

# **ENHANCED 9-1-1**

# **SERVICE PLAN**

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## SECTION I

### <YOUR NAME> ENHANCED 9-1-1 SERVICE PLAN

#### 1. Basic Information on the Service Plan

##### A. Mailing Address of the Committee Chairperson

<Name>  
<Organization>  
<Address>  
<City, State, ZIP>  
Telephone

##### B. Name of the Enhanced 9-1-1 Planning Committee

NAME

PHONE

##### C. Names of Members of Committees for Project Development

NAME

PHONE

D. Date the plan was submitted to the Arizona Department of Administration:

E. Scheduled date the E9-1-1 Service will begin:

F. Signature of person authorized to submit this plan:

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(Signature)  
Typed name  
Typed Title  
Typed Organization  
Typed Address  
Typed City, State, ZIP

2. Maps showing geographic boundaries within the proposed 9-1-1 service area that reflect:

A. Maps of Telephone Exchanges.....Appendix A

(1) Show the prefix and the areas that it includes.

**EXAMPLE:** The 645 608 prefixes include all of the city of Page, the Wahweap Area and the Navajo Generating Station.

(2) Show any additional prefixes and service areas

(3) Telephone company exchange map.

B. Maps of PSAP location(s).....Appendix B



4. If the call is determined to be outside our jurisdiction, and is an emergency, the dispatcher will obtain the necessary information and either transfer the call to the appropriate agency, or relay the necessary information. The dispatcher will never assume the call can re-dial another number.

## 5. Description of 9-1-1 System Routing and Switching Configuration

**EXAMPLE:** Emergency 9-1-1 calls to the Page Police Department will be routed over dedicated ES trunks to the Phoenix Main #5 ESS Central Office, which functions as the control (tandem) switch for the <Your Name> E9-1-1 system. The 9-1-1 calls will then be routed to the Glen Canyon national Park Service PSAP over dedicated EM trunks

Appendix D

## 6. A. Description of Network Access Services

**EXAMPLE:** All exchange access lines in the central office will be included in the <Your Name> Enhanced 9-1-1 system.

## B. Type of Telephone Company Central Offices:

**EXAMPLE:** The U S West office at Page is a DMS10.

(Some other common types are: 5Ess  
1AESS  
DMS100  
Stromberg-Carlson  
DMS100/200  
5RSM  
RSC

## C. Any Network Access Mileage Computations

**NOTE:** Supplied by the telephone company.

7. A. Network Exchange Services:

(1) Estimated installation and monthly cost for the network:

<u>&lt;Your Name&gt; E9-1-1 System</u>	<u>Monthly</u>	<u>Installation</u>
<b>EXAMPLE:</b>		
ANI/ALI (E8V) 4 @ 55.15 Features	\$ 220.60	\$5,326.48
ANI/ALI (C9Q) 4 @ 13.46 Transport	53.84	641.32
CALC 6 @ 6.00	36.00	
Remote Diagnostics	<u>81.60</u>	<u>112.00</u>
TOTAL	\$ 392.04	\$6,079.80

B. Station Terminal Equipment

(May be submitted later)

**EXAMPLE:** To be submitted later

C. Maintenance Costs

(May be submitted later)

**EXAMPLE:** To be submitted later

D. Consulting Services

**NOTE:** See Special rules concerning consulting services in the Order of Adoption.

**EXAMPLE:** No consulting service costs will be incurred in the design, implementation or, operation of the projected E9-1-1 system.

E. Items 7A through 7C, above, if obtained from the telephone company, must have an authorized employee's signature.

Appendix E

8. A. Copy of equipment specifications (RFP) used to bid the station terminal equipment.

See Section II

B. Submit two (2) bids.

To be submitted later

9 A. A copy of the low bid response with equipment and installation costs itemized.

To be submitted later

B The list of vendors who submitted bids.

To be submitted later

10. Certification letter from the 9-1-1 Planning Committee

Appendix F

11. List of all public and private agencies whose services are available in response to 9-1-1 calls:

**NOTE:** refer to the Page E9-1-1 Service Plan, pages 8 thru 12 for examples

A. <First Agency Name>  
Address  
City, State, ZIP

<Agency head>

<Agency Head's phone number>

**EXAMPLE:** Page Police Department  
P.O. Box 3005  
Page, AZ 86040

(520) 645-2463

<Enter agency information here>

**EXAMPLE:** The page Police Department is a 24-hour, 7 day-a-week, full service police department, providing service to the City of Page, Arizona. The Page Police Department will provide law enforcement needs for the City of Page. No significant changes will occur in dispatching procedures

B. <Next Agency Name>  
Address  
City, State, ZIP

<Agency head>

<Agency Head's phone number>

<Enter agency information here>

12. Description of alternate method of providing 9-1-1 services if:

A. A portion of the 9-1-1 system fails:

- In the event it would become necessary to evacuate the <your name> PSAP, we would.....

B. If the entire 9-1-1 system fails, seven digit telephone numbers have been published for acceptance of emergency calls.

C. the PSAP power fails.....

13. The E9-1-1 Planning Committee declares that the <Your Name> E9-1-1 service area is 90% physically addressed.

Appendix G

This service plan was compiled as a joint effort of the < Your Name> E9-1-1 Planning Committee and is hereby submitted by <Chairman's Name>, Chairman of the E9-1-1 Planning Committee. <Chairman's Name> is authorized to sign and submit this plan.

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Signature

<Chairman's Typed name and Title>

**COMPLETED E9-1-1 SERVICE PLAN CHECK LIST**

**Enter here a complete and annotated Arizona Department of Administration  
Service Plan Check List (Provided on a separate disk)**

## **SECTION II REQUEST FOR PROPOSAL (RFP)**

**Enter here a copy of the Request for Proposal**

**(An example RFP is provided on a separate disk)**

**If equipment is available on the State of Arizona Contract this portion will  
be unnecessary to complete.**

### **SECTION III CORRESPONDENCE TO AND FROM U S WEST**

**File copies of correspondence with U S West/appropriate primary telephone service provider relating to this E9-1-1 project, in this section.**

## **SECTION IV USER AGREEMENTS**

**File all Agency User agreements in this section**

**(See next page for example user agreement)**

## EXAMPLE USER AGREEMENT

### Contracting Agency's Letterhead Stationary

The following is an operating agreement between <PSAP>, serving as a Public Safety Answering Point (PSAP), and <Agreeing Agency Name>, as required by the Arizona Department of Administration Order of Adoption, R2-1-403.

\_\_\_\_\_ has reviewed the E9-1-1 Service Plan and agrees that their calls for service shall be answered by the <PSAP Agency> and that said calls will be transferred, or radio dispatched, per the <PSAP Agency>communications policies and procedures.

This agreement is entered into this \_\_\_\_\_ the day of \_\_\_\_\_, 199\_\_\_\_ as attested to by the following officials of the represented agencies.

\_\_\_\_\_ PSAP  
<Typed name here, Signature above>

\_\_\_\_\_ <Typed Name of Agreeing Agency>  
<Typed name here, Signature above>

## **SECTION V - APPENDIX**

### A. Map(s) of Telephone Exchanges

1. Prefix < >
2. Prefix < >
3. Prefix < >
4. Telephone Company Exchange Map

### B. Map of PSAP Locations

### C. Map(s) of Response Areas (ESNs)

- 1.
  - 2.
  - 3.
- etc., etc.

### D. Network Design

### E. Telephone Company Authorized Signature

### F. Letter of Certification from the E9-1-1 Planning Committee

### G. Addressing Letter from Planning and Zoning

### H. Telephone Techniques