

CENTRAL KEYSTONE COUNCIL OF GOVERNMENTS

1610 Industrial Boulevard, Suite 400A

Lewisburg, PA 17837

CKCOG EMERGENCY

Call Out and Referral Procedures

The CKCOG staff provides for emergency and after-hours call outs when requested by a public safety agency or the Municipality.

This procedure is to help public safety officers determine what types of incidents require immediate call outs or a next day referral.

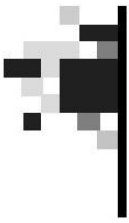
In the event an officer responds to an incident that involves a Building and Fire Code issue, the officer may refer to the matrix below and determine the appropriate response. The appropriate CKCOG staff member can be contacted by the County Communications Center (911 Services). Referrals may be faxed to the CKCOG office at (570) 522-1327 or e-mailed to CKCOGreferral@ckcog.com. Officers can also access the form on the CKCOG website and directly fill-in and email the same at: <https://www.ckcog.com/resources/download-forms>

<u>Call Out</u>	<u>Referral</u>
Exit Blocked (not correctable)	Exit Blocked (corrected by occupant)
Fire Alarm System (inoperable)	Fire Alarm System (activation or trouble)
Fire Sprinkler System (inoperable)	Fire Sprinkler (activation or trouble)
Structural Failure (occupied building)	Structural Failure (minor or unoccupied)
Combustible/Flammable Materials (imminent danger)	Combustible/Flammable Materials (small quantity or unoccupied)
Smoke Alarm/ CO Detector (all detection removed or disabled)	Smoke Alarm/ CO Detector (single detector tampered with or inoperable)
Overcrowding (not dispersed)	Overcrowding (dispersed)
Utility Failure (entire building)	Utility Failure (single unit)
Significant Fire in Rental/Commercial Property (displacing tenants or occupants)	Minor Fire in Rental/Commercial Property
Life Threatening Injury or Death from Hazard Condition	Injury (requiring treatment) from Hazard Condition
	Exit Signs/ Emergency Lights inoperable
	Fire Extinguishers Discharged or Removed

James Emery *Code Enforcement Supervisor*

Thomas MacDonald *Code Enforcement Officer*

Gerald Lloyd *Code Enforcement Officer*



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Referral Sheet

e-mail to CKCOGreferral@ckcog.com or Fax to 570-522-1327

Incident Date: _____ Incident Type: _____

Location: _____

If not an addressed structure, description of location: _____

Brief description of incident (or attach police/incident report): _____

Services responding to scene: Police Fire EMS Other _____

Scene controlled by: _____ Contact: _____

Has Fire Marshall been (or will be) contacted? Yes No Region: _____

Is this a secured crime scene? Yes No Agency with Jurisdiction: _____

Contact for escort at scene: _____

Type of Occupancy: Commercial/ 3+ unit Residential Industrial

Residential (1 or 2 Family) Agricultural

Building Owner: _____ Contact Number: _____

Building Occupant(s) if other than Owner: _____

Other pertinent information: _____

Date: _____ Form Completed by: _____

Contact number: _____