



PSAP Communications Plan

Please return completed form to cmac@capcog.org

FY 2020



Section 1: General Information		
Name of PSAP:	Primary <input type="checkbox"/> Secondary <input type="checkbox"/>	
Address:	Phone:	
PSAP Manager Name:	Phone:	
PSAP Manager Email:		
Agencies for which the PSAP receives 9-1-1 calls for service:		
Agencies for which the PSAP dispatches and maintains first responder status:		
Section 2: PSAP Staffing (Attach copy of complete PSAP Roster)		
Number of 9-1-1 Call Taking Positions:	Number of Separate Dispatching Positions:	
Number of 9-1-1 Call Takers:	Dispatchers:	Supervisors:
Section 3: PSAP Equipment and Software		
Provide the following information for each of the listed equipment types. Space is provided to include additional equipment not listed.		
TYPE EQUIPMENT	MANUFACTURER & MODEL	Method and Frequency of Regular Testing
9-1-1		
Mapping		
Computer Aided Dispatch		
Radio (Include frequency band)		
Voice Recording		
UPS		
Generator		

Indicate which of the following dispatch protocols are used:		
PROTOCOL	Number of Certified Call Takers	Number of Card Sets
<input type="checkbox"/> Emergency Medical Dispatching		
<input type="checkbox"/> Emergency Fire Dispatching		
<input type="checkbox"/> Emergency Police Dispatching		
Section 4: Contingency Plans		
Provide a description of how calls for service, both 9-1-1 and radio, are processed within your agency.		
For each of the following outage types provide a summary of the planned response:		
TYPE OF OUTAGE	RESPONSE	
9-1-1 Equipment Outage		
PSAP Isolation		
Isolation of a Specific Area		
Commercial Power Outage		
Radio System Outage		
Total Evacuation of PSAP		

Other	
Describe how often you drill/exercise your contingency plans.	
Section 5: Future Plans	
Current Population Served:	Five Year Population Projection:
Describe any projected developments in your jurisdiction for the next 5 years that may impact PSAP call volume and overall performance. Provide an estimated timeframe for each item.	
Identify any plans for your PSAP/Communications Center for the next 5 years such as; new building, remodeling of existing center, change in number of call takers, changes in agencies served, or any plans which may impact funding. Provide an estimated timeframe and cost for each item.	
Section 6: Validation	
Person submitting plan: Printed Name: Signature: Title: Date:	