

**Department New Request Form
Fiscal Year 2025**

| | | | |
|-------------------------|---|------------------------------|--|
| Program | Public Safety | Title of New Request: | Rank: 10 |
| Department | Fire | SCBA Annual Flow Testing | |
| Request Category | New | | |
| Request Rating | Efficiency | | |
| Department Goal | Annual testing of SCBA tanks for firefighter health and safety. | | # of FTE's in this request |

1. How will request assist in achieving Department Goal and benefit the customer

Our self contained breathing apparatus (SCBA) tanks are required to meet NFPA 1852, Standard on Selection, Care, and Maintenance of Open-Circuit Self-Contained Breathing Apparatus, specifications. NFPA 1852 requires that an annual flow test be completed.

2. What specifically is needed to achieve this goal?

Yearly testing would be conducted by a SCOTT tech who can test and provide warranty repairs to all our SCBA bottles during the testing.

| 3. Cost Impact of New Program: | | | | | | | | |
|--------------------------------|--------------|-----|-----------|--------------------|-------------------|------------------|----------------|--------------------------|
| Account # | Item | Qty | Unit Cost | Requested One-Time | Requested Ongoing | FY 2025 Unfunded | FY 2025 Funded | Proposed FY 2026 Ongoing |
| Ongoing Expenses | | | | | | | | |
| 1000.300.420460.360 | SCBA Testing | 1 | 5,000 | | 5,000 | 5,000 | — | |
| | | | | | — | — | — | |
| | | | | | — | — | — | |
| | | | | | — | — | — | |
| | | | | | — | — | — | |
| | | | | | — | — | — | |
| | | | | | — | — | — | |
| | | | | | — | — | — | |
| One-time Expenses | | | | | | | | |
| | | | | — | | — | — | |
| | | | | — | | — | — | |
| | | | | — | | — | — | |
| | | | | — | | — | — | |
| | | | | — | | — | — | |
| Expense Sub-Total | | | | — | 5,000 | 5,000 | — | — |

| Revenue Offset: | | | | | |
|-------------------|---|----------|---------------------|--------------------------|--------------------------|
| Account # | | | Revenue Description | Proposed Onetime Revenue | Proposed Ongoing Revenue |
| 1000 | T | Tax Fund | | - | 5,000 |
| | | | | | |
| | | | | | |
| | | | | | |
| Revenue Sub-Total | | | | - | 5,000 |

| 4. What sort of data will be used to report results and outcomes of request? | | | | Requested/Proposed Funding Source | |
|--|--|--|--|-----------------------------------|---------|
| Documentation by the SCOTT tech that the annual flow test has been completed and that the SCBA has passed and is safe for use. | | | | One-time | Ongoing |
| | | | | Tax or Assessment | 5,000 |
| | | | | Non-tax | - |
| | | | | Fund Balance | - |
| | | | | Total | 5,000 |