EXETER FIRE DEPARTMENT MONTHLY CONSOLIDATED REPORT

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| MO: | JANUARY | 2024 |
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| IVIC): | JANUARY | 2024 |

| MO: JANUARY | 2024 | | | | THIS | THIS | LAST |
|-------------------------------|-------------|-------------|-------------|------------------------------|------|------|-------------|
| PART 1 FIRE | THIS MO. | THIS YTD | LAST YTD | ALARMS | MO. | YTD | YTD |
| Appliance | 2 | 2 | 2 | Master Box, Fire Alarm | 0 | 0 | 0 |
| Brush | 0 | 0 | 0 | Fire Alarm Maint/Malfunction | 0 | 0 | 0 |
| Chimney | 0 | 0 | 0 | Sprinkler System Malfunction | 0 | 0 | 0 |
| Structure | 0 | 0 | 0 | Fire Alarm, Private | 24 | 24 | 24 |
| Trash | 0 | 0 | 0 | The Alam, Thvate | 24 | 24 | 24 |
| Vehicle | 0 | 0 | 0 | | | | |
| Spill, Leak w/Fire | 0 | 0 | 0 | EMERG. RESPONSES | 126 | 126 | 124 |
| Electrical | 0 | 0 | 0 | LINERO. RESI ONSES | 120 | 120 | 127 |
| Explosion | 0 | 0 | 0 | | THIS | THIS | LAST |
| Unauthorized Burn | 0 | 0 | 0 | SERVICE CALLS | MO. | YTD | YTD |
| Controlled Burn | 0 | 0 | 0 | Fire Alarm System | 0 | 0 | 0 |
| Bomb Scare | 0 | 0 | 0 | Radio Box System | 0 | 0 | |
| Smoke in the Area | - | | | Fire Permits Issued | _ | 10 | 0 4 |
| | 0 | 0 | 0 | | 10 | 2 | 4 1 |
| Smoke in the Building | 0 | 0 | 0 | Service Call, Not Classified | 2 | 2 | ı |
| Water Emergency | 3 | 3 | 3 | TOTAL DART I | 420 | 420 | 400 |
| Smoke/Odor Removal | 0 | 0 | 0 | TOTAL PART I | 138 | 138 | 129 LAST |
| Power Line Down | 3 | 3 | 13 | DART II FIRE PREVENTION | THIS | THIS | LAST |
| Wires Arcing/Short Electrical | 1 | 1 | 0 | PART II FIRE PREVENTION | MO. | YTD | YTD |
| Building Collapse | 0 | 0 | 0 | Plan Reviews | 1 | 1 | 3 |
| Fire Investigation | 0 | 0 | 0 | Drills/Public Education | 3 | 3 | 5 |
| Fire Mutual Aid, Given | 6 | 6 | 3 | Pre-Planning | 1 | 1 | 0 |
| Fire Mutual Aid, Received | 0 | 0 | 0 | Inspections | • | • | • |
| Fire, Not Classified | 0 | 0 | 0 | Assembly | 3 | 3 | 0 |
| | | | | Education | 1 | 1 | 0 |
| HAZ. MATERIAL | | • | | Healthcare | 1 | 1 | 0 |
| Chemical Leak/Spill | 0 | 0 | 0 | Residential | 1 | 1 | 0 |
| LPG/Nat'l Gas Leak | 4 | 4 | 3 | Mercantile | 0 | 0 | 0 |
| Gas, Leak, Spill | 0 | 0 | 1 | Business | 1 | 1 | 0 |
| Hazmat Investigation | 0 | 0 | 0 | Industrial/Storage | 0 | 0 | 0 |
| Carbon Monoxide | 3 | 3 | 5 | Hazard Inspection | 4 | 4 | 2 |
| Hazmat, N/C Above | 0 | 0 | 1 | Oil Burner Inspection | 0 | 0 | 5 |
| | | | | Site Inspection/Multi | 0 | 0 | 2 |
| RESCUE | | | | Day Care Life Safety | 0 | 0 | 0 |
| Auto Accident/Extrication | 11 | 11 | 10 | Tank Removal Inspection | 0 | 0 | 0 |
| Industrial Accident | 0 | 0 | 0 | Permits | | | |
| Lock In/Out | 5 | 5 | 6 | Assembly Permits | 3 | 3 | 0 |
| Water Rescue | 0 | 0 | 0 | Blasting Permits | 0 | 0 | 0 |
| Search | 0 | 0 | 1 | Oil Burner Permits | 2 | 2 | 5 |
| Elevator Emergency | 1 | 1 | 0 | Fire Alarm Permits | 2 | 2 | 3 |
| Assist Ambulance | 63 | 63 | 51 | Extingushing System Permits | 1 | 1 | 1 |
| Assist Police | 0 | 0 | 1 | Tank Removal Permits | 0 | 0 | 0 |
| Rescue N/C Above | 0 | 0 | 0 | Fire Safety Inspections | 4 | 4 | 3 |
| | | | | TOTAL PART II | 28 | 28 | 29 |

| Emergency Responses | 102 | 102 | 100 |
|----------------------------|-----|-----|-----|
| | | | |
| FIRE LOSS | | | |
| Structure | 0 | 0 | 0 |
| Vehicles | 0 | 0 | 0 |
| Other | 0 | 0 | 0 |
| TOTAL FIRE LOSS \$ | 0 | 0 | 0 |

| Monthly | |
|----------------------|----|
| Property Total Value | 0 |
| Vs. Estimated Damage | 0 |
| Percentage Lost | 0% |
| - | |

| Year to Date | |
|----------------------|----|
| Property Total Value | 0 |
| Vs. Estimated Damage | 0 |
| Percentage Lost | 0% |

| AMBULANCE - PART III | | THIS MO. | THIS YTD | LAST YTD | STATISTICAL INFO: | | | |
|---|------|----------------------------|----------------------------|---------------------------|--|----------------|--------|----------------|
| Allergic Reaction | | 1 | 1 | 0 | Personnel - Total 38 | | | |
| Behavioral | | 15 | 15 | 16 | | | | |
| Cardiovascular | | 16 | 16 | 12 | a. Administrative | 5 | | |
| Diabetic | | 2 | 2 | 1 | b. Permanent FF | 28 | | |
| Gastrointestinal | | 21 | 21 | 13 | c. Civilian | 1 | | |
| Heat/Hyperthermia | | 0 | 0 | 0 | d. Call FF | 4 | | |
| Hypothermia/Frostbite | | 0 | 0 | 0 | | | | |
| Neurological | | 33 | 33 | 24 | Training Hours | THIS | THIS | LAST |
| OB/GYN | | 1 | 1 | 2 | • | MO. | YTD | YTD |
| Poisoning/Overdose | | 2 | 2 | 3 | a. Permanent | 568. | 568.5 | 228.5 |
| Opioid Response | | 2 | 2 | 1 | b. Call | 0 | 0 | 0 |
| Respiratory Distress | | 22 | 22 | 22 | | | | |
| Toxic Exposure | | 1 | 1 | 4 | | | | |
| Trauma | | 55 | 55 | 33 | TOTAL HOURS | 568. | 568.5 | 229 |
| Urinary Tract | | 7 | 7 | 7 | - | • | | |
| Vascular | | 5 | 5 | 6 | | | | |
| Lift Assist | | 27 | 27 | 24 | | THIS | THIS | LAST |
| Hospital to Hospital | | 0 | 0 | 0 | PART IV HEALTH | MO. | YTD | YTD |
| Ambulance, Not Classified | | 12 | 12 | 5 | | | | |
| Ambulance Mutual Aid, Give | en | 5 | 5 | 2 | Rest./Food Service | 10 | 10 | 9 |
| Ambulance Mutual Aid, Rec | 'd | 0 | 0 | 1 | Residential Inspection | 2 | 2 | 3 |
| | | | | | Business Inspection | 2 | 2 | 2 |
| AMBULANCE TOTAL | | 222 | 222 | 173 | Child Care Inspection | 0 | 0 | 1 |
| | | | | | Animal Complaint | 1 | 1 | 0 |
| TOTAL PATIENT CONTAC | T | 5 | 227 | 188 | 6. Nuisances | 2 | 2 | 3 |
| | | | | | Disease Control/Rep. | 2 | 2 | 3 |
| | THIS | | LAST | | 8. Healthcare/Hospital | 0 | 0 | 0 |
| | MO. | YTD | YTD | | 9. Miscellaneous | 2 | 2 | 5 |
| Medicare/Medicaid | 111 | 111 | 80 | | | | | |
| Commercial Insurance | 42 | 42 | 30 | | TOTAL PART IV | 21 | 21 | 26 |
| Vehicle Insurance | 2 | 2 | 2 | | | | | |
| Self Pay | 1 | 1 | 2 | | FIDE DEDT, DEVENUE | T1116 | T. 110 | |
| No Transport | 73 | 73 | 74 | | FIRE DEPT. REVENUE | THIS | | LAST |
| | | | | | | MO. | YTD | YTD |
| BREAKDOWN BY AMBULA | ANCE | SERVIC | E | | Accounts Billed | 5 | 5 | 8 |
| | | THIS | THIS | LAST | Amount Billed | 175 | 175 | 310 |
| | | MO. | YTD | YTD | Amount Collected | 175 | 175 | 310 |
| | ALS | 53 | 53 | 42 | , 5 5 5 5 | | | 0.0 |
| | BLS | 29 | 29 | 17 | HEALTH DEPT. REVENUE | THIS MO. | | LAST YTD |
| Potential EMS loss to | | _ | _ | | | _ | = | _ |
| mutual aid response. | | 0 | 0 | 556 | Accounts Billed | 6 | 6 | 5 |
| AMBULANCE REVENUE | | THIS MO. | THIS YTD | LAST YTD | Amount Billed Amount Collected | 1,550 1,550 | | 1,125 1,125 |
| Accounts Billed | | 79 | 79 | 61 | | | | |
| Amount Billed Contracted Allowances Net Commitments | | 77,598 36,616 40,982 | 77,598 36,616 40,982 | 36,191 8,431 27,760 | | | | |
| Amount Collected | | 52,107 | 52,107 | 49,165 | | | | |