PSAP Survey

PSAP Name: _____

Physical Address: _____

Director/Manager: _____

Telephone: _____

Primary Contact: _____

Secondary Contact: _____

Telephone: _____

24x7 Number: _____

CPE Manufacturer: _____

CPE Model: _____

CAD Manufacturer: _____

CAD Model: _____

Mapping Manufacturer: _____

Mapping Model: _____

Radio System Manufacturer: _____

Radio System Description: _____

Emergency Medical Dispatch Program (EMD) _____

EMD Version: _____

Mobile Data Computer Manufacturer (MDC) _____

MDC Model or Version: _____

Participating in TERT Deployments: ○ Yes ○ No

Staffing Types:

☐ Call Takers Only (Select Discipline)

- ☐ Law Enforcement
- ☐ Fire
- ☐ EMS
- ☐ Public Safety (All 3 Disciplines)

☐ Radio Dispatchers only (Select Discipline)

- ☐ Law Enforcement
- ☐ Fire
- ☐ EMS
- ☐ Public Safety (all 3 Disciplines)

☐ Telecommunicator (Both Call Taker & Radio Dispatcher)

- ☐ Law Enforcement
- ☐ Fire
- ☐ EMS
- ☐ Public Safety (all 3 Disciplines)

Shift Length:

- ☐ 8 Hours
- ☐ 10 Hours
- ☐ 12 Hours
- ☐ Other

Number of Positions

- ☐ Call Takers
- ☐ Radio
- ☐ Telecommunicator
- ☐ Other (describe)

Public Safety Agencies

Please list all the Law Enforcement Agencies you serve:

Please list all the fire Agencies you serve:

Please list all the EMS Agencies you serve: