



County of Humboldt
Eureka, California
Ambulance Service Permit Renewal Application

Pursuant to Humboldt County Code, Title V, Division 5
 Emergency Medical Services System

Applicant – DO NOT FILL OUT THIS SECTION	
Date Received:	June 14, 2019
Application Fee of \$196.00 Received:	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Proof of Liability Insurance Attached:	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Resumes Attached:	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

Applicants – Please completely fill out this section and provide all requested information/verifications:

Level of Service: Basic Life Support Advanced Life Support
 Non-Emergency Transport (check all that apply)

Ambulance Service Full Name:	K'ima:w medical center / Ambulance		
Name of Contact Person:	Rod Johnson		
Mailing Address:	po box 1288	City/Zip Code	95546
Physical Address:	535 Airport rd	City	Hoopa
Telephone/Fax Numbers	1 707-499- 3269	E-Mail	emspro.rod@gmail.com



County of Humboldt
Eureka, California

VEHICLES:

In conformity with the County Ordinance concerning the Permitting of Ambulance Service, the Applicant requests permission from the Permit Officer to operate the following ambulance vehicles:

Year	Model/Make	Vehicle Identification Number	License Plate #	Length of Time In Use (Include current mileage shown on odometer)	State or Federal Aviation Agency License Number	Description of Color Scheme, Insignia Name, Monogram, or Distinguishing Characteristics
1. 2017	Dodge /Ram 3500/4x4	3C7WRTBLC HG619902	G-31 02025S	50,997	GSA FEDERAL	White/ red strips
2. 2015	Dodge / Ram 3500 / 4x4	3C7WRTBL4 FG662289	G-31 0081R	184,427	GSA Federal	White/ Red strips
3. 2015	Dodge / Ram 3500/4x4	3C7WRTBL2 FG662288	G-31 0082R	147,427	GSA Federal	White /Red strips
4.						
5.						



County of Humboldt
Eureka, California

- Attach a copy, or provide a description, of Applicant's policy or program for maintenance of vehicles.
- Attach a list, or provide a description of, Applicant's radio communication equipment.
- Attach evidence of **currently valid California Highway Patrol inspection report** for each ground ambulance vehicle listed in the application.
- Applicant certifies that it has reviewed and meets the requirements set forth in Humboldt County Code, Title V, Division 5, Sections 551-5 (Standards for Ambulance Service Permit) and 551-9 (Standards for Ambulance Equipment and Operations).
- Attach copies, or provide descriptions of the following:
- Applicant's quality management practices and policy;
 - Staffing and hiring policies;
 - Organizational chart of management staff;
 - Resume of the training, orientation program, and experience of the Applicant in the transportation and care of patients; and
 - Knowledge of and/or involvement in the Humboldt County Emergency Medical Services system.
- Attach legible copies of current California Driver's License for each employee listed above.
- Provide copies of EMT certification and/or Paramedic licensure cards.
- Applicant certifies that the individuals listed above are qualified, duly licensed and/or certified drivers, attendants, and attendant-drivers, and said individuals are currently compliant with any and all applicable training, licensing, and permitting requirements set forth by local, state, and federal law and regulations.



**County of Humboldt
Eureka, California**

Zone	Northern Boundary	Eastern Boundary	Southern Boundary	Western Boundary	Indicate Zone(s) by Placing "X"
Zone 4 South – Fortuna Sub-Zone	Hookton Road & Hwy 101	Showers Pass Humboldt County Line	Dyerville Bridge & Hwy 101 & Alderpoint Blocksburg Road 7 miles South of SR 36	Pacific Ocean	
Zone 4 South – Garberville Sub-Zone	Dyerville Bridge & Hwy 101 & Alderpoint Blocksburg Road 7 miles South of SR 36	Humboldt County Line	Mattole/ Ettersburg Road at Ettersburg Bridge Humboldt County Line	Pacific Ocean	

AMBULANCE SERVICE RATES:

In conformity with the County Ordinance concerning the Permitting of Ambulance Service, the Applicant must submit a completed Rates & Schedule of charges. Upon the approval by the Board of Supervisors, these rates must remain effective and may not be amended except with the consent of, or by the order of the Board of Supervisors.

Rates & Schedule attached

INSURANCE:

Current proof-of-insurance certificates, indicating compliance with the requirement listed below, must be included with this application:

- A. CONTRACT SHALL NOT BE EXECUTED BY COUNTY and the CONTRACTOR is not entitled to any rights, unless certificates of insurances, or other sufficient proof that the following provisions have been complied with, and such certificate(s) are filed with the Clerk of the Humboldt County Board of Supervisors.



County of Humboldt
Eureka, California

5. The Comprehensive General Liability shall provide that the COUNTY, its officers, officials, employees, representatives, agents, and volunteers, are covered as additional insured for liability arising out of the operations performed by or on behalf of CONSULTANT. The coverage shall contain no special limitations on the scope of protection afforded to the County, its officers, officials, employees, and volunteers. Said policy shall also contain a provision stating that such coverage:
- a. Includes contractual liability.
 - b. Does not contain exclusions as to loss or damage to property caused by explosion or resulting from collapse of buildings or structures or property underground commonly referred to "XCU Hazards".
 - c. Is primary insurance as regards to County of Humboldt.
 - d. Does not contain a pro-rata, excess only, and/or escape clause.
 - e. Contains a cross liability, severability of interest or separation of insureds clause.

Attach Certificate of Liability Insurance naming County of Humboldt certificate holder.

ADDITIONAL INFORMATION:

Please provide, in writing and attach, a description of the facts relied on by the Applicant in asserting that the public health, safety, welfare, convenience and necessity warrant the granting of the ambulance service permit.

(Information may include the ability of the Applicant to provide ambulance service within established response times for the type of vehicle operated, twenty-four (24) hours per day, seven (7) days per week, year-round; per-approval by North Coast EMS as an Advanced Life Support Provider; familiarity with Humboldt County; prior or additional relevant experience, etc.).

Additional Information statement attached



STATE OF CALIFORNIA
 DEPARTMENT OF CALIFORNIA HIGHWAY PATROL
**EMERGENCY AMBULANCE
 NON-TRANSFERABLE LICENSE**
 CHP 360A (REV. 01-00) OPI 062

SERVICE NAME AND PHYSICAL ADDRESS (only if different from below)

KIMA:W MEDICAL CENTER
 HOOPA LAMBULANCE TRIBAL/SOVEREIGN
 535 AIRPORT ROAD
 HOOPA, CA 95546-

SERVICE NAME AND MAILING ADDRESS

KIMA:W MEDICAL CENTER
 HOOPA LAMBULANCE TRIBAL/SOVEREIGN
 P. O. BOX 1288
 HOOPA, CA 95546-
 Attention: ROD JOHNSON, EMS DIRECTOR

VEHICLE NUMBER	2182	ISSUAL NUMBER	2182	ISSUED	6/17/2019	EXPIRES	6/17/2019	6/16/2020
CHP CAREER NUMBER	CA-	LOCATION	125	<input type="checkbox"/> Duplicate	<input type="checkbox"/> Replacement	<input checked="" type="checkbox"/> Initial	<input type="checkbox"/> Renewal	

PROPERTY OF THE CALIFORNIA HIGHWAY PATROL (CHP)

This license is NON-TRANSFERABLE and must be surrendered to the CHP upon demand or as required by law. A majority change in ownership or control of the licensed activity shall require a new license. This license may be renewed within the 30-day period prior to the expiration date indicated above.

Ambulance operators must cease immediately upon expiration of this license. THERE IS NO GRACE PERIOD FOR A LICENSED ACTIVITY. The Department will accept an application for renewal during the 30-day period following the license expiration date provided all required documentation is complete and accompanied by the initial license fee of \$200.00. For license information contact CHP, Research and Planning Section at (916) 843-3440.



STATE OF CALIFORNIA
 DEPARTMENT OF CALIFORNIA HIGHWAY PATROL
SPECIAL VEHICLE IDENTIFICATION CERTIFICATE/PERMIT
 CHP 301 (REV 4-97) OPI 062

CHP Certificate/Permit Number: 2182-15964

ISSUED: 6/17/2019

EXPIRES: 6/16/2020

CHP AREA: 125

AREA:

INITIAL
 REPLACEMENT

DUPLICATE
 RENEWAL
 EMERGENCY AMBULANCE CERTIFICATE
 AUTHORIZED EMERGENCY VEHICLE PERMIT*

ARMORED CAR CERTIFICATE

VEHICLE YEAR AND MAKE: 15 RAM 3500

VEHICLE LICENSE NO. G310082R

VIN: 3C7WRTBL2F662288

*Authorized Emergency Vehicle Permit issued pursuant to Vehicle Code Section 2416 (a) () for

NAME AND MAILING ADDRESS

KIMA:W MEDICAL CENTER
 HOOPA LAMBULANCE TRIBAL/SOVEREIGN
 P. O. BOX 1288
 HOOPA, CA 95546-

PROPERTY OF CALIFORNIA HIGHWAY PATROL

This certificate/permit, or a facsimile thereof, shall be carried in the vehicle at all times. It is non-transferable and shall be surrendered to the CHP upon demand or as required by regulation.



STATE OF CALIFORNIA

DEPARTMENT OF CALIFORNIA HIGHWAY PATROL

SPECIAL VEHICLE IDENTIFICATION CERTIFICATE/PERMIT

CHP 301 (REV 4.97) OPI 062

CHP Certificate/Permit Number: 2182-15965

ISSUED: 6/17/2019

EXPIRES: 6/18/2020

AREA:

CHP AREA: 125

INITIAL DUPLICATE
 REPLACEMENT RENEWAL

EMERGENCY AMBULANCE CERTIFICATE
 AUTHORIZED EMERGENCY VEHICLE PERMIT*

ARMORED CAR CERTIFICATE

VEHICLE YEAR AND MAKE: 17 RAM 3500

VEHICLE LICENSE NO. G310202S

VIN: 3C7WRTBL6HG619902

*Authorized Emergency Vehicle Permit issued pursuant to Vehicle Code Section 2416 (a) () for

NAME AND MAILING ADDRESS

KIMA,W MEDICAL CENTER
HOOPA LAMBULANCE TRIBAL/SOVEREIGN
P. O. BOX 1288
HOOPA, CA 95546-

PROPERTY OF CALIFORNIA HIGHWAY PATROL

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STATE OF CALIFORNIA

DEPARTMENT OF CALIFORNIA HIGHWAY PATROL

SPECIAL VEHICLE IDENTIFICATION CERTIFICATE/PERMIT

CHP 301 (REV 4.97) OPI 062

CHP Certificate/Permit Number: 2182-15966

ISSUED: 6/17/2019

EXPIRES: 6/18/2020

AREA:

CHP AREA: 125

INITIAL DUPLICATE
 REPLACEMENT RENEWAL

EMERGENCY AMBULANCE CERTIFICATE
 AUTHORIZED EMERGENCY VEHICLE PERMIT*

ARMORED CAR CERTIFICATE

VEHICLE YEAR AND MAKE: 15 RAM 3500

VEHICLE LICENSE NO. G310081R

VIN: 3C7WRTBL6HG662289

*Authorized Emergency Vehicle Permit issued pursuant to Vehicle Code Section 2416 (a) () for

NAME AND MAILING ADDRESS

KIMA,W MEDICAL CENTER
HOOPA LAMBULANCE TRIBAL/SOVEREIGN
P. O. BOX 1288
HOOPA, CA 95546-

PROPERTY OF CALIFORNIA HIGHWAY PATROL

This certificate/permit, or a facsimile thereof, shall be carried in the vehicle at all times. It is non-transferable and shall be surrendered to the CHP upon demand or as required by regulation.

STATE OF CALIFORNIA
 DEPARTMENT OF CALIFORNIA HIGHWAY PATROL
AMBULANCE INSPECTION REPORT
 CHP 299 (Rev. 10-18) OPI 061

INSPECTION
 INITIAL ANNUAL COMPLIANCE

LEGAL BUSINESS NAME HOOPA AMBULANCE TRIBAL / SOVEREIGN	COMPANY LICENSE NUMBER	VEHICLE YEAR, MAKE, AND MODEL 2015 RAM 3500
SERVICE ADDRESS (number and street) 535 AIRPORT ROAD		VEHICLE IDENTIFICATION NUMBER (VIN) 3C7WR7BL4FG662289
(city, state, and zip code) HOOPA, CA. 95546		VEHICLE LICENSE PLATE NUMBER AND STATE G310081R US CA
		VEHICLE CERTIFICATE NUMBER

ITEM INSPECTED (MINIMUM REQUIREMENTS)	YES	NO	ITEM INSPECTED (MINIMUM REQUIREMENTS)	YES	NO
1. Registration; plates	X		14. Reflectors	X	
2. Identification certificate (annuals/compliance only)	X		15. Glass	X	
3. Ambulance identification sign (visible from 50+ feet)	X		16. Windshield wipers	X	
4. Headlamps	X		17. Defroster	X	
5. Beam selector/indicator	X		18. Mirrors	X	
6. Headlamp flasher (if equipped)	X		19. Horn	X	
7. Steady red warning lamp	X		20. Siren	X	
8. Turn signals	X		21. Seat belts	X	
9. Clearance/sidemarkers lamps (if required)	X		22. Fire extinguisher (minimum 4B:C)	X	
10. Stoplamps	X		23. Portable light	X	
11. Taillamps	X		24. Spare tire; jack and tools	X	
12. License plate lamp	X		25. Maps of coverage areas or equivalent	X	
13. Backup lamps	X		26. Door latches operable from inside and outside	X	

ANY ITEM CHECKED "NO" ABOVE WILL HAVE A CHP 281, NOTICE TO CORRECT VIOLATION, ISSUED WITH THE DIRECTION TO CORRECT THE DISCREPANCY. ONCE SIGNED OFF, THE CHP 281 WILL BE RETURNED TO THE INSPECTING OFFICER.

EMERGENCY CARE EQUIPMENT AND SUPPLIES INSPECTED	YES	NO	EMERGENCY CARE EQUIPMENT AND SUPPLIES INSPECTED	YES	NO
1. (1) Ambulance cot and (1) collapsible stretcher	X		14. Emesis basin or disposable bags, and covered waste container	X	
2. Securement straps for patient and cot/stretcher	X		15. Portable suctioning apparatus (Squeeze syringes not sufficient)	X	
3. Ankle and wrist restraints. Soft ties are acceptable.	X		16. Two devices or material to restrict movement	X	
4. Sheets, pillow cases, blankets, towels, pillows (2)	X		17. (2) liters saline solution or a gallon potable water	X	
5. Oropharyngeal airways: (1) adult, (1) child, (1) infant	X		18. Half-ring traction splint, padded ankle hitch strap, heel rest or equivalent device	X	
6. Rigid or pneumatic splints (4)	X		19. Blood pressure cuff, manometer, stethoscope	X	
7. Resuscitator - capable of use with oxygen or air in adult, child, and infant sizes	X		20. Sterile obstetrical supplies (gloves, umbilical cord tape or clamps, dressings, towels, syringe, and clean plastic bags)	X	
8. Oxygen and regulators, portability required	X		21. Bedpan or fracture pan	X	
9. Sterile bandage compresses (4 - 3" x 3")	X		22. Urinal	X	
10. Soft rolled bandages (6 - 2", 3", 4", or 6")	X		23. Two spinal immobilization devices, one at least 30" in length and one at least 60" in length, with straps to adequately secure patients to the device (a combination short/long boards are acceptable)	X	
11. Adhesive tape (2 rolls - 1", 2", or 3")	X				
12. Bandage shears	X				
13. Universal dressings (2 - 10" x 30" or larger)	X				

DESTROY PREVIOUS EDITIONS

Chp299_1018.pdf

REQUIRED RECORDS AND DOCUMENTS INSPECTED AND IN COMPLIANCE

CALL RECORDS	YES	NO	PERSONNEL RECORDS	YES	NO
1. Location of records, retained for 3 years			14. Employment date		
2. Date, time, location, and identity of call taker			15. Copy of driver license		
3. Name of requesting person or agency			16. Copy of ambulance driver certificate		
4. Unit ID, personnel dispatched, and record of red light/siren use			17. Copy of medical exam certificate		
5. Explanation of failure to dispatch			18. Copy of EMT certificate or medical license		
6. Dispatch time, scene arrival time, and departure time			19. Work experience summary		
7. Destination of patient; arrival time			20. Affidavit certifying compliance with 13 CCR 1101(b) and/or Section 13372 CVC prohibitions		
8. Name or other identifier of patient transported			21. Personnel enrolled in the DMV Pull Notice System		
COMPANY INSPECTION	YES	NO			
9. Company principals verified					
10. One or more ambulances available 24 hours					
11. Fees posted/current					
12. Financial responsibility					
13. 24-hour direct telephone service					

VEHICLE INSURANCE CARRIER'S NAME HUDSON	POLICY NUMBER NAA 0000 518	POLICY EXPIRATION DATE 10/1/2019
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REMARKS

LICENSEE CERTIFICATION IN LIEU OF OFFICIAL BRAKE CERTIFICATE

I certify that there is no official brake adjusting station within 30 miles of the operating base of this vehicle; however, the brake system of this vehicle has been inspected and is in compliance with the requirements of the California Vehicle Code and Title 13, California Code of Regulations.

SIGNATURE OF LICENSEE OR AUTHORIZED REPRESENTATIVE 	DATE 6-6-19
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TEMPORARY OPERATING AUTHORIZATION: This vehicle may be operated as an emergency ambulance. This authorization must be carried in the vehicle when used in lieu of the special vehicle identification certificate and expires 30 days after the date shown below.

SIGNATURE OF COMMANDER OR INSPECTING OFFICER 	ID NUMBER 15341	LOCATION CODE 125	DATE 6/4/19
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DESTROY PREVIOUS EDITIONS

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STATE OF CALIFORNIA
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL
AMBULANCE INSPECTION REPORT
CHP 299 (Rev. 10-18) OPI 061

INSPECTION
 INITIAL ANNUAL COMPLIANCE

LEGAL BUSINESS NAME HOOPA AMBULANCE TRIBAL/ SOVEREIGN	COMPANY LICENSE NUMBER	VEHICLE YEAR, MAKE, AND MODEL 2015 RAM 3500
SERVICE ADDRESS (number and street) 535 AIRPORT RD.		VEHICLE IDENTIFICATION NUMBER (VIN) 3C7WRTBL2FG662288
(city, state, and zip code) HOOPA, CA 95546		VEHICLE LICENSE PLATE NUMBER AND STATE G310082R US 601
		VEHICLE CERTIFICATE NUMBER

ITEM INSPECTED (MINIMUM REQUIREMENTS)	YES	NO	ITEM INSPECTED (MINIMUM REQUIREMENTS)	YES	NO
1. Registration; plates	X		14. Reflectors	X	
2. Identification certificate (annuals/compliance only)	X		15. Glass	X	
3. Ambulance identification sign (visible from 50+ feet)	X		16. Windshield wipers	X	
4. Headlamps	X		17. Defroster	X	
5. Beam selector/indicator	X		18. Mirrors	X	
6. Headlamp flasher (if equipped)	✓		19. Horn	X	
7. Steady red warning lamp	X		20. Siren	X	
8. Turn signals	X		21. Seat belts	X	
9. Clearance/sidemarkers lamps (if required)	X		22. Fire extinguisher (minimum 4B:C)	✓	
10. Stoplamps	X		23. Portable light	✓	
11. Taillamps	X		24. Spare tire, jack and tools	X	
12. License plate lamp	X		25. Maps of coverage areas or equivalent	✓	
13. Backup lamps	X		26. Door latches operable from inside and outside	✓	

ANY ITEM CHECKED "NO" ABOVE WILL HAVE A CHP 281, NOTICE TO CORRECT VIOLATION, ISSUED WITH THE DIRECTION TO CORRECT THE DISCREPANCY. ONCE SIGNED OFF, THE CHP 281 WILL BE RETURNED TO THE INSPECTING OFFICER.

EMERGENCY CARE EQUIPMENT AND SUPPLIES INSPECTED	YES	NO	EMERGENCY CARE EQUIPMENT AND SUPPLIES INSPECTED	YES	NO
1. (1) Ambulance cot and (1) collapsible stretcher	X		14. Emesis basin or disposable bags, and covered waste container	X	
2. Securement straps for patient and cot/stretcher	X		15. Portable suctioning apparatus (Squeeze syringes not sufficient)	X	
3. Ankle and wrist restraints. Soft ties are acceptable.	X		16. Two devices or material to restrict movement	X	
4. Sheets, pillow cases, blankets, towels, pillows (2)	X		17. (2) liters saline solution or a gallon potable water	X	
5. Oropharyngeal airways: (1) adult, (1) child, (1) infant	X		18. Half-ring traction splint, padded ankle hitch strap, heel rest or equivalent device	X	
6. Rigid or pneumatic splints (4)	X		19. Blood pressure cuff, manometer, stethoscope	X	
7. Resuscitator - capable of use with oxygen or air in adult, child, and infant sizes	X		20. Sterile obstetrical supplies (gloves, umbilical cord tape or clamps, dressings, towels, syringe, and clean plastic bags)	X	
8. Oxygen and regulators, portability required	X		21. Bedpan or fracture pan	X	
9. Sterile bandage compresses (4 - 3" x 3")	X		22. Urinal	X	
10. Soft rolled bandages (6 - 2", 3", 4", or 6")	X		23. Two spinal immobilization devices, one at least 30" in length and one at least 60" in length, with straps to adequately secure patients to the device (a combination short/long boards are acceptable)	X	
11. Adhesive tape (2 rolls - 1", 2", or 3")	X				
12. Bandage shears	X				
13. Universal dressings (2 - 10" x 30" or larger)	X				

DESTROY PREVIOUS EDITIONS

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REQUIRED RECORDS AND DOCUMENTS INSPECTED AND IN COMPLIANCE

CALL RECORDS		YES	NO	PERSONNEL RECORDS		YES	NO
1. Location of records, retained for 3 years				14. Employment date			
2. Date, time, location, and identity of call taker				15. Copy of driver license			
3. Name of requesting person or agency				16. Copy of ambulance driver certificate			
4. Unit ID, personnel dispatched, and record of red light/siren use				17. Copy of medical exam certificate			
5. Explanation of failure to dispatch				18. Copy of EMT certificate or medical license			
6. Dispatch time, scene arrival time, and departure time				19. Work experience summary			
7. Destination of patient; arrival time				20. Affidavit certifying compliance with 13 CCR 1101(b) and/or Section 13372 CVC prohibitions			
8. Name or other identifier of patient transported				21. Personnel enrolled in the DMV Pull Notice System			
COMPANY INSPECTION		YES	NO				
9. Company principals verified							
10. One or more ambulances available 24 hours							
11. Fees posted/current							
12. Financial responsibility							
13. 24-hour direct telephone service							

VEHICLE INSURANCE CARRIER'S NAME HUDSON	POLICY NUMBER NAA0000518	POLICY EXPIRATION DATE 10/1/2019
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REMARKS

LICENSEE CERTIFICATION IN LIEU OF OFFICIAL BRAKE CERTIFICATE

I certify that there is no official brake adjusting station within 30 miles of the operating base of this vehicle; however, the brake system of this vehicle has been inspected and is in compliance with the requirements of the California Vehicle Code and Title 13, California Code of Regulations.

SIGNATURE OF LICENSEE OR AUTHORIZED REPRESENTATIVE <i>[Signature]</i>	DATE 6-6-19
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TEMPORARY OPERATING AUTHORIZATION: This vehicle may be operated as an emergency ambulance. This authorization must be carried in the vehicle when used in lieu of the special vehicle identification certificate and expires 30 days after the date shown below.

SIGNATURE OF COMMANDER OR INSPECTING OFFICER <i>[Signature]</i>	ID NUMBER 15341	LOCATION CODE 125	DATE 6/6/2019
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DESTROY PREVIOUS EDITIONS

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STATE OF CALIFORNIA
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL
AMBULANCE INSPECTION REPORT
CHP 299 (Rev. 10-18) OPI 061

INSPECTION
 INITIAL ANNUAL COMPLIANCE

LEGAL BUSINESS NAME HOOPA AMBULANCE TRIBAL/SERVICE	COMPANY LICENSE NUMBER ---	VEHICLE YEAR, MAKE, AND MODEL 2017 RAM 3500
SERVICE ADDRESS (number and street) 535 AIRPORT ROAD		VEHICLE IDENTIFICATION NUMBER (VIN) 3C7WRTBL6PG619902
(city, state, and zip code) HOOPA, CA. 95546		VEHICLE LICENSE PLATE NUMBER AND STATE G3102025 US GOV
		VEHICLE CERTIFICATE NUMBER ---

ITEM INSPECTED (MINIMUM REQUIREMENTS)	YES	NO	ITEM INSPECTED (MINIMUM REQUIREMENTS)	YES	NO
1. Registration; plates		✓	14. Reflectors	✓	
2. Identification certificate (annuals/compliance only)		✓	15. Glass	✓	
3. Ambulance identification sign (visible from 50+ feet)	✓		16. Windshield wipers	✓	
4. Headlamps	✓		17. Defroster	✓	
5. Beam selector/indicator	✓		18. Mirrors	✓	
6. Headlamp flasher (if equipped)	✓		19. Horn	✓	
7. Steady red warning lamp	✓		20. Siren	✓	
8. Turn signals	✓		21. Seat belts	✓	
9. Clearance/sidemarkers lamps (if required)	✓		22. Fire extinguisher (minimum 4B.C)	✓	
10. Stoplamps	✓		23. Portable light	✓	
11. Taillamps	✓		24. Spare tire; jack and tools	✓	
12. License plate lamp	✓		25. Maps of coverage areas or equivalent	✓	
13. Backup lamps	✓		26. Door latches operable from inside and outside	✓	

ANY ITEM CHECKED "NO" ABOVE WILL HAVE A CHP 281, NOTICE TO CORRECT VIOLATION, ISSUED WITH THE DIRECTION TO CORRECT THE DISCREPANCY. ONCE SIGNED OFF, THE CHP 281 WILL BE RETURNED TO THE INSPECTING OFFICER.

EMERGENCY CARE EQUIPMENT AND SUPPLIES INSPECTED	YES	NO	EMERGENCY CARE EQUIPMENT AND SUPPLIES INSPECTED	YES	NO
1. (1) Ambulance cot and (1) collapsible stretcher	✓		14. Emesis basin or disposable bags, and covered waste container	✓	
2. Securement straps for patient and cot/stretcher	✓		15. Portable suctioning apparatus (Squeeze syringes not sufficient)	✓	
3. Ankle and wrist restraints. Soft ties are acceptable.	✓		16. Two devices or material to restrict movement	✓	
4. Sheets, pillow cases, blankets, towels, pillows (2)	✓		17. (2) liters saline solution or a gallon potable water	✓	
5. Oropharyngeal airways: (1) adult, (1) child, (1) infant	✓		18. Half-ring traction splint, padded ankle hitch strap, heel rest or equivalent device	✓	
6. Rigid or pneumatic splints (4)	✓		19. Blood pressure cuff, manometer, stethoscope	✓	
7. Resuscitator - capable of use with oxygen or air in adult, child, and infant sizes	✓		20. Sterile obstetrical supplies (gloves, umbilical cord tape or clamps, dressings, towels, syringe, and clean plastic bags)	✓	
8. Oxygen and regulators, portability required	✓		21. Bedpan or fracture pan	✓	
9. Sterile bandage compresses (4 - 3" x 3")	✓		22. Urinal	✓	
10. Soft rolled bandages (6 - 2", 3", 4", or 6")	✓		23. Two spinal immobilization devices, one at least 30" in length and one at least 60" in length, with straps to adequately secure patients to the device (a combination short/long boards are acceptable)	✓	
11. Adhesive tape (2 rolls - 1", 2", or 3")	✓				
12. Bandage shears	✓				
13. Universal dressings (2 - 10" x 30" or larger)	✓				

REQUIRED RECORDS AND DOCUMENTS INSPECTED AND IN COMPLIANCE

CALL RECORDS	YES	NO	PERSONNEL RECORDS	YES	NO
1. Location of records, retained for 3 years			14. Employment date		
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3. Name of requesting person or agency			16. Copy of ambulance driver certificate		
4. Unit ID, personnel dispatched, and record of red light/siren use			17. Copy of medical exam certificate		
5. Explanation of failure to dispatch			18. Copy of EMT certificate or medical license		
6. Dispatch time, scene arrival time, and departure time			19. Work experience summary		
7. Destination of patient; arrival time			20. Affidavit certifying compliance with 13 CCR 1101(b) and/or Section 13372 CVC prohibitions		
8. Name or other identifier of patient transported			21. Personnel enrolled in the DMV Pull Notice System		
COMPANY INSPECTION	YES	NO			
9. Company principals verified					
10. One or more ambulances available 24 hours					
11. Fees posted/current					
12. Financial responsibility					
13. 24-hour direct telephone service					

VEHICLE INSURANCE CARRIER'S NAME <i>Hudson</i>	POLICY NUMBER <i>NAA0000518</i>	POLICY EXPIRATION DATE <i>10/01/2019</i>
---	------------------------------------	---

REMARKS
#83

LICENSEE CERTIFICATION IN LIEU OF OFFICIAL BRAKE CERTIFICATE

I certify that there is no official brake adjusting station within 30 miles of the operating base of this vehicle; however, the brake system of this vehicle has been inspected and is in compliance with the requirements of the California Vehicle Code and Title 13, California Code of Regulations.

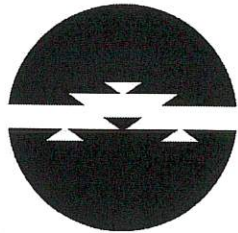
SIGNATURE OF LICENSEE OR AUTHORIZED REPRESENTATIVE DATE
6-5-19

TEMPORARY OPERATING AUTHORIZATION: This vehicle may be operated as an emergency ambulance. This authorization must be carried in the vehicle when used in lieu of the special vehicle identification certificate and expires 30 days after the date shown below.

SIGNATURE OF COMMANDER OR INSPECTING OFFICER *ADILINE* ID NUMBER
15341 LOCATION CODE
125 DATE
6/5/19

DESTROY PREVIOUS EDITIONS

Chp299_1018.pdf



K'ima:w Medical Center

P.O. Box 1288, Hoopa, California 95546

Telephone (530) 625-4261

Admin Fax: (530) 625-4842 Medical Fax: (530) 625-4781

An entity of the Hoopa Valley Tribe

KMC contract GSA unit. Government owned. Every 150.000 miles new Ambulance is re ordered. Approximately 200.000 mile we exchange for new units. The Maintenance scheduling is provided by GSA. R. construction company provides the service.

I have provided you with some of the Invoices. I was unable to get a GSA read out. GSA gives us Maintenance request every 5000. to 7000. Miles, If break downs occur they are taken to the Dodge dealer ship. Tires are replaced when needed at TP-tire Arcata.

Thank you

Rod Johnson, KMC EMS Director

**R. Brown Construction Company, Inc,
INVOICE # 0402191**

EQUIPMENT INFO

Property No:
Odom/Hours: 177,353
VIN: 3CTWRTBL4FG662289
License Plate No: G310081R
Description: Ambulance

Model Year: 2015
Make: Dodge
Model: 3500 4x4
Unit:

	Type of Repair	Description	Parts	Labor	Total
1	SERVICE 04/03/19	Changed Engine Oil and Filter		50.00	50.00
2		Oil Filter	6.31		6.31
3		Oil	30.00		30.00
4		Used Oil & Filter Disposal			10.00
5		Check Tires, Air Pressure & Brakes			0.00
6		Tires are almost due as well			0.00
7					0.00
8					0.00
9					0.00
10					0.00
11		Bill Authorization # J0377198			0.00
12					0.00
13					
Invoice Totals:			36.31	50.00	96.31

Invoice Total: \$96.31

R. Brown Construction Company, Inc,
INVOICE # 0403191

EQUIPMENT INFO

Property No:	Model Year: 2015
Odom/Hours: 147,205	Make: Dodge
VIN: 3C7WRTBL2FG662288	Model: 3500 4x4
License Plate No: G310082R	Unit:
Description: Ambulance	

Type of Repair	Description	Parts	Labor	Total
1	Service 04/03/2019		50.00	50.00
2	Oil Filter	6.31		6.31
3	Oil	30.00		30.00
4	Used Oil & Filter Disposal			10.00
5	Check Tires, Air Pressure & Brakes			0.00
6	Lube Chassis			0.00
7				0.00
8				0.00
9	Checked DEF Fluid level			0.00
10	2 Batteries	295.90	150.00	445.90
11				0.00
12				0.00
13	Authorization # J0377241			
Invoice Totals:		332.21	200.00	542.21

Invoice Total: \$542.21

R. Brown Construction Company, Inc,
INVOICE #040519

EQUIPMENT INFO

Property No:

Odom/Hours: 40,844

VIN: 3C7WRTBL6HG619902

License Plate No: G310202S

Description: Ambulance

Model Year: 2017

Make: Dodge

Model: 3500 4x4

Unit:

FLJ004132

	Type of Repair	Description	Parts	Labor	Total
1	Service 02/15/2019	Changed Engine Oil and Filter		50.00	50.00
2		Oil Filter	6.31		6.31
3		Oil	30.00		30.00
4		Used Oil & Filter Disposal			10.00
5		Check Tires, Air Pressure & Brakes			0.00
6					0.00
7					0.00
8					0.00
9					
10					
11		Authorization # J0377455			
12					
13					
Invoice Totals:			36.31	50.00	96.31

Invoice Total: \$96.31

RADIO'S

RWS Services Part Sales History Report

Date 06/03/19

Selection 1 For Part NX

Completed 12/01/17 thru 06/03/19 Invoiced 00/00/00 thru 00/00/00 Due 00/00/00 thru 00/00/00

For Customers thru Group thru Truck thru One Customer Sequence

Completed Date/ Invoice Number	Customer or Job Name/Part Name	Part/Serial Number	Catalog Number	Quantity	Total Amount
12/14/17 42327	HOOPA AMBULANCE P.O. BOX 1288 HOOPA, CA 95546 Phone # 530-625-4520 RADIO, VHF 50 WATT	NX-5700K B7B10501	Unit 81	1.00	980.00
12/14/17 42327	HOOPA AMBULANCE P.O. BOX 1288 HOOPA, CA 95546 Phone # 530-625-4520 RADIO, VHF 50 WATT	NX-5700K B7B10502	Unit 81	1.00	980.00
12/14/17 42327	HOOPA AMBULANCE P.O. BOX 1288 HOOPA, CA 95546 Phone # 530-625-4520 RADIO, VHF 50 WATT	NX-5700K B7B10503	Unit 82	1.00	980.00
12/14/17 42327	HOOPA AMBULANCE P.O. BOX 1288 HOOPA, CA 95546 Phone # 530-625-4520 RADIO, VHF 50 WATT	NX-5700K B7B10504	Unit 82	1.00	980.00
12/14/17 42327	HOOPA AMBULANCE P.O. BOX 1288 HOOPA, CA 95546 Phone # 530-625-4520 RADIO, VHF 50 WATT	NX-5700K B7B10505	Unit 83	1.00	980.00
01/08/18 42384	HOOPA AMBULANCE P.O. BOX 1288 HOOPA, CA 95546 Phone # 530-625-4520 PORTABLE, VHF 6 WATT	NX-5200K2 B7A10802		1.00	825.00
01/08/18 42384	HOOPA AMBULANCE P.O. BOX 1288 HOOPA, CA 95546 Phone # 530-625-4520 PORTABLE, VHF 6 WATT	NX-5200K2 B7A10803		1.00	825.00
01/08/18 42384	HOOPA AMBULANCE P.O. BOX 1288 HOOPA, CA 95546 Phone # 530-625-4520 PORTABLE, VHF 6 WATT	NX-5200K2 B7A10804		1.00	825.00
01/08/18 42384	HOOPA AMBULANCE P.O. BOX 1288 HOOPA, CA 95546 Phone # 530-625-4520 PORTABLE, VHF 6 WATT	NX-5200K2 B7A10805		1.00	825.00
01/08/18 42384	HOOPA AMBULANCE P.O. BOX 1288 HOOPA, CA 95546 Phone # 530-625-4520 PORTABLE, VHF 6 WATT	NX-5200K2 B7A10806		1.00	825.00

Selection 1 For Part NX

Completed 12/01/17 thru 06/03/19 Invoiced 00/00/00 thru 00/00/00 Due 00/00/00 thru 00/00/00

Completed Date/ Invoice Number	Customer or Job Name/Part Name	Group	Part/Serial Number	Truck	thru	One Customer	Sequence	Quantity	Total Amount
01/08/18 42384	HOOPA AMBULANCE P.O. BOX 1288 HOOPA, CA 95546 Phone # 530-625-4520 PORTABLE, VHF 6 WATT		NX-5200K2 B7A10807					1.00	825.00
01/08/18 42384	HOOPA AMBULANCE P.O. BOX 1288 HOOPA, CA 95546 Phone # 530-625-4520 PORTABLE, VHF 6 WATT		NX-5200K2 B7A10808					1.00	825.00
01/08/18 42384	HOOPA AMBULANCE P.O. BOX 1288 HOOPA, CA 95546 Phone # 530-625-4520 PORTABLE, VHF 6 WATT		NX-5200K2 B7A10809					1.00	825.00
01/08/18 42384	HOOPA AMBULANCE P.O. BOX 1288 HOOPA, CA 95546 Phone # 530-625-4520 PORTABLE, VHF 6 WATT		NX-5200K2 B7A10810					1.00	825.00
01/08/18 42384	HOOPA AMBULANCE P.O. BOX 1288 HOOPA, CA 95546 Phone # 530-625-4520 PORTABLE, VHF 6 WATT		NX-5200K2 B7A10811					1.00	825.00
01/08/18 42384	HOOPA AMBULANCE P.O. BOX 1288 HOOPA, CA 95546 Phone # 530-625-4520 PORTABLE, VHF 6 WATT		NX-5200K2 B7A10816					1.00	825.00
01/08/18 42384	HOOPA AMBULANCE P.O. BOX 1288 HOOPA, CA 95546 Phone # 530-625-4520 PORTABLE, VHF 6 WATT		NX-5200K2 B7A10821					1.00	825.00
01/29/18 42443	HOOPA AMBULANCE P.O. BOX 1288 HOOPA, CA 95546 Phone # 530-625-4520 FACEPLATE, KENWOOD NX500 DASH MOUNT 3"		EP-KENX5M-0					1.00	40.00
***** Total Part Sales *****								18.00	14,840.00

Selection 1 For Part NX

Completed 12/01/17 thru 06/03/19 Invoiced 00/00/00 thru 00/00/00 Due 00/00/00 thru 00/00/00
For Customers thru Group thru Truck thru One Customer Sequence

Completed Date/ Invoice Number	Customer or Job Name/Part Name	Part/Serial Number	Catalog Number	Quantity	Total Amount
01/08/18 42384	HOOPA AMBULANCE P.O. BOX 1288 HOOPA, CA 95546 Phone # 530-625-4520 PORTABLE, VHF 5 WATT	NX-5200K2 B7A10807		1.00	825.00
01/08/18 42384	HOOPA AMBULANCE P.O. BOX 1288 HOOPA, CA 95546 Phone # 530-625-4520 PORTABLE, VHF 6 WATT	NX-5200K2 B7A10808		1.00	825.00
01/08/18 42384	HOOPA AMBULANCE P.O. BOX 1288 HOOPA, CA 95546 Phone # 530-625-4520 PORTABLE, VHF 6 WATT	NX-5200K2 B7A10809		1.00	825.00
01/08/18 42384	HOOPA AMBULANCE P.O. BOX 1288 HOOPA, CA 95546 Phone # 530-625-4520 PORTABLE, VHF 6 WATT	NX-5200K2 B7A10810		1.00	825.00
01/08/18 42384	HOOPA AMBULANCE P.O. BOX 1288 HOOPA, CA 95546 Phone # 530-625-4520 PORTABLE, VHF 6 WATT	NX-5200K2 B7A10811		1.00	825.00
01/08/18 42384	HOOPA AMBULANCE P.O. BOX 1288 HOOPA, CA 95546 Phone # 530-625-4520 PORTABLE, VHF 6 WATT	NX-5200K2 B7A10815		1.00	825.00
01/08/18 42384	HOOPA AMBULANCE P.O. BOX 1288 HOOPA, CA 95546 Phone # 530-625-4520 PORTABLE, VHF 6 WATT	NX-5200K2 B7A10821		1.00	825.00
01/29/18 42443	HOOPA AMBULANCE P.O. BOX 1288 HOOPA, CA 95546 Phone # 530-625-4520 FACEPLATE, KENWOOD NX500 DASH MOUNT 3"	FF-KENNX5M-D		1.00	40.00
***** Total Part Sales *****				18.00	14,840.00

CHAPTER 3 RECRUITMENT AND HIRING

Section 3.1 Recruitment

To assure that interested persons are informed and qualified persons are attracted to compete, job vacancies must be publicized for a minimum of 15 days except for temporary appointments for periods of less than 15 work days. In order to assure equal employment opportunity, announcements shall be posted on bulletin boards and advertised to the extent that they will be available to all members of the community and other interested parties as deemed necessary by the Human Resource Department.

3.2 Job Announcements

Vacancy announcements shall include the position title, filing deadline, salary range, and brief description of major duties, responsibilities and minimum qualifications for the position. The announcement shall also include an Indian Preference statement and Drug Policy statement. Public notices shall be done in a cost effective manner. When advertising for a temporary position the advertisement may state that the position has the potential to become a regular position. If the temporary position is filled and a determination is made that it will be re-classified as a regular position the employee must receive a satisfactory performance evaluation in order to obtain the regular position.

3.3 Filing Applications

- A. Application for employment shall be made on forms provided by the Human Resource Department and must be filed with that office on or prior to the closing date specified in the announcement or postmarked before midnight of that date. Such applications may require information concerning education, experience, references, and other pertinent information. All applications shall be signed, and the truth of the statements contained therein certified by such signatures.
- B. Applications for employment will be accepted at anytime. The applications will be kept on file for one year and applicants will be considered for positions if requested by the applicant.

3.4 Affirmative Action

- A. Candidates for employment will be considered without regard to race, color, age, religion, national origin, political affiliation, marital status, sex, disability, or other non-merit factor.
- B. As provided by TERO, qualified members of the Hoopa Valley Tribe and other qualified Indians of a federally recognized Tribe shall be given preference in hiring.

3.5 Qualifications

The Program Manager shall screen all applications for minimum qualification requirements established for the job. Minimum qualification requirements reflect only the basic knowledge, skills, and abilities which are directly related to the duties of the position. Applicants who meet the minimum qualifications shall be rated qualified. Applicants who do not meet these requirements will not be considered for employment and shall be notified in writing by the Human Resource Director.

3.6 Evaluation of Applicants

- A. Evaluation of applicants can take the form of written examinations, oral interviews, consideration of training/education and experience, and previous job performance, etc. All applicants must be evaluated by the same method. Whatever form the evaluation takes, it must be practical in nature, job-related, and constructed to reveal the capacity of the candidate for the particular position for which he/she is competing.
- B. Applicants for a position are ranked by the Human Resource Director or by a Selection Committee.

3.7 Interview Panel

- A. Interview panel may be convened by the Program Manager or Human Resource Director.
- B. The Committee will consist of two to three individuals selected for their knowledge of the position, objectivity, and skill in interviewing and evaluating qualifications of candidates.

3.8 Selection

- A. Neither the Human Resource Director nor the interview panel will make hiring decisions. They will rank applicants and send the list to the appropriate Program Manager for action.
- B. The selection of key management personnel must be confirmed by the Board of Directors. A final offer of employment will be contingent upon completion of favorable background investigation. Key positions are defined as Managers (Directors), Physician, FNP, Dentist, and Pharmacist.
- C. All selected applicants will be subject to alcohol and drug testing pursuant to the Tribe's alcohol and drug testing policy.
- D. Background investigations may be required for other employment positions if contained in the minimum qualifications or job descriptions. The Human Resource Department will, where appropriate, conduct credit, personal reference, and criminal conviction checks. A prior conviction, taken by itself, will not necessarily disqualify an applicant unless specifically set forth in the job classification. If the applicant accepts the offer a medical examination is required.
- E. If the background, medical, alcohol and drug test or any other subsequent investigation discloses any misrepresentation on the application form or information indicating that the individual is not suited for employment with K'ima:w Medical Center, the applicant shall be refused employment or, if already employed, shall be terminated.
- F. All Credentialed employees shall present proof of credentialing to Human Resources during pre-employment interviews, at the time of employment, and at the expiration date of the credentialing thereafter. Members of the Medical Staff will process their credentialing through the Medical Secretary. For the purpose of this policy, credentials refer to any license, registration and/or certifications which are required by State and/or national professional organizations in order to perform the duties of the job. Employees needing to show proof of credentials include but are not limited to:

1	Registered Nurse	2	Licensed Vocation Nurse
3	Pharmacist	4	Lab Technician/Technologist
5	Certified Radiology Technician	6	Registered Dietician

7	Physician	8	Physician Assistant
9	Family Nurse Practitioner	10	Public Health Nurse
11	Dentist	12	Registered Dental Assistant
13	Pharmacy Technician	14	Certified Medical Assistant

3.9 Appointment

Prospective employees shall receive written offers of employment. Upon arrival in the work place, employees will be given an initial orientation regarding employment with K'ima:w Medical Center. The written offer will include a brief description of the job, starting salary, effective date of employment, and other specific conditions relating to the individual's employment.

CHAPTER 4 SEPARATION OF EMPLOYMENT

Section 4.1 Termination of Employment

It is K'ima:w Medical Center's policy to terminate employment because of an employee's resignation, discharge, or retirement; the expiration or breach of an employment contract; or lay off. Typically, all terminations should be cleared by the Human Resource Department and approved by the CEO before any final action is taken.

- A. **Discharge:** An employee may be dismissed due to competency, poor performance or to effect disciplinary action. Discharge can be for any reason not prohibited by law. A supervisor may not dismiss an employee without consulting the Human Resource Director who shall verify that all required documentation has been properly placed in the employee's personnel file and has the final approval of the CEO.
- B. **Resignation:** An employee who resigns should give at least two weeks' notice in writing to the immediate supervisor. A copy of the notice shall be forwarded to the Human Resource Director and the CEO by the Department Manager.
 - 1. Employees who are not at work and have not contacted their supervisor within three (3) working days from the last day worked, or at the end of authorized leave, without being excused or giving proper notice shall be deemed to have resigned.
- C. **Retirement:** Employees are eligible for normal retirement, on the first day of the month following the month in which they reach age sixty-five. With limited exceptions, employees who want to continue working past age sixty-five may do so provided their job performance is satisfactory.
- D. **Expiration/Breach of Contract:** An employee may be released due to expiration or breach of contract.
- E. **Lay Off:** An employee may be laid off whenever it is deemed necessary by reason of lack of work or funds due to program reduction, reorganization, or other administrative adjustments.
 - 1. The affected employee(s) shall be notified of an impending lay off at least 10 working days prior to the effective date of the layoff, when possible. The notification shall state the reasons for the layoff and the option(s) the employee has, if any, for reassignment and subsequent re-employment.
 - 2. Seniority, performance, and type of appointment shall be considered in determining the order of layoff. No employee is to be separated by layoff until all temporary and introductory employees serving in the same job classification have been separated.

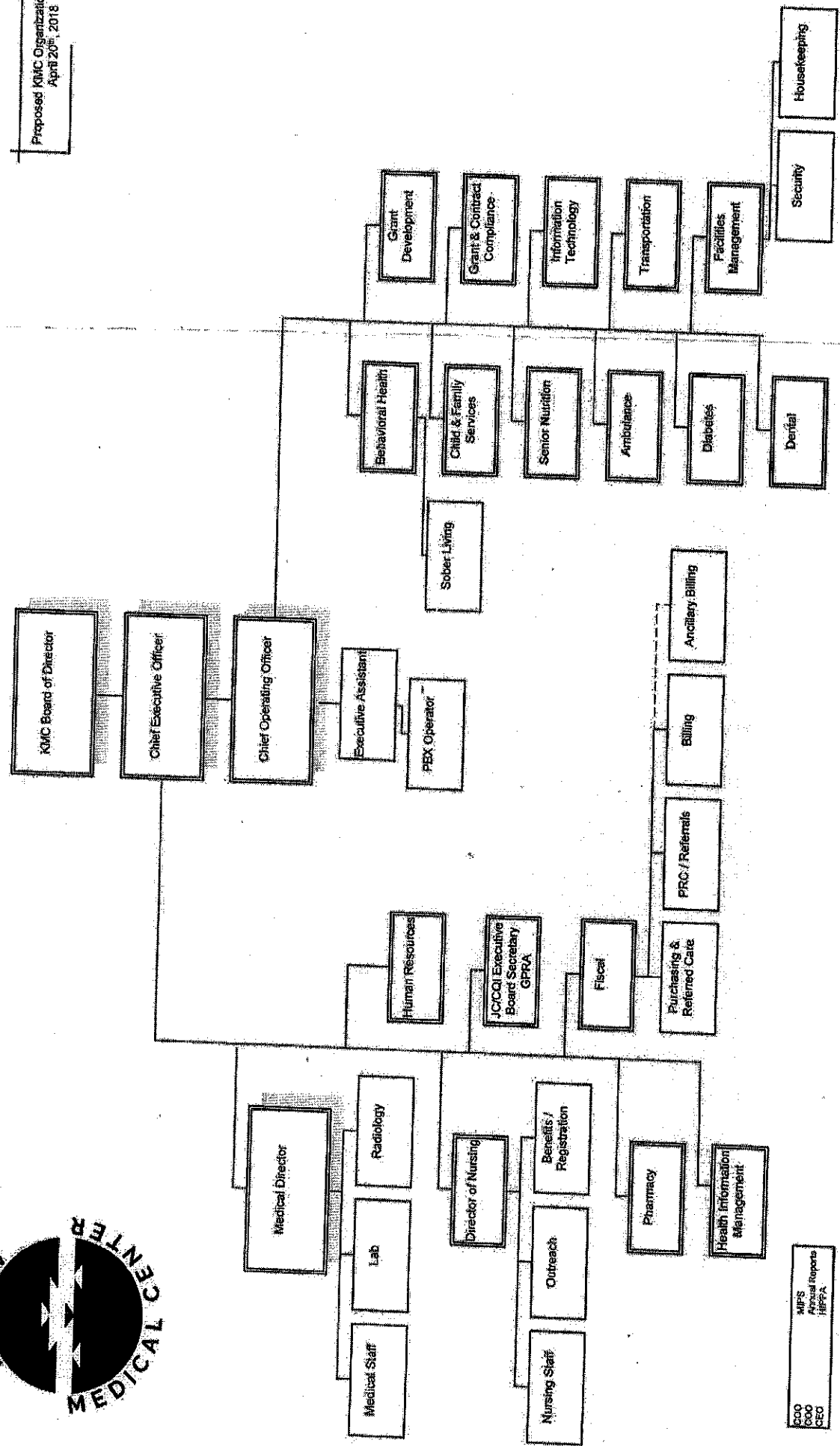
4.2 Termination Process

- A. Supervisors should send notices of resignation or recommendations for termination in writing to the Human Resource Department for review. This information should be accompanied by any needed supporting documents.

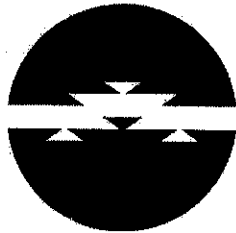
B. To process the termination, the Supervisor must complete the following items and forward them to the Human Resource Office:

1. An evaluation of the employee's performance with KMC.
2. A separation checklist
3. A letter notifying employee of the termination or a copy of the employee's resignation letter
4. Timesheet and absence requests for the current pay period, signed by the employee and the supervisor.
5. The employee's 'informal file' and copies of any documents which should be included as part of the employee's official Personnel file.

C. The Human Resource Office shall conduct an exit interview.



COO
COO
COO
MIPS
Annual Reports
HIPAA



K'ima:w Medical Center

P.O. Box 1288, Hoopa, California 95546

Telephone (530) 625-4261

Admin Fax: (530) 625-4842 Medical Fax: (530) 625-4781

An entity of the Hoopa Valley Tribe

Kyle Collins, started as an EMT-1 with Arcata Ambulance, he came to Kimaw Ambulance as an EMT-P with hire date 08/21/2015

John Darcy, hire date 06/14/2016 as an EMT-1, he has advanced to a EMT-P November 2018

James Davis is an EMT-1 with hire date of 9/6/2011

Charles Hollowell, is an EMT-1 with hire date 2/20/2019

Rodney Johnson is a Paramedic with hire date 12/17/1990

Megan Moravec, hire date 8/12/2014 as an EMT-T, has advanced to a EMT-P

Michael Mortl, hire date 4/4/19 as an EMT-1

Nathan Sandy, hire date 12/15/2016 as an EMT-1

Josh Scollard, EMT-1 with hire date 8/25/2015

Anna Simmons, hire date 04/29/2016 as an EMT-P

Amelia Williams, hire date 2/22/2019 as an EMT-1

Spencer Warren, hire date 10/1/2017 as an EMT-1 and recently advanced to EMT-P May 2019

Samantha Smith, hire date 2/26/2017 as an EMT-1, advanced to EMT-P 11/27/2018

Documentation

K'ima:w Medical Center Ambulance requires documentation be completed on every call for service. These reports are generated each time our resources respond to provide service. This report includes dispatch information regarding time of call, responding time, time at scene, time in service to hospital, time at the hospital, location of call, and chief complaint. Our PCR includes dispatch times, patient address, medical history, patient assessment, treatment given and the patient's response to treatment. Our billing forms include patient address, services and equipment provided to the patient during our intervention with them.

We have identified and implemented a comprehensive system to track patient care and have developed a CQI form to assist with data collection. We will have and use as an ongoing operations performance program reviewed on a monthly basis. Topics will be assigned and investigated, and actions taken to resolve problems and improve patient care. The information will be documented on the CQI worksheet and be reviewed within staff in-services. This form or data collection is not intended to be used for punitive use but to improve patient care. This form will be used on 100% of all Ambulance runs. We will use the deficiency areas as a training tool through the monthly CE and training programs for all staff. We are also in the process of gathering percentages of successfully preformed skills. This information will be used to identify the need for special skills training on a personal need basis. This information will be presented upon written request.

Clinical Care and Patient Outcome

Our in House CQI program is going well. The oncoming Paramedic is being asked to review and audit patient care reports to ensure appropriate field care is provided. Currently approximately 100% of charts are audited per month. We continue to do CQI planning and discussion among the staff to improve quality care.

K'ima:w Medical Center Ambulance is compassionate regarding the pre-hospital clinical care and patient outcome and our mission statement refers to providing the absolute best pre-hospital care to our citizens, through open lines of communication between our personnel, base hospital personnel, patients and periodic patient follow-up. We are able to evaluate and review our pre-hospital clinical care and gather feedback from hospital personnel regarding short term and long term patient outcomes. We are developing a services rendered evaluation form, to be sent to 75% of our patient contacts. This is going to provide areas in need of improvement as seen by the community. This form or data collection is not intended to be used for punitive

All of our staff, EMT and Paramedics are cleared through our Insurance Dept. to drive the Ambulances.

Public Education and Prevention

The Hoopa Ambulance Dept. participates in community events to increase awareness and prevention activities. We attended that Health Fair held in Hoopa and handed out information related to speeds and seatbelts. Since we are located in such a remote area we feel that it is very important that we participate in the community with education and prevention. We also work closely with our local fire, police, accident prevention, medical clinic, volunteer fire, tribal operations, and office of emergency services departments.

We provide backup services at local community activities.

We also provide ride-a-longs for public education purposes.

KMC does an annual community satisfaction survey and use the findings to train staff, and improve services to our community.

Risk Management

A company ride-a-long waiver for ride is implemented, and used for anyone who is not part of our regular staff.

PPE (Personal Protection Equipment) meets requirements. This equipment is stored in all units.

K'ima:w Ambulance is currently offering all patients HIPPA forms. All staff is trained in HIPPA regulations.

Addressing Identified Quality Issues

Field care audits are done with PCNC and Mad River Community Hospital Dr. to discuss and identify current issues based on PCR documentation with findings and recommendations with corrections by base hospital MD.

We are continuously training staff on the importance of filling out the patient clinical record form correctly. We are also continuously training staff of the importance of assessing the patient and documenting findings as needed.



**OFFICE OF TRIBAL ATTORNEY
HOOPA VALLEY TRIBE**

Post Office Box 188 • Highway 96
Hoopa, California • 95546
(530) 625-4211 • FAX: (530) 625-4847

Fed Exempt
237428302
TX ID #

August 9, 2007

RE: Governmental and non-profit status of K'ima:w Medical Center

To Whom It May Concern:

This letter shall certify the governmental, non-profit and tax-exempt status of K'ima:w Medical Center ("KMC"), a public health facility wholly owned and operated as an instrumentality of the Hoopa Valley Indian Tribe.

The Hoopa Valley Tribal Council is the federally-recognized, sovereign government of the Hoopa Valley Indian Reservation. See 72 Fed. Reg. 13648 (March 22, 2007). Pursuant to its Constitution and Bylaws, the Hoopa Valley Tribe established KMC as a tribally owned and operated public health facility. On June 30, 1993, the Hoopa Valley Tribe executed a Self-Governance Compact with the United States, which includes the Tribe's on-going assumption of Indian Health Service authority and responsibilities on the Hoopa Valley Indian Reservation. KMC provides general health care and preventative health services to the Hoopa Valley Indian Reservation and surrounding communities. KMC is publicly funded and its revenues, including cost recovery from insurance or other private sources, are expended in support of its public health care mission.

Under the Indian Tribal Government Tax Status Act of 1982 (as amended), the Hoopa Valley Tribe and its governmental agencies are treated as a State for the purposes of excise tax exemption and charitable giving. Internal Revenue Code, 26 U.S.C. § 7871(a & b). IRS Rev. Proc. 2002-64. State governments lack jurisdiction to impose taxes on Indian tribes and individual Indians on a reservation. *McClanahan v. Arizona State Tax Comm'n*, 411 U.S. 164 (1973); *Bryan v. Itasca County*, 426 U.S. 373 (1976); *Moe v. Confederated Salish & Kootenai Tribes*, 425 U.S. 463 (1976). Furthermore, the State of California has no authority to impose its civil and regulatory laws, including income, sales and excise taxes, on tribal governments. *California v. Cabazon Band of Mission Indians*, 480 U.S. 202, 215 n.17 (1987).

KMC's programs and services are essential governmental functions, and KMC should be treated as a non-profit, governmental agency for procurement, federal Department of Labor and Internal Revenue reporting, and other regulated purposes. You may contact this office if you have any questions regarding this letter or related matters.

Sincerely,

OFFICE OF TRIBAL ATTORNEY

Steven Moe, esq.

ATT
CATELYN

Interview 2010 EMT -1

We Live in unique rural area, With long transport times, 45minutes to 2.5 hours from a hospital, with stable and critical PT. We have 3 tribe in our area. Karuk, Hoopa and Yurok Tribes.

We have a station in Hoopa and Willow creek. We staff daily, 2 Paramedic, 2 EMT-1, 3 -24 hour shifts. We work every day all year long . Holiday, Birthdays, mother days ect.

Full time Employees have benefits, Medical ,401 k. comp time. , Scheduling is done a month ahead of time; we try to accommodate everyone with their reasonable requested time off. But filling the scheduling and covering the shifts come first.

We have a big coverage area and a long transport time. Hwy 96 North to Some bar is 83 mile to the nearest hospital, to the East on 299 Burnt ranch is 59 mile from the hospital. Pecwaun down HWY 169 single lane road is 1 hour to HWY 96 and 1.5 hours to the Hospital.

We experience Long Narrow windy roads, travel sickness. At time minimal help from Volunteers,

Working 72 hour from home at a time . You will experience long hour of sleep interruptions. Rain or Shine we most go on.

Skills: communication and good standing with the public.

Under standing Native America culture.

Be able to improvise if needed.

OTB, Swift water, extraction, radios communication, use of Helo's, Minimal Volunteer help at times. Awkward Lifting, different size PT

Uncooperative PT. ETOH ETC.

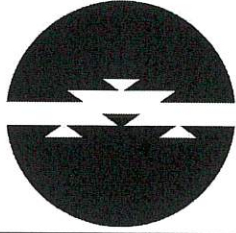
Working with different Partners, Living with them for 3 days,

Fire standbys up to 9 day at a time.

BLS units at times.

Billing and Chores

Extra activity / Health fair. Finding things to do. Self motivated .



K'ima:w Medical Center

P.O. Box 1288, Hoopa, California 95546

Telephone (530) 625-4261

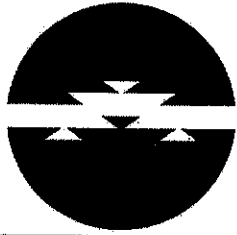
Admin Fax: (530) 625-4842 Medical Fax: (530) 625-4781

An entity of the Hoopa Valley Tribe

K'ima:w medical center Ambulance has been providing ALS coverage for over 30 years for the county of Humboldt. Over the last 25 years. We operate 2 fully staff ALS units in the area, 24 hours /7 days a week. One of our Ambulances is located in Willow CR and one located in Hoopa area. This is so we can provide rapid Ambulance response to the outlying communities. K'ima:w Ambulance follows all of North coast EMS and states Protocols. Hoopa is a sovereign tribal; we follow all federal guide lines.

Thank you

Rod Johnson EMS Director



K'ima:w Medical Center

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An entity of the Hoopa Valley Tribe

All Paramedics and EMT-1 are required by the CA emergency Medical Services Authority and North coast EMS to have completed 48 hr's/ paramedic and 36 hr's /EMT-1 of Continuing Education. Title 22 Division 9, Chapter 3 /2. This is before they can receive their paramedic or EMT licenses.

I have sent you my EMS crew's ACLS cert's and CE's provided by Reach medical. They have also completed A 16 hr' PALS class CE # 63-0022 have not rcvd the printed CE's yet. I have also sent you there yearly KMC Orientation skills performance check list. We also provide low angle rope rescue Training. 2 times a year.

Thank you

Rod Johnson ,EMS Director

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EMT/Paramedic CE

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- ▶ New Jersey
- ▶ New Mexico
- ▶ New York
- ▶ North Carolina
- ▶ North Dakota
- ▶ Ohio
- ▶ Oklahoma
- ▶ Oregon

California Emergency Medical Services Authority R

Paramedic (EMT-P) licenses expire the last day of the month two years from the date of issuance. CCR, Title 22, Division 9, Chapter 2, Article 5, 1797.194(c).

Advanced EMT certificates expire the final day of the month two years from the date of issuance. CCR, Title 22, Division 9, Chapter 2, Article 4 § 100123(l). EMT certificates expire the last day of the month two years from the date of issuance. CCR, Title 22, Division 9, Chapter 2, Article 4 § 100079(e). The State of California does not certify, the [local EMS agency](#) and other authorized certifying entities.

Requirements for Paramedics:

48 hours every two years. CCR, Title 22, Division 9, Chapter 4, Article 6 § 100167(2)

Requirements for Advanced EMTs:

36 hours every two years. CCR, Title 22, Division 9, Chapter 3, Article 4 § 100124(b)

Requirements for EMTs:

24 hours every two years. EMTs may either complete a 24-hour refresher course for 24 hours of continuing education. CCR, Title 22, Division 9, Chapter 2, Article 5 § 100079(e)

For more information visit: [California Emergency Medical Services Authority](#)



COUNTY OF HUMBOLDT

AGENDA ITEM NO.

For the meeting of: May 21, 2013

Date: April 22, 2013

To: Board of Supervisors

From: Phillip R. Crandall, Director *Susan Buckley*
Department of Health and Human Services – Public Health

Subject: Request to Increase Ambulance Fees for Service Area 2 in Eastern Humboldt.

RECOMMENDATION(S):

That the Board of Supervisors approve and authorize an increase in billing rates for the services provided in Service Area 2 covering Eastern Humboldt.

SOURCE OF FUNDING:

Private revenues

DISCUSSION:

Kima:w Medical Center has requested a rate adjustment to their current fee schedule for Ambulance Service Area 2 that covers the eastern portion of Humboldt County (see Attachment 1). Ambulance service areas are defined in the County's Health and Safety Code, Emergency Medical Services System, Title V, Division 5, Section 551-19(c). Service Area 2 is defined by the Humboldt County boundary line for the east and north borders, Redwood Creek Bridge/Highway 299 to the south and School House Peak on Bald Hills Road to the west. Section 551-5(b) states that any changes in ambulance rates must be approved by the Board of Supervisors.

Kima:w Medical Center's ambulance service provides Advanced Life Support (ALS) services over a large area that includes Hoopa, Weitchpec, Orleans, Willow Creek and the Highway 299 corridor and responds

Prepared by Karyn Davis, AA II

CAO Approval *Amy Olsen*

REVIEW: Auditor *MBM* County Counsel *Sm* Human Resources _____ Other _____

TYPE OF ITEM:
 Consent
 Departmental
 Public Hearing
 Other _____

BOARD OF SUPERVISORS, COUNTY OF HUMBOLDT
Upon motion of Supervisor _____
Seconded by Supervisor _____
Ayes _____
Nays _____
Abstain _____
Absent _____

PREVIOUS ACTION/REFERRAL

Board Order No. _____

Meeting of: _____

and carried by those members present, the Board hereby approves the recommended action contained in this Board report.

Dated: _____
By: _____
Kathy Hayes, Clerk of the Board

to approximately 1,000 emergency calls per year. K'ima:w Medical Center cites low call volume and low reimbursement from Medi-cal and Medicare as justification for the proposed rate increase.

