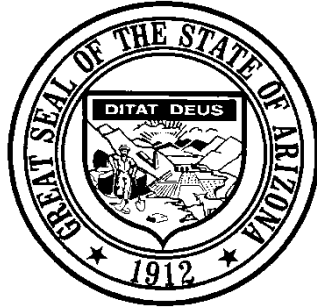


State of Arizona
Department of Administration



9-1-1 SERVICE PLAN CHECKLIST

Agency Submitting Plan: _____

Agency Contact & Telephone #: _____

Submitted: _____

Revised: _____

Approved: _____

SERVICE PLAN CHECKLIST

In order to qualify for funding pursuant to A.R.S. 41-704, a public or private safety agency or any group of agencies shall establish a 9-1-1 Planning Committee to develop 9-1-1 emergency telephone service plans for the specific geographic area for which the agencies shall be providing service.

The committee shall include representation from all public and private emergency service providers located within the designated geographic area that have authority to provide fire fighting, law enforcement, ambulance or emergency medical services.

Each 9-1-1 Committee shall, upon formation, submit a service plan as outlined in R2-1-403 of the rules and regulations.

9-1-1 Service Plan Checklist

R2-1-403 SUBMISSION OF SERVICE PLANS

- ___ 1. Name and mailing address of planning Committee Chairperson.

- ___ 2. Names of all 9-1-1 Planning Committee members.

- ___ 3. Date Plan is submitted to ADOA (Assistant Director).

- ___ 4. Scheduled date 9-1-1 service shall begin.

- ___ 5. Signature of person authorized to submit plan.

Service Plan Checklist (Continued)

- 6. A map showing geographic boundaries, within the proposed 9-1-1 service area, that reflect:
(**Note:** a telephone exchange map can be used as a base map, and then layer the law enforcement (blue), fire (red), and EMS (green) zones and the proposed PSAP locations, or use 3 separate maps.)
 - _____ a. Telephone exchanges.
 - _____ b. PSAP locations.
 - _____ c. Law Enforcement, fire, EMS or Ambulance.

- _____ 7. Name and address of each PSAP.

- _____ 8. Name and telephone number of each PSAP Manager.

- _____ 9. A description of procedures and/or agreements that would be followed when responding to 9-1-1 calls that are routed to a PSAP other than the one serving the area from which the call originates.

- _____ 10. a. A description of 9-1-1 system routing. (Note: The local telephone company can supply this information.)
 - _____ b. Switching configuration, (Note: A diagram depicting the central offices, amount of 9-1-1 trunks and call flow. The local telephone company can supply this information.)

Service Plan Checklist (Continued)

- ___ 11. a. A description of network access services.
- ___ b. Type of telephone company central offices.
- ___ c. Any network access mileage computations.

- ___ 12. Itemized list of estimated installation and ongoing costs associated with:
 - ___ a. Network Exchange Services.
 - ___ b. Station terminal equipment.
 - ___ c. Maintenance costs.
 - ___ d. Consulting services.
 - ___ e. On items a-c if obtained from telephone company, must have authorized employee signature.

- ___ 13. a. A copy of equipment specifications (RFP), used to bid the station terminal equipment.
- ___ b. Submit two bids.

- ___ 14. a. A copy of low bid response with equipment and installation costs itemized.
- ___ b. List of vendors who bid.

Service Plan Checklist (Continued)

- ___ 15. a. Certification from 9-1-1 Planning Committee.

- 16. List of all public and private safety agencies whose services shall be available in response to 9-1-1 calls with the following information listed:
 - ___ a. Agency name.
 - ___ b. Agency mailing address.
 - ___ c. Name and telephone of agency head.
 - ___ d. Brief description of services provided.
 - ___ e. Description of current dispatching procedures.
 - ___ f. Description of proposed dispatching procedures.

- 17. Description of alternate method of providing service if:
 - ___ a. A portion of the 9-1-1 system fails.
 - ___ b. All of the 9-1-1 system fails.
 - ___ c. The primary PSAP loses electrical power.

- ___ 18. In order to obtain funding for the ALI feature, a certification from the committee is necessary, stating the 9-1-1 service area is a least 90% physically addressed.

Service Plan Checklist (Continued)

R2-1-407 9-1-1 SYSTEM DESIGN STANDARDS

- ___ 1. Is the system designed and operated to maintain a P.01 grade of service? (Note: The local telephone company can supply this information.)

- ___ 2. Does the 9-1-1 system include the following services:
 - ___ a. Law Enforcement agency?

 - ___ b. Firefighting services?

 - ___ c. Ambulance or Emergency Medical Services?

- ___ 3. Any other public or private safety service included?

- ___ 4. Does the PSAP answering equipment permit a 9-1-1 call to be on hold?

- ___ 5. a. Does each PSAP have a published telephone number for non-emergency services?
___ b. Does each participating agency?

- ___ 6. Are automatic alarm systems installed so that an automatic alarm signal is connected to 9-1-1?

- ___ 7. Does each PSAP have a teletype for the Deaf (TDD) device?

Service Plan Checklist (Continued)

R2-1-408 9-1-1 OPERATIONAL REQUIREMENTS

- ___ 1. Will each PSAP Manager monitor the 9-1-1 system level of service to ensure the standards in R2-1-407 (A)(1) are met? And if they are not met they will take the following steps:
 - ___ a. PSAP Manager requests telephone company to prepare to raise the level of service to standards.
 - ___ b. Notify ADOA of proposed modifications.

- ___ 2. Does each PSAP maintain a 24 hour per day, 7 day per week operation?

- ___ 3. Are all calls entering the 9-1-1 system referred to an administrative number if it does not require emergency services?

- ___ 4. What is the published backup telephone number if 9-1-1 should fail?

- ___ 5. Does the PSAP manager have a method to record 9-1-1 calls, and are the records retained for 31 days?
 - ___ a. Will the record reflect date and time of call?
 - ___ b. Nature of problem?
 - ___ c. Action taken by the dispatcher?

- ___ 6. To qualify as a remote site, the PSAP must receive a minimum of 100 calls per month.

Service Plan Checklist (Continued)

- _____ 7. Has the PSAP Manager prepared and implemented a public information program to announce 9-1-1 service?