



**A Tradition of
Excellence
in Public Safety
Since 1872**

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Fire Chief

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Salisbury Fire Department Newsletter

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3rd Quarter - 2014

From the Desk of the Fire Chief

“Where Does The Time Go?”

As the first calendar quarter draws to a close, I find myself reflecting on the last year and what has transpired over that time period. April 2014 marks the end of the first year of my tenure as fire chief of this great organization. Since last April the department has really come together and worked toward our goal of becoming a truly integrated combination Fire and EMS Service. I am so proud of the efforts we have made and look forward to continuing this progress toward becoming a model agency that other departments will pattern their efforts on.



The months of January through March have been busy for the department and that includes the Chief's Office. During this time period we have worked diligently to produce a comprehensive Capital Improvement Plan (CIP) for the next five years. The CIP comprises many needed capital projects that include new fire stations and apparatus replacement based on need, following an evaluation of mileage, condition, and maintenance expense for each to determine remaining life expectancy. The volunteer executive board was included in the planning of the CIP and a financial plan has been developed which supports many of the CIP projects and some that do not fit into the CIP but are needed to fulfill our mission.

Immediately following the CIP, marked the beginning of the preparation phase for the annual operating budget for the department. This year was much like many of the previous years with instructions that included restrictions on requests based on our current and projected economic conditions. The department was able to submit its budget requests and did so on time with additional requests for critical needs that did not align themselves with the budget instructions. There were several major requests made that include: construction of a new Fire Station # 2 (from the CIP), S.A.F.E.R. funding requests, and the creation of a new Division of Fire Prevention and Code Enforcement; which is projected to be revenue positive for the City and designed to enhance the safety of our citizens and emergency services personnel.

Continued...

From the Desk of the Fire Chief (continued)

The executive staff of the SFD continues to focus on achieving our vision of becoming a fully integrated combination Fire and EMS Department that maintains a high level of pride, professionalism, proficiency, and personal accountability and a full commitment to becoming a model agency for others to follow. Everything we do or approve is focused on this mission and goal. We will continue to strive to make decisions that align the department with this vision and hope that the membership continues to support the changes necessary for the SFD to get to this desired destination. I remain confident in the effort the members of the department put into their profession. The hours of training and preparation continue to show through on the scenes of the emergencies we handle on a daily basis. The members of the SFD continue to face the challenges of emergency service delivery with great energy and enthusiasm.



In closing, the men and women of the Salisbury Fire Department are proud to provide a tradition of excellent public safety service to the residents of the Salisbury Fire District. At the end of my first year as Fire Chief, all I can say is, "Where has the time gone?" I am so grateful for this opportunity and thank you for your continued support. Please know that your service is valued and much appreciated and that I will continue to try to support all of our members in executing their duties.

Respectfully Yours in Service,

Richard A. Hoppes, BS

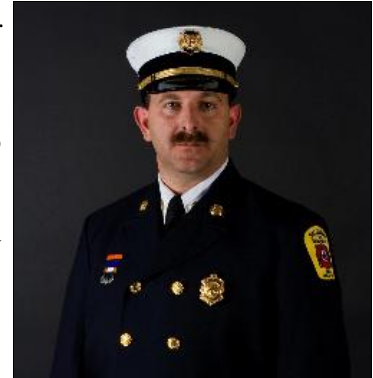
Chief of the Department



A Word from the Deputy Chief of Operations

It's hard to believe that another quarter has passed and summer is rapidly approaching. Your Fire Department has been extremely busy since my last communication. Training, operational activities, and numerous other events have kept us very busy! During this past quarter, the department responded to 808 Fire calls and 2125 Emergency Medical calls for services and experienced several significant calls that resulted in two (2) civilian fire deaths, three (3) civilian injuries and three (3) firefighter injuries. The membership continues to provide the highest level of service it can to the community and citizens we are charged to protect. The breakdown of calls per month is identified in the following chart:

Call Volume per Month		
	Fire	EMS
January	307	706
February	236	682
March	265	737



Unfortunately this past quarter saw several members leave the department seeking employment with other agencies. Firefighters Chris Rathel and Sean Sullivan joined the Ocean City Fire Department and Firefighter Steve Jones will be traveling west to the Anne Arundel County Fire Department. We wish them the best on their future endeavors.....All of them will be missed! Losing personnel is never easy; however, we would like to welcome home two of our brothers from serving overseas – Firefighters Brad Berg and Lucas Turnell. Both members will continue to transition back into the department. In addition to their long awaited return, we have welcomed several new members into the organization. Firefighters James Gardiner and Brady Scott have filled our SAFER funded positions and Firefighters Ryan Armstrong, Timothy Jones and Hunter Nelson are our newest part-time employees.

Highlights of some of the activities occurring around the department:

- The Department's Tenth Annual Medals Day ceremony was conducted on Saturday, April 26, 2014 in conjunction with the 32nd Annual Salisbury Festival. Members and civilians were awarded commendations for acts above and beyond the call of duty.
- Members of the Executive Staff will attend the Congressional Fire Services Institute Annual Caucus and Dinner in Washington, DC on May 1, 2014. This event provides an opportunity for the nation's fire service leaders to meet with federal legislators to discuss public safety issues and concerns. We will be meeting with Congressman Harris and staff members from the offices of Senators Barbara Mikulski and Ben Cardin to discuss the Department's future plans for service delivery and the Department of Homeland Security Assistance to Firefighters Grants program.
- The department is working to improve the safe working conditions while operating on fire scenes. Over the next couple of weeks, the department will take our current compliment of round ladders and increase their visibility by installing a fitted ladder wrap which is a 3M product designed to increase visibility at windows and above roofs, both day and night.

If you'd like to comment on or inquire about any of the services that we provide please feel free to contact me at 410.548.3120 or by e-mail at jtull@ci.salisbury.md.us.

Quote of the Quarter: "It is not the strongest or the most intelligent who will survive but those who can best manage change." – Charles Darwin

Respectfully Yours in Service,

John W. Tull

Deputy Fire Chief of Operations

Hazmat

Acting Lieutenant Ron Wismer



If I tell you that the air in this room is 1% chlorine gas, can you quickly determine how many parts per million that is? A part per million, or ppm for short, is one of the most important safety factors for us in

the hazmat world. Many of our research documents list toxic effect or IDLH in ppm. Our meters however, don't tend to read in ppm. They read in percent in air. So how do we resolve this problem in the field? For those of you who are smarter than me at math, you may have already figured this out. 1% in air is the same as 10,000 ppm. So in our example of chlorine, 10,000 ppm is well beyond the IDLH of 10 ppm.

The other topic I wanted to discuss is this; always bring your toolbox with you. Currently I'm in the middle of a fairly extensive home renovation project. As I was cutting flooring with the wrong tool the other day and making a mess of it, I realized that having the right tool for the job is very important. Many times we have a tendency to downplay the importance of bringing the Hazmat Unit out to scenes. We do not want to make it into a "big deal." So instead of bringing out the unit, we will improvise what we need on the scene. This is the equivalent of bringing a water can, instead of an engine, to a house fire. Sure you might be okay once in awhile, but when you really need those tools, you are in trouble. When you are out on the next gas leak, I want you to think to yourself; "Do I have the right tools for the job?" If the answer is "No," then get the Hazmat Unit on the road. All of those expensive meters and tools do nothing for us if they are left in the station.

For this quarter, I'd like the crews to grab one Tier II report and run the chemicals listed on that plan through the Hazmat IQ system.

Volunteer Corner

Lieutenant Ben Waples



I am pleased to provide an update on the volunteer fire academy. We currently have 16 volunteer recruits participating in the academy, and we have recently completed the first live fire observation and midterm exam.

The members of this class are performing very well, and my fellow instructors and myself could not be more pleased with their progress. The class will be completing the Hazardous Materials Operations course, starting March 29th, 2014. After completing HazMat Ops, we will move back to finish the remainder of the Firefighter I curriculum.

We are looking to complete the academy program in mid-May. I would like to thank the members of the class for their hard work and dedication; it has been an intense schedule and you have handled it well. Keep moving forward.

I would also like to thank the men and women of the Salisbury Fire Department that have helped make the academy run as smoothly as it has. You are the reason the department is so successful.

Emergency Medical Services

Captain David Insley



Every day, paramedics and other first responders see a variety of patient types and challenging environments in medical emergency situations. Patient venous access can present with a number of difficult challenges: reduced vessel options due to blood loss, edema, vaso-constriction, dehydration, varying skin tones, and diffused or no lighting in small spaces.

The VeinViewer Flex assists emergency medical clinicians in rapidly assessing available peripheral vasculature; identifying better options for successful vascular access.

VeinViewer Flex HD imaging, powered by Df² technology is the only vein illumination device that offers real-time feedback throughout the entire venipuncture procedure, Pre-, During- and Post-access.

In an effort to help us improve IV success rates as well as the avoidance of invasive procedures such as I.O. Drills, the Station 16 Volunteer Corporation has graciously provided the department with four (4) of these devices.

Drug of the Quarter

Acting Lieutenant Chris Truitt



Midazolam, or Versed, is primarily used for management of seizure patient's, however it is also used for chemical sedation and post-intubation patients (bucking and shivering)

Midazolam is a member of the benzodiazepine family (a cousin to Valium and Ativan), that acts mainly as a central-nervous system depressant. Midazolam is thought to increase the neurotransmitter GABA, which is the body's main inhibitory neurotransmitter.

By increasing the inhibitory response, the brain activity is decreased which leads to relaxing the entire body. Midazolam has twice the receptor affinity as Diazepam. This means we can treat a patient with less medication. Midazolam is very nice in that it is utilized by the body very quickly even if administered intra-muscularly, and there are current trials with the inter-nasal route.

As always, providers need to be cautious in administration, as it can cause respiratory issues, especially in kids and patients that already have some type of depressant in their system (alcohol, opiates, etc).

I hope this gives you a little more insight into one of the many medications utilized by our Advanced Life Support personnel.

Summer Fire Safety Tips

Kate Miller-Wilson

<http://safety.lovetoknow.com/summer-fire-safety-tips>



Nothing says "summer" like a campfire or bonfire, but these fun activities also present a number of safety hazards. According to a report from the United States Fire Administration, summer is one of the most dangerous seasons for fire-related injuries and deaths. Fortunately, there are plenty of ways to protect yourself and your loved ones while still having a great time.

Campfire Safety Tips

If you'll be spending the summer camping or just toasting marshmallows in the back yard, it's a good idea to educate yourself about campfire safety. Keep the following tips in mind.

Follow Area Rules

Always follow the campfire rules for the area where you are camping or living. Some parks and towns prohibit fires, and these rules are there for a reason. Check the local regulations before you build your fire.

****All open burning, including campfires, are illegal within the City of Salisbury.***

Know to Stop, Drop, and Roll

It is important to make sure that all members of your family know to "Stop, Drop, and Roll" if an article of clothing ever catches on fire. Instead of just talking about it to young children, practice the steps together.

Check Your Surroundings

Choose a location for your campfire where it will not spread. Never build a campfire near any dry leaves or grassy areas or under overhanging tree branches. Before building a campfire, clear away all shrubbery and vegetation from the area, dig a pit for the fire, and surround it with rocks.

Be Smart About Lighter Fluid

Do not store gasoline, liquid fire starter, or any other type of flammable liquid near the campfire. It's too easy for stray flames to ignite these materials.

Keep It Under Control

Do not build large campfires, even if they seem impressive. It's much safer to keep fires small so they are easier to control.

Stay Nearby

Never leave a campfire lit if there is no one to attend to it. If you're going to sleep for the night, always take the time to put the fire out.

Be Prepared

Never light a campfire if you do not have the means of extinguishing it. Always keep plenty of water and a shovel near the campfire to use in an emergency and to put the campfire out when you are finished using it.

Know How to Put It Out

To extinguish a campfire douse it with water, use the shovel to bury the fire with ash and dirt. Then douse the area with water.



Fire Prevention

Assistant Chief James Gladwell



Community Service/Public Education

The Third Quarter of each year usually provides a bit of a respite for the Salisbury Fire Department with regards to requests for community service and public education. The time period after the holidays normally brings colder weather, which generally keeps folks indoors and reduces the amount of requests for community service and training received by the department.

Unfortunately, the slowest time of the year for community service is often a very busy time of the year for fires resulting from faulty heating systems and people using unsafe methods to heat their domain. As is true throughout the year, the department continues to expend many hours attempting to deliver its fire safety message via many avenues.

For the quarter 1 January 2014 - 31 March 2014, the department participated in eight *After the Fire* programs, visiting in excess of 150 homes and installing or replacing 23 smoke alarms and replacing numerous batteries. The department spent 207 staff hours participating in 18 community service/public education events which allowed the SFD safety message to be delivered to 191 adults and 673 children.

The Administration is grateful to all members of the department for their continued effort to support the Mission Statement as it relates to Fire Prevention and Public Education.

Training I

Acting Lieutenant Tony Webster

It was a very busy quarter in training as we completed our mandatory fit testing and SCBA training along with maze evolutions. All stations had outstanding compliance.

The Firefighter I Academy class is going well. All shifts did Engine Company Operations for their March monthly training and April's topic was Rescue Company Operations.

We will soon be sponsoring an Aerial Operations class. As soon as the schedule becomes available, the dates and times will be released.

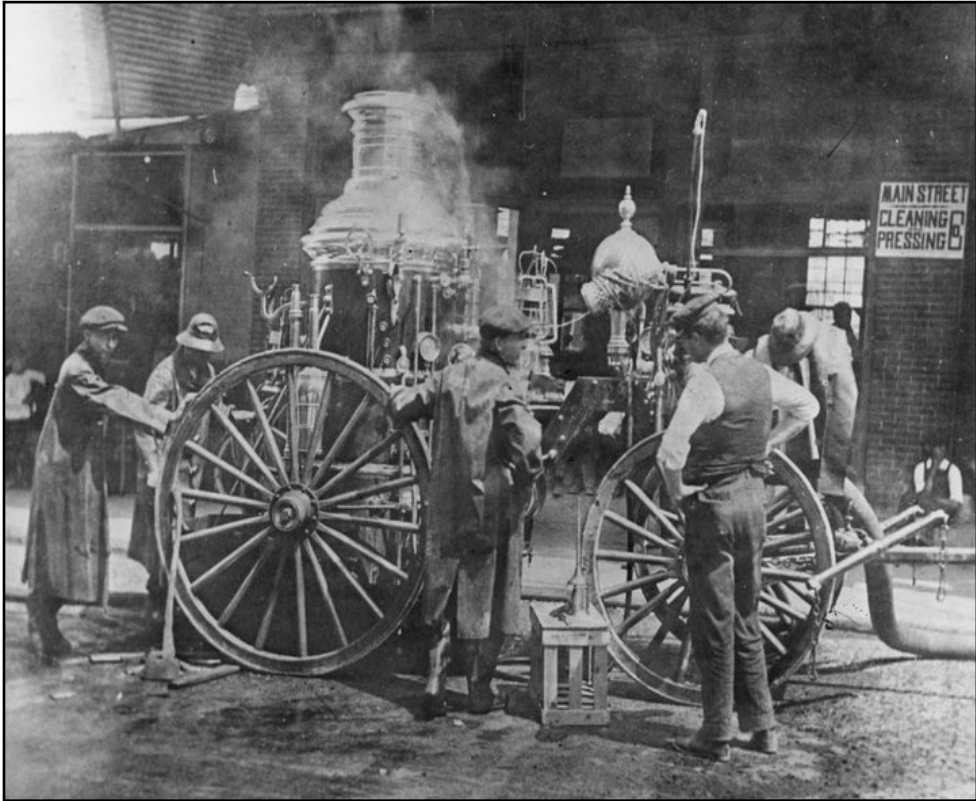
I would like to thank all those that helped with the mandatory burns and maze training. Also a special thanks to the volunteer officers who really helped out during the entire process.

Training	Classes	Attendees	Hours
Administrative	35	185	223.24
Engine Co. Ops	6	36	38.5
EMS	37	252	288.5
Driver Operator	68	213	309
General	62	429	631.15
Incident Command	3	36	70
Rescue Company Ops	18	172	246.5
Special Ops	26	191	320.02
Truck Company Ops	23	196	1754.32
Totals - 3rd Quarter	278	1710	3881.23
FY14 YTD Totals	837	5334	9153.28

History & Heritage

Assistant Chief Bryan Records

It's hard to imagine how far the Salisbury Fire Department has progressed without taking a look back in time. The year was 1879 and the department's first steam powered pumping device had arrived, along with two hose reels, 500 ft. of supply hose and two tons of coal. The town commissioners had voted to purchase a Silsby Steamer at a cost of \$4,100.00, after several major fires had threatened to destroy the city for a second time. They had seen the effectiveness of these



modern machines when the Wilmington (DE) FD responded to help extinguish several major fires in Salisbury. The first installment of \$100.00 was paid on November 3, 1879. Horses were purchased to pull the steamer at a cost of \$419.22 and cost approximately \$5.00 a month to care for. A bill submitted to council on July 29, 1890 by Serman & Lowe requested an amount of \$19.50 feed and care of the horses. Fire destroyed the city a second time in October of 1886. Firefighters raced to the fire on Dock Street and the Silsby steamer failed to operate. Lack of maintenance was the contributing factor in the steamer's failure. As a result, the city hired Jesse Farlow to maintain the steamer for one dollar a day.

