Santa Cruz Consolidated Emergency Communications Center

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9-1-1 FIRE POLICE MEDICAL

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General Manager

COMMUNICATIONS OPERATIONS
FIRE SERVICE POLICY

Policy No.: **5180**
Date Issued: February 23, 1998
Date Revised: January 8, 2001

APPROVED: _____
Chairperson, Fire Service Users Subcommittee

APPROVED: _____
General Manager, SCCECC

SUBJECT: REQUESTING GEOFILE CHANGES

In order to ensure the accuracy of geofile changes and that changes are properly coordinated with any related computer aided dispatch (CAD) system configuration changes, it is important that the following process be followed.

Requests for geofile changes, except common place names, must be drawn on a map that clearly delineates the location of the requested change(s). The map does not have to be a geofile generated map; any map with sufficient detail to show the requested changes is acceptable. Requests for common place name changes must have a valid address.

Since the geofile is a street based -- rather than a parcel based -- system, fire zone boundary changes should follow street layouts as much as possible.

Boundaries that are not center line to streets (each side of the street falls on either side of the boundary) must be drawn to indicate clearly on which side of the boundary the entire street should be located.

Address ranges split by zone boundaries must be indicated unless the User Agency does not desire that specific addresses fall into specific zones at the boundary point.

New zone identifiers must follow the existing naming convention for fire zones.

City of Capitola • City of Santa Cruz • City of Watsonville • County of Santa Cruz

When changing a boundary that is common to more than one fire agency, a representative from each agency affected must approve the requested change.

Due to difficulties that result from coordinating the implementation of geofile changes from several agencies at once, the NetCom Geofile Team will process geofile change requests from one agency at a time.

Process

1. In order to ensure that all necessary coordination has taken place before and during implementation of a geofile change, a *Geofile Change Request* form will be initiated by the User Agency requesting the change.

2. The *Geofile Change Request* form will be submitted with the map of the changes to the NetCom Geofile Team.

3. The NetCom Geofile Team will use the *Geofile Change Request* form, updating the form as the different stages of completing the change request are completed. When the geofile change is complete, the NetCom Systems Coordinator will return a copy of the completed *Geofile Change Request* form to the requesting User Agency.

4. The NetCom Systems Coordinator will maintain the original forms in some manner which facilitates the retrieval of documented changes, should questions arise.

5. User Agencies requesting geofile changes will contact the NetCom Systems Coordinator's office at 471-1002 and schedule a date and time to review the proposed changes. When a geofile change requires corresponding CAD configuration changes, the individual(s) responsible for the configuration changes should also be present at the review meeting.

6. The individual(s) responsible for CAD configuration changes required because of the geofile change must be able to perform the configuration changes at the time the geofile change is implemented. The coordination of the CAD configuration changes with the geofile change implementation should be arranged prior to the geofile update in order to ensure a smooth implementation of geofile changes.

GEOFILE CHANGE FORM

Requesting Agency: ☐ Law ☐ Fire ☐ Medical ☐ Other: _____

Agency Name: _____

Requested By: _____ **Date Requested:** _____

Phone: _____

Map Attached? ☐ yes ☐ no A map is required. If unable to provide contact Ben Hatheway at 471-1002 before submitting your request.

Split Address Ranges

Street Name: _____

Splits at #: _____ to _____

_____ to _____

_____ to _____

_____ to _____

New Zone Identifiers: _____ _____

_____ _____

Consistent with naming convention? ☐ yes ☐ no **(initials)**

Other Affected Agency Name: _____

Approved By, Name: _____ **(initials)**

Other Affected Agency Name: _____

Approved By, Name: _____ **(initials)**

To Systems Coordinator **Via:** _____ **Date:** _____

with map ☐ yes ☐ no

Contact Ben Hatheway, Systems Coordinator at 471-1002 and schedule a date and time to review proposed changes.

Date and time of review meeting: _____

GEOFILE CHANGE FORM

Does this geofile change also require CAD configuration changes?

☐ yes ☐ no

If yes, name of individual responsible for config. work: _____

Informed of date and time of review meeting: ☐ yes ☐ no

Has the geofile change implementation been coordinated with any necessary CAD config. work? ☐ yes ☐ no

Date and time of geofile implementation: _____

Date and time of CAD config. changes: _____

Geofile change completed on: _____

Copy of completed form to User Agency on: _____

Notes:

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