



**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:	3/30/16
Application Fee of \$196.00 Received:	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> <i>RF</i>
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:	City Ambulance of Eureka, Inc.		
Name of Contact Person:	Renee Ford		
Mailing Address:	135 W 7 <sup>th</sup> Street	City/Zip Code	95501
Physical Address:	Same as above	City	Eureka
Telephone/Fax Numbers	707-445-4907 X202	E-Mail	rford@cityambulance.com



**County of Humboldt**  
Eureka, California

<b>Owner Name</b>	Fred Sundquist Jr				
<b>Address</b>	135 W 7 <sup>th</sup> Street	<b>City/Zip Code</b>	Eureka 95501		
<b>Phone Number</b>	707-445-4907	<b>Fax Number</b>	707-442-5903	<b>E-Mail</b>	fsundquist@cityambulance.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:

	<b>Year</b>	<b>Model/Make</b>	<b>Vehicle Identification Number</b>	<b>License Plate #</b>	<b>Length of Time In Use (Include current mileage shown on odometer)</b>	<b>State or Federal Aviation Agency License Number</b>	<b>Description of Color Scheme, Insignia Name, Monogram, or Distinguishing Characteristics</b>
<b>1.</b>	2007	Ford E350	1FDSS34P87DA85325	8L89574	8 YEARS 167,611		WHITE/ORANGE
<b>2.</b>	2009	FORD E350	1FDSS34P99DA90732	8W03032	7 YEARS 154,111		WHITE/ORANGE
<b>3.</b>	2009	DODGE SPRINTER	WD0PE7AC895419447	50807F1	5 YEARS 141,905		WHITE/ORANGE
<b>4.</b>	2009	DODGE SPRINTER	WD0PE7AC895419447	50808F1	5 YEARS 137,382		WHITE/ORANGE
<b>5.</b>	2012	FORD E350	1FDSS3ES2CDB21183	90904K1	3 YEARS 77,808		WHITE/ORANGE





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	<b>Year</b>	<b>Model/Make</b>	<b>Vehicle Identification Number</b>	<b>License Plate #</b>	<b>Length of Time In Use (Include current mileage shown on odometer)</b>	<b>State or Federal Aviation Agency License Number</b>	<b>Description of Color Scheme, Insignia Name, Monogram, or Distinguishing Characteristics</b>
<b>6.</b>	2013	FORD E350	1FDSS3ES6DDA75178	43081N1	3 YEARS 58,895		WHITE/ORANGE
<b>7.</b>	2013	FORD E350	1SFSS3ES4DDB32171	43292N1	3 YEARS 50,768		WHITE/ORANGE
<b>8.</b>	2014	FORD V10	1FDSS3EL3EDB14383	05987R1	2 YEARS 8,357		WHITE/ORANGE
<b>9.</b>	2014	FORD E350	1FDSS3EL0EDB14423	60385X1	1 YEAR 3,673		WHITE/ORANGE
<b>10.</b>	2012	FORD E350	1FDSS3EL6CDB06775	55466A1	1 MONTH 76,059		WHITE/ORANGE



**County of Humboldt  
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- 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.





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**SERVICE AREA:**

In conformity with the County Ordinance concerning the Permitting of Ambulance Service, the Applicant requests permission to allow its ambulances to provide service in the following zone(s):

<b>Zone</b>	<b>Northern Boundary</b>	<b>Eastern Boundary</b>	<b>Southern Boundary</b>	<b>Western Boundary</b>	<b>Indicate Zone(s) by Placing "X"</b>
<b>Zone 1 North</b>	Humboldt County Line	Redwood Creek Bridge Highway 299 and School House Peak on Bald Hills Road	Indianola Cutoff (includes intersections with Hwy 101 & Old Arcata Rd and up to 1699 block of Peninsula Drive (in Manila))	Pacific Ocean	
<b>Zone 2 East</b>	Humboldt County Line	Humboldt County Line	Redwood Creek Bridge Hwy 299	School House Peak on Bald Hills Road	
<b>Zone 3 Central</b>	Indianola Cutoff (includes intersections with Hwy 101 & Old Arcata Rd and up to 1700 block of Peninsula Drive (in Manila))	Showers Pass	Hookton Road & Hwy 101	Pacific Ocean	X



