



Gallatin County Emergency Management

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34 North Rouse, Bozeman, MT 59715 • (406) 582-2350 • (406) 582-2355 fax

Automatic Aid for Unprotected Areas

Pursuant to the Gallatin County Fire Council Mutual Aid Agreement and Montana Code Annotated, the Fire Chief of the Amsterdam Fire District and Gallatin County agree to the following procedure to request response in areas defined as unprotected within the boundaries of Gallatin County.

For the call types selected in attachment A, in the areas defined below, Gallatin County makes a standing request for mutual aid from the Fire Department. In accordance with the Gallatin County Emergency Management Plan, the Gallatin County Sheriff's Office will serve as the Incident Commander.

The Fire Department authorizes the Gallatin County 911 Center to dispatch the Fire Department on the receipt of any call type selected in attachment A that falls within the boundaries of the described unprotected area.

This agreement remains in effect until canceled by the County or the Fire Department

Locations/ESZs authorized by this agreement:

Norris Response Area (ESZ#27129)

Del Van R. Boy
Chairman, Board of Trustees

Patrick Lonergan
Patrick Lonergan, Director
Emergency Management

Amsterdam Fire District
Fire Department

6/29/15
Date

6/29/15
Date

Attachment A:

Check the call types below that you want to be dispatched for:

<input checked="" type="checkbox"/>	ABDOMINAL PAIN	<input checked="" type="checkbox"/>	PREGNANCY/CHILDBIRTH
<input checked="" type="checkbox"/>	ALLERGIES	<input checked="" type="checkbox"/>	SICK PERSON
<input checked="" type="checkbox"/>	ANIMAL BITES / ATTACKS	<input checked="" type="checkbox"/>	PENETRATING TRAUMA
<input checked="" type="checkbox"/>	BACK PAIN (NO TRAUMA)	<input checked="" type="checkbox"/>	STROKE
<input checked="" type="checkbox"/>	BREATHING PROBLEMS	<input checked="" type="checkbox"/>	TRAUMATIC INJURIES
<input checked="" type="checkbox"/>	BURNS/EXPLOSION	<input checked="" type="checkbox"/>	UNCONSCIOUS
<input checked="" type="checkbox"/>	CO/INHALATION/HAZMAT	<input checked="" type="checkbox"/>	UNKNOWN PROBLEM - EMS
<input checked="" type="checkbox"/>	CARDIAC - RESPIRATORY ARREST	<input checked="" type="checkbox"/>	TRANSFER/INTERFACILITY/PALLIATIVE CARE
<input checked="" type="checkbox"/>	CHEST PAIN (NO TRAUMA)	<input checked="" type="checkbox"/>	DAM EMERGENCY
<input checked="" type="checkbox"/>	CHOKING	<input checked="" type="checkbox"/>	DEATH
<input checked="" type="checkbox"/>	CONVULSIONS / SEIZURES	<input checked="" type="checkbox"/>	EMS
<input checked="" type="checkbox"/>	DIABETIC PROBLEMS	<input checked="" type="checkbox"/>	FIRE-MISC/VEHICLE
<input checked="" type="checkbox"/>	DROWNING/DIVING/SCUBA ACCIDENT	<input checked="" type="checkbox"/>	FIRE-HAZMAT/ NATURAL GAS/ PROPANE
<input checked="" type="checkbox"/>	ELECTROCUTION	<input checked="" type="checkbox"/>	FIRE-RESCUE/ VEHICLE COLLISION
<input checked="" type="checkbox"/>	LIGHTNING	<input checked="" type="checkbox"/>	FIRE-RESCUE/ AIRCRAFT
<input checked="" type="checkbox"/>	EYE PROBLEMS / INJURIES	<input checked="" type="checkbox"/>	FIRE-RESCUE/ BUILDING COLLAPSE
<input checked="" type="checkbox"/>	FALLS	<input checked="" type="checkbox"/>	FIRE-RESCUE/ TECH
<input checked="" type="checkbox"/>	HEADACHE	<input checked="" type="checkbox"/>	FIRE-RESCUE/ TRENCH COLLAPSE
<input checked="" type="checkbox"/>	HEART PROBLEMS	<input checked="" type="checkbox"/>	FIRE-RESCUE/ TRAIN
<input checked="" type="checkbox"/>	HEAT / COLD EXPOSURE	<input checked="" type="checkbox"/>	FIRE-RESCUE/ WORKING
<input checked="" type="checkbox"/>	HEMORRHAGE / LACERATIONS	<input checked="" type="checkbox"/>	FIRE-RESCUE/ MVA WITH PEDESTRIAN
<input checked="" type="checkbox"/>	INACCESSIBLE INCIDENT/OTHER ENTRAPMENTS	<input checked="" type="checkbox"/>	FIRE-RESCUE/ MVA WITH BICYCLE/ MOTORCYCLE
<input checked="" type="checkbox"/>	POISONING - ACCIDENTAL	<input checked="" type="checkbox"/>	FIRE-STAGE FOR LE/ BOMB THREAT
<input checked="" type="checkbox"/>	POISON CONTROL REQUEST		