



# NATIONAL FIRE PROTECTION ASSOCIATION

The Leading Information and Knowledge Resource on Fire, Electrical, and Related Hazards

015892



## Sixth Fire Service Needs Assessment Survey

58139  
Seeley Lake Rur Fire District  
Po Box 309  
Seeley Lake, MT 59868-0309



### MAKE IT EASY

Complete the Survey Online  
[nfpa.org/2025needsassessment](https://nfpa.org/2025needsassessment)

NFPA FDID top left corner ↖  
PASSWORD top right corner ↗

Questions? email [nasurvey@nfpa.org](mailto:nasurvey@nfpa.org)

### PART I. BASIC INFORMATION

Name of person completing form: Blaine Cowan

Rank/Title: District Fire Chief

NFIRS/FDID: \_\_\_\_\_

NERIS ID (optional): \_\_\_\_\_

Email address: Sifdchief@blackfoot.net Phone: (406) 677-2400

1. Population (permanent residents) your department has primary responsibility to protect (exclude mutual and automatic aid areas): 2000

2. Area (in square miles) your department has primary responsibility to protect (exclude mutual and automatic aid areas): 20

3. Number of buildings in your community that are 3 or more stories in height (check one):

☐ None ☐ 1-4 ☐ 5-10 ☐ 11-24 ☐ 25-49 ☐ 50 or more

#### 4. Budget

A. What is your department's current fiscal year budget? \$405,500

B. What share (%) of your budgeted revenue is from (total 100%)? Taxes: 69 % Fundraising: \_\_\_\_\_ %

Payment per call/Contract services: \_\_\_\_\_ % Ambulance Billing: 31 % Fees: \_\_\_\_\_ %

Insurance: \_\_\_\_\_ % Other: (specify) \_\_\_\_\_ %

C. Has your department received grants from any of the following sources in the last 3 years? (check all that apply)

☐ Federal ☒ State ☒ Local ☐ Private ☐ Other

### PART II. YOUR TOP 3 NEEDS IN YOUR WORDS

1. Staffing

2. Apparatus

3. Training

### PART III. PERSONNEL AND THEIR CAPABILITIES

5. Total number of full-time or full-time equivalent (FTE) career/paid firefighters: 2

How many are female? 0

Average number of full-time (or FTE) career/paid firefighters on duty available to respond to emergencies: 1.5

6. Change in total full-time (or FTE) career/paid firefighters since 2020 (negative number for losses, 0 for no change, positive number for gains): 1

7. Total number of part-time (including call or volunteer) firefighters: 18 Survey p. 2

How many are female? 5

Are these personnel compensated for their time?

☐ Yes ☒ No

Average number of call/volunteer personnel available who respond to emergencies:

During weekdays: Days 3 Nights 3 During weekends: Days 4 Nights 4

8. Change in total part-time (including call or volunteer) firefighters since 2020 (negative number for losses, 0 for no change, positive number for gains): 0

9. What is your daily minimum number of on-duty career/paid personnel staffing the following apparatus type?

Engine/pumper	<input checked="" type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5+	<input type="checkbox"/> Not applicable
Ladder/aerial	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5+	<input type="checkbox"/> Not applicable
Rescue	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5+	<input type="checkbox"/> Not applicable
Ambulance	<input checked="" type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5+	<input type="checkbox"/> Not applicable

10. What is your typical daily staffing number of on-duty career/paid personnel staffing the following apparatus type (may be the same as daily minimum)?

Engine/pumper	<input checked="" type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5+	<input type="checkbox"/> Not applicable
Ladder/aerial	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5+	<input type="checkbox"/> Not applicable
Rescue	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5+	<input type="checkbox"/> Not applicable
Ambulance	<input checked="" type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5+	<input type="checkbox"/> Not applicable

11. Structural firefighting.

A. Is this a role your fire department performs? (check one) ☒ Yes ☐ No (If no, go to Question 12)

B. What percentage of department personnel who perform this duty have received formal training (for example, in a classroom or online that meet the qualifications of NFPA 1001, not just on-the-job training)? For all that apply, include percentages for highest level. Total must equal 100%.

- Received some formal firefighting training: 33 %
- Firefighter I certification 15 %
- Firefighter II certification 10 %
- Exterior/Outside firefighter only: 25 %
- No formal firefighting training: 10 %

12. Emergency medical service (EMS).

A. Is this a service your fire department provides? (check one) ☒ Yes ☐ No (If no, go to Question 12C)

B. What percentage of department personnel performing this duty are certified to the following levels?

For all that apply, include percentages for highest level. Total must equal 100%.

- a. No certification \_\_\_\_ % b. EMR: Emergency Medical Responder \_\_\_\_ % c. EMT: Emergency Medical Technician 33 %  
d. AEMT: Advanced Emergency Medical Technician 10 % e. Paramedic 17 %

C. Does your community provide ambulance services? ☒ Yes: Fire Department Based Service ☐ Yes: Government or Third Service ☐ Yes: Hospital Based ☐ Yes: Private ☐ Other (specify) \_\_\_\_\_ ☐ No ambulance service

13. Hazardous materials response (Hazmat).

A. Is this a service your fire department provides? (check one) ☒ Yes ☐ No (If no, go to Question 14)

B. What percentage of department personnel performing this duty are certified to the following levels? For all that apply, include percentages for highest level. Total must equal 100%.

- a. No certification \_\_\_\_ % b. Awareness 90 % c. Operational \_\_\_\_ % d. Technician 10 %

14. Wildland-Urban Interface (WUI)/Wildland (brush, grass, forest) firefighting.

A. Is this a role your fire department performs? (check one) ☒ Yes ☐ No (If no, go to Question 15)

B. What percentage of the personnel who perform this duty have received formal training (for example, in a classroom or online that meet the qualifications of NFPA 1051, not just on-the-job training)?

☐ None (0%) ☐ Few (1-25%) ☐ Some (26-50%) ☐ Many (51-75%) ☒ Most (76-99%) ☐ All (100%)

C. Does this training include specialized Wildland-Urban Interface firefighting operations training? ☒ Yes ☐ No

D. How many of your emergency responders are equipped with wildland fire personal protective clothing?

☐ None (0%) ☐ Few (1-25%) ☐ Some (26-50%) ☐ Many (51-75%) ☐ Most (76-99%) ☒ All (100%)

## 15. Fire prevention (preparedness &amp; mitigation).

- A. Is this a role your fire department performs? (check one) ☒ Yes ☐ No (If no, go to Question 16)
- B. What percentage of personnel who perform this duty have received formal training (for example, in a classroom or online that meet the qualifications of NFPA 1031, not just on-the-job training)?
- ☐ None (0%) ☒ Few (1-25%) ☐ Some (26-50%) ☐ Many (51-75%) ☐ Most (76-99%) ☐ All (100%)

## 16. Active shooter/hostile event response.

- A. Is this a role your fire department performs? (check one) ☒ Yes ☐ No (If no, go to Question 17)
- B. If yes, does your department have standard operating procedures (SOP) or standard operating guidelines (SOGs) that meet NFPA 3000 (ASHER)? (check one) ☐ Yes ☒ No
- C. Have your personnel received multi-agency training (police, fire, EMS, Sheriffs, etc.) and been tested on the training and special equipment required? (check one) ☐ Yes ☒ No

## 17. Basic firefighter fitness and health.

- A. Does your department have a program to maintain basic firefighter fitness and health (e.g., NFPA 1500)? (check one)
- ☐ Yes ☒ No (If no, go to Question 17C)
- B. Which of the following are components of your physical health program (check all that apply)?
- ☐ Associated with the IAFC / IAFF Wellness-Fitness Initiative (WFI) ☐ Cardiovascular health education
- ☐ Cancer prevention education ☐ Cancer screening program ☐ Fitness for duty evaluation
- ☐ Nutritional consulting ☐ Physical health education ☐ Sleep health education ☐ Wellness education
- ☐ Other (specify) \_\_\_\_\_
- C. Do your personnel have access to a gym or exercise room?
- ☒ Yes ☐ No
- D. Do you provide medical and physical evaluations for all firefighters?
- ☐ Yes, NFPA 1582-compliant ☒ Yes, not NFPA 1582-compliant ☐ No (If no, go to Question 18.)
- E. How often? ☐ New firefighters only ☒ Every six months or annually ☐ Every two years
- ☐ Every three years ☐ Other
- F. Do these evaluations include a fitness assessment for all firefighters? ☐ Yes ☒ No (if no, go to Question 18.)
- G. How often? ☐ New firefighters only ☐ Every six months or annually ☐ Every two years ☐ Every three years ☐ Other

## 18. Behavioral health program.

- A. Does your department have a Behavioral Health Program? ☐ Yes ☒ No (If no, go to Question 19)
- B. Which of the following are included in your behavioral health program (check all that apply)?
- ☐ Access to a clinician familiar with first responder mental health needs ☐ Behavioral health education
- ☐ Fitness for duty evaluation ☐ Organizational relationship with a Behavioral Health Specialist
- ☐ Post-Traumatic Stress support ☐ Personal resiliency to stress and traumatic events programming
- ☐ Suicide prevention education ☐ Trained behavioral peer support ☐ Voluntary clinical interventions
- ☐ Other (specify) \_\_\_\_\_

## 19. Does your department utilize a structured system or software to track personnel exposures (e.g., carcinogens, hazardous materials, infectious diseases, potentially traumatic events)?

- ☐ Yes, department-wide software or tracking systems (reporting required)
- ☐ Yes, individual personnel have a method/tool for tracking their own exposures (self-reporting required/recommended)
- ☐ Yes, all of the above ☐ None of the above ☒ Other (specify) County work comp forms

20. Does your department have an Infection Control/PPE Decontamination Program (infectious and communicable disease hazards)? (check one) ☒ Yes ☐ No21. Does your department have an Exposure Control/PPE Decontamination Program (carcinogen and other toxic hazards)? (check one) ☒ Yes ☐ No

## 22. What percentage of your emergency responders can you currently outfit with medical PPE?

- ☐ None (0%) ☐ Few (1-25%) ☐ Some (26-50%) ☐ Many (51-75%) ☒ Most (76-99%)
- ☐ All (100%) ☐ Don't know

23. Which of the following air quality measures does your department monitor at the fireground?

- (check all that apply) ☒ CO (Carbon Monoxide) ☐ HCN (Cyanide) ☒ O<sub>2</sub> (Oxygen)  
☐ VOC (Volatile organic compound) ☐ Do not monitor ☐ Other (specify) \_\_\_\_\_

24. Which of the following cancer prevention best practices or policies apply to your department? (check all that apply)

- ☒ Cancer screening program ☒ Diesel exhaust capture/removal ☐ Gross decontamination of gear at the fireground  
☒ Prohibit structural firefighting gear in the living quarters of fire stations  
☒ Provide cleaning wipes for use on face/neck/hands ☐ Provide two hoods ☐ Provide a second set of structural firefighting gear for all firefighters  
☐ SOPs/SOGs for cleaning gear after a fire ☐ Training to 'shower within an hour' after a fire  
☐ Transport gear in a sealed container or outside compartment ☒ Wash PPE after each exposure  
☐ Other (specify) \_\_\_\_\_ ☐ None of these

## PART IV. COMMUNITY RISK REDUCTION ACTIVITIES

25. What education programs or activities does your department conduct? (check all that apply)

- ☐ Campus fire safety education ☐ Car seat installation ☐ Cardiopulmonary resuscitation (CPR) instruction  
☒ Free distribution of home smoke alarms ☒ Free installation of home smoke alarms ☒ Fire Prevention Week activities  
☐ Home fire sprinkler education ☐ Home safety visits  
☐ Older adult fire safety program based on a national model program  
☐ School fire safety education program based on a national model curriculum  
☐ Wildfire safety program based on a national model program ☐ Youth fire-setter program  
☐ Other (specify) \_\_\_\_\_ ☐ No education program or activities

26. Which of the following apply to your department's education programs or activities? (check all that apply)

- ☐ Based on a Community Risk Assessment ☐ Incorporates data on your community's demographics  
☐ Collect data on number of people reached ☐ Measure impact over time ☒ None of these ☐ Not applicable

27. Who determines that a fire was deliberately set? (check all that apply)

- ☒ Fire department fire investigator ☒ Regional/state fire task force investigator  
☒ Incident command or other front line or company fire officer ☒ Police department ☐ Contract investigator  
☐ Insurance investigator ☐ Other (specify) \_\_\_\_\_

28. What engineering programs or activities does your department conduct? (check all that apply)

- ☐ Construction plans review ☐ Permit approval ☐ Permit inspections (for new construction)  
☐ Certificate of occupancy ☐ Pre-incident planning  
☐ Routine testing of active automatic systems (e.g., fire sprinkler, detection/alarm, smoke control)  
☐ Hazard Mitigation Planning Risk Assessment

If you have a Hazard Mitigation Planning Risk Assessment program, does your plan include:

- ☐ Natural disasters (hurricanes, wildfire, tornadoes, floods, earthquakes) ☐ Industrial chemical disasters  
☐ Transportation disasters ☒ No such engineering programs

29. Who conducts the fire code inspections in your community? (check all that apply)

- ☐ Full-time fire department inspectors ☐ In-service (on duty) or volunteer firefighters ☐ Separate inspection bureau  
☐ Building department ☒ State inspection/fire prevention bureau ☐ No one ☐ Other (specify) \_\_\_\_\_

30. If your department conducts inspections, what percentage are performed at the recommended frequency based on the risk levels described in NFPA 1730?