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

**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.





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B. CONTRACTOR shall and shall require any of its subcontractors to take out and maintain, throughout the period of this Agreement and any extended term thereof, the following policies of insurance placed with the insurers authorized to do business in California and with a current A.M. Best rating of no less than A:VII or its equivalent against injury/death to persons or damage to property which may arise from or in connection with the activities hereunder of CONTRACTOR, its agents, officers, directors, employees, licensees, invitees, assignees or subcontractors:

1. Comprehensive or Commercial General Liability Insurance at least as broad as Insurance Services Office Commercial General Liability coverage (occurrence form CG 0001), in an amount of Two Million Dollars (\$2,000,000) per occurrence for any one (1) incident, including, personal injury, death and property damage. If a general aggregate limit is used, either the general aggregate limit shall apply separately to this project or the general aggregate shall be twice the required occurrence limit.
2. Automobile/Motor liability insurance with a limit of liability of not less than One Million Dollars (\$1,000,000) combined single limit coverage. Such insurance shall include coverage of all "owned", "hired", and "non-owned" vehicles or coverage for "any auto."
3. Workers Compensation as required by the Labor Code of the State of California, with Statutory Limits, and Employers Liability Insurance with limit of no less than One Million Dollars (\$1,000,000) per accident for bodily injury or disease. Said policy shall contain or be endorsed to contain a waiver of subrogation against COUNTY, its officers, officials, agents, representatives, volunteers, and employees. In all cases the above insurance shall include Employers Liability coverage with limits of not less than One Million Dollars (\$1,000,000) per accident for bodily injury and disease.

4. Insurance Notices must be sent to:

County of Humboldt  
Attention: Risk Management  
825 5<sup>th</sup> Street, Room 131  
Eureka, CA 95501





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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.

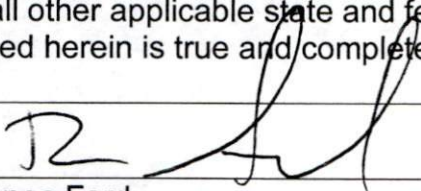
(Information may include the ability of the Applicant to provide ambulance service within established response times for the type of vehicle operated, twenty-four (24) hours per day, seven (7) days per week, year-round; per-approval by North Coast EMS as an Advanced Life Support Provider; familiarity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

- Additional Information statement attached



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I, hereby attest that, Renee Ford, (name of ambulance company) has obtained all licenses required by law and is in compliance with standards for providing emergency and/or non-emergency medical services as outlined in the Humboldt County Code, Title V, Division 5, Emergency Medical System, the policies established by North Coast EMS, and all other applicable state and federal law and regulations. All information provided herein is true and complete as of the date listed below.

<b>Signature of Applicant:</b>	
<b>Printed Name and Title</b>	Renee Ford Chief Financial Officer
<b>Date:</b>	3/30/2016

**Required Paperwork Checklist**

- Application complete
- Certificate of Automobile and liability coverage
- Verification that each vehicle listed in application has been certified by the California Highway Patrol and/or the Health Officer pursuant to County Ordinance Section 551-9
- Certificate of Workers Compensation Insurance compensation coverage
- Proposed Rates & Schedule of Charges
- All requested documentation of Applicant's policies and programs (as set forth in the application) are attached and complete
- Application fee or proof of payment of application fee



### **Vehicle Maintenance**

Routine maintenance is performed at regularly scheduled intervals to ensure optimal safety, performance, efficiency, and reliability of assigned vehicles. Preventive maintenance is performed by the fleet mechanic, who will document any repairs and ensure all repairs are done before returning the vehicle to service.

