



**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:	4/17/17
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:	Kimario medical Center Ambulance		
Name of Contact Person:	Rod Johnson		
Mailing Address:	535 PO Box 1288	City/Zip Code:	95546
Physical Address:	535 AIRPORT RD	City:	Humboldt
Telephone/Fax Numbers:	707-499-3269	E-Mail:	ems.pro.rod@jgmael.com



County of Humboldt
Eureka, California

Owner Name	Heepa Tribe			
Address	535 Avenue	City/Zip Code	95546	
Phone Number	707-499-3289	Fax Number	730-625-4521	E-Mail



**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.	2015	Dodge RAM 4x4 3500	3C7WRTBL4 FG662289	G-31 0081R			White with Red Stripes
2.	2015	Dodge RAM 4x4 3500	3C7WRTBL4 FG662288	G-31 0082R			" "
3.	2009	Dodge RAM 4x4 3500	6EDWF37P74 EE09484	G-31 0119			White & Orange stripes
4.	2004	FORD 4x4 F350	1FDWF37P74 4EE09484	1352694			White & Red stripes
5.							



**County of Humboldt
Eureka, California**

	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
6.							
7.							
8.							
9.							
10.							



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 Insurance will be
sending proof.*



**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:

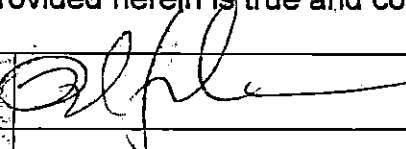
Please provide, in writing and attach, a description of the facts relied on by the Applicant in asserting that the public health, safety, welfare, convenience and necessity warrant the granting of the ambulance service permit.

(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, <u>Kimstar Ambulance</u> (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	Rod Johnson Paramedic, EMS Director
Date:	3-28-17

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

STATE OF CALIFORNIA
 DEPARTMENT OF CALIFORNIA HIGHWAY PATROL
AMBULANCE INSPECTION REPORT
 CHP 299 (Rev. 9-12) OPI 061

INSPECTION
 INITIAL ANNUAL COMPLIANCE

REFERENCES - 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 <i>Kimaiw medical Ambulance</i>	CHP LICENSE NUMBER	VEHICLE YEAR, MAKE, AND MODEL <i>06-04, Ford</i>
SERVICE ADDRESS (number and street) <i>535 Airport Rd</i>		VEHICLE IDENTIFICATION NUMBER (VIN) <i>1FDWF37P74 EE09484</i>
(city, state, and zip code) <i>Hesperia CA 92542</i>		VEHICLE LICENSE PLATE NUMBER AND STATE <i>1352694 CA</i>
USUAL VEHICLE LOCATION (number, street, city, state, and zip code, if different from service address)		CHP ID CERTIFICATE NUMBER (annuals and compliance only) <i>Trinity Auto Inspector</i>

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/sidemarkers 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.

STATE OF CALIFORNIA
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL
AMBULANCE INSPECTION REPORT
CHP 299 (Rev. 9-12) OPI 061

INSPECTION
 INITIAL ANNUAL COMPLIANCE

REFERENCES - 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 <i>Kina:u medical Ambulance</i>	CHP LICENSE NUMBER	VEHICLE YEAR, MAKE, AND MODEL
SERVICE ADDRESS (number and street) <i>535 Airport</i>		VEHICLE IDENTIFICATION NUMBER (VIN) <i>3D6WH4139G543342</i>
(city, state, and zip code) <i>HOOVER CA 95546</i>		VEHICLE LICENSE PLATE NUMBER AND STATE <i>G310119H</i>
USUAL VEHICLE LOCATION (number, street, city, state, and zip code, if different from service address)		CHP ID CERTIFICATE NUMBER (annuals and compliance only) <i>Trinity Auto Inspection</i>

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/sidemarkers 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	27090	/			
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.

STATE OF CALIFORNIA
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL
AMBULANCE INSPECTION REPORT
CHP 299 (Rev. 9-12) OPI 061

2017

INSPECTION
 INITIAL ANNUAL COMPLIANCE

REFERENCES - 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
RIMA:W medical Ambulance

SERVICE ADDRESS (number and street)
335 Airport Rd

(city, state, and zip code)
Hoopland CA 95546

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

CHP LICENSE NUMBER

VEHICLE YEAR, MAKE, AND MODEL
4-15 Dodge Ram

VEHICLE IDENTIFICATION NUMBER (VIN)
3CTWRTBL4FG662289

VEHICLE LICENSE PLATE NUMBER AND STATE
0081R CA

CHP ID CERTIFICATE NUMBER (annuals and compliance only)
1 Fluty Auto Inspection

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/sidemarkers lamps (if required)	24252, 25100, 25100.1; 13 CCR 698	✓			
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.

AMBULANCE INSPECTION REPORT

CHP 299 (Rev. 9-12) OPI 061

2017

INSPECTION		
<input type="checkbox"/> INITIAL	<input type="checkbox"/> ANNUAL	<input type="checkbox"/> COMPLIANCE

REFERENCES - 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 <i>Ki ma i u medical Ambulance</i>	CHP LICENSE NUMBER	VEHICLE YEAR, MAKE, AND MODEL <i>4-15 Dodge Ram</i>
SERVICE ADDRESS (number and street) <i>535 AIR PORT, RD</i>		VEHICLE IDENTIFICATION NUMBER (VIN) <i>3C7URTBL2FG62288</i>
(city, state, and zip code) <i>Hayward CA 95546</i>		VEHICLE LICENSE PLATE NUMBER AND STATE <i>0082R CA</i>
USUAL VEHICLE LOCATION (number, street, city, state, and zip code, if different from service address)		CHP ID CERTIFICATE NUMBER (annuals and compliance only) <i>Trinity Auto Inspection</i>

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/sidemarkers 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.

Customer Name and Address	Home Phone	Work Phone	Res/Bus.
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HOOPA AMBULANCE P.O. BOX 1288 535 AIRPORT ROAD HOOPA, CA 95546	530-625-4520		Residential
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Zone	Service Type	Eff	Exp	Last	Next
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P A R T S U N D E R W A R R A N T Y

Part No./Invoice#	Part Name/Serial Number	Effective	Expires
TK250USED 19601	RADIO, KENWOOD USED 80701758	03/21/02	03/21/02
TK250USED 19601	RADIO, KENWOOD USED 80701980	03/21/02	03/21/02
TK250USED 19601	RADIO, KENWOOD USED 90200890	03/21/02	03/21/02
TK272GK1SK 28487	RADIO, VHF 32 CHANNEL 5 WATT REG RATE CHGR 70900704	01/26/06	01/26/06
TK272GK1SK 28487	RADIO, VHF 32 CHANNEL 5 WATT REG RATE CHGR 70900705	01/26/06	01/26/06
TK272GK1SK 28487	RADIO, VHF 32 CHANNEL 5 WATT REG RATE CHGR 70901056	01/26/06	01/26/06
TK272GK1SK 28487	RADIO, VHF 32 CHANNEL 5 WATT REG RATE CHGR 70901057	01/26/06	01/26/06
TK272GK1SK 28487	RADIO, VHF 32 CHANNEL 5 WATT REG RATE CHGR 70901058	01/26/06	01/26/06
TK272GK1SK 28487	RADIO, VHF 32 CHANNEL 5 WATT REG RATE CHGR 70901059	01/26/06	01/26/06
TK272GK1SK 28487	RADIO, VHF 32 CHANNEL 5 WATT REG RATE CHGR 70901060	01/26/06	01/26/06
TK272GK1SK 28487	RADIO, VHF 32 CHANNEL 5 WATT REG RATE CHGR 70901091	01/26/06	01/26/06
TK7150 34891	RADIO, KENWOOD VHF 160 CH 50 WATT B1700021	08/23/11	08/23/11
TK890K 34891	RADIO, BASIC FRONT 40 WATT B1700044	08/23/11	08/23/11
SVR200VBN 35874	REPEATER, VEHICULAR VHF NARROWBAND 752615	06/05/12	06/05/12
SVR200VBN 35874	REPEATER, VEHICULAR VHF NARROWBAND 752616	06/05/12	06/05/12
SVR200VBN 35874	REPEATER, VEHICULAR VHF NARROWBAND 752617	06/05/12	06/05/12
TK2312K 37241	RADIO, VHF 128 CH 5 WATT PORTABLE B3300418	06/25/13	06/25/13
TK2312K 37241	RADIO, VHF 128 CH 5 WATT PORTABLE B3300419	06/25/13	06/25/13
TK2312K 37668	RADIO, VHF 128 CH 5 WATT PORTABLE B3701407	10/16/13	10/16/13
TK2312K 37668	RADIO, VHF 128 CH 5 WATT PORTABLE B3701882	10/16/13	10/16/13
TK2312K 37668	RADIO, VHF 128 CH 5 WATT PORTABLE B3701885	10/16/13	10/16/13

K'ima:w Medical Center

Job Description



Job Title: Paramedic
Department: Emergency Medical Services
Reports To: EMS Coordinator
Salary Level: HHC-21
FLSA Status: Non-exempt
Approved By: Chief Executive Officer
Approved Date: January 2007

SUMMARY: Administers life support care to sick and injured persons in the pre-hospital setting as authorized and directed by Base Hospital Physician or MICN and NCEMS Protocols by performing the following duties.

FUNCTIONS AND RESPONSIBILITIES:

1. Assess nature and extent of illness or injury to establish and prioritize medical procedures to be followed or need for additional assistance.
2. Initiates ACLS measures when appropriate.
3. Performs duties per North Coast EMS protocols.
4. Performs security for ALS/ Controlled medications
5. Monitors cardiac patient.
6. Emergency Vehicle Operations.
7. Ensures vehicle adequacy.
8. Performs vehicle maintenance by cleaning inside and outside of entire ambulance on a daily basis.
9. Assures that vehicle is completely stocked at all times.
10. Ensures basic operational integrity of vehicle at all times.
11. Identifies and reports all vehicle deficiencies to supervisor.
12. Drives mobile intensive care unit to emergency scene and transports Injured to designated facility.
13. Assists in extricating trapped victims and transports to treatment center.
14. Communicates with Physician and other medical personnel via radio-telephone.
15. Station duties; clean inside and out of ambulance bases on a daily basis, always leaving shift with a clean base.
16. Other duties as assigned.

SUPERVISORY RESPONSIBILITIES:

Directly supervises 2 to 3 employees on the Ambulance Crew. Carry out supervisory responsibilities in accordance with the organization's policies and applicable laws. Responsibilities include orientation and training employees; assigning, and directing work; monitoring daily accountability and security of controlled medications; appraising performance; addressing complaints and resolving problems; reporting to EMS Coordinator or other supervisor as appropriate.

K'ima:w Medical Center**Job Description****Paramedic**

QUALIFICATIONS: To perform this job successfully, an individual must be able to perform each essential duty satisfactorily. The requirements listed below are representative of the knowledge, skill, and/or ability required. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions.

BASIC REQUIRED ABILITY:

PUBLIC RELATIONS/ADVANCED INTERPERSONAL SKILLS: Addresses clients by name; smiles when talking to clients, physicians, peers, and families; answers the telephone courteously and promptly; identifies self and department when answering the telephone using pleasant voice tone/verbiage; possesses excellent listening skills; interacts with clients and peers.

AGE-SPECIFIC COMPETENCE: Must demonstrate the knowledge & skills necessary to: 1) provide care appropriate to any age-related needs of the patients; 2) of the principles of growth and development appropriate; 3) to assess and interpret data about the patient's status in order to identify each patient's needs & provide the appropriate care needed by KMC's Life Stage Patient Groups. Life Stage Patient Groups are defined as infants, toddlers, preschool children, school age children, adolescents, young adults, middle-age adults, and late-stage older adults.

QUALITY IMPROVEMENT RESPONSIBILITIES: Responsible for helping to prepare, achieve, and maintain high quality healthcare. By serving on the various performance improvement subcommittees individual employees are directly involved in the generation or modification of policies & procedures that enable KMC to provide continuously improving healthcare.

