

**EL DORADO COUNTY FIRE PROTECTION DISTRICT**  
**STANDARD OPERATING GUIDELINE**

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**ARTICLE 2: ADMINISTRATIVE POLICIES  
AND PROCEDURES**

**EFFECTIVE DATE: 04-12-2006**

**SECTION 16: MEDIA RELEASE**

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**REVISED: 04-12-2006**

- 2.16.1 **PURPOSE:** To establish a mechanism to promptly notify the Media of events / incidents which may be news worthy and to positively expose the El Dorado County Fire Protection District and its personnel.
- 2.16.2 **POLICY:** It shall be standard procedure for the Duty Chief Officer to promptly notify the Media of any and all events within the Fire District.
- 2.16.3 A Media Release form shall be submitted to the local media for any incident or situation that would provide information to the public involving the Fire District.
- 2.16.4 A copy of all Media Releases shall be forwarded to the office of the Fire Chief.
- 2.16.5 Attached is a sample of the Media Release form to be submitted.
- 2.16.6 The Media Release shall include the following information.
- 2.16.6.1 Date of Incident
  - 2.16.6.2 Time of Incident
  - 2.16.6.3 Response Time
  - 2.16.6.4 Total Time at Incident
  - 2.16.6.5 Location of Incident
  - 2.16.6.6 Apparatus at Scene
  - 2.16.6.7 Auto-Aid Units at Scene
  - 2.16.6.8 Total Number of Personnel at Scene
  - 2.16.6.9 Number of Patients
  - 2.16.6.10 Transport Method
  - 2.16.6.11 Extent of Damage
  - 2.16.6.12 Number of Injuries
  - 2.16.6.13 Other Information of Interest
  - 2.16.6.14 Photographs if Available (Courtesy of El Dorado County Fire)
  - 2.16.6.15 A Fire District Contact Name and Phone Number
- 2.16.6 This information should be provided in writing and submitted on a Media Release form.

**EL DORADO COUNTY FIRE PROTECTION DISTRICT**

**MEDIA RELEASE**

DATE OF INCIDENT: \_\_\_\_/\_\_\_\_/\_\_\_\_ TIME OF INCIDENT: \_\_\_\_:\_\_\_\_

RESPONSE TIME: \_\_\_\_\_ TOTAL TIME OF INCIDENT: \_\_\_\_\_

TYPE OF INCIDENT: \_\_\_\_\_ OFFICER IN CHARGE: \_\_\_\_\_

LOCATION OF INCIDENT: \_\_\_\_\_

AUTO/MUTUAL AID AT SCENE: \_\_\_\_\_ TOTAL # OF PERSONNEL: \_\_\_\_\_

NUMBER OF PATIENTS/INJURIES: \_\_\_\_\_

TRANSPORTED VIA: \_\_\_\_\_ TRANSPORTED TO: \_\_\_\_\_

PROPERTY OWNERS NAME: \_\_\_\_\_

EXTENT OF DAMAGE / SIZE/ PERCENT (if fire): \_\_\_\_\_

ADDITIONAL COMMENTS: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

NAME OF CONTACT PERSON: \_\_\_\_\_ RANK: \_\_\_\_\_

CONTACT NUMBER: \_\_\_\_\_