

Ambulance Permit Renewal Check List—2025/2026

Vendor	Contact Person
City Ambulance	Jaison Chand

Item	Yes	No	Other
Completed signed renewal application form	X		
Copy of, or description of Applicant's policy or program for vehicle maintenance	X		
List or description of Applicant's radio equipment	X		
Valid California Highway Patrol inspection report for each ground ambulance	X		
Applicant's quality management practices and policies	X		
Staffing and hiring policies	X		
Organizational chart of management staff	X		
Resume of training, orientation program and experience of the Applicant in the transportation and care of patients	X		
Legible copies of current California Driver's License for each employee listed in the application.	X		
Copies of EMT Certification and/or Paramedic Licensure cards	X		
Current Fee Schedule	X		
Certificate of insurance as required by the Humboldt County Risk Manager			
Application fee in the amount of \$319 for each service area payable to Humboldt County	X		

Specific Items for Permit Officer to Review

	Yes	No	Other
Permit Approved?			

Approved by: CSA Johnson, M.D.

Date: 6/18/25

Internal document not to be released.

Workers' Compensation and Employers' Liability Policy

Named Insured GLOBAL MEDICAL RESPONSE, INC. 4400 HWY 121, SUITE 700 LEWISVILLE TX 75056	Endorsement Number
Policy Period 03-31-2025 TO 03-31-2026	Policy Number Symbol: WLR Number: C72631110
Issued By (Name of Insurance Company) INDEMNITY INS. CO. OF NORTH AMERICA	Effective Date of Endorsement 03-31-2025
Insert the policy number. The remainder of the information is to be completed only when this endorsement is issued subsequent to the preparation of the policy. This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.	

CALIFORNIA WAIVER OF OUR RIGHT TO RECOVER FROM OTHERS ENDORSEMENT

This endorsement applies only to the insurance provided by the policy because California is shown in Item 3.A. of the Information Page.

We have the right to recover our payments from anyone liable for an injury covered by this policy. We will not enforce our right against the person or organization named in the Schedule, but this waiver applies only with respect to bodily injury arising out of the operations described in the Schedule, where you are required by a written contract to obtain this waiver from us.

You must maintain payroll records accurately segregating the remuneration of your employees while engaged in the work described in the Schedule.

Schedule**1. (X) Specific Waiver**

Name of person or organization:

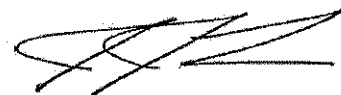
THE COUNTY OF HUMBOLDT ITS OFFICERS, OFFICIALS, EMPLOYEES,
REPRESENTATIVES AND VOLUNTEERS

() Blanket Waiver

Any person or organization for whom the Named Insured has agreed by written contract to furnish this waiver.

2. Operations:**3. Premium:**

The premium charge for this endorsement shall be INCLUDED percent of the California premium developed on payroll in connection with work performed for the above person(s) or organization(s) arising out of the operations described.

4. Minimum Premium : INCLUDED

Authorized Representative



County of Humboldt
Eureka, California
Ambulance Service Permit Application

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

Applicant – DO NOT FILL OUT THIS SECTION	
Date Received:	
Application Fee of \$196.00 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 type="checkbox"/> No <input type="checkbox"/>

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

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

Ambulance Service Full Name:	City Ambulance of Eureka, Inc.		
Name of Contact Person:	Christine Bowles		
Mailing Address:	135 W 7 th St,	City/Zip Code	Eureka, CA 95501
Physical Address:	135 W 7 th St,	City	Eureka, CA 95501
Telephone/Fax Numbers	707-440-5006	E-Mail	christine.bowles@gmr.net



County of Humboldt
Eureka, California

Owner Name	California Corporation – City Ambulance of Eureka, Inc.			
Address	135 W 7 th , Street	City/Zip Code	Eureka, CA 95501	
Phone Number	707-445-4907	Fax Number	707-442-5903	E-Mail jaison.chand@gmr.net



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.	2016	Ford Transit	4 1FDYR2CMXGKB5594	2 57538B	7 Years 311635		Blue, White and Orange
2.	2017	Ford Transit	6 1FDYR2CM3HKA3167	2 73470F	7 Years 315351		Blue, White and Orange
3.	2024	Ford Transit	1FDBW2XG3RKB03223	11925B4	0 Years 100miles		Blue, White and Orange
4.	2018	Ford Transit	0 1FDYR2CM3JKB0901	2 11511P	6 Years 278018		Blue, White and Orange



