SOUTHERN REGION EMS COUNCIL, INC.

Communications Questionnaire 2018

(Note: Complete this form ONLY if the service is requesting communications equipment)

Name of Service:_____

Mailing Address:_____

Phone:_____ Fax:_____ Satellite Phone:_____

Contact Person:_____ Email:_____

Community Profile

1. Emergency Number: 911_____ Other (please list):_____
2. Population of your response area: _____
3. Operational Area in square miles: _____
4. Road Coverage in Miles: _____
5. Number of miles to nearest clinic: _____
6. Is there access to clinic by (check each transport method): ☐road ☐water ☐air
7. Number of miles to the nearest Hospital: _____
8. Is there access to clinic by (check each transport method): ☐road ☐water ☐air
9. Describe problems you may be having with your current communication system. What, if any, geographic barriers limit your radio communication? (Attach additional sheets if needed.)

Systems Profile

1. What type of radio(s) is your **service** currently using?
   ☐UHF ☐CB ☐Walkie-Talkie ☐Marine ☐HAM ☐Other
2. Is your current system ALMR compatible? ☐Yes ☐No ☐Don't know
3. Are you using ALMR? ☐Yes ☐No
4. Who maintains your current system?
   _____
5. What other type of radios are used in your **community**?
   ☐UHF ☐CB ☐Walkie-Talkie ☐Marine ☐HAM ☐Other
   Is the system ALMR compatible? ☐Yes ☐No ☐Don't know
6. Is your service responsible for local search and rescue? ☐Yes ☐No
   If no, what agency is?_____
7. Does your service assist with local search and rescue? ☐Yes ☐No
8. Who is the contact for information about your service's communication system?

Name_____Phone:_____

Email:_____

Attach additional sheets if necessary