

Resource Inventory

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| **Division #:** |  |
| **Completed by:** |  |
| **Cell Phone:** |  |
| **Email:** |  |

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| --- | --- |
| **Name of Fire Department:** |  |
| **Number of Stations:** |  |
| **Number of Full-Time Personnel:** |  |
| **Number of Part-Time Personnel:** |  |

**List Resources within your Fire Department**

**(Engine, Truck, Ambulance, Squads, Tenders, Brush Trucks, Rescues, etc.)**

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| **Resource** | **Typed (NIMS)** | **Location (Station and Address)** |
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**Can you support Inter-Division (Out of Division) Resources?**

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| Resource (Equipment/Personnel) | Typed (NIMS) | Amount (#) |
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**Do you have specialized MRP’s**

(Light Pods, Generators, Hazmat, Tech Rescue, Drone, Logs Trailer, etc.)

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| --- | --- | --- |
| Resource (Equipment/Personnel) | Typed (NIMS) | Amount (#) |
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| **General Remarks/Comments:** |  |