**County of Humboldt
Eureka, California**

5.	8	201	Ford Transit	8	1FDYR2CM9JKB1553	2	10036S	4 Years 261538		Blue, White and Orange
6.		2018	Ford Transit		1FDYR2CM4JKB22400		64762S2	4 Years 229078		Blue, White and Orange
7.	8	201	Ford Transit	5	1FDWE3FS7BDB2087	2	91925G	4 Years 278671		Blue, White and Orange
8.	1	202	Ford Transit	5	1FDBR2CG5MKA7996		28579J3	2 Years 154344		Blue, White and Orange
9.	3	202	Ford Transit	9	1FDBR2CG7NKA5305	3	61884N	1 Year 75071		Blue, White and Orange
10	3	202	Ford Transit	3	1FDBR1CG4PKA0258	3	17911N	1 Year 105712		Blue, White and Orange
11	3	202	Ford Transit	8	1FDBR1CG9PKA0270	3	17912N	1 Year 101370		Blue, White and Orange
12		2023	Ford Transit		1FDBR1CGXPKA02619		95879U3	1 Year 78852		Blue, White and Orange
13		2023	Ford Transit		1FDBR1CG8PKA02554		14809T3	1 Year 51165		Blue, White and Orange



County of Humboldt
Eureka, California

14	2022	Ford E450	1FDXE4FN9NDC35485	02901V3	1 Year 34647		Blue, White and Orange
15	2022	Ford E450	1FDXE4FN4NDC39749	02913V3	1 Year 13296		Blue, White and Orange
16	2022	Ford Transit	1FDBR1CG4PKA11350	08837W3	1 Year 45282		Blue, White and Orange
17	2024	Ford Transit	1FDBW2XG4RKB03215	11926B4	1 Year 12799		Blue, White and Orange



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 an endorsement of additional insured and 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 the Certificate of Liability Insurance naming the 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.

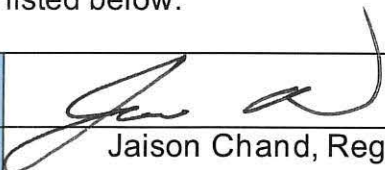
(Information may include the ability of the Applicant to provide ambulance service within established response times for the type of vehicle operated, twenty-four (24) hours per day, seven (7) days per week, year-round; per-approval by North Coast EMS as an Advanced Life Support Provider; familiarity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

☒ Additional Information statement attached



County of Humboldt
Eureka, California

I, hereby attest that, C 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	Jaison Chand, Regional Director of Operations
Date:	4/14/25

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 including endorsement of additional insured and waiver of subrogation.
- ☒ Proposed Rates & Schedule of Charges



County of Humboldt
Eureka, California

- ☒ All requested documentation of Applicant's policies and programs (as set forth in the application) are attached and complete
- ☒ Application fee or proof of payment of application fee



Vehicle Maintenance

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

Pre-Trip Inspections

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

CHP Inspections

The CHP conducts inspections of the ambulance fleet annually.

CAE Radio Inventory January

Dispatch Equip.	VHF model #	Serial #	UHF model #	Serial #	Device model #	Serial #
POWER SUPPLY	DURA COMM				DURA COMM	UNK
POWER UNIT					P-600-13.8	2571
POWER UNIT					P-600-13.8	2572
POWER AMP					1506RNS	C2567
POWER AMP					4512RNS	C2568
POWER AMP					1506RNS	B9024
POWER STRIP	TRIPP-LITE					
VHF RADIO	TK780H	60400507				
VHF RADIO	TK790	B1400406				
VHF RADIO	TK790	B32300285				
UHF RADIO			TK890	B1400078		
UHF RADIO			TK890H	B0500031		
SCANNER	UNIDEN				BC56XLT	8507714
Portables	VHF model #	Serial #	UHF model #	Serial #		
Eureka						
VHF	TK 272 G	90601005				
VHF	TK 272 G	90600201				
VHF	TK 272 G	90600918				
VHF	TK 272 G	90600916				
VHF	TK 272 G	90600366				
VHF	TK 272 G	90600369				
VHF	TK 272 G	90600920				
VHF	TK 272 G					
VHF C1 a	NX 300 K	B0400220				
VHF C1 b	NX 300 K	B0400222				
VHF C2 a	NX 300 K	B0400221				
VHF C2 b	NX 300 K	B0400218				
VHF	TK2312K	B5500272				
VHF	TK2312K	B5500273				
VHF	TK2312K	B5500297				
VHF	TK2312K	B5500298				

VHF	TK2312K	B5500299				
VHF	TK2312K	B5500300				
UHF			TX 372 G	40200805		
UHF 200			NX 300 K	B0401398		
UHF			TK 372 G	40101267		
UHF			TK 372 G	70200332		
UHF			TK 372 G	30301119		
UHF			TK 372 G	70200333		
Portables	VHF model #	Serial #	UHF model #	Serial #	Device model #	Serial #
Fortuna						
UHF FTA 1a			NX 300 K	B0500134		
UHF FTA 1b			NX 300 K	B0500135		
UHF FTA 2a			NX 300 K	B0500127		
UHF FTA 2b			NX 300 K	B0500131		
VHF	TK 272G	90600004				
VHF	TK 272G	70200333				
VHF	TK 272G	90600003				
VHF	TK 272G	90600919				
Pager					Motorola Minitor V	136WHE2736
Base Scanner					Colt Z28	D5001405
Charging Unit	ACDC	6-IV-683				
Garberville						
UHF			NX 300 K	B0500133		
UHF			NX 300 K	B0401397		
VHF	TK 372 G	90601001				
VHF	TK 372 G					
Ambulance	VHF model #	Serial #	UHF model #	Serial #	Repeater #	Serial #
Suburban	TK 790	40900016	TK 890	40800038		
48	TK 7150	0010083	TK 890	70800148	SVR 200 U	752611
49	TK 760 HG	40400617	TK 890	00700174	SVR 200 U	752614
No Unit			TK 890	31001017	SVR 200 U	549067

C48



STATE OF CALIFORNIA
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL

SPECIAL VEHICLE IDENTIFICATION CERTIFICATE/PERMIT

CHP 301 (REV 4-97) OPI 062

CHP AREA: 125

CHP Certificate/Permit Number: **2186- 14636**

ISSUED: **9/3/2024**

EXPIRES: **9/3/2025**

AREA:

☐ INITIAL

☐ DUPLICATE

☒ **EMERGENCY AMBULANCE CERTIFICATE**

☐ ARMORED CAR CERTIFICATE

☐ REPLACEMENT

☒ RENEWAL

☐ AUTHORIZED EMERGENCY VEHICLE PERMIT*

VEHICLE YEAR & MAKE: **2016 FORD TRANSIT**

VEHICLE LICENSE NO. **57538B2 CA**

VIN: **1FDYR2CMXGKB55944**

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

NAME AND MAILING ADDRESS

24

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

PROPERTY OF CALIFORNIA HIGHWAY PATROL

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



STATE OF CALIFORNIA
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL

SPECIAL VEHICLE IDENTIFICATION CERTIFICATE/PERMIT

CHP 301 (REV 4-97) OPI 062

C49

CHP AREA: 125

CHP Certificate/Permit Number: **2186- 14985**

ISSUED: **9/3/2024**

EXPIRES: **9/3/2025**

AREA:

☐ INITIAL
☐ REPLACEMENT

☐ DUPLICATE
☒ RENEWAL

☒ **EMERGENCY AMBULANCE CERTIFICATE**
☐ AUTHORIZED EMERGENCY VEHICLE PERMIT*

☐ ARMORED CAR CERTIFICATE

VEHICLE YEAR & MAKE: **2017 FORD TRANSIT**

VEHICLE LICENSE NO. **73470F2 CA**

VIN: **1FDYR2CM3HKA31676**

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

NAME AND MAILING ADDRESS



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

PROPERTY OF CALIFORNIA HIGHWAY PATROL

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STATE OF CALIFORNIA
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL

SPECIAL VEHICLE IDENTIFICATION CERTIFICATE/PERMIT

CHP 301 (REV 4-97) OPI 062

CHP AREA: 125

C70

CHP Certificate/Permit Number: **2186- 19643**

ISSUED: 3/21/2025 EXPIRES: 9/3/2025

AREA:

☒ INITIAL
☐ REPLACEMENT

☐ DUPLICATE
☐ RENEWAL

☒ **EMERGENCY AMBULANCE CERTIFICATE**
☐ AUTHORIZED EMERGENCY VEHICLE PERMIT*

☐ ARMORED CAR CERTIFICATE

VEHICLE YEAR & MAKE: **2024 FORD T250**

VEHICLE LICENSE NO. **11925B4 CA**

VIN: **1FDBW2XG3RKB03223**

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

NAME AND MAILING ADDRESS



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

PROPERTY OF CALIFORNIA HIGHWAY PATROL

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STATE OF CALIFORNIA
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL

SPECIAL VEHICLE IDENTIFICATION CERTIFICATE/PERMIT

CHP 301 (REV 4-97) OPI 062

C52

CHP AREA: 125

CHP Certificate/Permit Number: **2186- 15727**

ISSUED: 9/3/2024

EXPIRES: 9/3/2025

AREA:

☐ INITIAL

☐ DUPLICATE

☒ **EMERGENCY AMBULANCE CERTIFICATE**

☐ ARMORED CAR CERTIFICATE

☐ REPLACEMENT

☒ RENEWAL

☐ AUTHORIZED EMERGENCY VEHICLE PERMIT*

VEHICLE YEAR & MAKE: **2018 FORD TRANSIT**

VEHICLE LICENSE NO. **11511P2 CA**

VIN: **1FDYR2CM3JKB09010**

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

NAME AND MAILING ADDRESS



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

PROPERTY OF CALIFORNIA HIGHWAY PATROL

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STATE OF CALIFORNIA
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL

SPECIAL VEHICLE IDENTIFICATION CERTIFICATE/PERMIT

CHP 301 (REV 4-97) OPI 062

CHP AREA: 125

C53

CHP Certificate/Permit Number: **2186- 15954**

ISSUED: **9/3/2024**

EXPIRES: **9/3/2025**

AREA:

☐ INITIAL
☐ REPLACEMENT

☐ DUPLICATE
☒ RENEWAL

☒ **EMERGENCY AMBULANCE CERTIFICATE**
☐ AUTHORIZED EMERGENCY VEHICLE PERMIT*

☐ ARMORED CAR CERTIFICATE

VEHICLE YEAR & MAKE: **2018 FORD TRANSIT**

VEHICLE LICENSE NO. **10036S2 CA**

VIN: **1FDYR2CM9JKB15538**

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

NAME AND MAILING ADDRESS



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

PROPERTY OF CALIFORNIA HIGHWAY PATROL

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STATE OF CALIFORNIA
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL

SPECIAL VEHICLE IDENTIFICATION CERTIFICATE/PERMIT

CHP 301 (REV 4-97) OPI 062

CHP AREA: 125

CHP Certificate/Permit Number: **2186- 15953**

ISSUED: **9/3/2024**

EXPIRES: **9/3/2025**

AREA:

☐ INITIAL

☐ DUPLICATE

☒ **EMERGENCY AMBULANCE CERTIFICATE**

☐ ARMORED CAR CERTIFICATE

☐ REPLACEMENT

☒ RENEWAL

☐ AUTHORIZED EMERGENCY VEHICLE PERMIT*

VEHICLE YEAR & MAKE: **2018 FORD TRANSIT**

VEHICLE LICENSE NO. **64762S2 CA**

VIN: **1FDYR2CM4JKB22400**

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

NAME AND MAILING ADDRESS



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

PROPERTY OF CALIFORNIA HIGHWAY PATROL

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STATE OF CALIFORNIA
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL

SPECIAL VEHICLE IDENTIFICATION CERTIFICATE/PERMIT

CHP 301 (REV 4-97) OPI 062

C58

CHP AREA: 325

CHP Certificate/Permit Number: **2186- 15456**

ISSUED: **9/3/2024**

EXPIRES: **9/3/2025**

AREA:

☐ INITIAL
☐ REPLACEMENT

☐ DUPLICATE
☒ RENEWAL

☒ **EMERGENCY AMBULANCE CERTIFICATE**
☐ AUTHORIZED EMERGENCY VEHICLE PERMIT*

☐ ARMORED CAR CERTIFICATE

VEHICLE YEAR & MAKE: **2011 FORD E 350**

VEHICLE LICENSE NO. **91925G2 CA**

VIN: **1FDWE3FS7BDB20875**

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

NAME AND MAILING ADDRESS

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

PROPERTY OF CALIFORNIA HIGHWAY PATROL

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



STATE OF CALIFORNIA
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL

SPECIAL VEHICLE IDENTIFICATION CERTIFICATE/PERMIT

CHP 301 (REV 4-97) OPI 062

Cleo

CHP AREA: 125

HP Certificate/Permit Number: **2186- 18169**

ISSUED: **9/3/2024**

EXPIRES: **9/3/2025**

AREA:

☐ INITIAL
☐ DUPLICATE
☐ REPLACEMENT
☒ RENEWAL

☒ **EMERGENCY AMBULANCE CERTIFICATE**
☐ AUTHORIZED EMERGENCY VEHICLE PERMIT*

☐ ARMORED CAR CERTIFICATE

VEHICLE YEAR & MAKE: **2022 FORD TRANSIT 280**

VEHICLE LICENSE NO. **28579S3 CA**

VIN: **1FDBR2CG5MKA79965**

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

NAME AND MAILING ADDRESS

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

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STATE OF CALIFORNIA
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL

SPECIAL VEHICLE IDENTIFICATION CERTIFICATE/PERMIT

CHP 301 (REV 4-97) OPI 062

CHP AREA: 125

C61

CHP Certificate/Permit Number: **2186- 18442**

ISSUED: 9/3/2024

EXPIRES: 9/3/2025

AREA:

☐ INITIAL

☐ DUPLICATE

☒

EMERGENCY AMBULANCE CERTIFICATE

☐

ARMORED CAR CERTIFICATE

☐ REPLACEMENT

☒ RENEWAL

☐

AUTHORIZED EMERGENCY VEHICLE PERMIT*

VEHICLE YEAR & MAKE: **2022 FORD T250**

VEHICLE LICENSE NO. **61884N3 CA**

VIN: **1FDBR2CG7NKA53059**

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

NAME AND MAILING ADDRESS

PROPERTY OF CALIFORNIA HIGHWAY PATROL



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

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STATE OF CALIFORNIA
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL

SPECIAL VEHICLE IDENTIFICATION CERTIFICATE/PERMIT

CHP 301 (REV 4-97) OPI 062

C62

CHP AREA: 125

CHP Certificate/Permit Number: **2186- 18487**

ISSUED: **9/3/2024**

EXPIRES: **9/3/2025**

AREA:

☐ INITIAL
☐ REPLACEMENT

☐ DUPLICATE
☒ RENEWAL

☒ **EMERGENCY AMBULANCE CERTIFICATE**
☐ AUTHORIZED EMERGENCY VEHICLE PERMIT*

☐ ARMORED CAR CERTIFICATE

VEHICLE YEAR & MAKE: **2023 FORD T250**

VEHICLE LICENSE NO. **17911N3 CA**

VIN: **1FDBR1CG4PKA02583**

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

NAME AND MAILING ADDRESS



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

PROPERTY OF CALIFORNIA HIGHWAY PATROL

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C63

STATE OF CALIFORNIA
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL

SPECIAL VEHICLE IDENTIFICATION CERTIFICATE/PERMIT

CHP 301 (REV 4-97) OPI 062

CHP AREA: 125

CHP Certificate/Permit Number: **2186- 18570**ISSUED: **9/3/2024**EXPIRES: **9/3/2025**

AREA:

☐ INITIAL☐ DUPLICATE☒**EMERGENCY AMBULANCE CERTIFICATE**☐ ARMORED CAR CERTIFICATE☐ REPLACEMENT☒ RENEWAL☐ AUTHORIZED EMERGENCY VEHICLE PERMIT*VEHICLE YEAR & MAKE: **2023 FORD T250**VEHICLE LICENSE NO. **17912N3 CA**VIN: **1FDBR1CG9PKA02708**

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

NAME AND MAILING ADDRESS

CITY AMBULANCE OF EUREKA, INC.,
FORTUNA AMBULANCE; GARBERVILLE AMBULANCE
135 WEST 7TH STREET
EUREKA CA, 95501-0229

PROPERTY OF CALIFORNIA HIGHWAY PATROL

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STATE OF CALIFORNIA
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL

SPECIAL VEHICLE IDENTIFICATION CERTIFICATE/PERMIT

CHP 301 (REV 4-97) OPI 062

C64

CHP AREA: 125

CHP Certificate/Permit Number: **2186- 18926**

ISSUED: **9/3/2024**

EXPIRES: **9/3/2025**

AREA:

☐ INITIAL

☐ DUPLICATE

☒

EMERGENCY AMBULANCE CERTIFICATE

☐ ARMORED CAR CERTIFICATE

☐ REPLACEMENT

☒ RENEWAL

☐

AUTHORIZED EMERGENCY VEHICLE PERMIT*

VEHICLE YEAR & MAKE: **2023 FORD T-250**

VEHICLE LICENSE NO. **95879U3 CA**

VIN: **1FDBR1CGXPKA02619**

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

NAME AND MAILING ADDRESS



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

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STATE OF CALIFORNIA
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL

SPECIAL VEHICLE IDENTIFICATION CERTIFICATE/PERMIT

CHP 301 (REV 4-97) OPI 062

CHP AREA: 125

C65

CHP Certificate/Permit Number: **2186-18925**

ISSUED: 9/3/2024

EXPIRES: 9/3/2025

AREA:

☐ INITIAL

☐ DUPLICATE

☒

EMERGENCY AMBULANCE CERTIFICATE

☐ ARMORED CAR CERTIFICATE

☐ REPLACEMENT

☒ RENEWAL

☐

AUTHORIZED EMERGENCY VEHICLE PERMIT*

VEHICLE YEAR & MAKE: **2023 FORD T-250**

VEHICLE LICENSE NO. **14809T3 CA**

VIN: **1FDBR1CG8PKA02554**

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

NAME AND MAILING ADDRESS



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

PROPERTY OF CALIFORNIA HIGHWAY PATROL

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STATE OF CALIFORNIA
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL

SPECIAL VEHICLE IDENTIFICATION CERTIFICATE/PERMIT

CHP 301 (REV 4-97) OPI 062

Cele

CHP AREA: 125

CHP Certificate/Permit Number: **2186- 18895**

ISSUED: **9/3/2024**

EXPIRES: **9/3/2025**

AREA:

☐ INITIAL
☐ DUPLICATE
☐ REPLACEMENT
☒ RENEWAL

☒ **EMERGENCY AMBULANCE CERTIFICATE**
☐ AUTHORIZED EMERGENCY VEHICLE PERMIT*

☐ ARMORED CAR CERTIFICATE


VEHICLE YEAR & MAKE: **2022 FORD E-450**

VEHICLE LICENSE NO. **02901V3 CA**

VIN: **1FDXE4FN9NDC35485**

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

NAME AND MAILING ADDRESS

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

PROPERTY OF CALIFORNIA HIGHWAY PATROL

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STATE OF CALIFORNIA
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL

SPECIAL VEHICLE IDENTIFICATION CERTIFICATE/PERMIT

CHP 301 (REV 4-97) OPI 062

067

CHP AREA: 125

CHP Certificate/Permit Number: **2186- 18997**

ISSUED: 9/3/2024

EXPIRES: 9/3/2025

AREA:

☐ INITIAL
☐ REPLACEMENT

☐ DUPLICATE
☒ RENEWAL

☒ **EMERGENCY AMBULANCE CERTIFICATE**
☐ AUTHORIZED EMERGENCY VEHICLE PERMIT*

☐ ARMORED CAR CERTIFICATE

VEHICLE YEAR & MAKE: **2022 FORD E-350**

VEHICLE LICENSE NO. **02913V3 CA**

VIN: **1FDXE4FN4NDC39749**

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

NAME AND MAILING ADDRESS

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

PROPERTY OF CALIFORNIA HIGHWAY PATROL

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STATE OF CALIFORNIA
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL

SPECIAL VEHICLE IDENTIFICATION CERTIFICATE/PERMIT

CHP 301 (REV 4-97) OPI 062

C68

CHP AREA: 125

CHP Certificate/Permit Number: **2186- 19101**

ISSUED: **9/3/2024**

EXPIRES: **9/3/2025**

AREA:

☒ INITIAL

☐ DUPLICATE

☒ **EMERGENCY AMBULANCE CERTIFICATE**

☐ ARMORED CAR CERTIFICATE

☐ REPLACEMENT

☒ RENEWAL

☐ AUTHORIZED EMERGENCY VEHICLE PERMIT*

VEHICLE YEAR & MAKE: **2023 FORD TRANSIT**

VEHICLE LICENSE NO. **08837W3 CA**

VIN: **1FDBR1CG4PKA11350**

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

NAME AND MAILING ADDRESS



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

PROPERTY OF CALIFORNIA HIGHWAY PATROL

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CC09



STATE OF CALIFORNIA
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL

SPECIAL VEHICLE IDENTIFICATION CERTIFICATE/PERMIT

CHP 301 (REV 4-97) OPI 062

CHP AREA: 125

CHP Certificate/Permit Number: **2186- 19560**

ISSUED: **9/3/2024**

EXPIRES: **9/3/2025**

AREA:

☐ INITIAL

☐ DUPLICATE

☒ **EMERGENCY AMBULANCE CERTIFICATE**

☐ ARMORED CAR CERTIFICATE

☐ REPLACEMENT

☒ RENEWAL

☐ AUTHORIZED EMERGENCY VEHICLE PERMIT*

VEHICLE YEAR & MAKE: **2024 FORD T-250**

VEHICLE LICENSE NO. **11926B4 CA**

VIN: **1FDBW2XG4RKB03215**

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

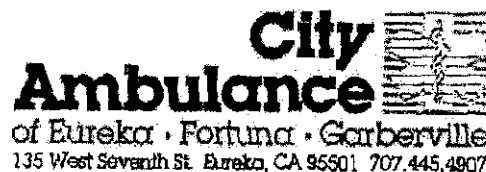
NAME AND MAILING ADDRESS



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

PROPERTY OF CALIFORNIA HIGHWAY PATROL

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Quality Management Practices and Policy

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

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

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

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

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

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



Staffing and Hiring Practices

Staffing

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

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

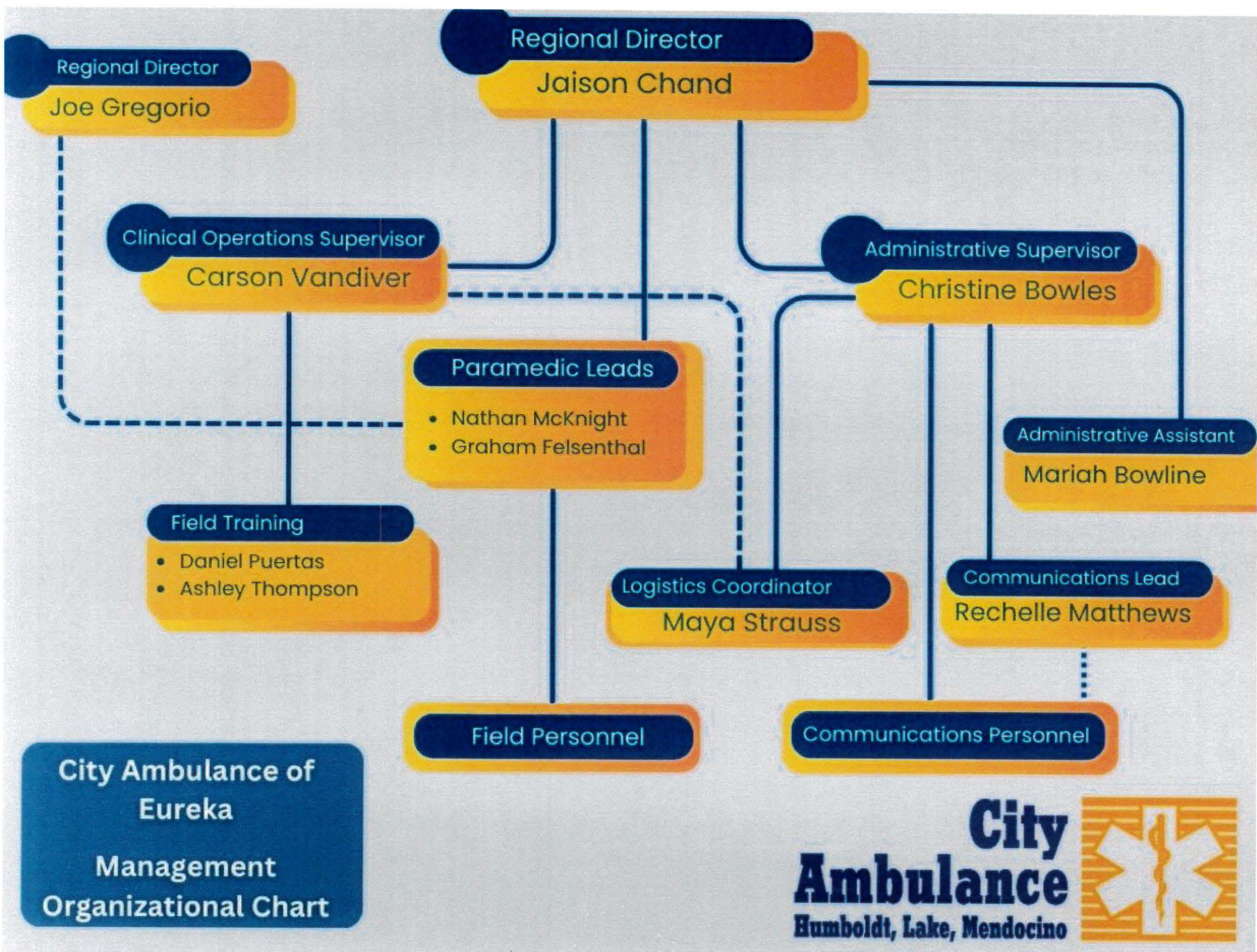
Employment applications are reviewed for the required skills, training and licensures. Qualified candidates are scheduled for interviews with the ambulance supervisors. HR and/or an ambulance supervisor checks employment references of top ranking candidates. The best qualified and available candidates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

Hiring

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

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

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





TRAINING, ORIENTATION AND EXPERIENCE

New Employee Field Training Orientation

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

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

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

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

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



Knowledge of / Involvement in Humboldt County EMS

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

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

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

ADDITIONAL INFORMATION STATEMENT:

City Ambulance of Eureka, Inc. (dba Fortuna Rescue Ambulance, Garberville Ambulance) is a corporation that has been providing ambulance service in Humboldt County for over 40 years. The family's roots in the ambulance service extend back to the 1960's, prior to incorporation in 1975. City Ambulance provides ambulance service to the majority of Humboldt County from Eureka to the Humboldt/ Mendocino County line.

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

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

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

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

City Ambulance of Eureka
2025 Ambulance Rate Schedule

Base Rates:

Critical Care Transport- With RN	\$4,475.00
Emergency Scene Response	\$3,500.00
Advanced Life Support- Interfacility (IFT)	\$3,500.00
Basic Life Support- Interfacility Transfer	\$1,100.00
911 Response without Transport	\$300.00

Services:

Mileage (per mile)	\$70.00
Oxygen	\$125.00
Night charge (1900-0700)	\$125.00
Ekg/ pacing/cardioversion/Defrib	\$400.00
Isolette	\$100.00
Spinal Immobilization	\$390.00
Extrication/ Off Road Rescue	\$200.00
Capnography	\$190.00
Bag valve Mask	\$190.00
Intraosseous Needle / Infusion	\$210.00
Nebulizer Medications and Supplies	\$180.00
Atropine	\$40.00
Benadryl	\$40.00
Morphine	\$40.00
Fentanyl	\$40.00
Epinephrine	\$40.00
Oral glucose	\$40.00
Lidocaine	\$40.00
Amiodarone	\$40.00
Zofran/Ondansetron	\$40.00
Versed 10mg	\$40.00
Dextrose 10% - Dextrose 25%	\$40.00
Ketamine	\$40.00
Glucagon	\$190.00
Narcan	\$175.00
Nitrospray	\$160.00
Adenosine	\$325.00
Endotracheal Intubation	\$200.00
Needle Cri/Thoracenteses	\$200.00
Glucometer use	\$50.00
Suctioning	\$60.00
Pulse Oximetry	\$40.00
Cpap procedure/supplies	\$140.00