____ (#)

***SPECIALTY EQUIPMENT***

JAWS- YES ___ , NO ___ / PROTA POWER- YES ___ , NO ___ / CUTTING EQUIP- YES ___ , NO
AIR BAGS- YES ___ , NO ___ , OTHER INFO

***HOSE IN RESERVE***

3000 FT OF 1 1/2 , 4000 FT OF 1" , __ FT OF _____ , _____ FT OF

***BREATHING AIR SYSTEM- YES ___ , NO X***

2216# ____ OR 4500# ____ , _____ CFM COMP., ____ STORAGE TANKS (in station) & ____ (mobile)

WILDLAND TURNOUTS- YES X , NO
WILDLAND FIRE FIGHTING TRAINED- YES X , NO

# FIRE RESOURCES INVENTORY/CAL-ORE MUTUAL AID
## 2011
## *GENERAL INFORMATION*

DEPT. Gold Beach BUS. ADDRESS 29592 Ellensburg Ave
CITY, STATE & ZIP Gold Beach, OR 97444 BUS. PHONE 247-7029
**Dept or Chiefs E-Mail** bms21@charter.net
FIRE CHIEF Bruce Floyd PRIMARY PHONE _____ OTHER 247-7180 (home)
ASST CHIEF Dale St.Marie PRIMARY PHONE 247-7211 OTHER 247-6250 (home)
ALTERNATE Don Snook PRIMARY PHONE _____ OTHER 247-7672 (home)
EMERGENCY 9-1-1 DISPATCHED BY Curry County Sheriff Department
FIRE STA. BUS. PHONE 247-6204 MANNED? YES ___, NO X, HRS.
AVERAGE ANNUAL # OF FIREFIGHTERS 22

## *COMMUNICATIONS*

BASE STA. CALL # 6400, PRIMARY FREQ. 154.430, MUTUAL AID FREQ. 154.445
OTHER FREQS. (specify agency) CFPA - Direct & Grizzly Rep., CCSD - Direct & Rep.
# OF HANDHELDS 10, # OF MOBILES 5, REPEATER CAPABILITY? On CFPA or CCSD
COMMAND CALL #s - CHIEF 6421, ASST CHIEF 6422, OTHERS (specify) 6423 - Bat. Ch.

## *ENGINES - STRUCTURE ONLY*

| DESIGNATION (4 digit) | PUMP GPM | TANK GALS | SUPPLY HOSE * feet | dia | lay | S.C.B.A units | spares | MONITOR yes | no | DRAFT HOSE yes | no |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 6405 | 1250 | 1000 | 1000 | 5 | S | 6 | 6 | X | | | X |
| 6404 ® | 1250 | 1250 | 1000 | 3 | S | 4 | 4 | | X | | X |
| 6402 | 1500 | 750 | 1000 | 5 | D | 6 | 6 | X | | | X |
| 6401 | 1500 | 750 | 1100 | 5 | 5 | 6 | 6 | X | | | X |

**INDICATE TOTAL OF SUPPLY HOSE, INDICATE TYPE OF LAY - DUAL FORWARD=D, SINGLE=S

## *OTHER VEHICLES*

| DESIGNATION (4 digits) | PURPOSE/ FEATURES |
|---|---|
| 6411 Van | Utility/Rescue Equipment |

## *FOAM CAPABILITIES - YES X / NO*

TYPE ON BOARD X, EDUCTOR X, CAFS or WEPS _____, FOAM GENERATOR
EDUCTORS- 1 #- 60 GPM, 1 #- 95 GPM, _____ #- _____GPM
FOAM CONCENTRATE ON HAND- IN GALLONS
AFFF 70, AFFF/ATC _____, WILDLAND 45, OTHER
OTHER SPECIAL APPLIANCES
6401, on board A+B system Non-aspirated

PORTABLE PUMPS- INDICATE NUMBER OF AND GPM
1 - 300 GPM, _____ - _____ GPM, _____ - _____ GPM, _____ - _____ GPM

PORTABLE GENERATORS- INDICATE NUMBER OF AND WATTAGE
__1__ - __650__ WATTS, __1__ - __3800__ WATTS, _____ - _____ WATTS, _____ - _____ WATTS

## *VENTILATION EQUIPMENT*

ARBIDE CHAINSAW __1__ , CIRCULAR SAW __1__ , SMOKE EJECTORS __2__ (#)
STANDARD CHAINSAW - 1

## *SPECIALTY EQUIPMENT*

JAWS- YES __X__ , NO ___ / PROTA POWER- YES __X__ , NO ___ / CUTTING EQUIP- YES ___ , NO
AIR BAGS- YES __X__ , NO ___ , OTHER INFO __Jaws and other extrication equipment is carried on 6411. 6411, 6404 and 6405 have King Mobile capable of communication with most agencies.__

## *HOSE IN RESERVE*

__500__ FT OF __3"__ , __400__ FT OF __1.75__ , __400__ FT OF __1.5__ , _____ FT OF

## *BREATHING AIR SYSTEM- YES __X__ , NO*

2216# ____ OR 4500# __X__ , __12__ CFM COMP., __6__ STORAGE TANKS (in station) & __0__ (mobile)

WILDLAND TURNOUTS- YES _____ , NO __X__
WILDLAND FIRE FIGHTING TRAINED- YES _____ , NO __X__
Dept Training Night/Day __Monday__

# FIRE RESOURCES INVENTORY/CAL-ORE MUTUAL AID

## *2011*

## *GENERAL INFORMATION*

DEPT. Harbor Fire Department BUS. ADDRESS PO Box 2001 , 98069 W. Benham Lane
CITY, STATE & ZIP Harbor, OR 97415 BUS. PHONE 469-5301
**Dept or Chiefs E-mail address:** harborfire@charter.net
FIRE CHIEF John Brazil PRIMARY PHONE 541-661-2410 (Cell) OTHER 541-412-9256(home)
ASST CHIEF Bart Kast PRIMARY PHONE 541-661-2275 (Cell) OTHER 541-469-9144 (home)
ALTERNATE Ben BowersPRIMARY PHONE 541-661-1491 (Cell) OTHER NONE
ALTERNATE EMERGENCY 9-1-1 DISPATCHED BY Brookings Police Department

FIRE STA. BUS. PHONE 469-5301 MANNED? YES ___ , NO X , HRS.
AVERAGE ANNUAL # OF FIREFIGHTERS 20

## *COMMUNICATIONS*

BASE STA. CALL # STA-1 , PRIMARY FREQ. 154.385 , MUTUAL AID FREQ. 154.445
OTHER FREQS. (specify agency) 154.335 Harbor base
# OF HANDHELDS 10 , # OF MOBILES 5 , REPEATER CAPABILITY? No
COMMAND CALL #s - CHIEF 6121 , ASST CHIEF 6123 , OTHERS (specify) 6122 Bowers Bowers, 6124 Carl Guenther, 6125 Darryl Harmon

## *ENGINES - STRUCTURE ONLY*

| DESIGNATION (4 digit) | PUMP GPM | TANK GALS | SUPPLY HOSE * feet / dia / lay | | | S.C.B.A units / spares | | MONITOR yes / no | | DRAFT HOSE yes / no | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 6102 | 300 | 300 | 200 | 2.5 | | 2 | 2 | | X | X | |
| 6103 | 1000 | 1000 | 1200 | 2.5 | D | 4 | 4 | | X | X | |
| 6104 | 1250 | 1000 | 1200 | 2.5 | D | 7 | 7 | X | | | X |
| 6101 | 1250 | 1000 | 1200 | 3 | D | 7 | 7 | X | | | X |

**INDICATE TOTAL OF SUPPLY HOSE, INDICATE TYPE OF LAY - DUAL FORWARD=D, SINGLE=S

## *OTHER VEHICLES*

| DESIGNATION (4 digits) | PURPOSE/ FEATURES |
|---|---|
| 6111 | Service/ Utility, Jaws extrication, Rescue |

## *FOAM CAPABILITIES - YES X / NO*

TYPE ON BOARD 1 , EDUCTOR _____ , CAFS or WEPS _____ , FOAM GENERATOR
EDUCTORS- 1 #- 60 GPM, 1 #- 95 GPM,
FOAM CONCENTRATE ON HAND- IN GALLONS
AFFF 70 , AFFF/ATC _____ , WILDLAND _____ , OTHER
OTHER SPECIAL APPLIANCES

PORTABLE PUMPS- INDICATE NUMBER OF AND GPM
___ - ____ GPM, ____ - ____ GPM, ____ - ____ GPM, ____ - ____ GPM

PORTABLE GENERATORS- INDICATE NUMBER OF AND WATTAGE
__1__ - __3000__ WATTS, __2__ - __5000__ WATTS, __2__ - __1500__ WATTS, ____ - ____ WATTS

## *VENTILATION EQUIPMENT*

CARBIDE CHAINSAW __4__ , CIRCULAR SAW __1__ , SMOKE EJECTORS __3__ (#)

## *SPECIALTY EQUIPMENT*

JAWS- YES __X__ , NO __ / PORTA POWER- YES __X__ , NO __X__ / CUTTING EQUIP- YES __ , NO __X__
AIR BAGS- YES ___ , NO __X__ , OTHER INFO __Infra-red detector (2) , Downed Hotline Detector (1)__

## *HOSE IN RESERVE*

__2200__ FT OF __2.5__ , __500__ FT OF __1.75__ , __200__ FT OF __1.5__ , __200__ FT OF __1__

## *BREATHING AIR SYSTEM- YES __X__ , NO___*

2216# __X__ OR 4500# ____ , __12__ CFM COMP., __3__ STORAGE TANKS (in station) & ____ (mobile)

WILDLAND FIRE FIGHTING TRAINED- YES __X__ , NO____
WILDLAND TURNOUTS- YES __X__ , NO____
Dept Training Night 2nd, 3rd, and 4th Monday nights

# FIRE RESOURCES INVENTORY/CAL-ORE MUTUAL AID

## *2011*

## *GENERAL INFORMATION*

DEPT Langlois BUS. ADDRESS 94322 1st street Po Box 97
CITY, STATE & ZIP Langlois , Oregon 97450 BUS. PHONE 348-2304
**Dept or Chiefs E-Mail** mmurphy@portorford.org
FIRE CHIEF Michael Murphy PRIMARY PHONE 348-2304 OTHER 332-3681 (Work)
ASST CHIEF Art Sypher PRIMARY PHONE ____ OTHER 348-2237 (home)
ALTERNATE _____ PRIMARY PHONE _____ OTHER _____ (home)
EMERGENCY 911 DISPATCHED BY Curry County Sheriff
FIRE STA. BUS. PHONE 348-2304 MANNED? YES ___, NO X, HRS.
AVERAGE ANNUAL # OF FIREFIGHTERS 14

## *COMMUNICATIONS*

BASE STA. CALL # 6900, PRIMARY FREQ. 154.430, MUTUAL AID FREQ.154.445
OTHER FREQS. (specify agency) 154.250, 154.280
# OF HANDHELDS 12, # OF MOBILES 8, REPEATER CAPABILITY? Yes
COMMAND CALL #s - CHIEF 21, ASST CHIEF 22, OTHERS (specify) 25

## *ENGINES - STRUCTURE ONLY*

| DESIGNATION (4 digit) | PUMP GPM | TANK GALS | SUPPLY HOSE * feet / dia / lay | | | S.C.B.A units / spares | | MONITOR yes / no | | DRAFT HOSE yes / no | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 6901 | 1000 | 1000 | 1200 | 2.5 | S | 4 | 4 | X | | X | |
| 6902 Reserve 1943 | 500 | 100 | 250 | 2.5 | S | 2 | 0 | | X | X | |
| 6903 3rd Out | 750 | 1000 | 200 | 2.5 | S | 2 | 0 | | X | X | |
| 6904 2nd Out | 750 | 1000 | 1200 | 2.5 | | 4 | 4 | X | | X | |