### **Pre-Trip Inspections**

Specific procedures are outlined in policy and monitored to ensure that all ambulances are inspected daily, prior to the vehicle being put into service. Ambulance crews use the unit specified by the rotation schedule. The ambulance's mechanical functions are inspected by a crew member according to the daily checklist, making note of any discrepancies. Any minor repairs that can safely be done by a crew member are done during checkout. Repairs requiring special equipment or expertise are recorded on a Vehicle Needs Attention form or a Vehicle Out of Service form.

### **CHP Inspections**

The CHP conducts inspections of the ambulance fleet annually.

<b>CAE Radio Inventory January 2015</b>						
<b>Dispatch Equip.</b>	<b>VHF model #</b>	<b>Serial #</b>	<b>UHF model #</b>	<b>Serial #</b>	<b>Device model #</b>	<b>Serial #</b>
POWER SUPPLY	DURA COMM				DURA COMM	UNK
POWER UNIT					P-600-13.8	2571
POWER UNIT					P-600-13.8	2572
POWER AMP					1506RNS	C2567
POWER AMP					4512RNS	C2568
POWER AMP					1506RNS	B9024
POWER STRIP	TRIPP-LITE					
VHF RADIO	TK780H	60400507				
VHF RADIO	TK790	B1400406				
VHF RADIO	TK790	B32300285				
UHF RADIO			TK890	B1400078		
UHF RADIO			TK890H	B0500031		
SCANNER	UNIDEN				BC56XLT	8507714
<b>Portables</b>	<b>VHF model #</b>	<b>Serial #</b>	<b>UHF model #</b>	<b>Serial #</b>		
<b>Eureka</b>						
VHF	TK 272 G	90601005				
VHF	TK 272 G	90600201				
VHF	TK 272 G	90600918				
VHF	TK 272 G	90600916				
VHF	TK 272 G	90600366				
VHF	TK 272 G	90600369				
VHF	TK 272 G	90600920				
VHF	TK 272 G					
VHF C1 a	NX 300 K	B0400220				
VHF C1 b	NX 300 K	B0400222				
VHF C2 a	NX 300 K	B0400221				
VHF C2 b	NX 300 K	B0400218				
UHF			TX 372 G	40200805		
UHF 200			NX 300 K	B0401398		
UHF			TK 372 G	40101267		



UHF			TK 372 G	70200332		
UHF			TK 372 G	30301119		
UHF			TK 372 G	70200333		
<b>Portables</b>	<b>VHF model #</b>	<b>Serial #</b>	<b>UHF model #</b>	<b>Serial #</b>	<b>Device model #</b>	<b>Serial #</b>
<b>Fortuna</b>						
UHF FTA 1a			NX 300 K	B0500134		
UHF FTA 1b			NX 300 K	B0500135		
UHF FTA 2a			NX 300 K	B0500127		
UHF FTA 2b			NX 300 K	B0500131		
VHF	TK 272G	90600004				
VHF	TK 272G	70200333				
VHF	TK 272G	90600003				
VHF	TK 272G	90600919				
Pager					Motorola Minitor V	136WHE2736
Base Scanner					Colt Z28	D5001405
Charging Unit	ACDC	6-IV-683				
<b>Garberville</b>						
UHF			NX 300 K	B0500133		
UHF			NX 300 K	B0401397		
VHF	TK 372 G	90601001				
VHF	TK 372 G					
<b>Ambulance</b>	<b>VHF model #</b>	<b>Serial #</b>	<b>UHF model #</b>	<b>Serial #</b>	<b>Repeater #</b>	<b>Serial #</b>
Suburban	TK 790	40900016	TK 890	40800038		
33	TK 7160 H	70900957	TK 890	1100007	SVR 200 U	752622
35	TK 7150	0010083	TK 890	70800148	SVR 200 U	752611
37	TK 760 HG	40400617	TK 890	00700174	SVR 200 U	752614
No Unit			TK 890	31001017	SVR 200 U	549067
39	TK 760 HG	00700157	TK 890	0800004	SVR 200 U	543915
40	TK 760 HG	50302424	TK 890	4120309	SVR 200 U	550173
41	TK 7150	00100093	TK 890	91100241	SVR 200 U	752607