COOPERATION: Must be a self-starter; seeks solutions; accepts constructive criticism; willing to adjust to changes; loyal to K'ima:w Medical Center.

PROFESSIONALISM: Shows pride in personal appearance and grooming; displays a positive attitude about work; respects the confidentiality of clients; and is congenial with public and peers.

INITIATIVE: Willing to participate in continuing education programs; asks questions; contributes during staff meetings; serves on K'ima:w Medical Center committees as appointed; demonstrates a desire for self improvement.

JOB SPECIFIC SKILLS & ABILITIES:

- Demonstrated ability to perform all duties within the scope of practice for California State License and NCEMS paramedic Accreditalon.

EDUCATION and/or EXPERIENCE:

High school diploma or general education degree (GED); and a Paramedic license from the State of California.

K'ima:w Medical Center

Job Description

Paramedic

CERTIFICATES, LICENSES, REGISTRATIONS:

- Maintain valid California and Ambulance drivers license.
- Possess current State of California Paramedic License.
- Obtain North Coast Emergency Medical Service Paramedic Accreditation
- Current and valid CPR card.
- Advanced Cardiac Life Support Certification.
- Pediatric Advanced Life Support or Pediatric Emergencies for Prehospital Providers
- Swift Water Rescue Certificate (Optional)
- Over the Bank Rescue (Internal Training Provided)
- P.H.T.L.S.=Pre-hospital Trauma Life Support

LANGUAGE SKILLS: Ability to read, analyze, and interpret professional journals, technical procedures, or governmental regulations. Ability to write medical reports in concise easy to interpret terms. Ability to talk clearly and appropriately over sophisticated radio equipment.

MATHEMATICAL SKILLS: Ability to calculate figures in order to accurately and quickly make appropriate drug and fluid administration rates. Ability to convert metric equivalents. Ability to read and understand dosages.

REASONING ABILITY: Ability to solve practical problems and deal with a variety of variables in situations where only limited standardization exists. Ability to interpret a variety of instructions furnished in written, oral, diagram, or schedule form. Ability to think quickly and act decisively under extreme stress. Ability to formulate and carry out plans of action to affect complex solutions. Must be flexible and innovative.

CONFIDENTIALITY: Employee must be aware of and adhere to K'ima:w Medical Center's Confidentiality Policy, HIPPA Policy, and deal appropriately with patient confidentiality at all times.

CONDITIONS OF EMPLOYMENT: Employee is subject to baseline and random drug testing per the Hoopa Tribal Drug & Alcohol Fit for Duty Policy. Employee will serve a 90-day introductory period. Employee is subject to introductory and semiannual performance evaluations. Preference will be given to qualified Indian applicants pursuant to the Tribe's TERO Ordinance.

PHYSICAL DEMANDS: The physical demands described here are representative of those that must be met by an employee to successfully perform the essential functions of this job. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions.

Employee must pass a pre-employment Annual Physical and TB test to meet the physical demands listed below. While performing the duties of this job, the employee is frequently required to sit and kneel or crawl. The employee is regularly required to stand; walk distances;

K'ima:w Medical Center

Job Description

Paramedic

use hands to finger, handle, or feel objects, tools, or controls; and reach with hands and arms. The employee must frequently lift and/or move more than 100 pounds, sometimes in awkward positions, over steep or unlevel ground.

WORK ENVIRONMENT: The work environment characteristics described here are representative of those an employee encounters while performing the essential functions of this job. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions.

While performing the duties of this job, the employee is regularly exposed to blood-borne pathogens, infections and other contagious diseases. Employee is regularly required to drive and ride in emergency vehicles during unsafe driving conditions. The employee occasionally works near moving mechanical parts; in high, precarious places; and in outside weather conditions and is occasionally exposed to fumes or airborne particles, toxic or caustic chemicals, risk of electrical shock, and vibration. The noise level in the work environment is variable from quiet to extremely loud.

Employee's Signature**Date**

Supervisor's Signature**Date**

Human Resource Director**Date**

K'ima:w Medical Center Position Description

T1

Job Title: EMT I
Department: Emergency Medical Service
Reports To: EMS Coordinator
Salary Level: HHC-06
FLSA Status: Nonexempt
Approved By: Chief Executive Officer
Approved Date: January 2006

SUMMARY: Administers basic life support (BLS) care to sick and injured persons in pre-hospital setting as authorized and directed by Base Hospital Physician, MICN or Paramedic by performing the following duties.

FUNCTIONS & RESPONSIBILITIES:

1. Emergency Vehicle Operations.
2. Support person for ALS personnel on scene and transporting.
3. Ensures vehicle adequacy.
4. Performs vehicle maintenance
5. Assuring that vehicle is completely stocked at all times.
6. Ensures basic operational integrity of vehicle at all times.
7. Identify and reports all vehicle deficiencies to supervisor.
8. Responds to all calls in the absence of ACLS, providing BLS and transportation to an ALS team or treating facility.
9. Practices BLS within scope of Practice for EMT- I.
10. Communicates with Base Hospital Physician, MICN or other medical personnel via radio, telephone or in person.
11. Assists in extricating trapped victims and transports sick and injured persons to treatment center.
12. Drives mobile intensive care unit to emergency scene and transports injured to designated facility.
13. Station duties as assigned; clean inside and out.
14. Other duties as assigned.

SUPERVISORY RESPONSIBILITIES: This job has no supervisory responsibilities.

QUALIFICATIONS: To perform this job successfully, an individual must be able to perform each essential duty satisfactorily. The requirements listed below are representative of the knowledge, skill, and/or ability required. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions.

BASIC REQUIRED ABILITY:

PUBLIC RELATIONS/ADVANCED INTERPERSONAL SKILLS: Addresses clients by name; smiles when talking to clients, physicians, peers, and families; answers the telephone courteously and

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.

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

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)

ORIENTATION SKILLS CHECK LIST

PERIOD: FROM 3/16 TO 3/18

EMT 1 NAME: BROODEN GREEN

SKILLS	Work On	Improved	Pass	Medic Int.
DRIVING			✓	✓
RADIO PROTOCOL			✓	
RIG CHECK-OUT			✓	
RIG CLEAN-UP			✓	
PCR REPORTS			✓	
LOG BOOKS			✓	
BILLING			✓	
RESTOCKING			✓	
ON SCENE			✓	
PT. VITALS			✓	
GENERAL HELP			✓	
TEAM WORK			✓	
PROTOCOLS			✓	
MISC. DUTIES			✓	
TIRE CHAINS			✓	
COTS			✓	
GURNEY			✓	
TRAINING TAPES			✓	

SKILLS CHECK LIST

PERIOD: FROM 3/16 TO 3/17

EMT 1 NAME: Brenden Green

SKILLS	Work On	Improved	Pass	Medic Int.
C-COLLAR			/	
BACKBOARD			/	
KED			/	
SAGER SPLINT			/	
HARE SPLINT			/	
LADDER SPLINT			/	
C.B. SPLINT			/	
Pt. VITALS			/	
MAST PANTS			/	
O2 MASKS			/	
AIRWAY			/	
SUCTION			/	
SHAPE			/	
ROPES			/	
O.T.B.			/	

EMT-1

ORIENTATION SKILLS CHECK LIST

PERIOD: FROM 3/17 TO 8/18

EMT 1 NAME: James Davis

SKILLS	Work On	Improved	Pass	Medic Int.
DRIVING			/	✓
RADIO PROTOCOL			/	
RIG CHECK-OUT			/	
RIG CLEAN-UP			/	
PCR REPORTS			/	
LOG BOOKS			/	
BILLING			/	
RESTOCKING			/	
ON SCENE			/	
PT. VITALS			/	
GENERAL HELP			/	
TEAM WORK			/	
PROTOCOLS			/	
MISC. DUTIES			/	
TIRE CHAINS			/	
COTS			/	
GURNEY			/	
TRAINING TAPES			/	

