



# 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](mailto: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](mailto: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 2<sup>nd</sup> alarm. \*\*\*
3. For 2<sup>nd</sup>, 3<sup>rd</sup> & 4<sup>th</sup> 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.



# Monmouth County Sheriff's Office - Communications Spillman Fire Response Plans

Submit Completed forms to [Runcards@mcsonj.org](mailto:Runcards@mcsonj.org)



## Agency Information

|                          |  |                       |  |
|--------------------------|--|-----------------------|--|
| Spillman Zone/Box:       |  | Spillman Nature Type: |  |
| Station/District:        |  | Paging Channel:       |  |
| Cover Location:          |  | Response Channel:     |  |
| Fire Official/Contact #: |  | Primary Fire Ground:  |  |

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

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

Date Submitted:

Authorizing Officer: