

NSM Firefighter & EMS Supplemental Workers' Compensation Questionnaire

Named Insured: _____

State: _____

1. Please indicate, as respects Fire/Rescue or EMS personnel, only:

- Number of Active: EMS Volunteers _____ Firefighter Volunteers _____
- Number of Paid: EMS workers _____ Firefighters _____
- Audited Payroll: EMS _____ Firefighters _____

2. If a Volunteer Fire Department what is the total population served (not including mutual aid agreements)? _____

- List communities with mutual aid agreements:

3. Do your operations include:

- Airlift or air rescue operations? Yes No
- Underwater dive/rescue teams? Yes No
- Are any operations performed on barges, vessels, docks or bridges on or at any navigable waterways that may be subject to the Jones Act or the Longshore and Harbor Workers' Act..... Yes No
- Are any pyrotechnic displays (fireworks) detonated by members of your organization?..... Yes No

4. Do you have a safety officer responsible for maintaining a safety and health program? Yes No

5. Do you have an incident management system? Yes No

If "Yes", is it Formal Informal

6. Are occupational exposure records maintained on individuals whenever exposure to toxic products and/or infectious disease is known or suspected? Yes No

7. Are pre-membership medical evaluations required of all members? Yes No

8. Are annual physicals required after joining? Yes No

9. Is there an alcohol and drug policy? Yes No

10. Are your personnel trained to perform up to at least minimal standards for emergency response:
- Structural Fire Fighting Yes No
- Non-Structural Fire Fighting Yes No
11. Do you have a driver training program? Yes No
12. Does your department have emergency vehicle riding policy which includes, in whole or in part:
- No tailboard riding/standing? Yes No
- Seat belt policy? Yes No
- Hose loading procedures? Yes No
- Emergency care givers belted? Yes No
- Helmets and eye protection required for non-enclosed riding areas? Yes No
- Vehicle departure policy (driver/officer responsibilities)? Yes No
13. Does your organization have an Emergency Vehicle Response Procedure which includes in whole or part:
- Intersection procedures? Yes No
- Maximum response speed? Yes No
- Driver/officer responsibilities? Yes No
- Backing procedures? Yes No
- Use of privately owned vehicles in responding to the scene of an emergency? Yes No
14. Are all members required to wear appropriate protective clothing and equipment? Yes No
15. Are all members involved in emergency operations required to wear SCBA? Yes No
16. Are all members involved in rescue, fire suppression, or other hazardous duties provided with a Personal Alert Safety System (PASS)? Yes No
17. Is there an infection control program in accord with NFPA 1581? Yes No
18. Are all members trained in proper lifting techniques? Yes No
19. How many locations do EMS personnel operate out of? _____

Forward any questions and/or completed form to: **Geoff Pratt**
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