



**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:	9/11/20
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:	City Ambulance of Eureka, Inc		
Name of Contact Person:	William English		
Mailing Address:	135 W 7 <sup>th</sup> Street	City/Zip Code	95501
Physical Address:	Same	City	Eureka
Telephone/Fax Numbers	707-445-4907 X203	E-Mail	WEnglish@cityambulance.com



County of Humboldt  
Eureka, California

<b>Owner Name</b>	California Corporation -City Ambulance of Eureka, Inc				
<b>Address</b>	135 W 7th Street	<b>City/Zip Code</b>	Eureka, CA 95501		
<b>Phone Number</b>	707-445-4907	<b>Fax Number</b>	707-442-5903	<b>E-Mail</b>	jchand@cityambulance.com



**County of Humboldt**  
Eureka, California

**VEHICLES:**

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

	<b>Year</b>	<b>Model/Make</b>	<b>Vehicle Identification Number</b>	<b>License Plate #</b>	<b>Length of Time In Use (Include current mileage shown on odometer)</b>	<b>State or Federal Aviation Agency License Number</b>	<b>Description of Color Scheme, Insignia Name, Monogram, or Distinguishing Characteristics</b>
<b>1.</b>	2013	Ford E350	1FDSS3ES6DDA75178	43081N1	7 Years 263211		White/Orange
<b>2.</b>	2013	Ford E350	1FDSS3ES4DDB32171	43292N1	Year 217,835		White/Orange
<b>3.</b>	2014	Ford E350	1FDSS3EL3EDB14383	75923F2	6 Years 168889		White/Orange
<b>4.</b>	2014	Ford E350	1FDSS3EL0EDB14423	60385X1	6 Years 167569		White/Orange
<b>5.</b>	2012	Ford E350	1FDSS3EL6CDB06775	55466A1	5 Years 225551		White/Orange



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	<b>Year</b>	<b>Model/Make</b>	<b>Vehicle Identification Number</b>	<b>License Plate #</b>	<b>Length of Time In Use (Include current mileage shown on odometer)</b>	<b>State or Federal Aviation Agency License Number</b>	<b>Description of Color Scheme, Insignia Name, Monogram, or Distinguishing Characteristics</b>
<b>6.</b>	2016	Ford Transit	1FDYR2CMXGKB55944	57538B2	4 Years 148281		White/Orange
<b>7.</b>	2017	Ford Transit	1FDYR2CM3HKA31676	73470F2	4 Years 140496		White/Orange
<b>8.</b>	2018	Ford Transit	1FDYR2CM3JKA24622	27561L2	3 Years 112895		White/Orange
<b>9.</b>	2018	Ford Transit	1FDYR2CM3JKB09010	11511P2	3 Years 61520		White/Orange
<b>10.</b>	2018	Ford Transit	1FDYR2CM9JKB15538	10036S2	1 Year 41206		White/Orange
<b>11.</b>	2019	Ford Transit	1FDYR2CM9JKB22100	6476ZS2	1 Year 41,756		White/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):

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



**County of Humboldt  
Eureka, California**

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

**AMBULANCE SERVICE RATES:**

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

Rates & Schedule attached



**County of Humboldt  
Eureka, California**

**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.
  
- 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



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Eureka, California**

COUNTY, its officers, officials, agents, representatives, volunteers, and employees. In all cases the above insurance shall include Employers Liability coverage with limits of not less than One Million Dollars (\$1,000,000) per accident for bodily injury and disease.

4. Insurance Notices must be sent to:

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

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.




**County of Humboldt  
Eureka, California**

(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

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

<b>Signature of Applicant:</b>	
<b>Printed Name and Title</b>	Director of Operations
<b>Date:</b>	5/11/2020

**Required Paperwork Checklist**

Application complete



**County of Humboldt  
Eureka, California**

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

### **Vehicle Maintenance**

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

### **Pre-Trip Inspections**

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

### **CHP Inspections**

The CHP conducts inspections of the ambulance fleet annually.



**CAE Radio Inventory January**

<b>Dispatch Equip.</b>	<b>VHF model #</b>	<b>Serial #</b>	<b>UHF model #</b>	<b>Serial #</b>	<b>Device model #</b>	<b>Serial #</b>
POWER SUPPLY	DURA COMM				DURA COMM	UNK
POWER UNIT					P-600-13.8	2571
POWER UNIT					P-600-13.8	2572
POWER AMP					1506RNS	C2567
POWER AMP					4512RNS	C2568
POWER AMP					1506RNS	B9024
POWER STRIP	TRIPP-LITE					
VHF RADIO	TK780H	60400507				
VHF RADIO	TK790	B1400406				
VHF RADIO	TK790	B32300285				
UHF RADIO			TK890	B1400078		
UHF RADIO			TK890H	B0500031		
SCANNER	UNIDEN				BC56XLT	8507714
<b>Portables</b>	<b>VHF model #</b>	<b>Serial #</b>	<b>UHF model #</b>	<b>Serial #</b>		
<b>Eureka</b>						
VHF	TK 272 G	90601005				
VHF	TK 272 G	90600201				
VHF	TK 272 G	90600918				
VHF	TK 272 G	90600916				
VHF	TK 272 G	90600366				
VHF	TK 272 G	90600369				
VHF	TK 272 G	90600920				
VHF	TK 272 G					
VHF C1 a	NX 300 K	B0400220				
VHF C1 b	NX 300 K	B0400222				
VHF C2 a	NX 300 K	B0400221				
VHF C2 b	NX 300 K	B0400218				
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		
<b>Portables</b>	<b>VHF model #</b>	<b>Serial #</b>	<b>UHF model #</b>	<b>Serial #</b>	<b>Device model #</b>	<b>Serial #</b>
<b>Fortuna</b>						
UHF FTA 1a			NX 300 K	B0500134		
UHF FTA 1b			NX 300 K	B0500135		
UHF FTA 2a			NX 300 K	B0500127		
UHF FTA 2b			NX 300 K	B0500131		
VHF	TK 272G	90600004				
VHF	TK 272G	70200333				
VHF	TK 272G	90600003				
VHF	TK 272G	90600919				
Pager					Motorola Minitor V	136WHE2736
Base Scanner					Colt Z28	D5001405
Charging Unit	ACDC	6-IV-683				
<b>Garberville</b>						
UHF			NX 300 K	B0500133		
UHF			NX 300 K	B0401397		
VHF	TK 372 G	90601001				
VHF	TK 372 G					
<b>Ambulance</b>	<b>VHF model #</b>	<b>Serial #</b>	<b>UHF model #</b>	<b>Serial #</b>	<b>Repeater #</b>	<b>Serial #</b>
Suburban	TK 790	40900016	TK 890	40800038		
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

53	TK 760 HG	50302424		TK 890	4120309		SVR 200 U	550173
51	TK 7150	00100093		TK 890	91100241		SVR 200 U	752607
52	TK 760 HG	50302422		TK 890	9600054		SVR 200 U	544891
43	TK 7150	70900929		TK 890	70800147		SVR 200 U	544892
54	TK 760 HG	7070093		TK 890	70700093		SVR 200 U	543916
45	TK 760 HG	31001017		TK 890	50601567		SVR 200 U	543914
46	TK 7160 H	70900957		TK 890	1100007		SVR 200 U	752622
47	TK 760 HG	00700157		TK 890	0800004		SVR 200 U	543915



STATE OF CALIFORNIA  
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL

**EMERGENCY AMBULANCE  
NON-TRANSFERABLE LICENSE**

CHP 360A (REV. 01-00) OPI 062

CONTROL NUMBER 2186	LICENSE NUMBER 2186	ISSUE DATE 9/3/2019	EFFECTIVE DATE 9/3/2019	EXPIRATION DATE 9/2/2020
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CHP CARRIER NUMBER CA-	LOCATION 125	<input type="checkbox"/> Duplicate <input checked="" type="checkbox"/> Initial	<input type="checkbox"/> Replacement <input type="checkbox"/> Renewal
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**PROPERTY OF THE CALIFORNIA HIGHWAY PATROL (CHP)**

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

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

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

CITY AMBULANCE OF EUREKA, INC., 2186  
FORTUNA AMBULANCE; GARBERVILLE AMBULANCE  
1325 WEST 7TH STREET  
EUREKA, CA 95501-0229

SERVICE NAME AND MAILING ADDRESS

CITY AMBULANCE OF EUREKA, INC., 2186  
FORTUNA AMBULANCE; GARBERVILLE AMBULANCE  
1325 WEST 7TH STREET  
EUREKA, CA 95501-0229

Attention: JAISON CHAND, COO



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- 15954

ISSUED: 9/3/2019

EXPIRES: 9/2/2020

AREA:

- INITIAL  
 REPLACEMENT
- DUPLICATE  
 RENEWAL

- EMERGENCY AMBULANCE CERTIFICATE  
 AUTHORIZED EMERGENCY VEHICLE PERMIT\*

- ARMORED CAR CERTIFICATE

VEHICLE YEAR AND MAKE: 18 FORD TRANSIT

VEHICLE LICENSE NO. 10036S2

VIN: 1FDYR2CM4JKB15538

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

NAME AND MAILING ADDRESS

CITY AMBULANCE OF EUREKA, INC., 2186  
FORTUNA AMBULANCE; GARBERVILLE AMBULANCE  
1325 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

CHP AREA: 125

CHP Certificate/Permit Number: 2186- 15953

ISSUED: 9/3/2019

EXPIRES: 9/2/2020

AREA:

- INITIAL  
 REPLACEMENT
- DUPLICATE  
 RENEWAL

- EMERGENCY AMBULANCE CERTIFICATE  
 AUTHORIZED EMERGENCY VEHICLE PERMIT\*

- ARMORED CAR CERTIFICATE

VEHICLE YEAR AND MAKE: 18 FORD TRANSIT

VEHICLE LICENSE NO. 64762S2

VIN: 1FDYR2CM4JKB22400

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

NAME AND MAILING ADDRESS

CITY AMBULANCE OF EUREKA, INC., 2186  
FORTUNA AMBULANCE; GARBERVILLE AMBULANCE  
1325 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- 15727**

ISSUED: **9/3/2019**

EXPIRES: **9/2/2020**

AREA:

INITIAL  DUPLICATE  
 REPLACEMENT  RENEWAL

**EMERGENCY AMBULANCE CERTIFICATE**  
 AUTHORIZED EMERGENCY VEHICLE PERMIT\*

ARMORED CAR CERTIFICATE

VEHICLE YEAR AND MAKE: **18 FORD TRANSIT**

VEHICLE LICENSE NO. **11511P2**

VIN: **1FDYR2CM3JKB09010**

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

NAME AND MAILING ADDRESS



**CITY AMBULANCE OF EUREKA, INC., 2186  
FORTUNA AMBULANCE; GARBERVILLE AMBULANCE  
1325 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- 15576**

ISSUED: **9/3/2019**

EXPIRES: **9/2/2020**

AREA:

INITIAL  DUPLICATE  
 REPLACEMENT  RENEWAL

**EMERGENCY AMBULANCE CERTIFICATE**  
 AUTHORIZED EMERGENCY VEHICLE PERMIT\*

ARMORED CAR CERTIFICATE

VEHICLE YEAR AND MAKE: **18 FORD TRANSIT**

VEHICLE LICENSE NO. **27561L2**

VIN: **1FDYR2CM3JKA24622**

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

NAME AND MAILING ADDRESS



**CITY AMBULANCE OF EUREKA, INC., 2186  
FORTUNA AMBULANCE; GARBERVILLE AMBULANCE  
1325 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

CHP AREA: 125

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

ISSUED: **9/3/2019**

EXPIRES: **9/2/2020**

AREA:

INITIAL  DUPLICATE  
 REPLACEMENT  RENEWAL

**EMERGENCY AMBULANCE CERTIFICATE**  
 AUTHORIZED EMERGENCY VEHICLE PERMIT\*

ARMORED CAR CERTIFICATE

VEHICLE YEAR AND MAKE: **17 FORD TRANSIT**

VEHICLE LICENSE NO. **73470F2**

VIN: **1FDYR2CM3HKA31676**

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

NAME AND MAILING ADDRESS



**CITY AMBULANCE OF EUREKA, INC., 2186  
FORTUNA AMBULANCE; GARBERVILLE AMBULANCE  
1325 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

CHP AREA: 125

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

ISSUED: **9/3/2019**

EXPIRES: **9/2/2020**

AREA:

INITIAL  DUPLICATE  
 REPLACEMENT  RENEWAL

**EMERGENCY AMBULANCE CERTIFICATE**  
 AUTHORIZED EMERGENCY VEHICLE PERMIT\*

ARMORED CAR CERTIFICATE

VEHICLE YEAR AND MAKE: **16 FORD TRANSIT**

VEHICLE LICENSE NO. **57538B2**

VIN: **1FDYR2CMXGKB55944**

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

NAME AND MAILING ADDRESS



CITY AMBULANCE OF EUREKA, INC., 2186  
FORTUNA AMBULANCE; GARBERVILLE AMBULANCE  
1325 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- 14040**

ISSUED: **9/3/2019**

EXPIRES: **9/2/2020**

AREA:

INITIAL  DUPLICATE  
 REPLACEMENT  RENEWAL

**EMERGENCY AMBULANCE CERTIFICATE**  
 AUTHORIZED EMERGENCY VEHICLE PERMIT\*

ARMORED CAR CERTIFICATE

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

VEHICLE LICENSE NO. **60385X1**

VIN: **1FDSS3EL0EDB14423**

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

NAME AND MAILING ADDRESS



CITY AMBULANCE OF EUREKA, INC., 2186  
FORTUNA AMBULANCE; GARBERVILLE AMBULANCE  
1325 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

CHP AREA: 125

CHP Certificate/Permit Number: **2186- 13839**

ISSUED: **9/3/2019**

EXPIRES: **9/2/2020**

AREA:

INITIAL  DUPLICATE  
 REPLACEMENT  RENEWAL

**EMERGENCY AMBULANCE CERTIFICATE**  
 AUTHORIZED EMERGENCY VEHICLE PERMIT\*

ARMORED CAR CERTIFICATE

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

VEHICLE LICENSE NO. **75923F2**

VIN: **1FDSS3EL3EDB14383**

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

NAME AND MAILING ADDRESS



CITY AMBULANCE OF EUREKA, INC., 2186  
FORTUNA AMBULANCE; GARBERVILLE AMBULANCE  
1325 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- 13344

ISSUED: 9/3/2019

EXPIRES: 9/2/2020

AREA:

INITIAL  DUPLICATE  
 REPLACEMENT  RENEWAL

EMERGENCY AMBULANCE CERTIFICATE  
 AUTHORIZED EMERGENCY VEHICLE PERMIT\*

ARMORED CAR CERTIFICATE

VEHICLE YEAR AND MAKE: 13 FORD E 350

VEHICLE LICENSE NO. 43292N1

VIN: 1FDSS3ES4DDB32171

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

NAME AND MAILING ADDRESS

CITY AMBULANCE OF EUREKA, INC., 2186  
FORTUNA AMBULANCE; GARBERVILLE AMBULANCE  
1325 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

CHP AREA: 125

CHP Certificate/Permit Number: 2186- 13202

ISSUED: 9/3/2019

EXPIRES: 9/2/2020

AREA:

INITIAL  DUPLICATE  
 REPLACEMENT  RENEWAL

EMERGENCY AMBULANCE CERTIFICATE  
 AUTHORIZED EMERGENCY VEHICLE PERMIT\*

ARMORED CAR CERTIFICATE

VEHICLE YEAR AND MAKE: 13 FORD E 350

VEHICLE LICENSE NO. 43081N1

VIN: 1FDSS3ES6DDA75178

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

NAME AND MAILING ADDRESS

CITY AMBULANCE OF EUREKA, INC., 2186  
FORTUNA AMBULANCE; GARBERVILLE AMBULANCE  
1325 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

CHP AREA: 125

CHP Certificate/Permit Number: 2186- 12706

ISSUED: 9/3/2019

EXPIRES: 9/2/2020

AREA:

INITIAL  DUPLICATE  
 REPLACEMENT  RENEWAL

EMERGENCY AMBULANCE CERTIFICATE  
 AUTHORIZED EMERGENCY VEHICLE PERMIT\*

ARMORED CAR CERTIFICATE

VEHICLE YEAR AND MAKE: 12 FORD E 350

VEHICLE LICENSE NO. 55466A1

VIN: 1FDSS3EL6CDB06775

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

NAME AND MAILING ADDRESS

CITY AMBULANCE OF EUREKA, INC., 2186  
FORTUNA AMBULANCE; GARBERVILLE AMBULANCE  
1325 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  
**AMBULANCE INSPECTION REPORT**  
 CHP 299 (Rev. 10-18) OPI 061

INSPECTION  
 INITIAL  ANNUAL  COMPLIANCE

LEGAL BUSINESS NAME <b>CITY AMBULANCE</b>	COMPANY LICENSE NUMBER <b>17896</b>	VEHICLE YEAR, MAKE, AND MODEL —
SERVICE ADDRESS (number and street) <b>135 W 7<sup>TH</sup> ST</b>		VEHICLE IDENTIFICATION NUMBER (VIN) —
(city, state, and zip code) <b>EUREKA, CA 95501</b>		VEHICLE LICENSE PLATE NUMBER AND STATE —
		VEHICLE CERTIFICATE NUMBER —

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

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

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



**REQUIRED RECORDS AND DOCUMENTS INSPECTED AND IN COMPLIANCE**

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

VEHICLE INSURANCE CARRIER'S NAME <i>ACORD</i>	POLICY NUMBER <i>MAPL 07B59905</i>	POLICY EXPIRATION DATE <i>3/30/19</i>
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REMARKS

**LICENSEE CERTIFICATION IN LIEU OF OFFICIAL BRAKE CERTIFICATE**

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

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

SIGNATURE OF COMMANDER OR INSPECTING OFFICER <i>ADKINS</i>	ID NUMBER <i>15341</i>	LOCATION CODE <i>125</i>	DATE <i>2/28/19</i>
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C43

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

INSPECTION  
 INITIAL  ANNUAL  COMPLIANCE

LEGAL BUSINESS NAME <b>City Ambulance of Eureka</b>	COMPANY LICENSE NUMBER <b>17996</b>	VEHICLE YEAR, MAKE, AND MODEL <b>2013 FORD E350</b>
SERVICE ADDRESS (number and street) <b>135 W 7TH ST</b>		VEHICLE IDENTIFICATION NUMBER (VIN) <b>1FD353ES6DDA75178</b>
(city, state, and zip code) <b>EUREKA, CA. 95501</b>		VEHICLE LICENSE PLATE NUMBER AND STATE <b>48081N1</b>
		VEHICLE CERTIFICATE NUMBER <b>13202</b>

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

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

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



**REQUIRED RECORDS AND DOCUMENTS INSPECTED AND IN COMPLIANCE**

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

VEHICLE INSURANCE CARRIER'S NAME <b>ACORD</b>	POLICY NUMBER <b>MAPK 07859905</b>	POLICY EXPIRATION DATE <b>3/30/19</b>
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REMARKS

**LICENSEE CERTIFICATION IN LIEU OF OFFICIAL BRAKE CERTIFICATE**

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

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

SIGNATURE OF COMMANDER OR INSPECTING OFFICER <b>ADKINS</b>	ID NUMBER <b>15341</b>	LOCATION CODE <b>125</b>	DATE <b>2/28/19</b>
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C44

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

INSPECTION  
 INITIAL     ANNUAL     COMPLIANCE

LEGAL BUSINESS NAME <b>CITY AMBULANCE OF EUREKA</b>	COMPANY LICENSE NUMBER <b>17996</b>	VEHICLE YEAR, MAKE, AND MODEL <b>2013 FORD E350</b>
SERVICE ADDRESS (number and street) <b>135 W 7TH ST.</b>		VEHICLE IDENTIFICATION NUMBER (VIN) <b>1FD55<sup>3</sup>ES<sup>4</sup>DD8 32171</b>
(city, state, and zip code) <b>EUREKA CA 95501</b>		VEHICLE LICENSE PLATE NUMBER AND STATE <b>43292N1</b>
		VEHICLE CERTIFICATE NUMBER <b>13344</b>

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

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

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



REQUIRED RECORDS AND DOCUMENTS INSPECTED AND IN COMPLIANCE

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

VEHICLE INSURANCE CARRIER'S NAME <b>ACORD</b>	POLICY NUMBER <b>MAPK 07859905</b>	POLICY EXPIRATION DATE <b>3/30/19</b>
REMARKS		

LICENSEE CERTIFICATION IN LIEU OF OFFICIAL BRAKE CERTIFICATE

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

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

SIGNATURE OF COMMANDER OR INSPECTING OFFICER <b>ADKINS</b>	ID NUMBER <b>15341</b>	LOCATION CODE <b>125</b>	DATE <b>2/28/19</b>
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CH5

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

INSPECTION  
 INITIAL     ANNUAL     COMPLIANCE

LEGAL BUSINESS NAME <i>CITY AMBULANCE OF EUREKA</i>	COMPANY LICENSE NUMBER <i>17896</i>	VEHICLE YEAR, MAKE, AND MODEL <i>2014 FORD E350</i>
SERVICE ADDRESS (number and street) <i>135 W 7<sup>TH</sup> ST</i>		VEHICLE IDENTIFICATION NUMBER (VIN) <i>1FDSS<sup>2</sup>EL<sup>3</sup>EDB 14383</i>
(city, state, and zip code) <i>EUREKA, CA, 95501</i>		VEHICLE LICENSE PLATE NUMBER AND STATE <i>75923F2</i>
		VEHICLE CERTIFICATE NUMBER <i>13839</i>

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

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

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



REQUIRED RECORDS AND DOCUMENTS INSPECTED AND IN COMPLIANCE

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

VEHICLE INSURANCE CARRIER'S NAME <b>Accord</b>	POLICY NUMBER <b>MAPL 07859905</b>	POLICY EXPIRATION DATE <b>3/30/19</b>
REMARKS		

LICENSEE CERTIFICATION IN LIEU OF OFFICIAL BRAKE CERTIFICATE

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

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

SIGNATURE OF COMMANDER OR INSPECTING OFFICER <b>ADKINS</b>	ID NUMBER <b>15341</b>	LOCATION CODE <b>125</b>	DATE <b>2/28/19</b>
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STATE OF CALIFORNIA  
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL  
**AMBULANCE INSPECTION REPORT**  
CHP 299 (Rev. 10-18) OPI 061

INSPECTION  
 INITIAL  ANNUAL  COMPLIANCE

LEGAL BUSINESS NAME <b>CITY AMBULANCE OF EUREKA INC.</b>	COMPANY LICENSE NUMBER <b>17896</b>	VEHICLE YEAR, MAKE, AND MODEL <b>2014 FORD E350</b>
SERVICE ADDRESS (number and street) <b>135 W 7TH STREET</b>		VEHICLE IDENTIFICATION NUMBER (VIN) <b>1FDSS3EL0EDB14423</b>
(city, state, and zip code) <b>EUREKA, CA. 95501</b>		VEHICLE LICENSE PLATE NUMBER AND STATE <b>60385 XI</b>
		VEHICLE CERTIFICATE NUMBER <b>14040</b>

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

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

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



**REQUIRED RECORDS AND DOCUMENTS INSPECTED AND IN COMPLIANCE**

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

VEHICLE INSURANCE CARRIER'S NAME <b>ACORD</b>	POLICY NUMBER <b>MAPK 07B 59905</b>	POLICY EXPIRATION DATE <b>3/30/19</b>
REMARKS		

**LICENSEE CERTIFICATION IN LIEU OF OFFICIAL BRAKE CERTIFICATE**

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

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

SIGNATURE OF COMMANDER OR INSPECTING OFFICER <b>ADKINS</b>	ID NUMBER <b>15341</b>	LOCATION CODE <b>125</b>	DATE <b>2/28/19</b>
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STATE OF CALIFORNIA  
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL  
**AMBULANCE INSPECTION REPORT**  
CHP 299 (Rev. 10-18) OPI 061

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INSPECTION  
 INITIAL  ANNUAL  COMPLIANCE

LEGAL BUSINESS NAME <b>CITY AMBULANCE OF EUREKA</b>	COMPANY LICENSE NUMBER <b>17896</b>	VEHICLE YEAR, MAKE, AND MODEL <b>2012 FORD E350</b>
SERVICE ADDRESS (number and street) <b>135 W 7TH ST.</b>		VEHICLE IDENTIFICATION NUMBER (VIN) <b>1FDSS3EL6CDB06715</b>
(city, state, and zip code) <b>EUREKA CA 95501</b>		VEHICLE LICENSE PLATE NUMBER AND STATE <b>55466 AL</b>
		VEHICLE CERTIFICATE NUMBER <b>12706</b>

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

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

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



**REQUIRED RECORDS AND DOCUMENTS INSPECTED AND IN COMPLIANCE**

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

VEHICLE INSURANCE CARRIER'S NAME <b>ACORD</b>	POLICY NUMBER <b>MARK 07859905</b>	POLICY EXPIRATION DATE <b>3/30/19</b>
REMARKS		

**LICENSEE CERTIFICATION IN LIEU OF OFFICIAL BRAKE CERTIFICATE**

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

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

SIGNATURE OF COMMANDER OR INSPECTING OFFICER <b>ADKINS</b>	ID NUMBER <b>15341</b>	LOCATION CODE <b>125</b>	DATE <b>2/28/19</b>
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STATE OF CALIFORNIA  
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL  
**AMBULANCE INSPECTION REPORT**  
CHP 299 (Rev. 10-18) OPI 061

INSPECTION  
 INITIAL     ANNUAL     COMPLIANCE

LEGAL BUSINESS NAME <i>CITY AMBULANCE OF EUREKA</i>	COMPANY LICENSE NUMBER <i>17896</i>	VEHICLE YEAR, MAKE, AND MODEL <i>2016 FORD TRANSIT</i>
SERVICE ADDRESS (number and street) <i>135 W 7TH ST 1</i>		VEHICLE IDENTIFICATION NUMBER (VIN) <i>1F0YR2CMXGKB05944</i>
(city, state, and zip code) <i>EUREKA CA 95501</i>		VEHICLE LICENSE PLATE NUMBER AND STATE <i>57538B2</i>
		VEHICLE CERTIFICATE NUMBER <i>14636</i>

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

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

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



**REQUIRED RECORDS AND DOCUMENTS INSPECTED AND IN COMPLIANCE**

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

VEHICLE INSURANCE CARRIER'S NAME <b>ACORD</b>	POLICY NUMBER <b>MAPK 07859905</b>	POLICY EXPIRATION DATE <b>3/30/19</b>
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REMARKS

**LICENSEE CERTIFICATION IN LIEU OF OFFICIAL BRAKE CERTIFICATE**

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

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

SIGNATURE OF COMMANDER OR INSPECTING OFFICER <b>ADKINS</b>	ID NUMBER <b>15341</b>	LOCATION CODE <b>125</b>	DATE <b>2/28/19</b>
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STATE OF CALIFORNIA  
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL  
**AMBULANCE INSPECTION REPORT**  
CHP 299 (Rev. 10-18) OPI 061

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INSPECTION  
 INITIAL     ANNUAL     COMPLIANCE

LEGAL BUSINESS NAME <i>City Ambulance of Eureka</i>	COMPANY LICENSE NUMBER <i>17896</i>	VEHICLE YEAR, MAKE, AND MODEL <i>2017 FORD TRANSIT</i>
SERVICE ADDRESS (number and street) <i>135 W. 7TH ST</i>		VEHICLE IDENTIFICATION NUMBER (VIN) <i>1FDYR2CM3HKA31676</i>
(city, state, and zip code) <i>EUREKA CA 95501</i>		VEHICLE LICENSE PLATE NUMBER AND STATE <i>73470F2</i>
		VEHICLE CERTIFICATE NUMBER <i>18344</i>

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

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

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



**REQUIRED RECORDS AND DOCUMENTS INSPECTED AND IN COMPLIANCE**

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

VEHICLE INSURANCE CARRIER'S NAME <b>ACORD</b>	POLICY NUMBER <b>MAPL 07859705</b>	POLICY EXPIRATION DATE <b>3/30/19</b>
REMARKS		

**LICENSEE CERTIFICATION IN LIEU OF OFFICIAL BRAKE CERTIFICATE**

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

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

SIGNATURE OF COMMANDER OR INSPECTING OFFICER <b>ADKINS</b>	ID NUMBER <b>15341</b>	LOCATION CODE <b>125</b>	DATE <b>2/28/19</b>
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STATE OF CALIFORNIA  
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL  
**AMBULANCE INSPECTION REPORT**  
CHP 299 (Rev. 10-18) OPI 061

051

INSPECTION  
 INITIAL     ANNUAL     COMPLIANCE

LEGAL BUSINESS NAME <i>City Ambulance of EUREKA</i>	COMPANY LICENSE NUMBER <i>17896</i>	VEHICLE YEAR, MAKE, AND MODEL <i>2018 FORD TRANSIT</i>
SERVICE ADDRESS (number and street) <i>135 W. 7TH ST.</i>		VEHICLE IDENTIFICATION NUMBER (VIN) <i>1FDYR2CM3JKA24622</i>
(city, state, and zip code) <i>EUREKA CA 95501</i>		VEHICLE LICENSE PLATE NUMBER AND STATE <i>27561L2</i>
		VEHICLE CERTIFICATE NUMBER <i>15576</i>

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

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

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



**REQUIRED RECORDS AND DOCUMENTS INSPECTED AND IN COMPLIANCE**

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

VEHICLE INSURANCE CARRIER'S NAME <b>AGOR</b>	POLICY NUMBER <b>MAPK 07859905</b>	POLICY EXPIRATION DATE <b>3/30/19</b>
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REMARKS

**LICENSEE CERTIFICATION IN LIEU OF OFFICIAL BRAKE CERTIFICATE**

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

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

SIGNATURE OF COMMANDER OR INSPECTING OFFICER <b>ADLINS</b>	ID NUMBER <b>15341</b>	LOCATION CODE <b>125</b>	DATE <b>2/28/19</b>
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CS2

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

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

LEGAL BUSINESS NAME <u>CITY AMBULANCE OF EUREKA</u>	COMPANY LICENSE NUMBER <u>17896</u>	VEHICLE YEAR, MAKE, AND MODEL <u>2018 FORD TRANSIT-250</u>
SERVICE ADDRESS (number and street) <u>135 W 7TH ST</u>		VEHICLE IDENTIFICATION NUMBER (VIN) <u>1FDYR2CM3JKB09010</u>
(city, state, and zip code) <u>EUREKA CA 95501</u>		VEHICLE LICENSE PLATE NUMBER AND STATE <u>1B11P2</u>
		VEHICLE CERTIFICATE NUMBER <u>15727</u>

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

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

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



REQUIRED RECORDS AND DOCUMENTS INSPECTED AND IN COMPLIANCE

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

VEHICLE INSURANCE CARRIER'S NAME <b>ACORD</b>	POLICY NUMBER <b>MAPK 07859905</b>	POLICY EXPIRATION DATE <b>3/30/19</b>
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REMARKS

LICENSEE CERTIFICATION IN LIEU OF OFFICIAL BRAKE CERTIFICATE

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

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

SIGNATURE OF COMMANDER OR INSPECTING OFFICER <b>ADKINS</b>	ID NUMBER <b>15341</b>	LOCATION CODE <b>125</b>	DATE <b>2/28/19</b>
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STATE OF CALIFORNIA  
 DEPARTMENT OF CALIFORNIA HIGHWAY PATROL  
**AMBULANCE INSPECTION REPORT**  
 CHP 299 (Rev. 10-18) OPI 061

INSPECTION  
 INITIAL  ANNUAL  COMPLIANCE

LEGAL BUSINESS NAME <b>CITY AMBULANCE OF EUREKA</b>	COMPANY LICENSE NUMBER <b>17296</b>	VEHICLE YEAR, MAKE, AND MODEL <b>2017 FORD TRANSIT</b>
SERVICE ADDRESS (number and street) <b>135 W 7TH ST</b>		VEHICLE IDENTIFICATION NUMBER (VIN) <b>1FDYR2CM2JKA07228</b>
(city, state, and zip code) <b>EUREKA, CA 95501</b>		VEHICLE LICENSE PLATE NUMBER AND STATE <b>78206K2</b>
		VEHICLE CERTIFICATE NUMBER <b>15391</b>

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

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

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



**REQUIRED RECORDS AND DOCUMENTS INSPECTED AND IN COMPLIANCE**

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

VEHICLE INSURANCE CARRIER'S NAME	POLICY NUMBER	POLICY EXPIRATION DATE
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REMARKS

- TAKEN OUT OF SERVICE DUE TO A ROLL OVER COLLISION.