- ☐ High (annually) ☐ Moderate (biennially) ☐ Low (triennially) ☐ Critical infrastructure (per AHJ)  
☒ Not applicable ☐ Other (specify) \_\_\_\_\_

## PART V. FACILITIES, APPARATUS, AND EQUIPMENT

31. Number of fire stations: 2 Number of stations over 40 years old: 2

Number of stations having backup power: 1

Number of stations equipped for exhaust emission control (e.g. diesel exhaust extraction): 1

Number of stations with private or separate facilities for men and women: 1

Number of stations meeting current building/fire codes: 2

## 32. Does your department have training facilities and/or access to facilities for required training

(e.g., burn/smoke building, ladder tower, live props)? (check all that apply)

- ☐ Owns/operates a training facility    ☒ Access to a training facility within an hour's drive  
☐ Access to a training facility that is more than an hour's drive away    ☐ No access to a training facility  
☐ Other (specify) \_\_\_\_\_

## 33. Apparatus.

A. Number of each type of apparatus in service and reserves (numbers by age should sum to total):

Age (years)	Engines / Pumpers		Ladders / Aerials		Tankers / Tenders		Ambulances or other Transport Vehicles		Other Apparatus (e.g., heavy rescue)	
	In Service	Reserve	In Service	Reserve	In Service	Reserve	In Service	Reserve	In Service	Reserve
0 - 14							1		1	
15 - 19	1								2	
20 - 29	1				1		1			
30 +	2				1					
Unknown										
TOTAL	4	0	0	0	2	0	2	0	3	0

## B. Does your fire department have a plan for apparatus replacement on a regular schedule?

- ☐ Yes, plan and have adequate budget/funding    ☐ Yes, plan and have limited budget/funding    ☐ Plan only    ☐ Budget/funding only    ☒ No plan or budget

## C. Does your fire department have an apparatus inspection and maintenance program?

- ☐ Yes, both    ☐ Inspection only    ☒ Maintenance only    ☐ Neither    ☐ Don't know

## 34. Which of the following does your department require prior to a member driving an emergency vehicle? (check all that apply)

- ☐ Certification or specific training    ☒ Hands-on training using the actual vehicle  
☐ Demonstration of competency at least once a year    ☐ Formal driver's training at least twice a year  
☐ None of these

## 35. Does your department provide training in traffic incident management/roadway operations safety? (check one)

- ☒ Yes    ☐ Planning in progress    ☐ No

## 36. What percentage of your on-duty emergency responders can be equipped with portable radios?

- ☐ None (0%)    ☐ Few (1-25%)    ☐ Some (26-50%)    ☐ Many (51-75%)    ☒ Most (76-99%)    ☐ All (100%)

## 37. Self-contained breathing apparatus (SCBA).

A. What percentage of your on-duty emergency responders can be equipped with SCBA?

- ☐ None (0%)    ☐ Few (1-25%)    ☐ Some (26-50%)    ☒ Many (51-75%)    ☐ Most (76-99%)    ☐ All (100%)

B. What percentage of your SCBA are 10 years old or older?

- ☐ None (0%)    ☐ Few (1-25%)    ☐ Some (26-50%)    ☐ Many (51-75%)    ☐ Most (76-99%)    ☒ All (100%)    ☐ Don't know

C. Does your department have an SCBA repair program?

- ☐ Yes, in-house repair program    ☒ Yes, third-party service    ☐ No repair program    ☐ Other (specify) \_\_\_\_\_

## 38. Personal protective clothing for structural firefighting.

A. How many of your emergency responders are equipped with personal protective clothing?

- ☐ None (0%)    ☐ Few (1-25%)    ☐ Some (26-50%)    ☐ Many (51-75%)    ☐ Most (76-99%)    ☒ All (100%)

B. How many of your department's personal protective clothing is 10 years of age or older?

- ☐ None (0%)    ☐ Few (1-25%)    ☐ Some (26-50%)    ☒ Many (51-75%)    ☐ Most (76-99%)    ☐ All (100%)    ☐ Don't know

C. Do you have reserve personal protective clothing sufficient to equip 10% of your emergency responders? (check one)

- ☒ Yes    ☐ No    ☐ Don't know

D. Is your personal protective ensemble inspected and tested each year?

- ☒ Inspected only    ☐ Tested only  
☐ Inspected and tested    ☐ None of these

- E. Does your department have laundering facilities or provide services (external) to clean contaminated personal protective clothing? ☒ We have laundering facilities ☐ We utilize an outside service  
☐ We have our own facilities and use an outside service ☐ Neither facilities nor outside service

### 39. Multi-agency communication.

- A. Can you communicate by radio on an incident scene with your local/state/federal emergency response partners (includes frequency compatibility)? (check one) ☒ Yes ☐ No ☐ Don't know

### 40. Dispatch.

- A. Who operates your 911 center/public safety answering point (PSAP)?  
☐ Police department ☐ Fire department ☒ City/county ☐ Regional ☐ Private company  
☐ Other \_\_\_\_\_
- B. Do you also have a backup dispatch facility? (check one) ☒ Yes ☐ No
- C. Features of your PSAP (check all that apply):  
☒ Fire calls processed by the same center that answered the initial call ☐ Fire calls are transferred to another center  
☐ Firefighter-certified staff in your PSAP ☒ Use Emergency Medical Dispatch protocols  
☐ Use Emergency Fire Dispatch protocols ☐ Engage callers in sharing/providing live video or photos from on-scene  
☐ None

## PART VI. ABILITY TO HANDLE CHALLENGING INCIDENTS

### 41. Wildland-Urban Interface (WUI) and wildland fire.

- A. Is protecting structures in the Wildland-Urban Interface (WUI) a role your fire department performs? (check one)  
☒ Yes ☐ No (If no, go to Question 42.)
- B. What is the maximum number of involved structures during a wildfire event your department could handle alone?  
☒ 1 ☐ 2-5 ☐ 6-20 ☐ 21+
- C. What is the maximum area of a wildfire (acres) your department could handle alone?  
☐ Less than 1 acre ☒ 1-10 acres ☐ 11-50 acres ☐ 51-100 acres ☐ Greater than 100 acres
- D. If you had a wildfire incident affecting 2-5 structures how far would you have to go to obtain enough people with specialized training and equipment for this incident? (check one) ☐ Local would be enough ☒ Regional ☐ State ☐ National
- E. If you had a wildfire incident affecting 6-20 structures how far would you have to go to obtain enough people with specialized training and equipment for this incident? (check one) ☐ Local would be enough ☐ Regional ☒ State ☐ National
- F. If you had a wildfire incident affecting more than 20 structures how far would you have to go to obtain enough people with specialized training and equipment for this incident? (check one) ☐ Local would be enough ☐ Regional ☐ State ☒ National
- G. Do you have a plan for obtaining assistance from others for a wildfire? (check one)  
☒ Yes, written agreement ☐ Yes, informal ☐ Other (specify) \_\_\_\_\_ ☐ No

### 42. Specialized / Technical Rescue.

- A. Does your department perform any of the following types of rescue operations? (check all that apply)  
☐ Confined space rescue ☐ Machinery rescue/extrication ☐ Rope rescue (i.e., high angle, low angle)  
☐ Structural collapse Rescue ☐ Trench rescue ☐ Water rescue (i.e., ice, swift, surface)  
☒ No department role (go to Question 43)
- B. For the following types of rescue operations, has your department provided training to your personnel who perform this role?
- Confined space rescue ☐ Yes ☐ No
  - Machinery rescue/extrication ☐ Yes ☐ No
  - Rope rescue (i.e., high angle, low angle) ☐ Yes ☐ No
  - Structural collapse Rescue ☐ Yes ☐ No
  - Trench rescue ☐ Yes ☐ No
  - Water rescue (i.e., ice, swift, surface) ☐ Yes ☐ No

### 43. Response to fires involving lithium-ion battery fires.

- A. Does your department provide training on responding to fires involving lithium-ion batteries?  
☐ Yes ☐ Planning in progress ☐ No ☒ (If no, go to Question 43D.)

B. What topics have you covered or planned to cover? (check all that apply):

- ☐ Consumer products    ☐ Energy storage systems (ESS)    ☐ Electric vehicles (EV)  
☐ Tactical response needs    ☐ Other (specify) \_\_\_\_\_

C. What materials are you using or will use to provide this training (check all that apply)?

- ☐ Department-produced materials/curriculum    ☐ Industry/vendor representatives    ☐ Third-party training service  
☐ Other (specify) \_\_\_\_\_

D. Has your department purchased special equipment/devices for responding to electric vehicle (EV) fires (check all that apply)?

- ☐ Additives    ☐ Fire blankets    ☐ Low profile water distribution appliance    ☐ Penetrating nozzle  
☐ Ultra high pressure extinguishing lance    ☒ Other (specify) NO \_\_\_\_\_

E. Has your department developed specific SOPs/SOGs for the use of these devices?

- ☐ Yes    ☒ No    ☐ In development

F. How did your department determine the suitability/applicability of these devices?

- ☐ Internal research    ☐ Outside subject matter expertise (non-vendor)    ☐ Vendor information/materials  
☐ Other (specify) \_\_\_\_\_