EMT-1

SKILLS CHECK LIST

PERIOD: FROM 3/16 TO 3/18

EMT 1 NAME: James DAVIS

SKILLS	Work On	Improved	Pass	Medic Int.
C-COLLAR			/	
BACKBOARD			/	
KED			/	
SAGER SPLINT			/	
HARE SPLINT			/	
LADDER SPLINT			/	
C.B. SPLINT			/	
Pt. VITALS			/	
MAST PANTS			/	
O2 MASKS			/	
AIRWAY			/	
SUCTION			/	
SHAPE			/	
ROPES			/	
O.T.B.			/	

EMT-1

ORIENTATION SKILLS CHECK LIST

PERIOD: FROM 8/17 TO 3/18

EMT 1 NAME: Joshua M Scallard

SKILLS	Work On	Improved	Pass	Medic Int.
DRIVING			/	✓
RADIO PROTOCOL			/	✓
RIG CHECK-OUT			/	✓
RIG CLEAN-UP			/	✓
PCR REPORTS			/	✓
LOG BOOKS			/	✓
BILLING			/	✓
RESTOCKING			/	✓
ON SCENE			/	✓
PT. VITALS			/	✓
GENERAL HELP			/	✓
TEAM WORK			/	✓
PROTOCOLS			/	✓
MISC. DUTIES			/	✓
TIRE CHAINS			/	✓
COTS			/	✓
GURNEY			/	✓
TRAINING TAPES			/	✓

EMT-1

SKILLS CHECK LIST

PERIOD: FROM 3/14 TO 3/17

EMT 1 NAME: Joshua M Seollaro

	Work On	Improved	Pass	Medic Int.
SKILLS				
C-COLLAR				
BACKBOARD				
KED				
SAGER SPLINT				
HARE SPLINT				
LADDER SPLINT				
C.B. SPLINT				
Pt. VITALS				
MAST PANTS				
O2 MASKS				
AIRWAY				
SUCTION				
SHAPE				
ROPES				
O.T.B.				

Paradise

SKILLS CHECK LIST

PERIOD: FROM 3/17 TO 3/18

EMT 1 NAME: Tommy McWilliam

SKILLS	Work On	Improved	Pass	Medic Int.
C-COLLAR			/	✓
BACKBOARD			/	
KED			/	
SAGER SPLINT			/	
HARE SPLINT			/	
LADDER SPLINT			/	
C.B. SPLINT			/	
Pt. VITALS			/	
MAST PANTS			/	
O2 MASKS			/	
AIRWAY			/	
SUCTION			/	
SHAPE			/	
ROPES			/	
O.T.B.			/	

ORIENTATION SKILLS CHECK LIST

PERIOD: FROM 3/17 TO 3/18

EMT 1 NAME: Tommy McWilliams

SKILLS	Work On	Improved	Pass	Medic Int.
DRIVING			/	
RADIO PROTOCOL			/	
RIG CHECK-OUT			/	
RIG CLEAN-UP			/	
PCR REPORTS			/	
LOG BOOKS			/	
BILLING			/	
RESTOCKING			/	
ON SCENE			/	
PT. VITALS			/	
GENERAL HELP			/	
TEAM WORK			/	
PROTOCOLS			/	
MISC. DUTIES			/	
TIRE CHAINS			/	
COTS			/	
GURNEY			/	
TRAINING TAPES			/	

SKILLS CHECK LIST

PERIOD: FROM 3/18 TO 3/18

EMT 1 NAME: Kyle Collins

SKILLS	Work On	Improved	Pass	Medic Int.
C-COLLAR			/	
BACKBOARD			/	
KED			/	
SAGER SPLINT			/	
HARE SPLINT			/	
LADDER SPLINT			/	
C.B. SPLINT			/	
Pt. VITALS			/	
MAST PANTS			/	
O2 MASKS			/	
AIRWAY			/	
SUCTION			/	
SHAPE			/	
ROPES			/	
O.T.B.			/	

ORIENTATION SKILLS CHECK LIST

PERIOD: FROM 3/17 TO 3/18

EMT 1 NAME: Kyle Collins

SKILLS	Work On	Improved	Pass	Medic Int.
DRIVING			/	DF
RADIO PROTOCOL			/	↓
RIG CHECK-OUT			/	
RIG CLEAN-UP			/	
PCR REPORTS			/	
LOG BOOKS			/	
BILLING			/	
RESTOCKING			/	
ON SCENE			/	
PT. VITALS			/	
GENERAL HELP			/	
TEAM WORK			/	
PROTOCOLS			/	
MISC. DUTIES			/	
TIRE CHAINS			/	
COTS			/	
GURNEY			/	
TRAINING TAPES			/	

Personal

ORIENTATION SKILLS CHECK LIST

PERIOD: FROM 3/16 TO 3/17

EMT 1 NAME: Ed Jones

SKILLS	Work On	Improved	Pass	Medic Int.
DRIVING				OK
RADIO PROTOCOL				
RIG CHECK-OUT				
RIG CLEAN-UP				
PCR REPORTS				
LOG BOOKS				
BILLING				
RESTOCKING				
ON SCENE				
PT. VITALS				
GENERAL HELP				
TEAM WORK				
PROTOCOLS				
MISC. DUTIES				
TIRE CHAINS				
COTS				
GURNEY				
TRAINING TAPES				

Dynamic

SKILLS CHECK LIST

PERIOD: FROM 3/6 TO 3/12

EMT 1 NAME: Bob Johnson

SKILLS	Work On	Improved	Pass	Medic Int.
C-COLLAR			/	A ✓ ↓ ✓
BACKBOARD			/	
KED			/	
SAGER SPLINT			/	
HARE SPLINT			/	
LADDER SPLINT			/	
C.B. SPLINT			/	
Pt. VITALS			/	
MAST PANTS			/	
O2 MASKS			/	
AIRWAY			/	
SUCTION			/	
SHAPE			/	
ROPES			/	
O.T.B.			/	

Paramedic

ORIENTATION SKILLS CHECK LIST

PERIOD: FROM 3/18 TO March 19

EMT 1 NAME: Camered Smith

SKILLS	Work On	Improved	Pass	Medic Int.
DRIVING			/	
RADIO PROTOCOL			/	
RIG CHECK-OUT			/	
RIG CLEAN-UP			/	
PCR REPORTS			/	
LOG BOOKS			/	
BILLING			/	
RESTOCKING			/	
ON SCENE			/	
PT. VITALS			/	
GENERAL HELP			/	
TEAM WORK			/	
PROTOCOLS			/	
MISC. DUTIES			/	
TIRE CHAINS			/	
COTS			/	
GURNEY			/	
TRAINING TAPES			/	

Handwritten notes in the Medic Int. column, including the name 'Camered Smith' and various initials.

Paramedic

SKILLS CHECK LIST

PERIOD: FROM ~~2-17~~ TO ~~3-18~~

EMT 1 NAME: *Cameron Smith*

SKILLS	Work On	Improved	Pass	Medic Int.
C-COLLAR			/	
BACKBOARD			/	
KED			/	
SAGER SPLINT			/	
HARE SPLINT			/	
LADDER SPLINT			/	
C.B. SPLINT			/	
Pt. VITALS			/	
MAST PANTS			/	
O2 MASKS			/	
AIRWAY			/	
SUCTION			/	
SHAPE			/	
ROPES			/	
O.T.B.			/	

ORIENTATION SKILLS CHECK LIST

DAANMED

PERIOD: FROM 8-07 TO 8-10

EMT 1 NAME: Megan Stanley

SKILLS	Work On	Improved	Pass	Medic Int.
DRIVING			/	<i>MS</i>
RADIO PROTOCOL			/	<i>MS</i>
RIG CHECK-OUT			/	<i>MS</i>
RIG CLEAN-UP			/	<i>MS</i>
PCR REPORTS			/	<i>MS</i>
LOG BOOKS			/	<i>MS</i>
BILLING			/	<i>MS</i>
RESTOCKING			/	<i>MS</i>
ON SCENE			/	<i>MS</i>
PT. VITALS			/	<i>MS</i>
GENERAL HELP			/	<i>MS</i>
TEAM WORK			/	<i>MS</i>
PROTOCOLS			/	<i>MS</i>
MISC. DUTIES			/	<i>MS</i>
TIRE CHAINS			/	<i>MS</i>
COTS			/	<i>MS</i>
GURNEY			/	<i>MS</i>
TRAINING TAPES			/	<i>MS</i>



Paramedic

ORIENTATION SKILLS CHECK LIST

PERIOD: FROM 3/17 TO 3/18

EMT NAME: Nick Holson / SHEIL EAH

SKILLS	Work On	Improved	Pass	Medic Int.
DRIVING			/	
RADIO PROTOCOL			/	
RIG CHECK-OUT			/	
RIG CLEAN-UP			/	
PCR REPORTS			/	
LOG BOOKS			/	
BILLING			/	
RESTOCKING			/	
ON SCENE			/	
PT. VITALS			/	
GENERAL HELP			/	
TEAM WORK			/	
PROTOCOLS			/	
MISC. DUTIES			/	
TIRE CHAINS			/	
COTS			/	
GURNEY			/	
TRAINING TAPES			/	

ORIENTATION SKILLS CHECK LIST

PERIOD: FROM 3-17 TO 3-18

EMT 1 NAME: NATHAN SANDER

SKILLS	Work On	Improved	Pass	Medic Int.
DRIVING			/	PT
RADIO PROTOCOL			/	↓
RIG CHECK-OUT			/	
RIG CLEAN-UP			/	
PCR REPORTS			/	
LOG BOOKS			/	
BILLING			/	
RESTOCKING			/	
ON SCENE			/	
PT. VITALS			/	
GENERAL HELP			/	
TEAM WORK			/	
PROTOCOLS			/	
MISC. DUTIES			/	
TIRE CHAINS			/	
COTS			/	
GURNEY			/	
TRAINING TAPES			/	



HOOPVAL-03

RAYUB

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
10/3/2016

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).

PRODUCER Alliant Insurance Services, Inc. P.O. Box 608015 San Diego, CA 92160	CONTACT NAME: PHONE (A/C No. Ext): (658) 606-4000	FAX (A/C No.):
	ADDRESS:	
INSURED Hoopa Valley Tribal Council PO Box 219 Hoopa, CA 95546	INSURER(S) AFFORDING COVERAGE	
	INSURER A: Hudson Insurance Company	NAIC # 25054
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	

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"/> no gen agg applies GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:		NAA0000516	10/01/2016	10/01/2017	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 - COM/OP AGG \$ 10,000,000 SIR \$ 100,000
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS		NAA0000516	10/01/2016	10/01/2017	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR 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 Nis) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input type="checkbox"/> N/A	NAA0000516	10/01/2016	10/01/2017	PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> 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
 *10 days notice for non-pay of premium.

CERTIFICATE HOLDER County of Humboldt 1108 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
--	--

Payee HUMBOLDT COUNTY HEALTH DEPT.P
Vendor ID HUMCOHEAL

Account #:

60259

60259
3/24/2017

Invoice	Description	Amount
AMB PERMIT 3/24/17	AMBULANCE PERMIT HOOPA 03/24/2017	\$196.00
Total :		\$0.00 \$196.00

PRODUCT SSLB120 USE WITH 91564 ENVELOPE

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K'IMA W MEDICAL CENTER
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HOOPA, CA 95546
PH: 530-625-4261

Coast Central Credit Union
Belonging Never Felt Better
707-445-8801 | WWW.COASTCREDITUNION.COM
90-7224/321

60259
60259
VOID AFTER 90 DAYS
3/24/2017
\$196.00

****One Hundred Ninety Six and 00/100 Dollars****

Pay to the order of:
HUMBOLDT COUNTY HEALTH DEPT.P
529 I STREET
EUREKA, CA 95501

[Signature]
AUTHORIZED SIGNATURE

GREEN SECURLINK CHAIN AND GREEN DIAMOND DISAPPEAR WHEN COINED. NCAT ADDS THE RED LACER DIAMOND TO THE CHAIN.

Separate signatures. Duplicates on back.