



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:	4/22/2015
Application Fee of \$65.00 Received:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Proof of Liability Insurance Attached:	Yes <input 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:	KIMAW Medical Center		
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	1707-499-3269	E-Mail	emspro.rod@gmail.com



County of Humboldt
Eureka, California

Owner Name	HOOPA TRIBE		
Address	PO Box 1348	City/Zip Code	95546
Phone Number	530-425-7211	Fax Number	530 625 4584
		E-Mail	



County of Humboldt
Eureka, California

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. 2009	Dodge / Ram 3500	3D6W443L3965 43341	G-31 0119H	6 8063	G-S-A	white orange stripe
2. 2009	Dodge / Ram 3500	3D6W446L1965 43341	G-31 0122H	190000	G-S-A	white Red Strip
3. 2009	Dodge / Ram 3500	3D6W446L9956-#36 373P	G-31 0123H	201.000	G-S-A	white Red Strip
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

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):

Zone	Northern Boundary	Eastern Boundary	Southern Boundary	Western Boundary	Indicate Zone(s) by Placing "X"
Zone 1 North	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	
Zone 2 East	Humboldt County Line	Humboldt County Line	Redwood Creek Bridge Hwy 299	School House Peak on Bald Hills Road	
Zone 3 Central	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	



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

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 5th Street, Room 131
Eureka, CA 95501



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.

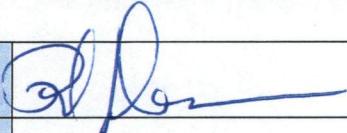
(Information may include the ability of the Applicant to provide ambulance service within established response times for the type of vehicle operated, twenty-four (24) hours per day, seven (7) days per week, year-round; per-approval by North Coast EMS as an Advanced Life Support Provider; familiarity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

Additional Information statement attached



County of Humboldt
Eureka, California

I, hereby attest that, KIMA:W, (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.

Signature of Applicant:	
Printed Name and Title	<u>Rod Johnson</u> <u>EMS Acting Director</u>
Date:	<u>7-19-15</u>

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

TRINITY AUTO REPAIR

1 Gambi Lane
 Willow Creek, CA 95573
 530-629-3210

STATE OF CALIFORNIA

DEPARTMENT OF CALIFORNIA

AMBULANCE INSPECTION REPORT

CHP 299 (Rev. 9-12) OPI 061

INSPECTION

 INITIAL ANNUAL COMPLIANCEREFERENCES - Completion: ~~CHP 299A, HPM 82-1, HPG 83-2, California Vehicle Code, Title 13 CCR, and GO 100.5~~

Distribution: Original to RPS; make copies for Area and Licensee

SERVICE NAME / DOING BUSINESS AS

Trinity Auto Repair

CHP LICENSE NUMBER

VEHICLE YEAR, MAKE, AND MODEL

SERVICE ADDRESS (number and street)

1 Gambi Ln.

VEHICLE IDENTIFICATION NUMBER (VIN)

Willow Creek CA 95573

306W446619L543341

USUAL VEHICLE LOCATION (number, street, city, state, and zip code, if different from service address)

VEHICLE LICENSE PLATE NUMBER AND STATE
6-31-012214

CHP ID CERTIFICATE NUMBER (annuals and compliance only)

ITEM INSPECTED AND IN COMPLIANCE	CVC / 13 CCR	YES	NO	IF NO, DESCRIPTION OF DEFICIENCIES	COMPLIANCE DATE
1. Registration; plates	4000, 4160, 4454, 4457, 5200-5204	/			
2. Identification certificate (annuals/compliance only)	13 CCR 1107.2(a)	/			
3. Ambulance identification sign	13 CCR 1100.4	/			
4. Headlamps	24252, 24400, 24407	/			
5. Beam selector/indicator	24252, 24406, 24408	/			
6. Headlamp flasher (if equipped)	24252, 25252.5	/			
7. Steady red warning lamp (required)*	24251, 24252, 25252, 26100; 13 CCR 1103(a)	/			
8. Optional warning lamp(s)*	24252, 25252, 25258(a), 25259, 26100	/			
9. Turn signals	24252, 24951-24953; 13 CCR 697-699	/			
10. Clearance/sidemarker lamps (if required)	24252, 25100, 25100.1; 13 CCR 688	/			
11. Warning devices (if required)	25300	/			
12. Stoplamps	24252, 24603	/			
13. Taillamps	24252, 24600	/			
14. License plate lamp	24252, 24601	/			
15. Backup lamps	24252, 24606	/			
16. Reflectors	24252, 24607	/			
17. Glass	26700, 26701, 26708, 26708.5, 26710	/			
18. Windshield wipers	26706, 26707	/			
19. Defroster	26712	/			
20. Mirrors	26709				
21. Horn	27000	/			
22. Siren*	26100, 27002; 13 CCR 1021, 1028, 1029, 1103(a)	/			
23. Brake system	26301.5, 26450-26454	/			
24. Steering; suspension	24002	/			
25. Tires; wheels	24002, 27465; 13 CCR 1085, 1087	/			
26. Fuel system	24002, 27155, 27156.1	/			
27. Exhaust system	24002, 27150, 27151-27154	/			
28. Seat belts	27315; 13 CCR 1103(b)	/			
29. Fire extinguisher (minimum 4B:C)	13 CCR 1103(c), 1242	/			
30. Portable light	13 CCR 1103(d)	/			
31. Spare tire; jack and tools	27465; 13 CCR 1103(e) & (f)	/			
32. Maps	13 CCR 1103(g)	/			
33. Door latches	13 CCR 1103(h)	/			
34. Other safety defects (if yes, explain)	24002	/			

