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| **NC Department of Transportation Community Studies Team, Environmental Analysis Unit** **Local EMS Input Form for****STIP Project X-#### Consultant to insert either DIRECT AND INDIRECT SCREENING TOOL, Community characteristics report, or community Impact Assessment**  |
| **Contact Information** |
| Interviewee Name:      Title/Position:       Organization/Agency:      Email:       | Date:      Phone Number:      Completed Via: [ ]  Email [ ]  Phone |
| **Interview Information/Instructions** |
| *If completed by phone:*Interviewed By (Name/Organization):      *If completed by email:*Using the project information and map below, please respond to the following questions by typing your answers in the space provided. Then save (using the ***Save As*** command) this file with a new file name for your records and e-mail the ***new*** file back to the original sender*.* If you would prefer to complete a hard copy of this form, please send all sheets to the address or fax number below:**Consultant to insert his/her contact information here** |
| **Project Information**  |
| Insert Project Description (general location, overview of improvements) | Insert Project Vicinity Map |

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| **For all applicable questions, please provide a detailed explanation of your response in the field provided.** | ***Check if item is applicable*** |
| 1. Are there any concerns related to EMS services for this project? Please be as specific as possible (e.g. location in a high call volume area, closure could affect response to schools, weight restrictions, expected new development in the area, coordination with partner agency required to facilitate service).

      | [ ]  |
| 1. Based on your knowledge of the project area, do you have any concerns with the condition/capacity of potential detour routes, or the location of resources along these routes?

      | [ ]  |
| 1. Consultant to select applicable wording where highlighted and delete non-applicable wording Are there any future time periods or events that you know of where bridge or road closure or reduction in number of lanes for construction would be of particular concern?

      | [ ]  |
| 1. Consultant to select applicable wording where highlighted and delete non-applicable wording Rate the overall impact on emergency services if the bridge or roadway were closed or at reduced capacity for up to a year:

 **[ ]**  No Impact [ ]  Low Impact [ ]  Moderate Impact [ ]  High Impact |
| 1. Are road names referenced by the names locals would use?

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| 1. Is there anyone else you feel should be contacted regarding this project (i.e. local officials or stakeholders)?

      | [ ]  |
| 1. Do you have any other concerns regarding the potential impact of this project on EMS services, or any additional comments? Please be as specific as possible.

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