- CERTIFICATE ATTACHED

**LICENSEE CERTIFICATION IN LIEU OF OFFICIAL BRAKE CERTIFICATE**

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

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

SIGNATURE OF COMMANDER OR INSPECTING OFFICER	ID NUMBER	LOCATION CODE	DATE
ADKINS	15341	125	2/28/19

### 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)

# City Ambulance

Humboldt County



**PACIFIC REGIONAL  
PRESIDENT *CA-HI***  
Sean Russell

**VICE PRESIDENT OF  
OPERATIONS *OR-CA***  
Dan Brattain

**REGIONAL DIRECTOR  
*NORTH COAST***  
Joe Gregorio

**DIRECTOR OF OPERATIONS**  
Jaison Chand

**CLINICAL DIRECTOR**  
Debbie Andresen

**COMMUNICATIONS SUPERVISOR**  
Amanda Kennedy

**ADMINISTRATIVE  
SUPPORT STAFF**

**AMBULANCE SUPERVISORS**  
Brandon Amis – Scheduling  
Graham Felsenthal – Recruiting  
Nate McKnight – Equipment and Supplies  
Kristen Moses – Staff Development and QIP

**COMMUNICATIONS  
STAFF**

**AMBULANCE COORDINATORS**  
Lauk-Ming Chu – Safety  
Sarah Grabeal – Community Outreach  
Ashley Thompson – Employee Events and Recognition  
Katelyn Baza – Comm Scheduling / TimeKeeping & Payroll  
Austin Chester – Equipment and Supply Inventory Maintenance

**EMT's  
PARAMEDICS**

**Ethics and Compliance Hotline:**  
877.631.5722  
**Compliance Hotline Website:**  
[www.ethicspoint.com](http://www.ethicspoint.com)  
**Compliance & Privacy Office:**  
636.695.5437

*Training Support*

## **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, INC.**

**2020 AMBULANCE RATES**

**Base Rates**

Critical Care/Specialty Care- Interfacility Transfer	\$3,200.00
Emergency Scene Response	\$1,960.00
Advanced Life Support Interfacility Transfer	\$1,960.00
Basic Life Support Interfacility Transfer	\$600.00
911 Response without transport	\$200.00

**Services**

Electrocardiogram/ 12 Lead	\$300.00
Spinal Motion Restriction/ Evaluation/ Immobilization	\$300.00
Extrication	\$300.00
CPAP/ BVM/ Intubation	\$300.00
Interosseous Infusion	\$300.00
Glucagon Administration	\$300.00
Oxygen	\$100.00
Disposable Linens	\$100.00
Night Fee (1900-0700)	\$100.00
Wait Time	\$100.00 (15 MINS)
Mileage (Per Mile)	\$25.00



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

5/11/2020

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

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

<b>PRODUCER</b> Woodruff-Sawyer & Co. 717 - 17th Street, Suite 625 Denver CO 80202	<b>CONTACT NAME:</b> Jennifer Westphal	
	<b>PHONE (A/C. No. Ext):</b> 720-593-5407	<b>FAX (A/C. No.):</b>
<b>E-MAIL ADDRESS:</b> GMRrequest@woodruff-sawyer.com		
<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>
<b>INSURER A:</b> ACE American Insurance Company		22667
<b>INSURED</b> City Ambulance of Eureka, Inc. 135 West 7th Street Eureka, CA 95501	GLOBMED-02	<b>INSURER B:</b> Indemnity Insurance Company of North America <b>INSURER C:</b> ACE Fire Underwriters Insurance Company <b>INSURER D:</b> Lloyds of London - Beazley <b>INSURER E:</b> <b>INSURER F:</b>
		43575
		20702

**COVERAGES**

CERTIFICATE NUMBER: 803610052

REVISION NUMBER:

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> SIR 250,000 GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			XSLG71574453	3/31/2020	3/31/2021	EACH OCCURRENCE	\$ 2,750,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
							MED EXP (Any one person)	\$ 0
							PERSONAL & ADV INJURY	\$ 2,750,000
							GENERAL AGGREGATE	\$ 5,000,000
							PRODUCTS - COMP/OP AGG	\$ 2,750,000
								\$
A	<input checked="" type="checkbox"/> <b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY <input checked="" type="checkbox"/> SIR \$3M			ISAH25299218	3/31/2020	3/31/2021	COMBINED SINGLE LIMIT (Ea accident)	\$ 10,000,000
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
D	<input type="checkbox"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			W1B173200501	3/31/2020	3/31/2021	EACH OCCURRENCE	\$ 10,000,000
							AGGREGATE	\$ 10,000,000
								\$
B A C A	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	WLRC66927830 WLRC66927799 SCFC66927878 WCUC6692791A	3/31/2020 3/31/2020 3/31/2020 3/31/2020	3/31/2021 3/31/2021 3/31/2021 3/31/2021	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER	
							E.L. EACH ACCIDENT	\$ 1,000,000
							E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
							E.L. DISEASE - POLICY LIMIT	\$ 1,000,000
D	Professional Liability			W1B173200501	3/31/2020	3/31/2021	Each Claim & Aggr Retention	\$10,000,000 \$3,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

\*\$1,000,000 SIR APPLIES TO EXCESS WC POLICY NO. WCUC6692791A \*\*Medical Expense coverage falls within the SIR

Evidence of insurance.

**CERTIFICATE HOLDER****CANCELLATION**

County of Humboldt  
 Attn: Risk Management  
 825 5th Street, Room 131  
 Eureka, CA 95501

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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