



County of Monmouth – Office of the Fire Marshal



MARP & Spillman Fire Response Plans

Form Completion Guidelines

These guidelines are being provided to help companies complete their MARP and Spillman Fire Response Plan forms.

For agencies whose primary dispatch is the Monmouth County Sheriff's Office Communications Center:

Fill out "Spillman Fire Response Plan" PDF and return to runcards@mcsonj.org. There is no need to fill out and return a "MARP Plan"

For agencies who are not dispatched by the Monmouth County Sheriff's Office Communications Center:

Fill out "MARP Plan" pdf and return to marp@mcfmnj.org.

Spillman Fire Response Plan - Specific Items:

1. Spillman Zone is where you would put your Response Zone, High Hazard Zone, Etc..
Example: (F84E, F84W, F351H, etc..)
2. Spillman Nature Type – will coincide with your Spillman Zone/Box for a particular call type.

General Information – Global to both forms:

1. The "Initial Alarm" box is for your home company response and any automatic mutual going on the initial dispatch.
2. The "Box Alarm" is for bringing additional resources to the scene, short of a full alarm assignment.
*** If you do not want to use the "Box" alarm system, leave it blank and complete your 2nd alarm. ***
3. For 2nd, 3rd & 4th alarms, at a minimum include 2 Engines & 1 Ladder for each alarm level.
4. For station coverage specify what equipment you want to cover. ie; 16-2 Engine, 36-2 Ladder, 19-2 Rescue, 16-1-96, etc.. **DO NOT** write "2nd alarm Companies" as this can cause confusion for dispatchers as they will not know exactly what to send to your station, especially if your 2nd alarm has any special resources listed.
5. There is no need to use the ^ symbol any longer when moving equipment from cover to the scene. Simply put the engine number in the next alarm engine box, the ladder number in the next alarm ladder box, Etc.. *** Please remove the "Engine", "Ladder" verbiage ***
6. **Do Not** type "Station" or "District" on the form. Simply put the station, district number or specific apparatus number being requested. (Example 52-2, D-94, 84-1-90, etc..)
7. Each Form has the - * Only Dispatch when requested by the IC – pre-populated, therefore there is no need to type it in the information box. Simply apply the asterisk * where needed on the form.



County of Monmouth – Office of the Fire Marshal Mutual Aid Response Plan

Submit Completed form to MARP@mcfmnj.org



Agency Information

Station / District:

Paging Channel:

Station Address:

Response Channel:

Fire Official/Contact #:

Primary Fire Ground:

ALARMS	Initial	Box	2 nd	3 rd	4 th
AUTOMATIC DISPATCH			Utilities MCFM Fire Coordinators MC EMS Coordinators	MC Field-Comm	
FULL STATION RESPONSE					
ENGINE					
LADDER					
TANKER					
RESCUE / CASCADE					
RIT / RIC					
COVER ASSIGNMENT					
SPECIAL RESOURCES					
EMS					

SPECIAL RESPONSES

	Initial	Box	2 nd	3 rd	4 th
BRUSH					
HAZMAT					
WATER / ICE RESCUE					

Other Information: (* Only Dispatch when requested by the IC)

Date Submitted:

Authorizing Officer: