



OREGON OFFICE OF EMERGENCY MANAGEMENT

State 9-1-1 Program

Appendix B

Workstation Variance Request Form **104-080-0210F2**

Guidance:

Oregon Administrative Rule 104-080-0120

Requirements of a 9-1-1 jurisdiction in operation of a primary PSAP

(7) A 9-1-1 jurisdiction may request an additional funded workstation for its primary PSAP by submitting a written request to OEM. A request must demonstrate a need for the increase in workstations based on work load, work flow or other efficiency gains that benefit the citizens of, and visitors to the 9-1-1 jurisdiction. The written request must include the following:

- (a) The specific equipment, hardware and software, required for the functionality of the requested workstation;
- (b) A description of how the request will meet the specific needs of the primary PSAP;
- (c) A description of the expected outcomes;
- (d) A staffing plan describing how the additional workstation will be used by the primary PSAP;
- (e) The signature of an authorized representative of the 9-1-1 jurisdiction indicating approval of the request; and
- (f) Any additional supporting documentation that describes the on-going change in circumstances at the PSAP level requiring the additional workstation. The change in circumstances may not be based on a single occurrence, but may include circumstances such as an increase in work load, increase in service population, or an opportunity to leverage equipment or processes towards an efficiency gain.
- (g) When a PSAP requests funding for additional workstation(s), beyond the accepted workstation allocation formula, the Office may consult members of the State Advisory Committee in an effort to add general PSAP knowledge and experience to the decision making process.

The following information will assist the State 9-1-1 Program in its determination of this request.

- 1) Summary of the request. Provide attachment(s) if necessary.

- 2) Identify by call volume, the top three busiest days over the previous 12 month period. List them by date.

- 3) Provide the number of calls (9-1-1 & 10 digit emergency) processed during your busiest hour within the top 3 busiest days identified within question #2.

- 4) Provide the number of call takers and or dispatchers used to support each top busiest hour identified within question #3

5) Provide the average call answer time (in seconds) for each of the top 3 busiest hours identified within question # 3

6) Did you use the State's MIS System (ECaTS) as the data source supporting this request?

YES

NO

If NO, please reference and/or attach supporting documentation.

7) Any additional supporting documentation; include attachments if necessary.

Name of 9-1-1 Jurisdiction: _____

Requestor: _____

Date: _____

Signature: _____