42	TK 760 HG	50302422		TK 890	9600054	SVR 200 U	544891
43	TK 7150	70900929		TK 890	70800147	SVR 200 U	544892
44	TK 760 HG	7070093		TK 890	70700093	SVR 200 U	543916
45	TK 760 HG	31001017		TK 890	50601567	SVR 200 U	543914
G2	TK 762 H	00500052		XXXXXXXXXX	XXXXXXXXXX		
DSMU 130	TK 5710			TK 5810			
<b>Taxi</b>	<b>VHF model #</b>	<b>Serial #</b>					
0	TK 762 HG	UNK					
2	TK 7360 HV	B2602073					
3	TK 780 H	60600496					
4	TK 7160 H	80800876					
7	TK 762 HG	30603068					
8	TK 780 H	60400508					
<b>Mini Vans</b>	<b>VHF model #</b>	<b>Serial #</b>					
13	TK 738 OHV	B3502267					
14	TK 762 HG	30603069					
<b>Big Van</b>	<b>VHF model #</b>	<b>Serial #</b>					
17	TK 762 HG	30700446					
18	TK 780 H	60400538					
19	UNK	UNK					
21	TK 762 HG	30700447					
<b>W/C M/B</b>	<b>VHF model #</b>	<b>Serial #</b>					
50	TK 762 HG	CANT SEE					
53	TK 7360 HV	B3400733					
54	TK 7360 HV	B3502775					
57	TK 762 HG	30700447					
58	TK 780 H	60400540					
61	TK 762 HG	30700451					
71	TK 780 H	60900056					
72	TK 780 H	60400588					
75	TK 762 HG	UNK					
76	UNK	UNK					
77	UNK	UNK					
<b>Shuttle</b>	<b>VHF model #</b>	<b>Serial #</b>					



81	TK 780 H	60400539						
82	TK 8150	00900006						
83	TK 762 HG	30700449						



STATE OF CALIFORNIA  
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL

**SPECIAL VEHICLE IDENTIFICATION CERTIFICATE/PERMIT** #35

CHP 301 (REV 4-97) OPI 062

CHP AREA: 125

CHP Certificate/Permit Number: **17896- 10325**

ISSUED: **3/12/2016**

EXPIRES: **3/11/2017**

AREA:

INITIAL

DUPLICATE

EMERGENCY AMBULANCE CERTIFICATE

ARMORED CAR CERTIFICATE

REPLACEMENT

RENEWAL

AUTHORIZED EMERGENCY VEHICLE PERMIT\*

VEHICLE YEAR AND MAKE: **07 FORD**

VEHICLE LICENSE NO. **8L89574**

VIN: **1FDSS34P87DA85325**

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

NAME AND MAILING ADDRESS



**CITY AMBULANCE OF EUREKA, INC. 17896  
CITY AMBULANCE; FORTUNA/GARBERVILLE RESCUE AMBUL  
135 WEST 7TH STREET  
EUREKA, CA 95501-0229**

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** #37

CHP 301 (REV 4-97) OPI 062

CHP AREA: 125

CHP Certificate/Permit Number: <b>17896- 11187</b>		ISSUED: <b>3/12/2016</b>	EXPIRES: <b>3/11/2017</b>	AREA:
<input type="checkbox"/> INITIAL	<input type="checkbox"/> DUPLICATE	<input checked="" type="checkbox"/> EMERGENCY AMBULANCE CERTIFICATE	<input type="checkbox"/> ARMORED CAR CERTIFICATE	
<input type="checkbox"/> REPLACEMENT	<input checked="" type="checkbox"/> RENEWAL	<input type="checkbox"/> AUTHORIZED EMERGENCY VEHICLE PERMIT*		
VEHICLE YEAR AND MAKE: <b>09 FORD E 350</b>		VEHICLE LICENSE NO. <b>8W03032</b>	VIN: <b>1FDSS34P99DA90732</b>	

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

NAME AND MAILING ADDRESS



**CITY AMBULANCE OF EUREKA, INC. 17896  
CITY AMBULANCE; FORTUNA/GARBERVILLE RESCUE AMBUL  
135 WEST 7TH STREET  
EUREKA, CA 95501-0229**

PROPERTY OF CALIFORNIA HIGHWAY PATROL

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STATE OF CALIFORNIA  
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL

**SPECIAL VEHICLE IDENTIFICATION CERTIFICATE/PERMIT #40**  
CHP 301 (REV 4-97) OPI 062

CHP AREA: 125

CHP Certificate/Permit Number: **17896-12484**

ISSUED: **3/12/2016**

EXPIRES: **3/11/2017**

AREA:

- INITIAL  
 REPLACEMENT

- DUPLICATE  
 RENEWAL

- EMERGENCY AMBULANCE CERTIFICATE  
 AUTHORIZED EMERGENCY VEHICLE PERMIT\*

- ARMORED CAR CERTIFICATE

VEHICLE YEAR AND MAKE: **09 DODGE SPRINTER**

VEHICLE LICENSE NO. **50807F1**

VIN: **WD0PE7ACX95420518**

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

NAME AND MAILING ADDRESS



**CITY AMBULANCE OF EUREKA, INC. 17896  
CITY AMBULANCE; FORTUNA/GARBERVILLE RESCUE AMBUL  
135 WEST 7TH STREET  
EUREKA, CA 95501-0229**

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** #41

CHP 301 (REV 4-97) OPI 062

CHP AREA: 125

CHP Certificate/Permit Number: **17896- 12355**

ISSUED: **3/12/2016**

EXPIRES: **3/11/2017**

AREA:

INITIAL

DUPLICATE

EMERGENCY AMBULANCE CERTIFICATE

ARMORED CAR CERTIFICATE

REPLACEMENT

RENEWAL

AUTHORIZED EMERGENCY VEHICLE PERMIT\*

VEHICLE YEAR AND MAKE: **09 DODGE SPRINTER**

VEHICLE LICENSE NO. **50808F1**

VIN: **WD0PE7AC895419447**

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

NAME AND MAILING ADDRESS



**CITY AMBULANCE OF EUREKA, INC. 17896  
CITY AMBULANCE; FORTUNA/GARBERVILLE RESCUE AMBUL  
135 WEST 7TH STREET  
EUREKA, CA 95501-0229**

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** #45

CHP 301 (REV 4-97) OPI 062

CHP AREA: 125

CHP Certificate/Permit Number: **17896-13839**

ISSUED: **3/12/2016**

EXPIRES: **3/11/2017**

AREA:

INITIAL

DUPLICATE

EMERGENCY AMBULANCE CERTIFICATE

ARMORED CAR CERTIFICATE

REPLACEMENT

RENEWAL

AUTHORIZED EMERGENCY VEHICLE PERMIT\*

VEHICLE YEAR AND MAKE: **14 FORD E 350**

VEHICLE LICENSE NO. **05987R1**

VIN: **1FDSS3EL3EDB14383**

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

NAME AND MAILING ADDRESS

**16**

**CITY AMBULANCE OF EUREKA, INC. 17896  
CITY AMBULANCE; FORTUNA/GARBERVILLE RESCUE AMBUL  
135 WEST 7TH STREET  
EUREKA, CA 95501-0229**

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.





### **Knowledge of / involvement in Humboldt County EMS**

City Ambulance of Eureka, Inc. (dba Fortuna Rescue Ambulance, Garberville Ambulance, Humboldt Dial-A-Ride, City CAB, CAE Transport) was incorporated in 1975 and has been in operation for over 40 years. City Ambulance provides ambulance service to the majority of Humboldt County from Eureka to the Humboldt/Mendocino County line and taxi service to the greater Eureka, Arcata and McKinleyville area.

City Ambulance operates in cooperation with the regulations and guidelines of the North Coast EMS and the State Emergency Medical Services Authority, and has established policies and procedures to ensure compliance and quality in both operations and services. Ambulances are kept in proper operating condition, inspected annually by the California Highway Patrol, and are staffed by certified EMTs and Paramedics who are trained and qualified under state law, and who provide the full range of emergency medical services as outlined in Title V, Division 5 of the Humboldt County Code.

As a vital member of the county's EMS system, City Ambulance works closely with North Coast EMS to support the mission of effective quality patient care and continuous quality improvement principles, in accordance with state laws. As a result, NCEMS is regarded as one of the most stable, efficient and progressive EMS systems in the State of California. Our Ambulance personnel are accredited by North Coast EMS, and regularly participate in training and FCAs conducted by NCEMS.

## **ADDITIONAL INFORMATION STATEMENT:**

City Ambulance of Eureka, Inc. (dba Fortuna Rescue Ambulance, Garberville Ambulance, Humboldt Dial-A-Ride, City CAB, CAE Transport) is a private family-owned corporation that has been providing ambulance service in Humboldt County for over 40 years. The family's roots in the ambulance service extend back to the 1960's, prior to incorporation in 1975. City Ambulance provides ambulance service to the majority of Humboldt County from Eureka to the Humboldt/ Mendocino County line and taxi service to the greater Eureka, Arcata and McKinleyville area.

City Ambulance has been the exclusive provider for all emergency calls and inter-facility transports in Zone 3 (Eureka Area) since 1975, and the provider of ambulance service in Zone 4 (Fortuna and Garberville) since 1989 (Garberville was briefly owned by another individual as Southern Humboldt Area Rescue, but City Ambulance resumed service in that area when he was unable to financially sustain the service).

Our ambulance staff consists of certified Paramedics and EMTs who are trained and qualified to provide comprehensive emergency medical services. Several members of our ambulance staff participate in a wide variety of community services and training. Our staff of EMTs, dispatchers and first responders are ready 24/7 to serve the community.

City Ambulance has some of the lowest ambulance transportation rates in the state, while providing competitive wages and the highest level of patient care. Our extended scope of paramedic practice is one of the most expansive in the state.

As a vital member of one of the most stable, efficient and progressive EMS systems in the State of California, City Ambulance operates in cooperation with the regulations and guidelines of the North Coast EMS and the State Emergency Medical Services Authority to support the mission of effective quality patient care and continuous quality improvement principals, in accordance with state laws. Policies and procedures have been established to ensure compliance and quality in both operations and services. Ambulances are kept in proper operating condition, inspected annually by the California Highway Patrol, and are staffed by certified EMTs and Paramedics who are trained and qualified under state law, accredited by North Coast EMS, and regularly participate in training and FCAs conducted by NCEMS.



### Quality Management Practices and Policy

The Quality Management Program is overseen by the Chief Operating Officer and Quality Improvement Coordinator.

We direct staff to do self-reporting or reporting of another employee:

- A. When another crewmember, public safety person, or the public performed a special task deserving merit or did an outstanding job above and beyond what is expected.
- B. For any driving incident (violation, accident, etc.).
- C. When there is a negative confrontation or poor interaction with customers, the general public, or agency personnel.
- D. When an employee observes or participates in medical treatment that is contrary to policies or system protocols.
- E. When an employee feels that improper patient care was performed (either by mistake or negligence).
- F. For unusual occurrences that prevent an employee from following policies or procedures.

Additionally, a percentage of calls are reviewed each month by the Quality Improvement Coordinator and the Pre-Hospital Nurse Liaison under the Base Hospital/North Coast EMS Quality Improvement contract. Select charts are reviewed in a group Field Care Audit (FCA) each month, which is led by the Pre-Hospital Medical Director for the Paramedic Base Hospital. North Coast EMS requires that every paramedic attend six FCAs in each two-year accreditation period.

An escalation procedure is in place for EMTs or Paramedics who perform at a level below expectations. The procedure consists of the following elements; however, some elements may be skipped for more egregious errors.

- 1. Discussion
- 2. Remediation
- 3. Probation
- 4. Dismissal (dismissal for patient care concerns must also be reported to the EMS Authority)

## **Staffing and Hiring Practices**

### **Staffing**

City Ambulance employs certified Paramedics and EMTs who are trained and qualified to provide comprehensive emergency medical services. Several members of our ambulance staff participate in a wide variety of community services and training.

Ongoing recruitment for paramedics and EMTs is done via online advertising (e.g. Craigslist, Calif. EMS web site), social media, local print media, local EMT course instructors' graduate recommendations, and employee recommendations.

Employment applications are reviewed for the required skills, training and licensures. Qualified candidates are scheduled for interviews with the ambulance supervisors. HR and/or an ambulance supervisor checks employment references of top ranking candidates. The best qualified and available candidates are hired as needed to ensure optimal coverage.

### **Hiring**

Once employment is offered and accepted, new employees are assigned a company email address and access to the company internet site, MYCAE. A Welcome Letter is emailed to the new hire with this information, and an HR Orientation is scheduled.

After logging on to MYCAE, new employees can access and print new hire forms, review the company handbook, safety manual, policies and procedures, training requirements, training calendar, schedules, company announcements, and much more. MYCAE is the hub of most of the company's information and communications for employees.

The HR Orientation consists of ensuring all new hire forms are complete; obtaining copies and verifying current status of licenses and certifications required for the job; obtaining copies of vaccination history and reports; and obtaining a current driver record and verifying eligibility for enrollment on the company vehicle insurance policies. New employees are given an overview of MYCAE, with the direction to continue reviewing and becoming familiar with the site, core policies and procedures, protocols, work practices and expectations.



## TRAINING, ORIENTATION AND EXPERIENCE

### **New Employee Field Training Orientation**

Newly hired employees are assigned a New Employee Trainer as their Primary Trainer. Paramedics are assigned to a Field Training Officer (FTO). FTOs are paramedics who are approved by NCEMS and City Ambulance to teach, monitor and evaluate students, EMTs, or accrediting paramedics. They are competent in methods of instruction and evaluation in both training and orientation, and are familiar with all policies of City Ambulance and NCEMS. City Ambulance FTOs are Kayce Hurd, Caleb Moody, Nathan McKnight, Virginia Plambeck and Foxi Keane.

Trainers provide daily evaluations of new employees' performance and ambulance driving. Trainers may be assisted by other on-duty staff in the new employees' training. The typical orientation is a minimum of 5 days spread over all 3 divisions: Eureka, Fortuna, and Garberville. Three days will be 6-8 hrs, and the fifth day is a 24-hr. shift. Additional shifts may be scheduled if needed. During the orientation period, new employees ride along with several different crews to observe patient care and transportation.

The following required training will occur during the orientation period and over the first 30 days of employment:

- Lift Test – training on proper gurney operation, followed by a practical test
- Fit Test – training on the procedure for using a respirator mask, followed by a practical test
- HIPAA, HazMat, Bloodborne Pathogens, and EMS Interact online training courses
- Clinical equipment and systems training
- Radio operations and use
- Gurney van training (wheelchair lift & power gurney)
- Policies and Procedures review
- Observation of and instruction from ambulance crews in the care, treatment, and safe transportation of patients according to EMS protocols and company policies.

City Ambulance operates under the regulations and guidelines of the North Coast EMS and the State Emergency Medical Services Authority, and has established policies and procedures to ensure compliance and quality in both operations and services. Ambulances are staffed by certified EMTs and Paramedics who are trained and qualified under state law, and who provide the full range of emergency medical services as outlined in Title V, Division 5 of the Humboldt County Code.

**CITY AMBULANCE OF EUREKA, INC.**  
**2015 Rate Schedule**                      *Effective 9/01/2015*

**DBA FORTUNA AND GARBERVILLE AMBULANCE**

**2015 AMBULANCE RATES**

**EUREKA/FORTUNA**

Emergency	\$1,425.00
Non-Emergency	\$500.00
Critical Care Transport	\$1,900.00
MILEAGE	\$19.75
OXYGEN	\$70.00
NIGHT (1900-0700)	\$90.00
ECG MONITOR	\$100.00
WAIT TIME	\$32.00 (15 MINS)
SERVICE CALL	\$200.00
SPINAL IMMOBILIZATION	\$87.00
EXTRICATION	\$115.00

ALS = All emergency responses where a Paramedic or EMT II level unit responds and all interfacility transfers which require a paramedic or EMT II in attendance.