On March 13, 1899 the city was nearly destroyed by fire for a third time. Fire broke out at the Jackson Mill on Mill Street, and threatened to overwhelm the department's only steam engine. A used 1875 Silsby steamer purchased by the Grier Brothers from Reading, PA was put into service. Chief Fred Grier, Sr. realized the threat to the city and made a decision that saved the day. The 1879 Silsby redeemed itself after failing to work at the fire of 1886 and pumped for 28 straight hours. After the fire, the department voted to purchase the second steamer at a cost of \$1,200.00 in payments of \$300.00 a year over four years. It would serve the department until October of 1921 when it was sold to the Lewes (DE) FD. One of the greatest mysteries in the department's history surrounds the two steamers. There are several photos of each steamer taken by themselves and the 1879 steamer with the Chief's Buggy, Hose Wagon and Hook and Ladder in a group. However, there are no known photographs of the two Silsby steamers together.

History & Heritage

Continued



The life of the horses serving the Salisbury Fire Department was a dual role for the city. By day they served with the city street cleaner and would race to the fire house when the bell sounded for an alarm. George E. Serman worked for the city as a street cleaner and was also the Chief of the Department.

Dickie and Major were two of the horses to serve the department faithfully until 1916 when the first motorized fire engine was placed in service. Even after they were replaced by motorized apparatus, they had to be restrained whenever the bell rang for a fire alarm. Their instincts of racing to an alarm were as strong as ever.

One hundred thirty-five years have passed and the two horse-powered apparatus of the day have been replaced by 500 horsepower diesel apparatus. Five-dollar -a-month feed and care has been replaced by \$4.00 a gallon fuel and 62-gallon tanks. \$4,100.00 and \$1,200.00 steamers have been replaced by \$350,000.00 pumpers capable of pumping 2,000 gallons per minute.

They say you cannot know where you are going unless you know where you have been. The Salisbury Fire Department has never lost sight of its past and has always progressed into the future.

Training II

FF/PM Matthew D. McCormick

E-Cigarettes and Nicotine Poisoning

Even though they look harmless, and we see more and more adults using them, do you know the true dangers of the new Electronic Cigarettes? Did you know you can get nicotine poisoning? Are you prepared in the assessment and treatment of this?

With the Surgeon General's warning labels on cigarette packages warning smokers of possible cancer and lung disease; and new laws prohibiting smokers from smoking indoors at certain facilities, some smokers are attempting to try and "kick the habit" or change their nicotine intake by using Electronic Cigarettes or E-Cigarettes.

E-Cigs as they are commonly known, are an electronic device that simulates a cigarette by having a small container filled with flavored nicotine. It is activated by the smoker when inhaled causing a delivery of a small amount of nicotine to the smoker and produces a "smoke-free" water vapor when exhaled. The new E-Cigs are not currently regulated by the FDA or any other governmental agency, but are "encouraged" for adult users only per the manufacturer. The particular concern is, unlike the conventional cigarette which is usually bitter, the E-Cig's refillable nicotine is flavored and thus attractive to children.

According to a new study conducted by the Center for Disease Control and Prevention (CDC), nicotine poisonings are on the rise. The CDC warned in the report, released in late March 2014, the number of phone calls to U.S. poison control centers related to E-Cigarette use has increased from just one call per month on average in 2010 to nearly 200 calls per month in early 2014. According to the report, most of these emergencies are linked to the

liquid nicotine within the E-Cigs. If the liquid is released from the cylinder that holds it, the result can be acute nicotine toxicity from direct skin or eye exposure, ingestion, or inhalation.



Although E-Cigs comprise less than 2% of all tobacco-related sales, they now account for more than 40% of poison center calls. More than half of the calls involved children younger than 5 years of age. The refillable nicotine solution is easily absorbed through the skin if spilled. But the overall long-term health impact on adolescents and adults is unclear. Since the E-Cig is currently not regulated by any agency, the CDC has sent requests to have the refillable containers made childproof. This is in attempt to prevent more nicotine poisonings among children and accidental spillage of the nicotine.



Nicotine Poisonings among children under 5 years of age can produce many signs/symptoms and can mimic those of nerve agents or organophosphate poisoning. This can include abdominal cramping, vomiting, diarrhea, oral secretions, and convulsions. Tachycardia and hypertension are common, but bradycardia and hypotension might occur as a result of a severe poisoning.

E- Cigarettes and Nicotine Poisoning Continued



Signs and symptoms will vary depending upon early or late phase exposure and route of exposure: eye, skin, inhalation, or ingestion. Inhalation and ingestion exposure present similarly, and all routes of exposure can present with the following symptoms:

Early

Nausea, vomiting, abdominal pain, increased salivation, fluid build-up in airway, rapid heavy-breathing, hypertension, tachycardia, pale skin, headache, dizziness, agitation, loss of balance and difficulty walking, and visual distortions.

Late

Shallow breathing/apnea, hypotension, diarrhea, bradycardia/dysrhythmia, weakness, lethargic, paralysis, burning sensation of mouth, throat, or stomach.

Eye exposure can present with irritation or redness of eye(s), severe pain, and inflammation. Skin exposure can be irritation or redness (erythema) of effected area. Absorption through the skin may cause whole-body toxicity, and patients may have an allergic reaction to the exposure.

Onset of the symptoms is dependent on the route of exposure and amount absorbed or

ingested by the patient. Early phase symptoms are usually 15 minutes to 1 hour vs. late phase can occur 30 minutes to 4 hours. The most common symptom of nicotine poisoning is vomiting and this occurs in more than 50% of nicotine poisoning victims. However EMS providers should not induce a patient to vomit, as this may cause further harm to the patient.

Initial treatment is primarily supportive care and will vary depending on route of exposure. By obtaining the route of exposure you can then follow the appropriate Maryland Medical Protocols for Overdose/Poisoning for Absorption, Ingestion, and/or Inhalation. All patients presenting with nicotine poisoning should first be immediately removed from the source of the exposure. If route of exposure is eyes, providers should immediately wash the eyes with tepid water (lukewarm) for at least 15 minutes and transport.

This has not hit recently to our area, however we need to be prepared to treat these patients when needed. If you have any questions during patient care remember the best way is to med-consult with hospital for further instructions, or if you are on scene consider contacting the Poison Control Center at 1-800-222-1222.



Knowing Your First Due I

FF/PM Donald L. Messick, Jr.

The following property is at 1100 N. Salisbury Boulevard. It is East Coast Bail Bonds. This property is relatively small but still has some truck company concerns.



These bars are on the Charlie side of the structure.

Points to consider:

- Do we need to force these if there is a structure fire at this location? Why or why not.
- What tools will be needed?
- Whose job is it to force these bars?
- Once forced do we automatically vent the window?

While pondering these questions, please consider firefighter safety, the recent NIST study on fire flow paths, and the skills required to force reinforced windows.

As always I hope you find these educational and that you come away with some new knowledge of **YOUR** First Due.

Knowing Your First Due II

FF/PM Donald L. Messick, Jr.

The following pictures are from 507 Camden Avenue. We often ride by this building, but may have never really looked at it. This building is certainly worth an unofficial visit to at least perform a 360.



Note the front door, it's a commercial style glass door that gives us the hint that this may be a large residential building that has been converted into apartments.



The "Bravo" side gives some more clues as to the occupancy. We have multiple gas meters and exterior stairwells. On my 360 I also noted several access points into the basement that had padlocks on them. The lobby had at least 9 mail boxes.

- What kind of concerns as the first arriving engine do we have?
- What kind of concerns as the first arriving truck do we have?
- What kind of concerns as the first arriving assistant chief do we have?

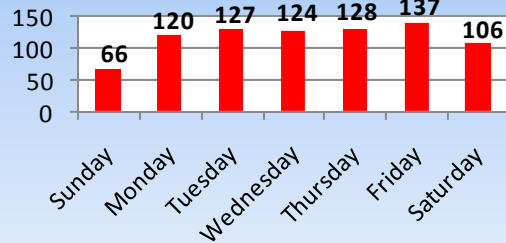
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Hot Shots

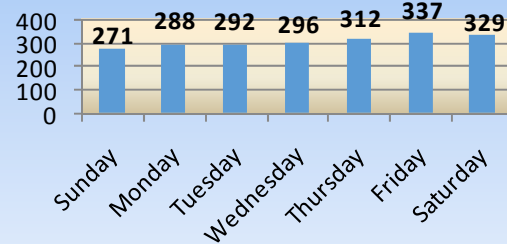


Statistics - January through March 2014

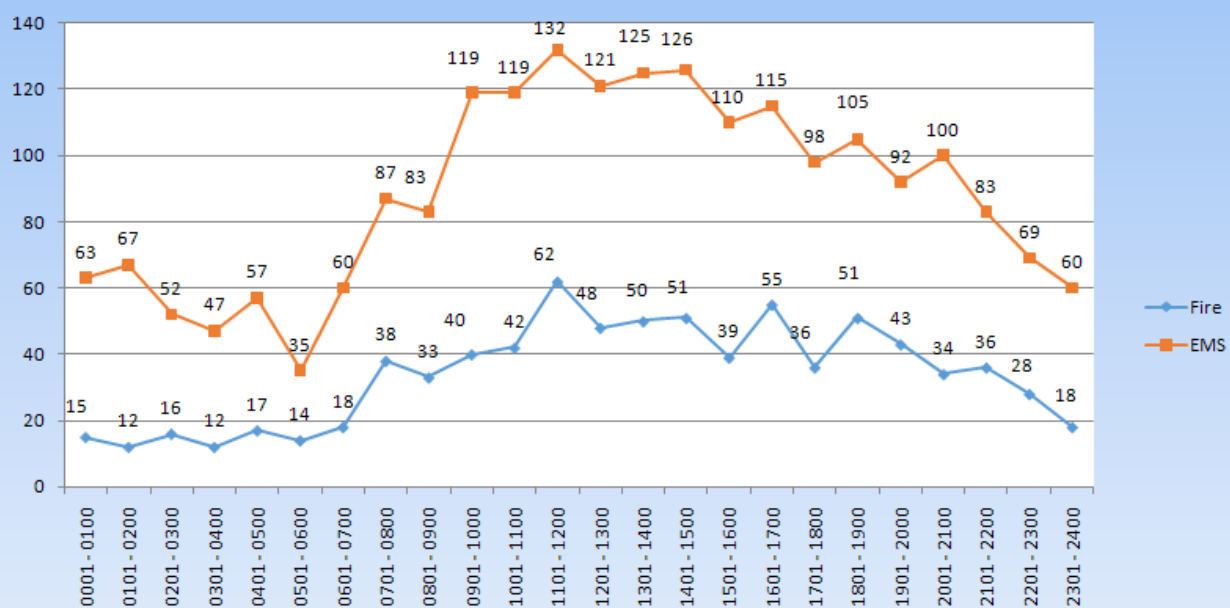
Fire Call Volume Day of Week



EMS Call Volume by Day of Week



Fire & EMS Call Volume by Hour



Statistics - January through March 2014 Continued

Medical Chief Complaints	3rd Qtr.	FY14 YTD	% of Quarter
Abdominal Pain/GI Problem	124	376	5.84%
Abuse/Neglect	1	8	0.05%
Allergic Reaction/Bites/Stings	11	36	0.52%
Altered Level of Consciousness	62	163	2.92%
Assault/Sexual Assault	0	1	0.00%
Back Pain	45	132	2.12%
Behavioral/Psychiatric	28	102	1.32%
Breathing Problem	44	154	2.07%
Burns/Smoke Inhalation	3	8	0.14%
Cancer	4	5	0.19%
Cardiac/Respiratory Arrest/DOA	42	104	1.98%
Cardiac Problems	176	509	8.28%
Choking/Airway Obstruction	3	8	0.14%
Dehydration	3	9	0.14%
Diabetic Problem	49	126	2.31%
Dizziness/Vertigo	25	99	1.18%
Drug/Alcohol	49	174	2.31%
Headache	36	110	1.69%
Heat/Cold Exposure	5	16	0.24%
Hypertension/Hypotension	17	66	0.80%
Poisoning	2	22	0.09%
Nausea/Vomiting	32	114	1.51%
No Apparent Injury	122	480	5.74%
Not Applicable	12	66	0.56%
OB/GYN/Pregnancy/Childbirth	25	69	1.18%
Other	174	452	8.19%
Pain	228	754	10.73%
Patient Assist	6	14	0.28%
Respiratory Distress	84	263	3.95%
Seizure/Convulsions	64	209	3.01%
Sepsis	11	30	0.52%
Sick Person/Flu-like	100	244	4.71%
Shock	0	1	0.00%
Stroke/CVA/TIA	43	120	2.02%
Syncope/Fainting	47	116	2.21%
Traumatic Injury	71	336	3.34%
Unconscious	26	76	1.22%
Unknown Problem	268	842	12.61%
Weakness	83	234	3.91%
Totals	2125	6648	

Statistics - January through March 2014 Continued

Fire Incident Type	3rd Qtr.	FY14 YTD	% of Quarter
Structure Fires	20	49	2%
Cooking fire	13	21	2%
Vehicle Fires	10	26	1%
Natural Cover/Brush	9	25	1%
Trash/Dumpster	7	34	1%
Fire, Other	5	20	1%
Medical	351	1017	43%
Vehicle Accidents	88	336	11%
Rescue Calls	7	25	1%
Hazardous Conditions	39	125	5%
Service Calls	69	165	9%
Good Intent Calls	62	179	8%
False Alarms	125	331	15%
Other Incident Type	3	11	0%
Totals	808	2364	

Fire Loss Data	3rd Qtr.	FY14 YTD	% of Quarter
Property Value	\$67,465,468	\$80,340,224	N/A
Property Destroyed	\$818,421	\$1,719,880	1%
Property Saved	\$66,647,047	\$78,620,344	99%

Fire Incidents by Fire Station	3rd Qtr.	FY14 YTD	% of Quarter
Station 1	197	542	26%
Station 2	237	629	31%
Station 16	374	1193	49%

Correspondence from the Community

228 Creekside Drive
Salisbury, Md. 21804
March 3, 2014

Asst. Chief Chris O'Barsky
Salisbury Fire Dept.
325 Cypress Street
Salisbury, Md. 21801
Dear Mr. O'Barsky,

Thank you so much for the tour you gave our group of Station 16 on February 27. Most of us had not been in a fire house since we went with our children on a school, cub or girl scout outing and we were amazed at the technology involved in fire fighting. We were especially impressed with the system to remove noxious fumes from the building and the extent of the equipment available to you. The cleanliness of the equipment and the building were also noteworthy. Of course the finale to the tour was seeing you in action off to a fire.

We are enclosing a small donation for a meal box for a special treat IF you do not let carrot-top do any of the cooking.

Would you also convey to Angie Jenkins our appreciation for her scheduling of our tour.

Sincerely,

Charlotte H. Frazier

Thank you for presenting at the 2014 Career Day. The Young Professionals Committee appreciates you taking the time from your day to volunteer. Career Day could not have been a success without you and your fellow presenters. Thank you again for your time and the insight you provided to the students.

Salisbury Young Professionals of the SACC

NORMAN C Lyster MD
211 North Park Drive
Salisbury, MD 21805-5017
410 546 1742

My wife and I wish to express our appreciation of your team for a super competent, efficient, kind, attentive job. Very well done and many thanks !!!!

Sincerely yours,

Lorna Lyster

Lorna Lyster

Norm Lyster

Norm Lyster

2.8.14
To Whom It May Concern,
I want to express my appreciation to the pre-hospital providers who responded to the 911 call for Don Richardson at 130 East Main Street in Salisbury on Friday, January 17th. We also want to thank one of the crew for delivering Don's glasses to him in the hospital later that day.
Sincerely,
Don & Donna Richardson

Please forward my thanks to the members of B Shift. I know those guys see students about everyday and it can get overwhelming to them. I will say I never once felt unwanted there and your guys are always looking out for everyone in the station. Being included in dinner is a grand gesture in my eyes. Those guys didn't have to do that but it is nice to be thought of and welcomed into the family for the day. It really is the model of what the fire service is and seeing what those guys do for each other on a first-hand basis is just incredible. I appreciate the experience I had with the crew on the medic unit on March 25th. I learned a great deal from their knowledge and willingness to let me participate and give me some great constructive criticism. Please forward this to your superiors as I do not have their contact information so they know what a great shift they have over there on B Shift.

Thank You Sir,
Freddie Senger