

FIRE PROTECTION ASSOCIATION (FPA) ANNUAL REPORT

Section 1: FPA information					
Name of FPA		Province			
Registration no.		Registration date			
Address of FPA		Telephone			
		Cell phone			
		Email			
Note: FPA covers the LM, please fill on the LM side.		If it covers the DM, please fill on the DM side			
Local Municipality/s		District Municipality/s			
The total area of the Local Municipality/s (ha)		Total area of the district/s (ha)			
No. of members and FPA total area (ha)	Members:		% of land covered in Local/District Municipality area	%	
	Membership Area:				
This annual report is for period:		Indicate your choice by ticking (x or √) yes or no			
Has the boundary of the FPA been changed during this year?			Yes	No	
Is the boundary of the FPA in line with the Municipality boundary?			Yes	No	
District or Local?					
Are there other FPA's within the municipal area ?		Yes	No	Which FPA's cover the remainder?	
Section 1.2: Contact details of the Executive Committee					
Filling post as:	Name	Contact Numbers	E-mail address		
Chairperson					
Deputy Chairperson					

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Secretary			
Deputy Secretary			
Treasure			
Additional Member			
Registered FPO			
FPO Registration No.			
Indicate if FPO is the Chief Fire Officer (CFO) of the Local Mun. or Dist. Mun.	LM	DM	
If the FPO is not from either of the above, please specify.			
If there is more than one CFO within the FPA area indicate from which Municipality or District Municipality is represented			
If the members of Executive Committee have changed from last year, please do complete Form 4			
Section 1.3 Changes in membership			
Total no. of new Members		Total area added (ha)	
Total no. of members terminated		Total area lost (ha)	
Reasons for termination:			
If the space is insufficient, please attach more pages, referring to the above section			

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Section 2: Compliance by organs of State and Municipalities					
How many organs of State and Municipalities fall in the FPA area of jurisdiction?	Organs of State		How many are members?	Organs of State	
	Municipality/s			Municipality/s	
List all state institutions/parastatal which are members of the Fire Protection Association and their compliance with the VMS (example Eskom):					
Also list those that are non-members and have a role to play in terms of the VMS ¹ if there's any:					
Are the FPA Rules aligned with the by-laws			Yes		No
Is the FPA involved in the development of the Municipal IDP ² processes?			Yes		No
Is the FPA VMS incorporated into the Municipal IDP?			Yes		No
State any form of support received from the Local/District Municipality/s:					
If the space is insufficient, please attach more pages, referring to the above section					

¹ VMS – Veldfire Management Strategy

² IDP – Integrated Development Plan



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Section 3: Capacity Development			
Nature of training	Service provider	Category of trained personnel.	Duration
Any other remarks about the training:			
If the space is insufficient , please attach more pages, referring to the above section			

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Section 4: Progress report	
Give detailed progress report on the achievements of the FPA regarding the aim(s) and objectives of the FPA as specified in the VMS and the law (Act 101 of 1998) (Sec 5(1)).	
<i>Progress report must be against each objective area as per the VMS of the FPA</i>	
OBJECTIVES	ACHIEVEMENTS
a)	a)
Report on any other matter or observations that relate to achievements or challenges with the management of veldfires: If the space is insufficient, please attach more pages, referring to the above section	

Section 5: Consolidated Fire Statistics in the FPA area (give summary of total losses)					
Causes	Ha.	Estimate of the damage	Injuries/Death	Houses Destroyed	Livestock lost



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Section 5.2 Indicate type and hectare's lost to veldfires						
Natural veld	Harvest veld & game farming	Grazing veld & planted veld	Dry land agriculture	Irrigated lands & orchards/vineyards	Timber Plantations	Sugarcane plantations
Notes:						
Section 5.3: Summary of offences						
Date	Offence	Reported to SAPS ³ ?	Arrest	Prosecution	Results	
Notes: (What can be done to improve compliance and enforcement)						
Section 5.4 Summary of non-compliance letters						
Date	Erf Number	Offence	Legal requirement		Results	
Notes:						
If the space is insufficient, please attach more pages, referring to the above section						

³ SAPS – South African Police Service



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Section 6: Cross Boarder Veldfire Issues									
Does your FPA boundary boards with another Province or country?	Yes		No		International boundary?	Yes		No	
Please indicate the boundary and with which Province/s or Country/s.									
What are the key challenges faced by your FPA about cross border fires?									
What is the view of the FPA partnership with other FPAs (for example with an Umbrella FPA?)									
If the space is insufficient, please attach more pages, referring to the above section									

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Section 7: Changes to the VMS/ constitution							
Were there any major changes to the VMS, Rules, and Constitution of the FPA?	Veldfire Management Strategy			Constitution			
	Yes		No		Yes		No
If yes, please kindly submit the latest copy to the provincial DFFE office.							
When was the last AGM held							
Please attach a copy of the Signed Minutes and Attendance Register of the latest AGM⁴ and EXCO⁵.							
<i>The information on the Annual Report should not be limited to those areas as requested in the Template. If the FPA feels that they would like to expand, that will be greatly appreciated.</i>							
Section 8: Signatures							
<div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 45%;"> <p>.....</p> <p>Chairperson</p> <p>Date:</p> </div> <div style="width: 45%;"> <p>.....</p> <p>FPO</p> <p>Date:</p> </div> </div>							

⁴ AGM – Annual General Meeting
EXCO – Executive Committee Meeting



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Section 9: Declarations

For office use only.

DECLARATION BY REGIONAL OFFICE				
Date report received:				
All attachments are provided where necessary.	Yes		No	
Was the report reviewed?	Yes		No	
If yes, kindly provide the report(inputs)/if not, kindly provide the reasons (as annexure to the report or additional rows be created for such?)				
Signatures				
Official:	Assistant Director:			
Date:	Date:			
Deputy Director:				
Date:				

For office use only.

DECLARATION BY NATIONAL OFFICE				
Date report received				
All attachments are provided where necessary.	Yes		No	
Was the report reviewed?	Yes		No	
If yes, kindly provide the report(inputs)/if not, kindly provide the reasons (as annexure to the report or additional rows be created for such?)				
Signatures				
Official:	Assistant Director:			
Date:	Date:			
Deputy Director:				
Date:				