**INDICATE TOTAL OF SUPPLY HOSE, INDICATE TYPE OF LAY - DUAL FORWARD=D, SINGLE=S

## *ENGINES - BRUSH RIGS*

| DESIGNATION (4 digit) | PUMP GPM | TANK GALS | CHASSIS 2WD / 4WD | | SPECIAL FEATURES - SPECIFY (foam, pump and roll, etc.) |
|---|---|---|---|---|---|
| 6916 | 500 | 1200 | | X | Foam , front 1½" monitor |

## *WATER TENDERS*

| DESIGNATION (4 digit) | PUMP GPM | TANK GALS | PORT. TANK yes / no / gals | | | LARGE DUMP yes / no / size | | | DRAFT HOSE yes / no | |
|---|---|---|---|---|---|---|---|---|---|---|
| 6915 | 1000 | 5000 | | X | | X | | | X | |

## *OTHER VEHICLES*

| DESIGNATION (4 digits) | PURPOSE/ FEATURES |
|---|---|
| 69 U1 | Utility Unit, has Ventilation equipment , Generator, Lighting, traffic cones, etc. |
| | Rescue Unit Has Jaws & Air Bags, Traffic Equipment |

| 69R1 | |
|---|---|

## *FOAM CAPABILITIES - YES X / NO*

TYPE ON BOARD Class A , EDUCTOR _____ , CAFS or WEPS _____ , FOAM GENERATOR
EDUCTORS-_____ #- _____ GPM, _____ #- _____ GPM, _____ #- _____GPM
FOAM CONCENTRATE ON HAND- IN GALLONS
AFFF _____ , AFFF/ATC _____ , WILDLAND 10 , OTHER
OTHER SPECIAL APPLIANCES

PORTABLE PUMPS- INDICATE NUMBER OF AND GPM
1 - 250 GPM, ____ - ____ GPM, ____ - ____ GPM, ____ - ____ GPM

PORTABLE GENERATORS- INDICATE NUMBER OF AND WATTAGE
1 - 4500 WATTS, 1 - 2250 WATTS, ____ - ____ WATTS, ____ - ____ WATTS

## *VENTILATION EQUIPMENT*

CARBIDE CHAINSAW 1 , CIRCULAR SAW 1 , SMOKE EJECTORS 1 (#)
Positive Pressure Fans 2

## *SPECIALTY EQUIPMENT*

JAWS- YES X , NO ___ / PORTA POWER- YES ___ , NO X / CUTTING EQUIP- YES X , NO
AIR BAGS- YES X , NO ___ , OTHER INFO Sawzall

## *HOSE IN RESERVE*

500 FT OF 2.5 , 500 FT OF 1.5 , 500 FT OF 1" , _____ FT OF

## *BREATHING AIR SYSTEM- YES X , NO*

2216# X OR 4500# ____ , 5.0 CFM COMP., 4 (444 Cuft-Each STORAGE TANKS (in station)

WILDLAND TURNOUTS- YES X , NO ____
WILDLAND FIRE FIGHTING TRAINED- YES # X , NO 14
Training Night/Day Tuesday 7 PM

# FIRE RESOURCES INVENTORY/CAL-ORE MUTUAL AID
## 2011
### *GENERAL INFORMATION*

DEPT. Ophir Fire Department BUS. ADDRESS PO Box 70
CITY, STATE & ZIP Ophir, OR 97464 BUS. PHONE 247-2452
**Dept or Chiefs E-Mail** turnow@harborside.com
FIRE CHIEF Adam Brotten PRIMARY PHONE 247-9099 OTHER 247-2452 (Work)
ASST CHIEF ----------PRIMARY_ __OTHER _____ (home)
ALTERNATE _____ PRIMARY PHONE _____ OTHER _____ (home)
EMERGENCY 9-1-1 DISPATCHED BY Sheriff's Department
FIRE STA. BUS. PHONE 247-2452 MANNED? YES ___, NO X, HRS.
AVERAGE ANNUAL # OF FIREFIGHTERS 12

### *COMMUNICATIONS*

BASE STA. CALL # 6500, PRIMARY FREQ. 154.430, MUTUAL AID FREQ.
OTHER FREQS. (specify agency)
# OF HANDHELDS 4, # OF MOBILES 3, REPEATER CAPABILITY Yes
COMMAND CALL #s - CHIEF 6521, ASST CHIEF 6522, OTHERS (specify) Captain – 6523
Becky Brotton 6524 Jason Allen 6525 Kyle Thorpe

### *ENGINES - STRUCTURE ONLY*

| DESIGNATION (4 digit) | PUMP GPM | TANK GALS | SUPPLY HOSE * feet | dia | lay | S.C.B.A units | spares | MONITOR yes | no | DRAFT HOSE yes | no |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 6501 | 1250 | 1000 | 1200 | 3 | acc | 4 | 4 | X | | X | |
| 6504 | 1250 | 1000 | 1270 | 5" | acc | 4 | 10 | X | | X | |

**INDICATE TOTAL OF SUPPLY HOSE, INDICATE TYPE OF LAY - DUAL FORWARD=D, SINGLE=S

### *OTHER VEHICLES*

| DESIGNATION (4 digits) | PURPOSE/ FEATURES |
|---|---|
| 6511 | Fast Attack/ Rescue Van |

### *FOAM CAPABILITIES - YES X / NO*

TYPE ON BOARD _____, EDUCTOR X, CAFS or WEPS _____, FOAM GENERATOR
EDUCTORS- 1 #- 300 GPM, _____ #- _____ GPM, _____ #- _____GPM
FOAM CONCENTRATE ON HAND- IN GALLONS
AFFF 10, AFFF/ATC _____, WILDLAND _____, OTHER
OTHER SPECIAL APPLIANCES

_____

PORTABLE PUMPS- INDICATE NUMBER OF AND GPM
___ - __ GPM, _____ - _____ GPM, _____ - _____ GPM, _____ - _____ GPM

PORTABLE GENERATORS- INDICATE NUMBER OF AND WATTAGE
_1_ - _1700_ WATTS, ____ - ____ WATTS, ____ - ____ WATTS, ____ - ____ WATTS

## *VENTILATION EQUIPMENT*

CARBIDE CHAINSAW _X_ , CIRCULAR SAW _X_ , SMOKE EJECTORS _X_ (#)

## *SPECIALTY EQUIPMENT*

JAWS- YES ___ , NO _X_ / PORTA POWER- YES ___ , NO _X_ / CUTTING EQUIP- YES ___ , NO _X_
AIR BAGS- YES ___ , NO _X_ , OTHER INFO

## *HOSE IN RESERVE*

_500_ FT OF _2.5_ , ___ FT OF ___ , _1000_ FT OF _1"_ , _500_ FT OF 3"

## *BREATHING AIR SYSTEM- YES ___ , NO _X_*

2216# _4_ OR 4500# _8_ , _____ CFM COMP., ____ STORAGE TANKS (in station) & ____ (mobile)

WILDLAND TURNOUTS- YES _X_ , NO
WILDLAND FIRE FIGHTING TRAINED- YES _X_ , NO
Training Night or Day_____

# FIRE RESOURCES INVENTORY/CAL-ORE MUTUAL AID
## 2011
## *GENERAL INFORMATION*

DEPT. Pistol River Fire Dist. BUS. ADDRESS PO Box 6100
CITY, STATE & ZIP Pistol River , Oregon 97444 BUS. PHONE 541 247-6765
Dept or Chiefs E-Mail pistolriverfire@wildblue.net
FIRE CHIEF Ron Hanson PRIMARY PHONE 541-247-6765 OTHER 541-247-7282 (home)
ASST CHIEF Rockey Carpenter PRIMARY PHONE 541-247-6765 OTHER 541-247-2886 (home)
ALTERNATE Jay Anthony PRIMARY PHONE 541-247-6765 OTHER 541-247-6994 (home)
EMERGENCY 911 DISPATCHED BY CURRY COUNTY SHERIFF
FIRE STA. BUS. PHONE 541-247-6765 MANNED? YES ___, NO x,
HRS. ____ AVERAGE ANNUAL # OF FIREFIGHTERS 10

## *COMMUNICATIONS*

BASE STA. CALL # 5400, PRIMARY FREQ. 154.43, MUTUAL AID FREQ. Yes
OTHER FREQS. (specify agency)
# OF HANDHELDS 7, # OF MOBILES 5, REPEATER CAPABILITY? No
COMMAND CALL #s - CHIEF 5421, ASST CHIEF 5422, OTHERS (specify) 5423,5424

## *ENGINES - STRUCTURE ONLY*

| DESIGNATION (4 digit) | PUMP GPM | TANK GALS | SUPPLY HOSE * feet / dia / lay | | | S.C.B.A units / spares | | MONITOR yes / no | | DRAFT HOSE yes / no | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 5401 | 1250 | 750 | 500 | 2.5 | S | 6 | 4 | X | | X | |
| 5402 | 1250 | 1000 | 750 | 2.5 | S | 6 | 6 | X | | X | |

**INDICATE TOTAL OF SUPPLY HOSE, INDICATE TYPE OF LAY - DUAL FORWARD=D, SINGLE=S

## *ENGINES - BRUSH RIGS*

| DESIGNATION (4 digit) | PUMP GPM | TANK GALS | CHASSIS 2WD / 4WD | | SPECIAL FEATURES - SPECIFY (foam, pump and roll, etc.) |
|---|---|---|---|---|---|
| 5411 | 400 | 300 | | X | crew cab |

## *WATER TENDERS*

| DESIGNATION (4 digit) | PUMP GPM | TANK GALS | PORT. TANK yes / no / gals | | | LARGE DUMP yes / no / size | | | DRAFT HOSE yes / no | |
|---|---|---|---|---|---|---|---|---|---|---|
| 5416 | hi-pres | 2000 | | X | | | X | 2.5 | X | |
| 5415 | hi-pres | 4000 | | X | | | X | 2.5 | | X |

## *OTHER VEHICLES*

DESIGNATION PURPOSE/

| (4 digits) | FEATURES |
|---|---|
| | |

## *FOAM CAPABILITIES - YES _X_ / NO*

TYPE ON BOARD _____ , EDUCTOR _____ , CAFS or WEPS _____ , FOAM GENERATOR
EDUCTORS-_____ #- _____ GPM, _____ #- _____ GPM, _____ #- _____GPM
FOAM CONCENTRATE ON HAND- IN GALLONS
AFFF 5 , AFFF/ATC _____ , WILDLAND 5-10 , OTHER
OTHER SPECIAL APPLIANCES

---

PORTABLE PUMPS- INDICATE NUMBER OF AND GPM
1 - 440 floating GPM, ____ - ____ GPM, ____ - ____ GPM, ____ - ____ GPM

PORTABLE GENERATORS- INDICATE NUMBER OF AND WATTAGE
1 - 1800 WATTS, ____ - ____ WATTS, ____ - ____ WATTS, ____ - ____ WATTS

## *VENTILATION EQUIPMENT*

CARBIDE CHAINSAW X , CIRCULAR SAW _____ , SMOKE EJECTORS X (#)

## *SPECIALTY EQUIPMENT*

JAWS- YES X , NO ___ / PORTA POWER- YES ___ , NO X / CUTTING EQUIP- YES X , NO
AIR BAGS- YES ___ , NO X , OTHER INFO

## *HOSE IN RESERVE*

300 FT OF 2.5 , 200 FT OF 1.5 , _____ FT OF _____ , _____ FT OF

## *BREATHING AIR SYSTEM- YES ___ , NO X*

2216# ____ OR 4500# ____ , _____ CFM COMP., ____ STORAGE TANKS (in station) & ____ (mobile)

WILDLAND TURNOUTS- YES X , NO
WILDLAND FIRE FIGHTING TRAINED- YES # X , NO
Training Night/Day Mondays @ 6PM

# FIRE RESOURCES INVENTORY/CAL-ORE MUTUAL AID
## 2011
## *GENERAL INFORMATION*

DEPT. Port Orford Fire Dept. BUS. ADDRESS PO Box 1258 (555 19th St.)
CITY, STATE & ZIP Port Orford, OR 97465 BUS. PHONE 332-3681
Dept or Chiefs E-Mail address seabreeze@harborside.com
FIRE CHIEF Gayle Wilcox PRIMARY PHONE 332-0445 OTHER 332-8265 (home)
ASST CHIEF _____ PRIMARY PHONE _____ OTHER _____ (home)
ALTERNATE Jake Marshal PRIMARY PHONE 332-1305 OTHER _____ (home)
EMERGENCY 9-1-1 DISPATCHED BY Curry County Sheriff's Dept.
FIRE STA. BUS. PHONE 332-3681 MANNED? YES X , NO ____ , HRS. 8:00-5:00
AVERAGE ANNUAL # OF FIREFIGHTERS 20

## *COMMUNICATIONS*

BASE STA. CALL # 6700 , PRIMARY FREQ. 154.430 , MUTUAL AID FREQ. 154.445
OTHER FREQS. (specify agency) OFSM 154.280
# OF HANDHELDS 9 , # OF MOBILES 15 , REPEATER CAPABILITY? Yes **
COMMAND CALL #s - CHIEF 6721 , ASST CHIEF 6722 , OTHERS (specify)

## *ENGINES - STRUCTURE ONLY*

| DESIGNATION (4 digit) | PUMP GPM | TANK GALS | SUPPLY HOSE * feet / dia / lay | | | S.C.B.A units / spares | | MONITOR yes / no | | DRAFT HOSE yes / no | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 6702 | 1250 | 750 | 1000 | 4" | S | 4 | 6 | | X | X | |
| 6704 | 1500 | 500 | 1000 | 4" | S | 4 | 6 | | X | X | |
| 6701 | 500 | 350 | 400 | 2.5 | S | | | | X | | X |
| 6708 | 500 | 350 | 400 | 2.5 | S | | | | X | | X |
| 6702 ** | | | 200 | 1.5 | D | | | | | | |
| 6704 ** | | | 600 | 2.5 | S | | | | | | |
| 6704 ** | | | 200 | 1.5 | D | | | | | | |

**INDICATE TOTAL OF SUPPLY HOSE, INDICATE TYPE OF LAY - DUAL FORWARD=D, SINGLE=S

## *ENGINES - BRUSH RIGS*

| DESIGNATION (4 digit) | PUMP GPM | TANK GALS | CHASSIS 2WD | 4WD | SPECIAL FEATURES - SPECIFY (foam, pump and roll, etc.) |
|---|---|---|---|---|---|
| 6703 | 500 | 250 | | X | Pump & Roll |
| 6705 | 250 | 250 | | X | Pump & Roll Crew Cab |
| 6706 | 1500 | | | X | Water point |

## *WATER TENDERS*

| DESIGNATION (4 digit) | PUMP GPM | TANK GALS | PORT. TANK yes / | no / | gals | LARGE DUMP yes / | no / | size | DRAFT HOSE yes / | no |
|---|---|---|---|---|---|---|---|---|---|---|
| 6716 | 750 | 4200 | | | | X | | | | X |
| 6714 | 750 | 4200 | | | | X | | | | X |
| 6715 | 1000 | 5000 | | | | | X | | | X |
| 6717 | 1000 | 5000 | | | | X | | | | X |

## *OTHER VEHICLES*

| DESIGNATION (4 digits) | PURPOSE/ FEATURES |
|---|---|
| 6707 | Rescue - EMS- Jaws |

## *FOAM CAPABILITIES - YES ___ / NO __X__*

TYPE ON BOARD _____ , EDUCTOR _____ , CAFS or WEPS _____ , FOAM GENERATOR
EDUCTORS-_____ #- _____ GPM, _____ #- _____ GPM, _____ #- _____GPM
FOAM CONCENTRATE ON HAND- IN GALLONS
AFFF _____ , AFFF/ATC _____ , WILDLAND _____ , OTHER
OTHER SPECIAL APPLIANCES
_____

PORTABLE PUMPS- INDICATE NUMBER OF AND GPM
__1__ - __100 Floating__ GPM, __1__ - __1200__ GPM, __1__ - __70__ GPM FLOAT PUMP

PORTABLE GENERATORS- INDICATE NUMBER OF AND WATTAGE
__2__ - __5000__ WATTS, __1__ - __3500__ WATTS, _____ - _____ WATTS, _____ - _____ WATTS

## *VENTILATION EQUIPMENT*

CARBIDE CHAINSAW ____ , CIRCULAR SAW ____ , SMOKE EJECTORS __3__ (#)

## *SPECIALTY EQUIPMENT*

JAWS- YES __X__ , NO ___ / PORTA POWER- YES __X__ , NO ___ / CUTTING EQUIP- YES __X__ , NO
AIR BAGS- YES ___ , NO __X__ , OTHER INFO __Sawzalls & portable work lights.__

## *HOSE IN RESERVE*

__1000__ FT OF __1.5__ , __1250__ FT OF __1.3/4__ , __1000__ FT OF __2.5__ , _____ FT OF

## *BREATHING AIR SYSTEM- YES __X__ , NO*

2216# __X__ OR 4500# __X__ , _____ CFM COMP., __8__ STORAGE TANKS (in station) & (mobile)

WILDLAND TURNOUTS- YES __X__ , NO
WILDLAND FIRE FIGHTING TRAINED- YES __X__ , NO
Training Night/Day_ __Wednesday 7 PM__

# FIRE RESOURCES INVENTORY/CAL-ORE MUTUAL AID

## *2011*

## *GENERAL INFORMATION*

DEPT. Sixes RFPD BUS. ADDRESS PO BOX 246
CITY, STATE & ZIP Sixes , Oregon 97476 BUS. PHONE 348-9927
**Dept or Chiefs E-mail address:** hjwalter@harborside.com
FIRE CHIEF Wayne Moore PRIMARY PHONE 348-9927 OTHER 253-6028 (home)
ASST CHIEF Bill Zimmerman PRIMARY PHONE 348-2347 OTHER _____ (home)
ALTERNATE Howard Walters PRIMARY PHONE 348-2370 OTHER _____ (home)
EMERGENCY 911 DISPATCHED BY Curry County Sheriff
FIRE STA. BUS. PHONE 332-9090 MANNED? YES ___, NO X___, HRS.
AVERAGE ANNUAL # OF FIREFIGHTERS 12

## *COMMUNICATIONS*

BASE STA. CALL # 5800 , PRIMARY FREQ. 154.445 , MUTUAL AID FREQ. 154.445
OTHER FREQS. (specify agency) 154.430
# OF HANDHELDS 5 , # OF MOBILES 6 , REPEATER CAPABILITY? YES
COMMAND CALL #s - CHIEF 5821 , ASST CHIEF 5822 , OTHERS (specify) 5823 Capt.

## *ENGINES - STRUCTURE ONLY*

| DESIGNATION (4 digit) | PUMP GPM | TANK GALS | SUPPLY HOSE * feet / dia / lay | | | S.C.B.A units / spares | | MONITOR yes / no | | DRAFT HOSE yes / no | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 5803 | 750 | 300 | 1000 | 2.5 | S | 6 | 6 | | X | X | |
| 5804 | 1250 | 750 | 1500 | 2.5 | 5 | 6 | 6 | | X | X | |
| | | | | | | | | | | | |

**INDICATE TOTAL OF SUPPLY HOSE, INDICATE TYPE OF LAY - DUAL FORWARD=D, SINGLE=S

## *ENGINES - BRUSH RIGS*

| DESIGNATION (4 digit) | PUMP GPM | TANK GALS | CHASSIS 2WD / 4WD | | SPECIAL FEATURES - SPECIFY (foam, pump and roll, etc.) |
|---|---|---|---|---|---|
| | | | | | |

## *WATER TENDERS*

| DESIGNATION (4 digit) | PUMP GPM | TANK GALS | PORT. TANK yes / | no / gals | | LARGE DUMP yes / | no / size | | DRAFT HOSE yes / | no |
|---|---|---|---|---|---|---|---|---|---|---|
| 5816 | 750 | 5000 | | X | | | X | | X | |
| 5815 | 500 | 1000 | | X | | | X | | | X |
| 5817 | 750 | 5500 | | X | | | X | | X | |

## *OTHER VEHICLES*

| DESIGNATION (4 digits) | PURPOSE/ FEATURES |
|---|---|
| | |

## *FOAM CAPABILITIES - YES __X__ / NO*

TYPE ON BOARD __A/A__ , EDUCTOR __X__ , CAFS or WEPS _____ , FOAM GENERATOR
EDUCTORS-_____ #- _____ GPM, __95__ #- _____ GPM, _____ #- _____GPM
FOAM CONCENTRATE ON HAND- IN GALLONS
AFFF __20__ , AFFF/ATC __20__ , WILDLAND _____ , OTHER
OTHER SPECIAL APPLIANCES
_____

PORTABLE PUMPS- INDICATE NUMBER OF AND GPM
__1__ - __750__ GPM, __1__ - __380__ GPM,

PORTABLE GENERATORS- INDICATE NUMBER OF AND WATTAGE
__1__ - __8000__ WATTS,

## *VENTILATION EQUIPMENT*

CARBIDE CHAINSAW __1__ , CIRCULAR SAW _____ , SMOKE EJECTORS __1__ (#)

## *SPECIALTY EQUIPMENT*

AWS- YES ___ , NO ___ / PORTA POWER- YES ___ , NO __x__ / CUTTING EQUIP- YES __X__ , NO
AIR BAGS- YES ___ , NO __x__ , OTHER INFO

## *HOSE IN RESERVE*

__2000__ FT OF __2.5__ , _____ FT OF __1000__ , __1.5__

## *BREATHING AIR SYSTEM- YES ___ , NO*

2216#__X__ OR 4500# ___ , _____ CFM COMP., ____ STORAGE TANKS (in station) & ____ (mobile)

WILDLAND TURNOUTS- YES __X__ , NO
WILDLAND FIRE FIGHTING TRAINED- YES #__X__ , NO _____ # Trained __10__
**Dept Training Night/Day __Tues__**

# FIRE RESOURCES INVENTORY/CAL-ORE MUTUAL AID
## 2011
## *GENERAL INFORMATION*

DEPT. Upper Chetco Volunteer FD BUS. ADDRESS PO Box 2526
CITY, STATE & ZIP Harbor, OR 97415 BUS. PHONE 469-7127
**Dept or Chiefs E-Mail**
FIRE CHIEF Ron Vogel PRIMARY PHONE 469-4508 OTHER 469-4508 (home)
ASST CHIEF Dave Nelson PRIMARY PHONE _____ OTHER 469-4083 (home)
ALTERNATE _____ PRIMARY PHONE _____ OTHER _____ (home)
EMERGENCY 9-1-1 DISPATCHED BY Brookings Police Department
FIRE STA. BUS. PHONE None MANNED? YES ___, NO X, HRS.
AVERAGE ANNUAL # OF FIREFIGHTERS 3

## *COMMUNICATIONS*

BASE STA. CALL # 5200, PRIMARY FREQ. 154.385, MUTUAL AID FREQ. 154.445
OTHER FREQS. (specify agency) Coos Forest 151.205
# OF HANDHELDS 3, # OF MOBILES 3, REPEATER CAPABILITY?
COMMAND CALL #s - CHIEF 5221, ASST CHIEF 5222, OTHERS (specify) Captain 5223

## *ENGINES - STRUCTURE ONLY*

| DESIGNATION (4 digit) | PUMP GPM | TANK GALS | SUPPLY HOSE * feet | dia | lay | S.C.B.A units | spares | MONITOR yes | no | DRAFT HOSE yes | no |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 5203 | 1500 | 500 | 750 | 2.5 | S | 6 | 4 | X | | X | |
| 5202 | 1250 | 750 | 1000 | 3" | S | 5 | 6 | | X | | X |

**INDICATE TOTAL OF SUPPLY HOSE, INDICATE TYPE OF LAY - DUAL FORWARD=D, SINGLE=S

## *WATER TENDERS*

| DESIGNATION (4 digit) | PUMP GPM | TANK GALS | PORT. TANK yes | no | gals | LARGE DUMP yes | no | size | DRAFT HOSE yes | no |
|---|---|---|---|---|---|---|---|---|---|---|
| 5215 | 500 | 2000 | X | | 1000 | | | 4 | X | |

## *OTHER VEHICLES*

| DESIGNATION (4 digits) | PURPOSE/ FEATURES |
|---|---|
| | |

## *FOAM CAPABILITIES - YES X / NO _____* (Purchasing)

TYPE ON BOARD _____, EDUCTOR _____, CAFS or WEPS _____, FOAM GENERATOR
EDUCTORS-_____ #- _____ GPM, _____ #- _____ GPM, _____ #- _____GPM
FOAM CONCENTRATE ON HAND- IN GALLONS
AFFF _____, AFFF/ATC _____, WILDLAND _____, OTHER
OTHER SPECIAL APPLIANCES

PORTABLE PUMPS- INDICATE NUMBER OF AND GPM
__1__ - _____ GPM, _____ - _____ GPM, _____ - _____ GPM, _____ - _____ GPM

PORTABLE GENERATORS- INDICATE NUMBER OF AND WATTAGE
__1__ - __1500__ WATTS, _____ - _____ WATTS, _____ - _____ WATTS, _____ - _____ WATTS

## *VENTILATION EQUIPMENT*

CARBIDE CHAINSAW __1__, CIRCULAR SAW __1__, SMOKE EJECTORS _____ (#)

## *SPECIALTY EQUIPMENT*

JAWS- YES ___, NO __X__ / PROTA POWER- YES ___, NO __X__ / CUTTING EQUIP- YES ___, NO __X__
AIR BAGS- YES ___, NO __X__, OTHER INFO __10,000 Gal water stored at the fire house. 200 Ga. Per min. pump__

## *HOSE IN RESERVE*

__1000__ FT OF __2.5__, __1000__ FT OF __1 ¾"__, _____ FT OF _____, _____ FT OF

## *BREATHING AIR SYSTEM- YES ___, NO __X__*

2216# _____ OR 4500# __8__, _____ CFM COMP., _____ STORAGE TANKS (in station) & _____ (mobile)

WILDLAND TURNOUTS- YES __X__, NO
WILDLAND FIRE FIGHTING TRAINED- YES __X__, NO _____ Num. Trained__4__

# FIRE RESOURCES INVENTORY/CAL-ORE MUTUAL AID

## *2011*

## *GENERAL INFORMATION*

DEPT.: US Forest Service, Rogue River-Siskiyou National Forest, Gold Beach Ranger District
ADDRESS: 29279 Ellensburg Ave., Gold Beach, Oregon 97444 BUS. PHONE: 541-247-3600
**Dept. or Chiefs E-Mail address jriepe@fs.fed.us**
FMO Jeff Riepe PRIMARY PHONE: 541-247-3698 (work) OTHER: 541-646-2630 (cell)
AFMO Monty Edwards 541-247-3699 (work) 541-975-4046 (cell)
DISPATCHED BY: Medford Interagency Coordination Center (MICC)
MICC: 541-618-2510 (8AM-5PM), 541-776-7114 (after hours), extended staffing during wildland fire season
FIRE STA. BUS. PHONE: _____
MANNED? YES ___, NO____, HRS. ____
AVERAGE ANNUAL # OF FIREFIGHTERS: Wildland-8 per day during fire season Duty Station: Gold Beach
Meeting/Training Night

## *COMMUNICATIONS*

BASE STA. CALL # _____ , PRIMARY FREQ. Varies with repeaters, MUTUAL AID FREQ.:154.4450
OTHER FREQS. (specify agency) 171.1500 (Rx) 168.7500 (Tx)
# OF HANDHELDS _____ , # OF MOBILES _____ , REPEATER CAPABILITY? Various mountain tops
COMMAND CALL #s – FMO: Riepe, ASST FMO: Edwards , OTHERS (specify)

## *ENGINES - STRUCTURE ONLY*

| DESIGNATION (4 digit) | PUMP GPM | TANK GALS | SUPPLY HOSE * feet / dia / lay | | | S.C.B.A units / spares | | MONITOR yes / no | | DRAFT HOSE yes / no | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | | | |

**INDICATE TOTAL OF SUPPLY HOSE, INDICATE TYPE OF LAY - DUAL FORWARD=D, SINGLE=S

## *ENGINES - BRUSH RIGS*

| DESIGNATION (4 digit) | PUMP GPM | TANK GALS | CHASSIS 2WD / 4WD | SPECIAL FEATURES - SPECIFY (foam, pump and roll, etc.) |
|---|---|---|---|---|
| Engine 31 | 65gpm@ 150psi | 250 | xx | Pump/roll |

## *WATER TENDERS*

| DESIGNATION (4 digit) | PUMP GPM | TANK GALS | PORT. TANK yes / no / gals | | | LARGE DUMP yes / no / size | | | DRAFT HOSE yes / no | |
|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |

## *OTHER VEHICLES*

| DESIGNATION (4 digits) | PURPOSE/ FEATURES |
|---|---|
| | Crew carrier- 6 person crew cab 4x4 |

## *FOAM CAPABILITIES - YES _____ / NO_____*

TYPE ON BOARD _____ , EDUCTOR _____ , CAFS or WEPS _____ , FOAM GENERATOR
.DUCTORS-_____ #- _____ GPM, _____ #- _____ GPM, _____ #- _____GPM
FOAM CONCENTRATE ON HAND- IN GALLONS
AFFF _____ , AFFF/ATC _____ , WILDLAND _____ , OTHER
OTHER SPECIAL APPLIANCES
_____

PORTABLE HYDRANTS- YES _____ , NO _____ , GPM

PORTABLE PUMPS- INDICATE NUMBER OF AND GPM
_____ - _____ GPM, _____ - _____ GPM, _____ - _____ GPM, _____ - _____ GPM

PORTABLE GENERATORS- INDICATE NUMBER OF AND WATTAGE
_____ - _____ WATTS, _____ - _____ WATTS, _____ - _____ WATTS, _____ - _____ WATTS

VENTILATION EQUIPMENT
CARBIDE CHAINSAW _____ , CIRCULAR SAW _____ , SMOKE EJECTORS _____ (#)

SPECIALTY EQUIPMENT
JAWS- YES ___ , NO __/ PORTA POWER- YES ___ , NO ___ / CUTTING EQUIP- YES ___ , NO
AIR BAGS- YES ___ , NO___ , OTHER INFO

## *HOSE IN RESERVE*

_____ FT OF _____ , _____ FT OF _____ , _____ FT OF _____ , _____ FT OF

## *BREATHING AIR SYSTEM- YES ___ , NO XX*

2216# ____ OR 4500# ____ , _____ CFM COMP., ____ STORAGE TANKS (in station) & ____ (mobile)

WILDLAND TURNOUTS- YES _____ , NO_____
WILDLAND FIRE FIGHTING TRAINED- YES # 13, NO _____ Num Trained_____

# FIRE RESOURCES INVENTORY/CAL-ORE MUTUAL AID
## 2011
## *GENERAL INFORMATION*

DEPT. Winchuck Rural Fire Dept. BUS. ADDRESS 00363 Winchuck Rd.
CITY, STATE & ZIP Brookings, OR 97415 BUS. PHONE 469-7751
**Dept Or Chiefs E-Mail Address** spsavona@gmail.com
FIRE CHIEF Paul Savona PRIMARY PHONE 469-2879 (home)
ASST CHIEF Tom Taylor PRIMARY PHONE 469-3098 (home)
ALTERNATE _____ PRIMARY PHONE _____ (home)
EMERGENCY 9-1-1 DISPATCHED BY Brookings Police Department
FIRE STA. BUS. PHONE 469-7751 MANNED? YES ___, NO X, HRS.
AVERAGE ANNUAL # OF FIREFIGHTERS 12

## *COMMUNICATIONS*

BASE STA. CALL # 5100, PRIMARY FREQ. 154.385, MUTUAL AID FREQ. 154.445
OTHER FREQS. (specify agency) Harbor Fire Dept. 154.355, Coos Forest Protective 151.205
# OF HANDHELDS 6, # OF MOBILES 4, REPEATER CAPABILITY? YES
COMMAND CALL #s - CHIEF 5121, ASST CHIEF 5122, OTHERS (specify) Captain 5123 Lieutenent 24, 25, 26

## *ENGINES - STRUCTURE ONLY*

| DESIGNATION (4 digit) | PUMP GPM | TANK GALS | SUPPLY HOSE * feet / dia / lay | | | S.C.B.A units / spares | | MONITOR yes / no | | DRAFT HOSE yes / no | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 5101 | 1000 | 1500 | 1500 | 2.5 | D | 3 | 4 | X | | X | |
| 5104 | 250 | 500 | 200 | 2.5 | D | 2 | 2 | | X | X | |

**INDICATE TOTAL OF SUPPLY HOSE, INDICATE TYPE OF LAY - DUAL FORWARD=D, SINGLE=S

## *ENGINES - BRUSH RIGS*

| DESIGNATION (4 digit) | PUMP GPM | TANK GALS | CHASSIS 2WD / 4WD | | SPECIAL FEATURES - SPECIFY (foam, pump and roll, etc.) |
|---|---|---|---|---|---|
| 5102 | 34 | 300 | | X | B1-11 w/foam proportioner, |
| | | | | | Floating pump/ 200' supply line |

## *WATER TENDERS*

| DESIGNATION (4 digit) | PUMP GPM | TANK GALS | PORT. TANK yes / no / gals | | | LARGE DUMP yes / no / size | | | DRAFT HOSE yes / no | |
|---|---|---|---|---|---|---|---|---|---|---|
| 5115 | 1 250 | 3000 | X | | 2500 | X | | 10 | X | |

## *FOAM CAPABILITIES - YES X / NO*

TYPE ON BOARD _____, EDUCTOR _____, CAFS or WEPS _____, FOAM GENERATOR
EDUCTORS-_____ #- _____ GPM, _____ #- _____ GPM, _____ #- _____GPM
FOAM CONCENTRATE ON HAND- IN GALLONS

AFFF _____ , AFFF/ATC _____ , WILDLAND __50____ , OTHER
OTHER SPECIAL APPLIANCES __Mad Dog Foam Nozzle

---

'ORTABLE PUMPS- INDICATE NUMBER OF AND GPM
__1__ - __400__ GPM, __1__ - __20__ GPM,
PORTABLE GENERATORS- INDICATE NUMBER OF AND WATTAGE
__1__ -4500 WATTS, __1__ - __3000__ WATTS, __1__ - __1000__ WATTS,

## *VENTILATION EQUIPMENT*

CARBIDE CHAINSAW __1__ , CIRCULAR SAW _____ , SMOKE EJECTORS __1__ (#)

## *SPECIALTY EQUIPMENT*

JAWS- YES ___ , NO __X__ / PORTA POWER- YES ___ , NO __X__ / CUTTING EQUIP- YES ___ , NO __X__
AIR BAGS- YES ___ , NO __X__ , OTHER INFO

---

***HOSE IN RESERVE***

__250____ FT OF __2.5"__ , __1170__ FT OF __1.5"__ , __300____ FT OF __1"____ , _____ FT OF

## *BREATHING AIR SYSTEM- YES ___ , NO __X__*

2216# ____ OR 4500# ____ , _____ CFM COMP., ____ STORAGE TANKS (in station) & ____ (mobile)

WILDLAND TURNOUTS- YES _____ , NO __X__
'VILDLAND FIRE FIGHTING TRAINED- YES __X__ ,.NO _____ Num. Trained__4__
Dept Training Night/Day__2nd Saturday 0900, 4th Wed 1900__