Upon receipt of K'ima:w Medical Center's request and supporting documentation, the County Health Officer requested further financial documentation and forwarded it upon receipt to the Humboldt County Auditor-Controller for analysis. The Auditor-Controller reviewed the detailed financial records pertaining to the ambulance services provided by K'ima:w Medical Center, and supports the proposed rate increase.

Accordingly, Public Health recommends that your Board approve the proposed rate increase. This will help to ensure that the highest level of emergency transportation service is available for residents and visitors to Service Area 2.

FINANCIAL IMPACT:

The request before your board will increase K'ima:w Medical Center's fee for ambulance services by 60%. The ambulance service is funded entirely through fee for service billing. The rate increase is estimated to produce a 10% overall increase in their revenues generated from private insurance and private pay clients. The rate increase will not affect the reimbursement rate from Medi-cal and Medicare. There is no impact to the County General Fund or to the Public Health Fund.

The proposed rate increase supports the Board's Strategic Framework by protecting vulnerable populations and providing community-appropriate levels of service.

OTHER AGENCY INVOLVEMENT:

The Auditor-Controller and K'ima:w Medical Center have coordinated in this request.

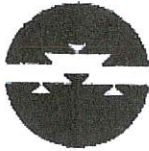
ALTERNATIVES TO STAFF RECOMMENDATIONS:

Your Board could choose not to authorize and approve this request, however that is not recommended. To do so would affect K'ima:w Medical Center's ability to provide emergency transportation to members of the community.

ATTACHMENTS:

K'ima:w Medical Center Rate Increase Request dated January 4, 2013.

Attachment 1



K'IMA:W MEDICAL CENTER

1200 Airport Road • P.O. Box 1288 • Hoopa, California 95546

Telephone (530) 625-4261

Admin. Fax (530) 625-4842 • Medical Fax (530) 625-4781

An Entity of the Hoopa Valley Tribe

January 4, 2013

Joseph Mellett, Auditor/Controller
County of Humboldt
825 5th Street, Room 126
Eureka, CA 95501

Dear Mr. Mellett,

In accordance with the requirements of section 551-6 of Humboldt County Ordinance 1755, K'ima:w Medical Center (KMC) is requesting an increase in billing rates for the services provided in the Hoopa ambulance service area. The Hoopa Valley Tribe, K'ima:w Medical Center, has provided ambulance service to the Hoopa area and surrounding communities for over 20 years. We are located in a remote area where the nearest hospital is roughly fifty-five miles away. Our ambulance service provides advanced life support emergency service in the area and responds to approximately 1,000 emergency calls each year. It is a critical service which must be maintained for the safety and well-being of our members, visitors and neighbors. However, we are hampered by inadequate Medicare and Medi-cal reimbursements and our inability to continue to subsidize operational costs. The service is so valuable to the local area and Humboldt County that the Tribe continues to operate the service even with a deficit each fiscal year. KMC is exploring many avenues to identify funding to continue with the service including this rate increase. If we are unable to identify additional funding, KMC may have to reduce the service.

Due to the severe budget constraints, specifically Medi-cal reimbursement reductions made in the areas of dental reimbursements and other outpatient services, the K'ima:w Medical Center must prioritize the services it provides to our beneficiaries. We are in the process of developing a plan to restructure some of our services. The ambulance service has never been profitable and will not be profitable with the low call volume, low reimbursement, and we receive no subsidies or contributions.

The service currently provides Advance Life Support (ALS) staffed with highly trained paramedics with specialized training. We are serving a large area way beyond the reservation borders including Weitchpec (Yurok Indian Reservation), Orleans (Karuk Indian reservation), and the town of Willow Creek and the Highway 299 corridor.

A group of community members has been meeting monthly to identify funding sources for the service. Representatives are Supervisor Sundberg, Willow Creek Water District Representatives, Potowat Health Clinic, Yurok Tribe, Karuk Tribe, Trinity County, Humboldt County Public Health, and others. There is a collaborative effort to keep the service. We are

also exploring a subscription program, grant funding, direct appropriations, and any other source of revenue.

The annual budget to operate this program has varied from year to year. The annual expenses range from \$750,000 to \$850,000. Currently, there is no subsidy provided from the Indian Health Service or Humboldt County to subsidize the operational costs of the ambulance service. The deficit also varies depending on the number of runs, reimbursement levels, etc. The deficit varies between \$350,000 to as much as \$470,000 annually. Our only source of revenue is through fee for service billing. The rate increase will generate minimal additional revenues from patients with private insurance. The proposed rates will not increase the reimbursement from Medicare or Medi-cal. Private pay patients (patients with no insurance) are eligible for a sliding fee reduced rate based upon income levels. The total estimated increase in revenues is less than 10%.

Below is a table with the proposed rate increase.

	Current Rate	Proposed Rate
ALS-Base Rate	1,250.00	1,900.00
ALS 2	1,300.00	1,950.00
BLS-Base Rate	750.00	1,200.00
Mileage-per mile	19.00	30.40
Oxygen	94.00	150.50
Night Call (7 pm to 7 am)	94.00	150.40
BLS Non Emergency Base Rate	500.00	800.00
Extra ambulance attendant	125.00	200.00
Standby time per ½ hour	75.00	165.00
Cardiac Monitor	94.00	150.40
ALS esophageal intub supplies	125.00	200.00
ALS IV drug therapy supplies	52.50	84.00
ALS defibrillation supplies	125.00	200.00
Extrication/Off Road Rescue	100.00	160.00
Ambulance Response/Treatment	300.00	480.00

**This item is included in the ALS base rate for all payers except Medi-Cal which does not recognize an ALS base rate.

The primary reason for the deficit is the low call volume and low reimbursement from Medi-cal and Medicare. The average calls per year are about 1000. The K'ima:w Medical Center is dedicated to providing the best possible ambulance services and committed to maintaining the service for Eastern Humboldt County. We continue to upgrade our vehicles and equipment, invest in our employees by providing continuing education including specialized training such as over the bank rescue. Thank you for your consideration of our request. For additional information, please me at (530) 625-4261 extension 287.

Respectfully submitted,

Mary Benedict
Mary Benedict, CEO



HOOPVAL-03

RAYUB

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
10/02/2018

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an **ADDITIONAL INSURED**, the policy(ies) must have **ADDITIONAL INSURED** provisions or be endorsed. If **SUBROGATION IS WAIVED**, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Allant Insurance Services, Inc. P.O. Box 609015 San Diego, CA 92160	CONTACT NAME: PHONE (A/C, No, Ext): (858) 505-4000 FAX (A/C, No): E-MAIL ADDRESS: <div style="display: flex; justify-content: space-between;"> <div style="width: 80%;"> INSURER(S) AFFORDING COVERAGE INSURER A: Hudson Insurance Company </div> <div style="width: 15%;"> NAIC # 25054 </div> </div> INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:
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COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> no gen agg applies GENL AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			NAA0000518	10/01/2018	10/01/2019	EACH OCCURRENCE	\$ 10,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ Included
							MED EXP (Any one person)	\$ Included
							PERSONAL & ADV INJURY	\$ 10,000,000
							GENERAL AGGREGATE	\$
							PRODUCTS - COMP/OP AGG	\$ 10,000,000
							SIR	100,000
								\$
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			NAA0000518	10/01/2018	10/01/2019	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE	\$
							AGGREGATE	\$
								\$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	NAA0000518	10/01/2018	10/01/2019	<input type="checkbox"/> PER STATUTE <input checked="" type="checkbox"/> OT-HER E.L. EACH ACCIDENT	\$ 1,000,000
							E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
							E.L. DISEASE - POLICY LIMIT	\$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Certificate Holder is Named as Additional Insured as respects Ambulance Service Permit renewal
Limits subject to \$100,000 SIR/Deductible

CERTIFICATE HOLDER County of Humboldt 1106 2nd Street Eureka, CA 95501	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE
--	---



HUDSON
INSURANCE GROUP®

SOVEREIGN NATION ALL LINES AGGREGATE INSURANCE POLICY

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

Named Assured:	Policy Number:	From:	To:
Hoop Valley Tribal etal	NAA00005-18	10-01-2018	10-01-2019

ADDITIONAL ASSURED - PRIMARY

This endorsement modifies insurance provided under the following:

INSURING AGREEMENT A. – GENERAL LIABILITY

This endorsement identifies person(s) or organization(s) who are "Assureds" under Coverage Part 1. This endorsement does not alter coverage provided in Coverage part 1.

SCHEDULE - Name of Person(s) or Organization(s):

The County of Humboldt, its officers, officials, employees, and volunteers
825 5th Street, Room 131
Eureka, CA 95501

Each person or organization shown in the Schedule is an "Assured" for Liability coverage, but only to the extent that person or organization qualifies as an "Assured" under General Provisions, Section A.1.:

- A. ASSURED:** It is agreed that the unqualified word **Assured**, wherever used in this Policy, includes not only the Named Assured as stated in the Declarations but also:
- any official, trustee, employee or volunteer of the Named Assured while acting within the scope of his duties as such, and any person, organization, trustee or estate to whom the Named Assured is obligated by virtue of a legally binding contract or agreement to provide insurance such as is afforded by this Policy, but only in respect of operations performed by or on behalf of the Named Assured. It is further agreed that when insurance coverage is afforded by this policy for the above Additional Assured(s), it shall be primary insurance as respects any claim, loss or liability arising out of the Named Assured's operations.

Authorized Representative

All other Terms and Conditions remain the same.