Fire Department Mutual Aid Agreement Template

Purpose

This Mutual Aid Agreement establishes the terms under which participating fire departments agree to provide emergency assistance during incidents that exceed the capabilities or available resources of the requesting department.

Parties

Fire Department A: _____
Fire Department B: _____

Authority

This Agreement is entered into pursuant to applicable state mutual aid statutes, local ordinances, and emergency management authorities.

Scope of Assistance

Upon request and subject to available resources, assistance may include structural fire suppression, wildland fire suppression, EMS support, hazardous materials response, technical rescue, water supply/tanker operations, incident command support, fire investigation support, and specialized personnel or apparatus.

Request for Assistance

Requests shall be made through the Communications Center, Incident Commander, Fire Chief, or Duty Officer and should include the incident location, type of emergency, resources requested, known hazards, and estimated duration.

Response

The assisting department will determine resource availability, dispatch personnel and apparatus as appropriate, and maintain accountability of its personnel while supporting the requesting agency.

Incident Command

All operations shall follow the National Incident Management System (NIMS) and Incident Command System (ICS). The requesting department retains incident command unless Unified Command is established.

Personnel Qualifications

Each department certifies that responding personnel are appropriately trained, certified, medically qualified, and authorized to perform assigned duties.

Equipment

Each department is responsible for maintaining its apparatus and equipment in safe operating condition. Specialized equipment shall be operated only by qualified personnel.

Communications

Participating departments will use interoperable radio channels or other agreed communication methods whenever practical.

Safety

All personnel shall comply with applicable OSHA regulations, NFPA standards, department SOPs, PPE requirements, accountability procedures, and rehabilitation practices.

Workers' Compensation and Liability

Each department remains responsible for workers' compensation coverage and employee benefits for its own personnel. Liability shall remain with each party as provided by applicable law.

Costs and Reimbursement

Unless otherwise agreed in writing, each department is responsible for its own personnel, apparatus, fuel, maintenance, and operating costs. Extraordinary expenses may be reimbursed by mutual agreement.

Training and Exercises

The parties agree to participate, when practical, in joint training, tabletop exercises, pre-incident planning, and after-action reviews.

Agreement Review

This Agreement shall be reviewed at least annually by representatives of each participating organization to ensure contact information, available resources, operational procedures, and legal authorities remain current. The Agreement shall also be reviewed whenever there are significant organizational, operational, or regulatory changes that may affect its implementation. Any revisions shall be made through a written amendment signed by the authorized representatives of the participating parties.

Legal Review and Approval

This Agreement should be reviewed by the appropriate legal authority for each participating organization prior to execution. As applicable, review and approval should be obtained from the City or County Attorney, Tribal Legal Counsel, or other authorized legal office in accordance with local laws, ordinances, and organizational policies. The Agreement should also be approved by each participating Fire Chief and any governing body or authorized official required by the participating jurisdiction before becoming effective.

Duration and Termination

This Agreement becomes effective upon execution and remains in force until terminated by either party with thirty (30) days written notice.

Amendments

This Agreement may be amended only by written agreement signed by authorized representatives of both parties.

Points of Contact

Department A:
Name: _____
Title: _____
Phone: _____
24-Hour Contact: _____

Department B:
Name: _____
Title: _____
Phone: _____
24-Hour Contact: _____

Optional Attachments

A – Apparatus & Equipment Inventory
B – Personnel Contact List
C – Radio Communications Plan
D – Response District Maps
E – Pre-Incident Plans
F – Hazard Information
G – Training Records

Signatures

Fire Department A Authorized Representative:
Name: _____
Title: _____
Signature: _____ Date: _____

Fire Department B Authorized Representative:
Name: _____
Title: _____
Signature: _____ Date: _____