* NOTE: It is the responsibility of the licensee to ensure that the warning lamp(s) and siren are in compliance with the requirements established by the CHP in the California Vehicle Code and Title 13 CCR. The licensee shall furnish verification of compliance to the CHP upon request.

EMERGENCY MEDICAL CARE EQUIPMENT AND SUPPLIES			REQUIRED RECORDS AND DOCUMENTS			
ITEM INSPECTED AND IN COMPLIANCE	YES	NO	ITEM INSPECTED AND IN COMPLIANCE	CVC / 13 CCR	YES	NO
35. (1) Ambulance cot and (1) collapsible stretcher	/		RECORD OF CALLS			
36. Securement straps for patient and cot/stretcher	/		60. Location of records; retained for 3 years	13 CCR 1100.7		
37. Ankle and wrist restraints. Soft ties are acceptable. Total 8	/		61. Date, time, and location of call; received by whom	(a)		
38. Min. 2 sets clean linen per cot/stretcher: sheets, pillow cases, blankets, towels, pillows	/		62. Name of requesting person or agency	(b)		
39. (6) Oropharyngeal airways: (2) adult, (2) children, (1) infant, (1) newborn	/		63. Unit ID; personnel dispatched; red light/siren use	(c)		
40. Rigid splints (4)	/		64. Explanation of failure to dispatch	(d)		
41. Resuscitator - capable of use with oxygen	/		65. Dispatch time; scene arrival and departure times	(e)		
42. Oxygen and regulators, portability required	/		66. Destination of patient; arrival time	(f)		
43. Rigid cervical collars. Min. (2) adult, (2) children, (2) infant	/		67. Name of patient transported	(g)		
44. Sterile gauze pads (12 - 4" x 4" or equivalent)	/		PERSONNEL RECORDS			
45. Soft rolled bandages (6 - 2", 3", 4", or 6")	/		68. Employment date	13 CCR 1100.8(a)		
46. Adhesive tape (2 rolls - 1", 2", or 3")	/		69. Facsimile of driver license	(b)		
47. Bandage shears	/		70. Facsimile of ambulance driver certificate	(b)		
48. Universal dressings (2 - 10" x 30" or larger)	/		71. Facsimile of medical exam certificate	(b)		
49. (Min. 2) Emesis basin or disposable bags; covered waste container	/		72. Facsimile of EMT certificate or medical license	(c)		
50. Portable suctioning apparatus	/		73. Work experience summary	(d)		
51. Two devices or material to restrict head and spinal movement (adult and pediatric sizes)	/		74. Affidavit certifying not subject to 13 CCR 1101(b) and/or 13372 CVC prohibitions	(e)		
52. (2) liters sterile water or (2) liters sterile isotonic saline	/		75. Employer notification (DMV Pull Notice System)	1808.1		
53. Half-ring traction splint (Hare/Sager) or equivalent device	/		COMPANY INSPECTION			
54. Blood pressure cuff (adult, children, and infant sizes)	/		76. Company or corporation ownership	13 CCR 1107(b)(1)		
55. Sterile obstetrical supplies	/		77. One or more ambulances available 24 hours	13 CCR 1107		
56. Personal protection equipment (masks with one-way valves, gloves, gowns, goggles)	/		78. Fees posted/maintained	13 CCR 1107(d)		
57. Bedpan or fracture pan	/		79. Financial responsibility	16020, 16500, 16500.5; 13 CCR 1106.2		
58. Urinal	/		80. 24-hour direct telephone service	13 CCR 1107(e)		
59. Two spinal immobilization devices, one at least 30" in length and one at least 60" in length. Both devices require straps to adequately secure patients to the device (a combination short/long boards are acceptable)	/					
81. INSURANCE CARRIER'S NAME				POLICY NUMBER	POLICY EXPIRATION DATE	
82. REMARKS						

TRINITY AUTO REPAIR
 1 Gambi Lane
 Willow Creek, CA 95573
 530-629-3210

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 road-tested by a competent mechanic and is in compliance with the requirements of the California Vehicle Code and Title 13, California Code of Regulations.

83. SIGNATURE OF LICENSEE OR AUTHORIZED REPRESENTATIVE

DATE

3/2/15

84. CHECK ALL APPLICABLE BOXES (if initial inspection, indicate whether replacement or addition to fleet; if replacement, return ID certificate for replaced vehicle)

<input type="checkbox"/> In compliance	<input type="checkbox"/> Addition to fleet	<input type="checkbox"/> ID certificate of replaced vehicle attached
<input type="checkbox"/> In compliance only after correction	<input type="checkbox"/> Replacement	<input type="checkbox"/> Absence of official brake adjusting station verified

85. NO TEMPORARY OPERATING AUTHORIZATION. REVIEW REQUIRED. (explain in remarks)

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.

86. SIGNATURE OF COMMANDER OR INSPECTING OFFICER

ID NUMBER

LOCATION CODE

OFFICER'S TRAVEL TIME

INSPECTION DURATION

DATE

TRINITY AUTO REPAIR

1 Gambi Lane

Willow Creek, CA 95573

530-629-3210

STATE OF CALIFORNIA

DEPARTMENT OF CALIFORNIA HIGHWAY PATROL

AMBULANCE INSPECTION REPORT

CHP 299 (Rev. 9-12) OPI 061

INSPECTION

 INITIAL ANNUAL COMPLIANCE

REFERENCES - Completion: GHP 299A, HPM 82.1, HPG 83.2, California Vehicle Code, Title 13 CCR, and GO 100-5
 Distribution: Original to RPS; make copies for Area and Licensee

SERVICE NAME / DOING BUSINESS AS <i>Trinity Auto Repair</i>	CHP LICENSE NUMBER	VEHICLE YEAR, MAKE, AND MODEL <i>2009 Dodge Ram 3500</i>
SERVICE ADDRESS (number and street) <i>1 Gambi Ln</i>	VEHICLE IDENTIFICATION NUMBER (VIN) <i>3D640446L89654335</i>	
(city, state, and zip code) <i>Willow Creek CA 95573</i>	VEHICLE LICENSE PLATE NUMBER AND STATE <i>G-31-0123H</i>	
USUAL VEHICLE LOCATION (number, street, city, state, and zip code, if different from service address)	CHP ID CERTIFICATE NUMBER (annuals and compliance only)	

ITEM INSPECTED AND IN COMPLIANCE	CVC / 13 CCR	YES	NO	IF NO, DESCRIPTION OF DEFICIENCIES	COMPLIANCE DATE
1. Registration; plates	4000, 4160, 4454, 4457, 5200-5204	/			
2. Identification certificate (annuals/compliance only)	13 CCR 1107.2(a)	/			
3. Ambulance identification sign	13 CCR 1100.4	/			
4. Headlamps	24252, 24400, 24407	/			
5. Beam selector/indicator	24252, 24406, 24408	/			
6. Headlamp flasher (if equipped)	24252, 25252.5	/			
7. Steady red warning lamp (required)*	24251, 24252, 25252, 26100; 13 CCR 1103(a)	/			
8. Optional warning lamp(s)*	24252, 25252, 25258(a), 25259, 26100	/			
9. Turn signals	24252, 24951-24953; 13 CCR 697-699	/			
10. Clearance/sidemarker lamps (if required)	24252, 25100, 25100.1; 13 CCR 688	/			
11. Warning devices (if required)	25300	/			
12. Stoplamps	24252, 24603	/			
13. Taillamps	24252, 24600	/			
14. License plate lamp	24252, 24601	/			
15. Backup lamps	24252, 24606	/			
16. Reflectors	24252, 24607	/			
17. Glass	26700, 26701, 26708, 26708.5, 26710	/			
18. Windshield wipers	26706, 26707	/			
19. Defroster	26712	/			
20. Mirrors	26709	/			
21. Horn	27000	/			
22. Siren*	26100, 27002; 13 CCR 1021, 1028, 1029, 1103(a)	/			
23. Brake system	26301.5, 26450-26454	/			
24. Steering; suspension	24002	/			
25. Tires; wheels	24002, 27465; 13 CCR 1085, 1087	/			
26. Fuel system	24002, 27155, 27156.1	/			
27. Exhaust system	24002, 27150, 27151-27154	/			
28. Seat belts	27315; 13 CCR 1103(b)	/			
29. Fire extinguisher (minimum 4B:C)	13 CCR 1103(c), 1242	/			
30. Portable light	13 CCR 1103(d)	/			
31. Spare tire; jack and tools	27465; 13 CCR 1103(e) & (f)	/			
32. Maps	13 CCR 1103(g)	/			
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37. Ankle and wrist restraints. Soft ties are acceptable. Total 8	/		61. Date, time, and location of call; received by whom	(a)		
38. Min. 2 sets clean linen per cot/stretcher: sheets, pillow cases, blankets, towels, pillows	/		62. Name of requesting person or agency	(b)		
39. (6) Oropharyngeal airways: (2) adult, (2) children, (1) infant, (1) newborn	/		63. Unit ID; personnel dispatched; red light/siren use	(c)		
40. Rigid splints (4)	/		64. Explanation of failure to dispatch	(d)		
41. Resuscitator - capable of use with oxygen	/		65. Dispatch time; scene arrival and departure times	(e)		
42. Oxygen and regulators, portability required	/		66. Destination of patient; arrival time	(f)		
43. Rigid cervical collars. Min. (2) adult, (2) children, (2) infant	/		67. Name of patient transported	(g)		
44. Sterile gauze pads (12 - 4" x 4" or equivalent)	/		PERSONNEL RECORDS			
45. Soft rolled bandages (6 - 2", 3", 4", or 6")	/		68. Employment date	13 CCR 1100.8(a)		
46. Adhesive tape (2 rolls - 1", 2", or 3")	/		69. Facsimile of driver license	(b)		
47. Bandage shears	/		70. Facsimile of ambulance driver certificate	(b)		
48. Universal dressings (2 - 10" x 30" or larger)	/		71. Facsimile of medical exam certificate	(b)		
49. (Min. 2) Emesis basin or disposable bags; covered waste container	/		72. Facsimile of EMT certificate or medical license	(c)		
50. Portable suctioning apparatus	/		73. Work experience summary	(d)		
51. Two devices or material to restrict head and spinal movement (adult and pediatric sizes)	/		74. Affidavit certifying not subject to 13 CCR 1101(b) and/or 13372 CVC prohibitions	(e)		
52. (2) liters sterile water or (2) liters sterile isotonic saline	/		75. Employer notification (DMV Pull Notice System)	1808.1		
53. Half-ring traction splint (Hare/Sager) or equivalent device	/		COMPANY INSPECTION			
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81. INSURANCE CARRIER'S NAME <i>Hayes Title</i>			POLICY NUMBER	POLICY EXPIRATION DATE		
82. REMARKS						

TRINITY AUTO REPAIR
1 Gambi Lane
Willow Creek, CA 95573
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83. SIGNATURE OF LICENSEE OR AUTHORIZED REPRESENTATIVE
Charles J. Bonsack

DATE

3/9/15

84. CHECK ALL APPLICABLE BOXES (if initial inspection, indicate whether replacement or addition to fleet; if replacement, return ID certificate for replaced vehicle)

<input checked="" type="checkbox"/> In compliance	<input type="checkbox"/> Addition to fleet	<input type="checkbox"/> ID certificate of replaced vehicle attached
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DATE

STATE OF CALIFORNIA
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL

AMBULANCE INSPECTION REPORT

CHP 299 (Rev. 9-12) OPI 061

TRINITY AUTO REPAIR

1 Gambi Lane
Willow Creek, CA 95573
530-629-3210

INSPECTION

INITIAL ANNUAL COMPLIANCE

REFERENCES - Completion: CHP 299A, HPM 82.1, HPG 83.2, California Vehicle Code, Title 13 CCR, and GO 400.5
Distribution: Original to RPS; make copies for Area and Licensee

SERVICE NAME / DOING BUSINESS AS <i>Trinity Auto Repair</i>	CHP LICENSE NUMBER	VEHICLE YEAR, MAKE, AND MODEL <i>Dodge Ram 2009</i>
SERVICE ADDRESS (number and street) <i>1 Gambi Ln.</i>	VEHICLE IDENTIFICATION NUMBER (VIN) <i>3D6WU4CL39G543341</i>	
(city, state, and zip code) <i>Willow Creek CA 95573</i>	VEHICLE LICENSE PLATE NUMBER AND STATE <i>G 31-0119 H</i>	
USUAL VEHICLE LOCATION (number, street, city, state, and zip code, if different from service address)	CHP ID CERTIFICATE NUMBER (annuals and compliance only)	

ITEM INSPECTED AND IN COMPLIANCE	CVC / 13 CCR	YES	NO	IF NO, DESCRIPTION OF DEFICIENCIES	COMPLIANCE DATE
1. Registration; plates <i>GSA</i>	4000, 4160, 4454, 4457, 5200-5204	/			
2. Identification certificate (annuals/compliance only)	13 CCR 1107.2(a)	/			
3. Ambulance identification sign	13 CCR 1100.4	/			
4. Headlamps	24252, 24400, 24407	/			
5. Beam selector/indicator	24252, 24406, 24408	/			
6. Headlamp flasher (if equipped)	24252, 25252.5	/			
7. Steady red warning lamp (required)*	24251, 24252, 25252, 26100; 13 CCR 1103(a)	/			
8. Optional warning lamp(s)*	24252, 25252, 25258(a), 25259, 26100	/			
9. Turn signals	24252, 24951-24953; 13 CCR 697-699	/			
10. Clearance/sidemarker lamps (if required)	24252, 25100, 25100.1; 13 CCR 688	/			
11. Warning devices (if required)	25300	/			
12. Stoplamps	24252, 24603	/			
13. Taillamps	24252, 24600	/			
14. License plate lamp	24252, 24601	/			
15. Backup lamps	24252, 24606	/			
16. Reflectors	24252, 24607	/			
17. Glass	26700, 26701, 26708, 26708.5, 26710	/			
18. Windshield wipers	26706, 26707	/			
19. Defroster	26712	/			
20. Mirrors	26709	/			
21. Horn	27000	/			
22. Siren*	26100, 27002; 13 CCR 1021, 1028, 1029, 1103(a)	/			
23. Brake system	26301.5, 26450-26454	/			
24. Steering; suspension	24002	/			
25. Tires; wheels	24002, 27465; 13 CCR 1085, 1087	/			
26. Fuel system	24002, 27155, 27156.1	/			
27. Exhaust system	24002, 27150, 27151-27154	/			
28. Seat belts	27315; 13 CCR 1103(b)	/			
29. Fire extinguisher (minimum 4B:C)	13 CCR 1103(c), 1242	/			
30. Portable light	13 CCR 1103(d)	/			
31. Spare tire; jack and tools	27465; 13 CCR 1103(e) & (f)	/			
32. Maps	13 CCR 1103(g)	/			
33. Door latches	13 CCR 1103(h)	/			
34. Other safety defects (if yes, explain)	24002	/	X		

* NOTE: It is the responsibility of the licensee to ensure that the warning lamp(s) and siren are in compliance with the requirements established by the CHP in the California Vehicle Code and Title 13 CCR. The licensee shall furnish verification of compliance to the CHP upon request.

EMERGENCY MEDICAL CARE EQUIPMENT AND SUPPLIES			REQUIRED RECORDS AND DOCUMENTS			
ITEM INSPECTED AND IN COMPLIANCE	YES	NO	ITEM INSPECTED AND IN COMPLIANCE	CVC / 13 CCR	YES	NO
35. (1) Ambulance cot and (1) collapsible stretcher	/		RECORD OF CALLS			
36. Securement straps for patient and cot/stretcher	/		60. Location of records; retained for 3 years	13 CCR 1100.7		
37. Ankle and wrist restraints. Soft ties are acceptable. Total 8	/		61. Date, time, and location of call; received by whom	(a)		
38. Min. 2 sets clean linen per cot/stretcher: sheets, pillow cases, blankets, towels, pillows	/		62. Name of requesting person or agency	(b)		
39. (6) Oropharyngeal airways: (2) adult, (2) children, (1) infant, (1) newborn	/		63. Unit ID; personnel dispatched; red light/siren use	(c)		
40. Rigid splints (4)	/		64. Explanation of failure to dispatch	(d)		
41. Resuscitator - capable of use with oxygen	/		65. Dispatch time; scene arrival and departure times	(e)		
42. Oxygen and regulators, portability required	/		66. Destination of patient; arrival time	(f)		
43. Rigid cervical collars. Min. (2) adult, (2) children, (2) infant	/		67. Name of patient transported	(g)		
44. Sterile gauze pads (12 - 4" x 4" or equivalent)	/		PERSONNEL RECORDS			
45. Soft rolled bandages (6 - 2", 3", 4", or 6")	/		68. Employment date	13 CCR 1100.8(a)		
46. Adhesive tape (2 rolls - 1", 2", or 3")	/		69. Facsimile of driver license	(b)		
47. Bandage shears	/		70. Facsimile of ambulance driver certificate	(b)		
48. Universal dressings (2 - 10" x 30" or larger)	/		71. Facsimile of medical exam certificate	(b)		
49. (Min. 2) Emesis basin or disposable bags; covered waste container	/		72. Facsimile of EMT certificate or medical license	(c)		
50. Portable suctioning apparatus	/		73. Work experience summary	(d)		
51. Two devices or material to restrict head and spinal movement (adult and pediatric sizes)	/		74. Affidavit certifying not subject to 13 CCR 1101(b) and/or 13372 CVC prohibitions	(e)		
52. (2) liters sterile water or (2) liters sterile isotonic saline	/		75. Employer notification (DMV Pull Notice System)	1808.1		
53. Half-ring traction splint (Hare/Sager) or equivalent device	/		COMPANY INSPECTION			
54. Blood pressure cuff (adult, children, and infant sizes)	/		76. Company or corporation ownership	13 CCR 1107(b)(1)		
55. Sterile obstetrical supplies	/		77. One or more ambulances available 24 hours	13 CCR 1107		
56. Personal protection equipment (masks with one-way valves, gloves, gowns, goggles)	/		78. Fees posted/maintained	13 CCR 1107(d)		
57. Bedpan or fracture pan	/		79. Financial responsibility	16020, 16500, 16500.5; 13 CCR 1106.2		
58. Urinal	/		80. 24-hour direct telephone service	13 CCR 1107(e)		
59. Two spinal immobilization devices, one at least 30" in length and one at least 60" in length. Both devices require straps to adequately secure patients to the device (a combination short/long boards are acceptable)	/					
81. INSURANCE CARRIER'S NAME <i>Hoopa Tribe</i>			POLICY NUMBER	POLICY EXPIRATION DATE		
82. REMARKS						

TRINITY AUTO REPAIR

1 Gambi Lane
Willow Creek, CA 95573
530-629-3210

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 road-tested by a competent mechanic and is in compliance with the requirements of the California Vehicle Code and Title 13, California Code of Regulations.

83. SIGNATURE OF LICENSEE OR AUTHORIZED REPRESENTATIVE

DATE

3/16/15

84. CHECK ALL APPLICABLE BOXES (if initial inspection, indicate whether replacement or addition to fleet; if replacement, return ID certificate for replaced vehicle)

<input type="checkbox"/> In compliance	<input type="checkbox"/> Addition to fleet	<input type="checkbox"/> ID certificate of replaced vehicle attached
<input type="checkbox"/> In compliance only after correction	<input type="checkbox"/> Replacement	<input type="checkbox"/> Absence of official brake adjusting station verified

85. **NO TEMPORARY OPERATING AUTHORIZATION. REVIEW REQUIRED.** (explain in remarks)

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.

86. SIGNATURE OF COMMANDER OR INSPECTING OFFICER

ID NUMBER

LOCATION CODE

OFFICER'S TRAVEL TIME

INSPECTION DURATION

DATE

Center Rescue Ambulance

Quarterly QIP Summary

Quarter 2015 Personnel

K'ima:w Medical Center Ambulance consists of 8 full-time employees, 6-Paramedics and 3-EMT's.

Do to are ongoing problems in finding part time Paramedics to fill our 2 extra shifts a week . I have chose to staff heavy on the Paramedic . WE have no problem in getting EMT-1's

All credentials are reviewed quarterly to ensure current certification and licensure as defined in EMSA Title 22, NCEMS, and LCAR policies and procedures. Personnel are notified 6 months prior to expiration of credentials held for employment.

All paramedic personnel have a current California Paramedic license, accredited through NCEMS. 6 of 8 of our paramedics are also NREMT registered.

All paramedic staff are certified with a current CPR, Valid CDL, Ambulance Driver's Certificate, DMV physical, annual TB test, Advanced Cardiac Life Support, Pediatric Advanced Life Support, Pre-hospital Trauma Life Support, Low/ High Angles Rope Rescue, and are insured through the Hoopa Valley Tribe.

All EMT-1 staff is certified with EMT-1, CPR, valid CDL, Ambulance Driver, DMV physical, annual TB test, Over the Bank Rescue, PHTLS and are insured through the Hoopa Valley Tribe. All EMT's are encouraged to attend ACLS and PALS.

All classes are provided through KMC as needed for certifications.

We also provide direct field PCR observation by supervisors and co-workers. The skill level, patient interaction, interaction in care when transferred to higher level provider, communication, and accuracy of report writing and completeness is reviewed. The in house CQI program is working well.

Our Ambulance meets minimum standards and strives to improve our quality of care to maintain a highly trained staff capable of meeting the needs of our response area.

Equipment and Supplies

K'ima:w Medical Center Ambulance continues to provide the latest innovations in Emergency Medical Services throughout the region. This includes but is not limited to, 12 lead observation/ pacing and EtCO2 monitoring (the only service in the region to provide this). All employees have completed CPAP training and the units have been placed on the ambulances. A parliamentary evaluation shows excellent result, however, a full evaluation will be completed next quarter. Our goals and objectives are achieved by taking responsibility to our community to provide the best services available in Emergency Medical Services in our region.

Daily review of equipment and supplies are performed with no deficiencies identified. When a deficiency is identified it is immediately reported to the EMS Director and scheduled for repair.

Hoopa's L.P 12 Monitors, service plan is up . We are looking at other option. The plan is very costly

- K'ima:w Medical Center Ambulance provides EMS personnel with additional equipment beyond requirements to meet the need of our area, including 12-lead/pacing, white water rescue awareness, Low/High Angle Rope Rescue, fire shelters, and fire rescue helmets for hazardous environments.

All of our Dodge / wheel couch ambulance have been repaired and are running well. **We will be Getting new Ambulance sometime this year.**

Communication

Hoopa Ambulance currently communicates with a dispatch center located in Hoopa via radio and a emergency phone system. Hoopa Ambulance has installed a med-net radio in the Hoopa Dispatch Center for area wide communication. Over the past few weeks that it has been in operation the units have been able to communicate with dispatch from the ER's on the coast, furthest east response point. We have yet to test for the northern response area. In the future we look forward in being a part for the MCI test. The laptops and insurance card scanners are in services , we also have work out the problem of sending the PCR both from the desk and lap tops. This should significantly reduce the time in which NCEMS, Receiving ER and PCNC get the PCR's.

Radios in all 3 Units we have 3 Mobile VHF Radios / Narrow Banded . 3- Mobile Narrow band med-net UHF, and 8 -Hand held's 5 wait radios.

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

use but to improve patient care. We feel this gives our personnel confidence regarding the protocols they follow and increase their ability to recognize and treat all medical and/or trauma patients they may encounter.

Continuous HIPPA, Blood borne pathogen, lifting, and work related injuries, sexual harassment, and customer service on-line workshops are completed by all staff.

Every year the National Guard come to the Hoopa valley to provided specialized care for the Clinic and for the Dental. The KMC ambulance only uses the National Guard for Ride a longs. Their arrival dates is unknown at this time

We have noticed a drop in response to scene times since the mandatory "area familiarization" policy.

Skills and Maintenance/Competency

All paramedics have participated in the AHA cardiac arrest update course.

PEPP training has been provided to all staff within the Ambulance Department.

Orientation for new employees, ACLS, PHTLS, Etc. is offered.

All Paramedics update and train EMT's on duty.

We have periodic technical skills competencies reviewed by staff.

All staff receives ACLS, PALS, PHTLS, Rope Rescue and additional training to meet the needs of our coverage area.

Transportation/Facilities

Hoopa Ambulance is 57 miles + from the nearest hospital Our out laying areas from the Hospital can be up to 2 hour away +. Our ETA to a Hospital in our area is approximately 50 minutes to 2 hours +.

We will review response times with our new Quality Improvement Form and review with the staff.

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.

FCA : we are in need We strive to achieve the highest quality of service to the communities in which we serve, therefore open lines of communication and implementing a stringent CQI program we are finding is necessary to achieve this goal.

Reporting Requirements

K'ima:w Medical Center's Ambulance will continue to follow all local, state, and Federal standards for reporting. This process will be reviewed quarterly and modified as needed to maintain compliancy.

Quarterly reports will be processed utilizing established NCEMS program policies and procedures.

All identified deficiencies are addressed with the staff and will be utilized in the future to provide training topics.

CQI Statistics

100% of calls for service were audited for Quality Improvement by the crew and also by my self. KMC Rescue Ambulance will continue to perform CQI of 100% of the PCR's to identify areas that protein to quality improvement. The PCR's are to be completed and faxed as so as they return. Most of the crew writes there PCR'S on the lap top on the trip back to the station and fax them to the PCNC upon their arrival at the base. This assures us that Patsy gets her PCR ASAP and allows us to get back to our coverage area quicker. SJH has requested us to fill out an Interim PCR, it takes a few minutes it provides them with pertinent information about the call until we are able to sent them the PCR.

I also review all of the PCR if I have any simple problems with the PCR, Example. Wrong dates, wrong name, wrong PCR # I bring it to their attention.

When there are procedures problem I talk to them about the issue and document. I wish we had a better commutation with our Base Hospital.

Hoopa is in need of our on FCA,s. Do to living in an outlying area with a long ETA to the Hospital we are faced with unique circumstance.

Thank you

Rod

Modifiers

E - Nursing Home
H - Hospital
I - Hand-off Site
P - MD office
R - Residence
S - Scene



HOOPA AMBULANCE LISTING OF CHARGES

Charges/Procedure/ Medi-cal proc.
Code Code

BLS base rate.....>>> \$1,400 (A0429 / X0030)

Emergency.....included in base rate

IV initiation and maintenance.....>>> \$84.00 (A0394)

Dressings.....included in base rate

Sterile water.....included in base rate

Disposable splint.....included in base rate

Off paved roads.....included in base rate

Restraints.....included in base rate

Urinal/fracture pan.....included in base rate

ALS base rate.....>>> \$1,900 (A0427)

Electrocardiogram.....included in base rate

Emergency.....included in base rate

IV initiation and maintenance.....included in base rate

Dressings.....included in base rate

Sterile water.....included in base rate

Disposable splint.....included in base rate

Off paved roads.....included in base rate

Restraints.....included in base rate

Urinal/fracture pan.....included in base rate

ALS/BLS mileage per mile.....>>> \$30.40 A0425 / X0034)

Electrocardiogram(ECG).....>>>> \$150.40 (93041)

Extra Attendant.....>>>> \$125.00 (A0999)

Spinal Immobilization.....>>>> \$125.00 (A0999)

Oxygen.....>>> \$150.50 (A0422/X0036)

C-Collar.....>>>> \$ (L0120)

Hot/Cold Pack per unit.....>>>> \$10.00 (A0999)

CPR/Resuscitation.....>>>> \$125.00 (A0999)

Night fee.....>>> UJ Modifier-MCal

Response miles (Dry Run)per mile.....>>> \$13.00 (A0999)

Extrication.....>>> \$125.00 (A0999)

Cliff-Side Rescue.....>>> \$125.00 (A0999)

Non-Emergency transport.....>>> \$260.00 (A0999)



HOOPVAL-03

RAYUB

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/1/2014

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).

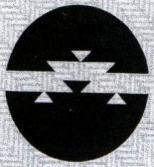
PRODUCER		CONTACT NAME: PHONE (A/C. No. Ext): (858) 505-4000 E-MAIL ADDRESS:	
Alliant Insurance Services, Inc. P.O. Box 609015 San Diego, CA 92160		FAX (A/C, No):	
		INSURER(S) AFFORDING COVERAGE	NAIC #
		INSURER A : Hudson Insurance Company	25054
INSURED		INSURER B :	
		INSURER C :	
		INSURER D :	
		INSURER E :	
		INSURER F :	

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 WWD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY) POLICY EXP (MM/DD/YYYY) LIMITS	
A	COMMERCIAL GENERAL LIABILITY			NAA0000514	10/01/2014 10/01/2015	
	CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR					EACH OCCURRENCE \$ 10,000,000
	<input checked="" type="checkbox"/> no gen agg applies					DAMAGE TO RENTED PREMISES (Ea occurrence) \$ Included
GEN'L AGGREGATE LIMIT APPLIES PER:						
POLICY <input type="checkbox"/> PRO- JECT <input type="checkbox"/> LOC						
OTHER:						
A	AUTOMOBILE LIABILITY			NAA0000514	10/01/2014 10/01/2015	
	ANY AUTO					COMBINED SINGLE LIMIT (\$ 1,000,000)
	ALL OWNED AUTOS					BODILY INJURY (Per person) \$
A	HIRED AUTOS	<input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	PROPERTY DAMAGE (Per accident) \$			
	UMBRELLA LIAB	BODILY INJURY (Per accident) \$				
	EXCESS LIAB	GENERAL AGGREGATE \$				
DED RETENTION \$						
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	Y / N	N / A	NAA0000514	10/01/2014 10/01/2015	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below					PER STATUTE \$ 1,000,000
						OTH-ER \$ 1,000,000
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 *10 days for non-pay Limits subject to \$100,000 Deductible					

CERTIFICATE HOLDER		CANCELLATION	
County of Humboldt 1106 2nd Street 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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**K'IMA:W MEDICAL CENTER**

P.O. BOX 1288
535 AIRPORT ROAD
HOOPA, CA 95546
PH. 530-625-4261

*****Sixty Five and 00/100 Dollars

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PAY

TO THE
ORDER
OF HUMBOLDT COUNTY HEALTH DEPT. P
529 I STREET
EUREKA, CA 95501

DATE

04/17/2015

AMOUNT
\$65.00

Danette Vigil Master
AUTHORIZED SIGNATURE
David J. Land

1051883 13211722481

1254007497601