

Attachment A: PSAP Survey

Below are the recommended minimum data sets for the PSAP Survey.

PSAP NAME:

Physical Address:

Primary Contact:

Secondary Contact:

24X7 Number:

CPE Manufacturer:

CPE Model:

CAD Manufacturer:

CAD Model:

Mapping Manufacturer:

Mapping Model:

Radio System Manufacturer:

Radio System Description:

Staffing: (are your staff trained as:)

- Calltaker only
- Calltaker Police
- Calltaker Fire/EMS
- Calltaker, Police and Fire/EMS
- EMD Program: