

DEPARTMENT NAME:	BOX ALARM TYPE: LIFE SAFETY	EFFECTIVE DATE:	MABAS DIVISION:
BOX ALARM #:	LOCATION OR AREA:	AUTHORIZED SIGNATURE:	

LOCAL DISPATCH AREA:

ALARM LEVEL	ENGINES	TRUCKS	SQUADS	AMBULANCES	CHIEFS	SPECIAL EQUIPMENT	CHANGE OF QUARTERS (STA #)
STILL							

MABAS BOX ALARM:

ALARM LEVEL	ENGINES	TRUCKS	SQUADS	AMBULANCES	CHIEFS	SPECIAL EQUIPMENT	CHANGE OF QUARTERS (STA #)
BOX							
2ND							
3RD							
4TH							
5TH							
6TH							
7TH							
INTERDIVISIONAL REQUEST	1ST CHOICE		2ND CHOICE		3RD CHOICE		

INFORMATION: