

**BULLETIN**

**NO.:** 25-64

**DATE:** April 24, 2025

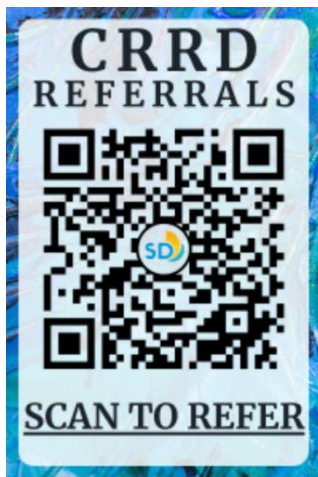
**TO:** All Personnel

**FROM:** Tony Tosca, Deputy Chief, Community Risk Reduction Division

**SUBJECT:** Community Risk Reduction Referral System - Operations

The Community Risk Reduction (CRR) Division has developed a new, automated CRR Referral System to streamline and enhance the notification process for operational personnel. This system replaces the previous Battalion Advisor Program and offers a more accessible and standardized method for reporting CRR-related issues through a QR code linked to a user-friendly notification form.

The Automated CRR Referral System aims to empower all personnel to make efficient and accurate referrals regarding Knox boxes, false alarms, unsafe structures, fire code violations, and other concerns pertinent to Emergency Operations. This system is designed to ensure that critical information reaches the CRR Division promptly, enabling a more proactive and coordinated approach to risk reduction within the community.



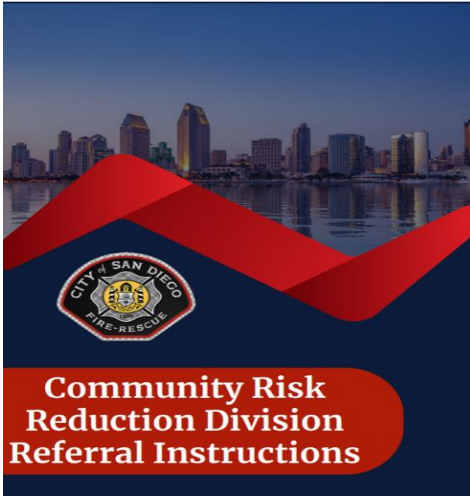
Apparatus Stickers



CRRD QR Code

The referral system link will be uploaded to the department's iPads and cell phones and can also be accessed using the CRRD QR code. Stickers and magnets will be distributed to be placed on fire station refrigerators and in conspicuous places on the apparatus.

An automated response will acknowledge each referral. Due to the level of acuity and availability of resources, all referrals will be prioritized. If further information is required, CRR staff will contact the referring unit's Company Officer.



Please review this PDF for detailed instructions on submitting a CRR Referral.

## Submitting a Referral 1 of 2

**Full Name**

**Email Address**

**Referral Station District**

**How urgent is this referral to you?**

**Select from drop-down or type if other.**

**Enter description/ reason for the referral**

**Most accurate address or cross street.**

**Photos/ PDF/ Documents Other.**



**Requester Full Name**  
*(Name of the firefighter submitting the request. This person will be the point of contact for this referral.)*

**Requester Email Address**  
*(Use your official city email address.)*

**Fire Station District**  
*(Please enter the Station district closest to address of referral.)*

**Referral Priority Level**

High Priority  
• For urgent issues that need immediate action to prevent danger or harm.

Medium Priority  
• For important issues that should be addressed soon but are not urgent.

Low Priority  
• For routine or non-urgent requests that can wait until resources are available.

**Type of Request**


**Referral Description**  
*Please describe the reason for referral in as much detail as possible.*

**Referral Address**  
*(Please enter a complete address below)*

**File Upload (Pictures, Documents, screenshots, etc.)**

Drag and drop files here or [browse files](#)

Send me a copy of my responses



Page 1 of 1

## Submitting a Referral 2 of 2

When submitted successfully,  
confirmation window will appear.



Your referral request has been successfully submitted to  
the Community Risk Reduction Division (CRRD).

We will review your request and follow up if additional  
information is required.

Powered by smartsheet

### Important Notes:

- If the confirmation window does not appear, your request was not processed successfully.
- Provide as much detail as possible to ensure your referral is routed to the appropriate CRRD personnel.

**Please direct all questions through your chain of command.**



**All questions or requests for information regarding this referral program should be directed to Alexander Kane, Assistant Fire Marshal, at (619) 692-4468.**