BLS Emergency = All emergency responses where an EMT 1 level unit responds

BLS Non- Emergency = Non emergency calls or transfers requiring only EMT 1 level care

**Gurney Van**

Base	\$300.00
Mileage	\$8.00

**Wheelchair**

Wheelchair Base (billing)	\$90.00
Mileage	\$3.00
Our wheelchair use	\$5.00
Waiting Time (per hour)	\$35.00
Arcata service charge	\$10.00
Fortuna service charge	\$20.00
Garberville service charge	\$50.00





# CERTIFICATE OF LIABILITY INSURANCE

CITYA-1

OP ID: KY

DATE (MM/DD/YYYY)

03/31/2016

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 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).

<b>PRODUCER</b> Der Manouel Ins & Fin Svcs Inc Der Manouel Insurance Group P.O. Box 28906 Fresno, CA 93729-8906 Lyn FauntLeRoy	<b>CONTACT NAME:</b> Jennifer Wheeler <b>PHONE (A/C, No, Ext):</b> 559-447-4605 <b>E-MAIL ADDRESS:</b> JWheeler@dmig.com	<b>FAX (A/C, No):</b> 559-447-4586	
	<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>
<b>INSURED</b> City Ambulance of Eureka, Inc. DBA: Fortuna Ambulance; ETAL 135 West Seventh Street Eureka, CA 95501	<b>INSURER A:</b> ARCH Insurance Company		11150
	<b>INSURER B:</b> Insurance Company of the West		27847
	<b>INSURER C:</b>		
	<b>INSURER D:</b>		
	<b>INSURER E:</b>		
<b>INSURER F:</b>			

**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 SUBR INSD 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"/> Professional Liab GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:		MAPK07859903	04/01/2016	04/01/2017	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COM/OP AGG \$ 2,000,000 Emp Ben. \$ 1,000,000
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS		MAPK07859903	04/01/2016	04/01/2017	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$		MAUM08494903	04/01/2016	04/01/2017	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input type="checkbox"/> N/A	WSD502897001	01/01/2016	01/01/2017	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER 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****CANCELLATION**

COUN029

COUNTY OF HUMBOLDT  
 RISK MANAGEMENT DIVISION  
 825 5TH ST.  
 EUREKA, CA 95501

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

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**City Ambulance**  
 of Eureka · Fortuna · Garberville  
 135 West Seventh St. Eureka, CA 95501 707.445.4907

REDWOOD CREDIT BANK  
 EUREKA MAIN BRANCH  
 EUREKA, CA 95501  
 90-4375-1211

DATE

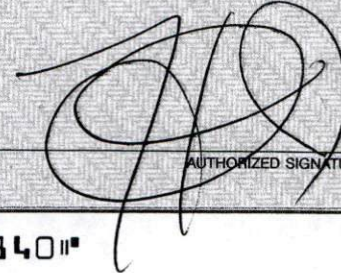
AMOUNT

0086481 03/18/2016 \*\*\*\*\*\$392.00

THREE HUNDRED NINETY-TWO AND 00/100 DOLLARS

PAY TO THE ORDER OF

HUMBOLDT CNTY HEALTH SERVICES  
 529 I STREET  
 EUREKA CA 95501.



AUTHORIZED SIGNATURE

⑈086481⑈ ⑆121143752⑆1000002840⑈

**CITY AMBULANCE OF EUREKA, INC.**

86481

135 WEST SEVENTH ST. EUREKA, CA 95501 707.445.4907

Vendor No.	Vendor Name	Check
HUM130	HUMBOLDT CNTY HEALTH SERVICES	0086481

Date	Reference	PO No.	Gross Amount	Discount	Net Amount
03/07/2016	MARCH/2016		392.00	.00	392.00

Check Date	Check No.	Total Gross	Total Disc.	Check Amount
03/18/2016	0086481	392.00	.00	392.00

Security features. Details on back.