

Monthly Performance Measures Submission Form

Please enter the report month, complete the highlighted fields, and e-mail this form to Tom Quist (tquist@cityofcartersville.org) no later than the last business day of the month following the reporting month. Notes and comments are optional but encouraged when appropriate.

Department: Public Works

Month: _____

MEASURE	VALUE	NOTES
Fuel Consumption (Diesel)		
Fuel Consumption (Gas)		
Number of Pot Holes Repaired		
Tons of Asphalt Spread		
Number of Utility Cuts Repaired		
Square Feet of Sidewalk Repaired		
Tree Trimming Work Orders Completed		
Landscaping Work Orders Completed		
Road Maintenance Work Orders Completed		
Facility Maintenance Work Orders Completed		
Number of Potholes Filled		
Linear Feet of Sidewalk Fixed		
Number of Staff Injuries		
Complaints Received About Road Conditions		

COMMENTS

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Department: Water and Sewer

Month: _____

MEASURE	VALUE	NOTES
Residential Water Consumption		
Commercial Water Consumption		
Industrial Water Consumption		
Water Samples Out of Compliance		
Water Compliance Fines		
Distribution System Water Loss		
Number of Service Outages		

COMMENTS

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Department: Storm Water

Month: _____

MEASURE	VALUE	NOTES
Fuel Consumption (Diesel)		
Fuel Consumption (Gasoline)		
Number of Catch Basins Cleaned		
Storm Pipe Cleaned		
Ditch Cleaned/Dug Out/Mowed		
Street Sweeping Miles per Day		
Flooding Occurances		
Dollar Amount of Flood Damage		

COMMENTS

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Department: Solid Waste

Month: _____

MEASURE	VALUE	NOTES
Fuel Consumption (Diesel)		
Fuel Consumption (Gasoline)		
Tonnage of Solid Waste Collected per Collection Day		
Tonnage of Yard Waste Collected per Collection Day		
Landfill Expense per Collection Day (Residential)		
Landfill Expense per Collection Day (Commercial)		
Landfill Expense per Collection Day (Yard Waste)		
Average Number of Receptacles Collected per Route-hour		
Number of Staff Injuries		
Number of Curbies Missed While Conducting Normal Pick-up		
Complaints Received Solid Waste Service		

COMMENTS

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Department: Police

Month: _____

MEASURE	VALUE	NOTES
Number of Incidents Requiring a Response		
Number of UCR Part I Violent Crimes		
Number of UCR Part I Property Crimes		
Number of UCR Part II Drug Offenses		
Traffic Citations Issued (Excluding DUI)		
DUI Arrests		
Percentage of Top Priority Calls with Response Time of 5 Minutes or Less		
Number of Training Hours Received		
Asset Forfeiture Funds Secured		
Crime Clearance Rate		
Number of Staff Injuries		
Number of Officer Complaints		
Number of Traffic Accidents Reported		
Fees, Fines, and Forfeitures Collected		

COMMENTS

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Department: Planning and Development

Month: _____

MEASURE	VALUE	NOTES
Number of Residential Building Permits Issued		
Number of Remodel Permits		
Number of Non-residential Building Permits Issued		
Number of Land Disturbance Permits Issued		
Number of Sign Permits Issued		
Number of New Business Licenses Issued		
Number of New Alcohol Licenses Issued		
Number of Code Violation Cases		
Number of Inspections Performed		
Number of Annexation Cases		
Number of Zoning Cases		
Number of Historic Preservation Cases		
Number of Variance Cases		
Number of Plan Reviews		
First Time Homebuyers Assisted (CHIP)		
Foreclosures		

COMMENTS

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Department: Parks and Recreation

Month: _____

MEASURE	VALUE	NOTES
Volunteer Hours Worked		
Number of Unique Program Participants (Youth)		
Number of Unique Program Participants (Adult)		
Hours of Program Participation (Youth)		
Hours of Program Participation (Adult)		
Number of Programs/Classes/Camps Offered		
Special Events Conducted/Hosted/Sponsored		
Percent of Programs/Classes/Camps Filled to Capacity		
Number of Staff Injuries		
Crimes Reported on Park Property		
Documented Participant Injuries		
Reservation and Rental Revenue		
Revenue from Program Fees		

COMMENTS

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Department: Gas

Month: _____

MEASURE	VALUE	NOTES
Residential MCF Consumption		
Commercial MCF Consumption		
Industrial MCF Consumption		
Number of Service Outages		

COMMENTS

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Department: Garage

Month: _____

MEASURE	VALUE	NOTES
Number of Vehicles Serviced (City)		
Number of Vehicles Serviced (Other)		
Billable Hours (City)		
Billable Hours (Other)		
Diesel Fuel Sold (City Only)		
Diesel Fuel Sold (Other)		
Unleaded Fuel Sold (City Only)		
Unleaded Fuel Sold (Other)		
Billable Hours/Actual Hours		

COMMENTS

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Department: Fire

Month: _____

MEASURE	VALUE	NOTES
Number of Incidents Requiring a Response		
Number of Fire Incidents		
Number of Medical Assists		
Number of False Alarms		
Number of Other Calls		
Mutual Aid Given		
Mutual Aid Received		
Number of Inspections Performed		
Public Education Sessions Provided		
Percent of Top Priority Calls with Response Time of 5 Minutes or Less		
Number of Training Hours Received		
Number of Staff Injuries		
Structure Fires Contained to Room of Origin		
Dollar Amount of Fire Damage Loss		

COMMENTS

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Department: Finance

Month: _____

MEASURE	VALUE	NOTES
Personnel Expenditures		
Operating Expenditures		
Overtime Hours Worked		
Fuel Consumption (Gallons)		
Vehicle Maintenance Expenses		

COMMENTS

Empty text area for providing comments.

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Department: FiberCom

Month: _____

MEASURE	VALUE	NOTES
Revenue (Enterprise)		
Revenue (City)		
Net Increase/Decrease in Customer Count (Enterprise)		
Net Increase/Decrease in Contract Value (Enterprise)		
Number of Service Quality Complaints Received (Enterprise)		
Number of Administration Quality Complaints Received (Enterprise)		
Total Support Requests (Enterprise)		
Total Support Requests (City)		
Cell Minutes Consumed (City)		

COMMENTS

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Department: Electric

Month: _____

MEASURE	VALUE	NOTES
Residential kWh Consumption		
Commercial kWh Consumption		
Industrial kWh Consumption		
Government kWh Consumption		
Number of Service Outages		
Average Residential Rate per kWh		

COMMENTS

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Department: Customer Service

Month: _____

MEASURE	VALUE	NOTES
Number of Payments Collected		
Number of Online Payments Collected		
Number of New Service Connections		
Number of Service Cut-offs		
Number of Billing Errors		
Cash Drawer Over/Under (Cumulative for Month)		

COMMENTS
