

Department Resource Information Form

LODD Protocol Assistance

Date: \_\_\_\_\_

Department: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Chief: \_\_\_\_\_ Contact # \_\_\_\_\_

Assistant Chief: \_\_\_\_\_ Contact # \_\_\_\_\_

Public Information Officer: \_\_\_\_\_ Contact # \_\_\_\_\_

Chaplain: \_\_\_\_\_ Contact # \_\_\_\_\_

LODD Protocol Coordinator(s) \_\_\_\_\_

Family Coordinator \_\_\_\_\_ Contact # \_\_\_\_\_

Family Coordinator \_\_\_\_\_ Contact # \_\_\_\_\_

Funeral Coordinator \_\_\_\_\_ Contact # \_\_\_\_\_

Funeral Coordinator \_\_\_\_\_ Contact # \_\_\_\_\_

Benefit Coordinator \_\_\_\_\_ Contact # \_\_\_\_\_

Hospital Coordinator \_\_\_\_\_ Contact # \_\_\_\_\_

Department Coordinator \_\_\_\_\_ Contact # \_\_\_\_\_

Department Coordinator \_\_\_\_\_ Contact # \_\_\_\_\_

Procession Coordinator \_\_\_\_\_ Contact # \_\_\_\_\_

Cemetery Coordinator \_\_\_\_\_ Contact # \_\_\_\_\_

Department Structure:  Paid  Volunteer  Combination

EMS:  Yes  No

Number of employees: \_\_\_\_\_ Number of volunteers: \_\_\_\_\_

Number of administration staff: \_\_\_\_\_

Auxiliary:  Yes  No

Union:  Yes  No If yes, Local Number# \_\_\_\_\_

Union Address: \_\_\_\_\_

\_\_\_\_\_

Union Phone: \_\_\_\_\_

Union Fax: \_\_\_\_\_

Union President: \_\_\_\_\_

Member of other fraternal organizations?  Yes  No

If yes, Organization name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Organization name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Local Fire Marshal: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**City Dynamics**

City    County    ESD    Private

City Office: \_\_\_\_\_

\_\_\_\_\_

Mayor: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

County: \_\_\_\_\_

County Commissioner: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Private: \_\_\_\_\_

Headquarters: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Mutual Aid contracts?  Yes  No

If yes, provide names: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Served by a J.P.?  Yes  No

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Medical Examiner: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Department Attorney: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Primary Hospital: \_\_\_\_\_

Hospital CEO: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**Insurance & Benefits**

Workers Compensation    Private Insurance    City Benefits

Workers Compensation Insurer: \_\_\_\_\_

Policy Holder: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Location of Policy: \_\_\_\_\_

\_\_\_\_\_

Private Insurer: \_\_\_\_\_

Policy Holder: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Location of Policy: \_\_\_\_\_

\_\_\_\_\_

Private Insurer: \_\_\_\_\_

Policy Holder: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Location of Policy: \_\_\_\_\_

\_\_\_\_\_

City Benefits: \_\_\_\_\_

Benefits Coordinator: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

City Benefits: \_\_\_\_\_

Benefits Coordinator: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Other Benefits? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### **Employee Information**

Location of employee files/application: \_\_\_\_\_

Contact name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

C.I.P. in place?  Yes  No

Last updated? \_\_\_\_\_

Location of C.I.P. \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Department require medical screenings?  Yes  No

Department psychologist:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Uniform Supply:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**CISD Team:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**American Red Cross Coordinator:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**Salvation Army:**

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**Bus Company (for rehab):**

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**Food Services**

**Local Pizza Company:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**Local Deli or Sandwich Store:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**Other:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**Super Stores**

**Wal-Mart:**

Manager: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**Target:**

Manager: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**Local Grocery Store:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_