

GUIDELINE: #426

ADOPTED: January 01, 2002

REVIEWED: **01/12/17**

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SUBJECT: PERSONNEL GUIDELINES: Alarm Attendance Percentage Requirements

PURPOSE: To establish a minimum alarm attendance guideline.

OBJECTIVE: To establish specific guidelines for the administration, posting, and issues associated with this guideline. To provide a mechanism that may increase the proficiency of SCAFD Firefighters.

1. The minimum alarm response percentage required of all firefighters, radio operators, and support personnel shall be ~~twenty-five percent (25%). Effective January 1, 2015 all firefighters, radio operators, and support personnel shall be~~ thirty-five percent (35%) and all officers shall be forty-five percent (45%)

2. On a monthly basis, personnel will have their attendance calculated by the Accounting/Clerical Specialist.

3. The list will be posted at each station and will include all personnel.

4. Personnel will be required to declare a 12 hour shift they are considered available to respond to alarms. The times indicated shall be based on a seven (7) days per week status and may only be changed once a month.

(Note: Once the percentages are calculated and letters are sent out, those failing to comply with this SOG will not be allowed changes to bring their percentage up, unless it is determined the error was made by the Officer sending the letter or the Acct/Clerical Specialist.)

5. Individuals will be responsible for the calls within their 12 hour available period for their stations calls, as well as dual station alarms, AMA, and MA calls. If an individual responses outside their available hours and/or outside their station alarms, they will be given credit for the alarm. This will make the individuals available for that alarm and they will be given credit for both available and response. Alarms outside your available time or the opposite single station response will not be counted against you.

6. It shall be the responsibility of each person to advise the Acct/Clerical Specialist of time period changes.

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7. Other situations that may constitute non-responsibility for a particular alarm include:
- A. Sick leave (A Medical Clearance Report from your doctor will be required to report back to active duty)
 - B. Leave of absence (officially in writing)
 - C. Extraordinary circumstances may be reviewed on a case by case basis by the Chief and Responsible Officer
8. Abuse of the list above may constitute a formal review of the individual's status by an Officer or Fire Chief.
9. On a quarterly basis, the officer assigned to enforce this SOG will also review overall responses and availability to alarms of each personnel. If it is found that on a regular basis the availability and response of any personnel does not allow said person adequate time for the SCAFD, information will be passed along to the Fire Chief to be addressed on a case by case basis.
- Note: It is hoped that that each person shall evaluate his/her own situation and address the issue before it is taken to this level.
10. Infractions shall be dealt with as prescribed in SOG 420; Discipline. If discipline is needed, the period of time that will constitute enforcement will be on a quarterly basis of January 1 to March 31, April 1 to June 30, July 1 to September 30, October 1 to December 31.
- COMMENT: The intent of this SOG is to provide a mechanism that will foster an acceptable proficiency level for firefighting and support personnel. If commitments outside of the SCAFD do not allow you to fulfill this SOG, then a self-evaluation should be conducted. A face-to-face discussion with the Fire Chief may resolve any questions as to individual deficiencies.

Hours Available Declaration Form

The hours you fill out below are based on 12 hours you are **AVAILABLE** to respond to alarms.
All hours must equal a 12 hour period.

The only excuse from alarms shall be vacations scheduled in advance.

All other excuses will be evaluated by the Fire Chief after receiving a written request.

I am available between _____ and _____, 7 days a week.

Printed Name: _____ ID#: _____

Signature: _____ Date: _____