



**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:	27 JUL 2018
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:	Kimaw Medical Center Ambulance		
Name of Contact Person:	Cameron Smith		
Mailing Address:	PO Box 1288	City/Zip Code	95546
Physical Address:	535 AIRPORT Rd	City	Hoopla
Telephone/Fax Numbers:	(530) 625-4520	E-Mail	cameron.smith@ kimaw.org (lowercase)



County of Humboldt
Eureka, California

Owner Name	HOOPA TRIBE			
Address	535 AIRPORT Rd	City/Zip Code	Hoopa 95546	
Phone Number	(530) 625-4520	Fax Number	(530) 625-4521	E-Mail



**County of Humboldt
Eureka, California**

VEHICLES:

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

	Year	Model/Make	Vehicle Identification Number	License Plate #	Length of Time In Use (Include current mileage shown on odometer)	State or Federal Aviation Agency License Number	Description of Color Scheme, Insignia Name, Monogram, or Distinguishing Characteristics
1.	2015	DODGE RAM 4x4 3500	3C7WRTBL4 FG662289	G31 0081R			White w/ Red Stripes
2.	2015	Dodge Ram 4x4 3500	3C7WRTBG2 FG662288	G31 0082R			White w/ Red stripes
3.	2004	FORD 4x4 F350	1FDWF37P7 4EE09484	1352694			White w/ Red Strips
4.	2016	Dodge Ram 4x4 3500	3C7WRTBL 6HG61902	G310202			
5.							



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	Year	Model/Make	Vehicle Identification Number	License Plate #	Length of Time In Use (Include current mileage shown on odometer)	State or Federal Aviation Agency License Number	Description of Color Scheme, Insignia Name, Monogram, or Distinguishing Characteristics
6.							
7.							
8.							
9.							
10.							



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- Attach a copy, or provide a description, of Applicant's policy or program for maintenance of vehicles.
- Attach a list, or provide a description of, Applicant's radio communication equipment.
- Attach evidence of **currently valid California Highway Patrol inspection report** for each ground ambulance vehicle listed in the application.
- Applicant certifies that it has reviewed and meets the requirements set forth in Humboldt County Code, Title V, Division 5, Sections 551-5 (Standards for Ambulance Service Permit) and 551-9 (Standards for Ambulance Equipment and Operations).
- Attach copies, or provide descriptions of the following:
- Applicant's quality management practices and policy;
 - Staffing and hiring policies;
 - Organizational chart of management staff;
 - Resume of the training, orientation program, and experience of the Applicant in the transportation and care of patients; and
 - Knowledge of and/or involvement in the Humboldt County Emergency Medical Services system.
- Attach legible copies of current California Driver's License for each employee listed above.
- Provide copies of EMT certification and/or Paramedic licensure cards.
- Applicant certifies that the individuals listed above are qualified, duly licensed and/or certified drivers, attendants, and attendant-drivers, and said individuals are currently compliant with any and all applicable training, licensing, and permitting requirements set forth by local, state, and federal law and regulations.



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SERVICE AREA:

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

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



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

AMBULANCE SERVICE RATES:

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

Rates & Schedule attached

INSURANCE:

Current proof-of-insurance certificates, indicating compliance with the requirement listed below, must be included with this application:

- A. CONTRACT SHALL NOT BE EXECUTED BY COUNTY and the CONTRACTOR is not entitled to any rights, unless certificates of insurances, or other sufficient proof that the following provisions have been complied with, and such certificate(s) are filed with the Clerk of the Humboldt County Board of Supervisors.



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

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

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



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Eureka, California**

5. The Comprehensive General Liability shall provide that the COUNTY, its officers, officials, employees, representatives, agents, and volunteers, are covered as additional insured for liability arising out of the operations performed by or on behalf of CONSULTANT. The coverage shall contain no special limitations on the scope of protection afforded to the County, its officers, officials, employees, and volunteers. Said policy shall also contain a provision stating that such coverage:
- a. Includes contractual liability.
 - b. Does not contain exclusions as to loss or damage to property caused by explosion or resulting from collapse of buildings or structures or property underground commonly referred to "XCU Hazards".
 - c. Is primary insurance as regards to County of Humboldt.
 - d. Does not contain a pro-rata, excess only, and/or escape clause.
 - e. Contains a cross liability, severability of interest or separation of insureds clause.

Attach Certificate of Liability Insurance naming County of Humboldt certificate holder.

ADDITIONAL INFORMATION:


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

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

Additional Information statement attached



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I, hereby attest that, <u>Cameron Smith</u> , (name of ambulance company) has obtained all licenses required by law and is in compliance with standards for providing emergency and/or non-emergency medical services as outlined in the Humboldt County Code, Title V, Division 5, Emergency Medical System, the policies established by North Coast EMS, and all other applicable state and federal law and regulations. All information provided herein is true and complete as of the date listed below.	
Signature of Applicant:	
Printed Name and Title	Cameron Smith EMT-Paramedic acting EMS Director
Date:	7-27-18

Required Paperwork Checklist

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

As a Tribally owned, Federaly funded ambulance company we are exempted from CHP inspections per Title 13 code of regulations. Any questions, local CHP Inspections Officer Atkins can be reached at 707 822 5981

Cameron Smith

EMT-Paramedic/Acting EMS Director

Customer Name and Address	Home Phone	Work Phone	Res/Bus.
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HOOPA AMBULANCE P.O. BOX 1288 535 AIRPORT ROAD HOOPA, CA 95546	530-625-4520		Residential
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Account Balance 44,089.81

one	Service Type	Eff	Exp	Last	Next
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I N V O I C E A C T I V I T Y

Completed					Credit	Amount	Balance
v. #	Date	Status	Description or Work Performed		Memo	Paid	Due
5911	12/08/00	C	KENWOOD TK250 SN 81100124				37.40
7180	01/29/01	C					145.50
7214	02/02/01	C	INSTALLED UHF TRUNK MOUNT RADIO, ANTENNA, VHF FRON				344.00
8595	10/15/01	C	KENWOOD TK250 SN70300895				94.31
8622	10/18/01	C	KENWOOD TK 250 SN81100121				16.00
8738	11/08/01	C	INSTALLED VHF AND UHF RADIOS AND ANTENNAS INTO NEW				277.75
9601	03/21/02	C					750.00
9602	03/21/02	C					144.00
9632	03/23/02	C	HOOED UP RADIOS TO MASTER SWITCH				96.00
0181	06/26/02	C	KENWOOD TK250 SN 70300895				67.93
0183	06/26/02	C	KENWOOD TK240 SN 30300311				79.94
0355	07/31/02	C	FOUND AND REPLACED BAD ON/OFF VOLUME CONTROL				74.95
0945	11/06/02	C					110.00
2495	07/24/03	C	KENWOOD TK250 SN70300894				76.00
2496	07/24/03	C	KENWOOD TK860H SN90400869				32.00
2497	07/24/03	C	KENWOOD TK860H SN 90400320				32.00
2648	08/13/03	C	KENWOOD TK860H SN 80800467				60.00
2649	08/13/03	C	KENWOOD TK760H SN 90302435				60.00
2811	09/05/03	C	REPLACED BAD CHIP LEDS AND CHECKED FOR PROPER OPER				44.00
4806	06/30/04	C					57.75
4942	07/23/04	C	KENWOOD TK250 SN 70300895				72.00
5768	04/26/05	C					346.00
8487	01/26/06	C	HRSA GRANT				
1082	02/19/08	C	WENT TO WILLOW CREEK AMBULANCE BASE PROGRAMMED MOT				336.00
2434	06/23/09	C	INSTALLED TRUNK MOUNT VHF AND ANTENNA, TRUNK MOUNT				835.50
2465	07/02/09	C	INSTALLED TRUNK MOUNT VHF RADIO, TRUNK MOUNT UHF R				877.85
2466	07/02/09	C					190.90
2486	07/09/09	C	INSTALLED VHF RADIO AND ANTENNNA, UHF RADIO AND AN				865.90
2772	10/14/09	C	New antennas to replace broken VHF antennas on amb				86.00
2774	10/14/09	C	PICKED UP BY RANDY NEWELL				86.00
3133	03/10/10	C					32.00
3811	10/19/10	C	REPLACED BROKEN ANTENNAS				298.70
3971	12/13/10	C					396.20
4324	04/05/11	C					351.00
4891	08/23/11	C					1,631.70
5601	03/15/12	C					180.00
5713	04/17/12	C					90.00
5874	06/05/12	C					3,879.00
5662	12/27/12	C					343.00
5676	01/02/13	C	KENWOOD TK272GK SN 70901060				49.22
5677	01/02/13	C	KENWOOD TK272GK SN 70901058				57.17
7241	06/25/13	C					490.00
7668	10/16/13	C					867.30
8132	04/10/14	C	REMOVED OLD RADIOS AND INSTALLED PULLED RADIOS				526.05

Customer Name and Address		Home Phone	Work Phone	Res/Bus.		
HOOPA AMBULANCE		530-625-4520		Residential		
I N V O I C E A C T I V I T Y						
v. #	Completed Date	Status	Description or Work Performed	Credit Memo	Amount Paid	Balance Due
8615	08/13/14	C				31.50
8794	09/26/14	C	INSTALLED REMOTE KITS ON BOTH THE KENWOOD TK7150 V			1,414.60
9509	05/13/15	C				378.00
9692	07/13/15	C	REPLACED MICROPHONE			173.00
9783	08/07/15	C	NEW AMBULANCE			205.00
9796	08/12/15	C	NEW AMBULANCE			972.45
9801	08/14/15	C	THE FIRST NEW AMBULANCE THIS IS THE LABOR THAT WA			736.00
3378	02/26/16	C	REPROGRAMMED VHF MOBILES AND PORTABLES			598.00
1260	12/15/16	C	KENWOOD TK8150 KENWOOD TK7			313.04
1506	03/23/17	C	UNIT 82 KENWOOD TK790			150.00
1720	06/09/17	C				578.20
1929	08/08/17	C	REPROGRAMMED ALL VHF RADIOS FOR NEW TRIBAL POLICE			350.00
2029	09/13/17	C	KENWOOD TK-280 S/N 70300253			122.80
2327	12/14/17	C	WENT TO HOOPA AND INSTALLED 5 FRONT MOUNT RADIOS			6,589.50
2384	01/08/18	C				15,333.60
2443	01/29/18	C	NEW AMBULANCE			657.10

P A R T S U N D E R W A R R A N T Y

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

Customer Name and Address	Home Phone	Work Phone	Res/Bus.	
HOOPA AMBULANCE	530-625-4520		Residential	
	P A R T S U N D E R W A R R A N T Y			
Part No./Invoice#	Part Name/Serial Number		Effective	Expires
SVR200VBN 35874	REPEATER, VEHICULAR VHF NARROWBAND 752617		06/05/12	06/05/12
TK2312K 37241	RADIO, VHF 128 CH 5 WATT PORTABLE B3300418		06/25/13	06/25/13
TK2312K 37241	RADIO, VHF 128 CH 5 WATT PORTABLE B3300419		06/25/13	06/25/13
TK2312K 37668	RADIO, VHF 128 CH 5 WATT PORTABLE B3701407		10/16/13	10/16/13
TK2312K 37668	RADIO, VHF 128 CH 5 WATT PORTABLE B3701882		10/16/13	10/16/13
TK2312K 37668	RADIO, VHF 128 CH 5 WATT PORTABLE B3701885		10/16/13	10/16/13
TK2312K 41720	RADIO, VHF 128 CH 5 WATT PORTABLE B6910509		06/09/17	06/09/17
TK2312K 41720	RADIO, VHF 128 CH 5 WATT PORTABLE B6910510		06/09/17	06/09/17
NX-5700K 42327	RADIO, VHF 50 WATT B7B10501		12/14/17	12/14/20
NX-5700K 42327	RADIO, VHF 50 WATT B7B10502		12/14/17	12/14/20
NX-5700K 42327	RADIO, VHF 50 WATT B7B10503		12/14/17	12/14/20
NX-5700K 42327	RADIO, VHF 50 WATT B7B10504		12/14/17	12/14/20
NX-5700K 42327	RADIO, VHF 50 WATT B7B10505		12/14/17	12/14/20
NX-5200K2 42384	PORTABLE, VHF 6 WATT B7A10802		01/08/18	01/08/18
NX-5200K2 42384	PORTABLE, VHF 6 WATT B7A10803		01/08/18	01/08/18
NX-5200K2 42384	PORTABLE, VHF 6 WATT B7A10804		01/08/18	01/08/18
NX-5200K2 42384	PORTABLE, VHF 6 WATT B7A10805		01/08/18	01/08/18
NX-5200K2 42384	PORTABLE, VHF 6 WATT B7A10806		01/08/18	01/08/18
NX-5200K2 42384	PORTABLE, VHF 6 WATT B7A10807		01/08/18	01/08/18
NX-5200K2 42384	PORTABLE, VHF 6 WATT B7A10808		01/08/18	01/08/18
NX-5200K2 42384	PORTABLE, VHF 6 WATT B7A10809		01/08/18	01/08/18
NX-5200K2 42384	PORTABLE, VHF 6 WATT B7A10810		01/08/18	01/08/18
NX-5200K2 42384	PORTABLE, VHF 6 WATT B7A10811		01/08/18	01/08/18
NX-5200K2 42384	PORTABLE, VHF 6 WATT B7A10816		01/08/18	01/08/18
NX-5200K2 42384	PORTABLE, VHF 6 WATT B7A10821		01/08/18	01/08/18

K'ima:w Medical Center

Job Description

Paramedic

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

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

FUNCTIONS AND RESPONSIBILITIES:

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

SUPERVISORY RESPONSIBILITIES:

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

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

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

BASIC REQUIRED ABILITY:

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

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

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

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

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

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

JOB SPECIFIC SKILLS & ABILITIES:

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

EDUCATION and/or EXPERIENCE:

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

K'ima:w Medical Center

Job Description

Paramedic

CERTIFICATES, LICENSES, REGISTRATIONS:

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

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

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

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

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

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

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

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

K'ima:w Medical Center Position Description

T1

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

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

FUNCTIONS & RESPONSIBILITIES:

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

SUPERVISORY RESPONSIBILITIES: This job has no supervisory responsibilities.

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

BASIC REQUIRED ABILITY:

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

Documentation

K'ima:w Medical Center Ambulance requires documentation be completed on every call for service. These reports are generated each time our resources respond to provide service. This report includes dispatch information regarding time of call, responding time, time at scene, time in service to hospital, time at the hospital, location of call, and chief complaint. Our PCR includes dispatch times, patient address, medical history, patient assessment, treatment given and the patient's response to treatment. Our billing forms include patient address, services and equipment provided to the patient during our intervention with them.

We have identified and implemented a comprehensive system to track patient care and have developed a CQI form to assist with data collection. We will have and use as an ongoing operations performance program reviewed on a monthly basis. Topics will be assigned and investigated, and actions taken to resolve problems and improve patient care. The information will be documented on the CQI worksheet and be reviewed within staff in-services. This form or data collection is not intended to be used for punitive use but to improve patient care. This form will be used on 100% of all Ambulance runs. We will use the deficiency areas as a training tool through the monthly CE and training programs for all staff. We are also in the process of gathering percentages of successfully preformed skills. This information will be used to identify the need for special skills training on a personal need basis. This information will be presented upon written request.

Clinical Care and Patient Outcome

Our in House CQI program is going well. The oncoming Paramedic is being asked to review and audit patient care reports to ensure appropriate field care is provided. Currently approximately 100% of charts are audited per month. We continue to do CQI planning and discussion among the staff to improve quality care.

K'ima:w Medical Center Ambulance is compassionate regarding the pre-hospital clinical care and patient outcome and our mission statement refers to providing the absolute best pre-hospital care to our citizens, through open lines of communication between our personnel, base hospital personnel, patients and periodic patient follow-up. We are able to evaluate and review our pre-hospital clinical care and gather feedback from hospital personnel regarding short term and long term patient outcomes. We are developing a services rendered evaluation form, to be sent to 75% of our patient contacts. This is going to provide areas in need of improvement as seen by the community. This form or data collection is not intended to be used for punitive

All of our staff, EMT and Paramedics are cleared through our Insurance Dept. to drive the Ambulances.

Public Education and Prevention

The Hoopa Ambulance Dept. participates in community events to increase awareness and prevention activities. We attended that Health Fair held in Hoopa and handed out information related to speeds and seatbelts. Since we are located in such a remote area we feel that it is very important that we participate in the community with education and prevention. We also work closely with our local fire, police, accident prevention, medical clinic, volunteer fire, tribal operations, and office of emergency services departments.

We provide backup services at local community activities.

We also provide ride-a-longs for public education purposes.

KMC does an annual community satisfaction survey and use the findings to train staff, and improve services to our community.

Risk Management

A company ride-a-long waiver for ride is implemented, and used for anyone who is not part of our regular staff.

PPE (Personal Protection Equipment) meets requirements. This equipment is stored in all units.

K'ima:w Ambulance is currently offering all patients HIPPA forms. All staff is trained in HIPPA regulations.

Addressing Identified Quality Issues

Field care audits are done with PCNC and Mad River Community Hospital Dr. to discuss and identify current issues based on PCR documentation with findings and recommendations with corrections by base hospital MD.

We are continuously training staff on the importance of filling out the patient clinical record form correctly. We are also continuously training staff of the importance of assessing the patient and documenting findings as needed.

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

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

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

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

Skills and Maintenance/Competency

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

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

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

All Paramedics update and train EMT's on duty.

We have periodic technical skills competencies reviewed by staff.

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

Transportation/Facilities

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

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

Sheet 1

Paramedic

ORIENTATION SKILLS CHECK LIST

PERIOD: FROM 3/10 TO 3/19

EMT 1 NAME: Kyle Collins

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

Sheet 1

Paramedic

ORIENTATION SKILLS CHECK LIST

PERIOD: FROM 3/10 TO 3/19

EMT 1 NAME: Megan Moravec

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

Sheet 1

Paramedic

ORIENTATION SKILLS CHECK LIST

PERIOD: FROM 3/8 TO 3/19

EMT 1 NAME: Tommy McWilliams

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

Sheet 1

Paramedic

ORIENTATION SKILLS CHECK LIST

PERIOD: FROM 3/18 TO 3/19

EMT 1 NAME: Cameron Smith

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

Sheet 1

Paramedic

ORIENTATION SKILLS CHECK LIST

PERIOD: FROM 3/8 TO 3/19

EMT 1 NAME: Maya Simons

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

Sheet 1

Paramedic

ORIENTATION SKILLS CHECK LIST

PERIOD: FROM 3/18 TO 3/19

EMT 1 NAME: Eli Reissner

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

Sheet 1

ORIENTATION SKILLS CHECK LIST

PERIOD: FROM 3/18 TO 3/19

EMT 1 NAME: James DAVIS

SKILLS	Work On	Improved	Pass	Medic Int.
DRIVING				
RADIO PROTOCOL				
RIG CHECK-OUT				8
RIG CLEAN-UP				
PCR REPORTS				
LOG BOOKS				
BILLING				
RESTOCKING				
ON SCENE				
PT. VITALS				
GENERAL HELP				
TEAM WORK				
PROTOCOLS				
MISC. DUTIES				
TIRE CHAINS				
COTS				
GURNEY				
TRAINING TAPES				

Sheet 1

ORIENTATION SKILLS CHECK LIST

PERIOD: FROM 3/8 TO 3/19

EMT 1 NAME: JACK DARCY

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

Sheet 1

ORIENTATION SKILLS CHECK LIST

PERIOD: FROM 3/18 TO 3/19

EMT 1 NAME: *Samantha Smith*

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

Sheet 1

ORIENTATION SKILLS CHECK LIST

PERIOD: FROM 3/18 TO 3/19

EMT 1 NAME: Nathan Sandy

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

Sheet 1

ORIENTATION SKILLS CHECK LIST

PERIOD: FROM 3/18 TO 3/19

EMT 1 NAME: JOSH SCOLLARD

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

Sheet 1

ORIENTATION SKILLS CHECK LIST

PERIOD: FROM 3/18 TO 3/19

EMT 1 NAME: BRENDAN GREENE

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

Sheet 1

ORIENTATION SKILLS CHECK LIST

PERIOD: FROM 3/18 TO 3/19

EMT 1 NAME: Spencer Warren

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

Sheet 1

ORIENTATION SKILLS CHECK LIST

PERIOD: FROM 3/18 TO 3/19

EMT 1 NAME: JOHN MATHR

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

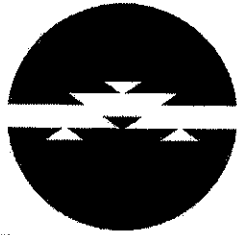
Sheet 1

ORIENTATION SKILLS CHECK LIST

PERIOD: FROM 3/18 TO 3/19

EMT 1 NAME: Finn Hakonen

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



K'ima:w Medical Center

P.O. Box 1288, Hoopa, California 95546

Telephone (530) 625-4261

Admin Fax: (530) 625-4842 Medical Fax: (530) 625-4781

An entity of the Hoopa Valley Tribe

HOOPA AMBULANCE LISTING OF CHARGE

BLS BASE RATEA0429- \$1200.00
EMERGENCY INCLUDED IN BASE RATE
DRESSINGSINCLUDED IN BASE RATE
STERILE WATERINCLUDED IN BASE RATE
DISPOSABLES INCLUDED IN BASE RATE
OFF PAVED ROADS INCLUDED IN BASE RATE
RESTRAINTSINCLUDED IN BASE RATE
URINAL/FRACTURE PANINCLUDED IN BASE RATE

ALS BASE RATE A0427-\$1900.00
ELECTROCARDIOGRAM 93041 (3 LEAD) \$32.68/93005 (12 LEAD) \$90.92
EMERGENCYINCLUDE D IN BASE RATE
IV INITIATION AND MAINTENANCE A0394-\$84.00
DRESSINGS INCLUDED IN BASE RATE
STERILE WATERINCLUDED IN BASE RATE
DISPOSABLES INCLUDED IN BASE RATE
OFF PAVED ROAD INCLUDED IN BASE RATE
RESTRAINTS INCLUDED IN BASE RATE
URINAL/FRACTURE PAN INCLUDED IN BASE RATE

ALS2 BASE RATE A0433-\$1950.00
EMERGENCY INCLUDED IN BASE RATE
ELECTROCARDIOGRAM93041 (3 LEAD)\$32.68/93005(12 LEAD)\$90.92
IV INITIATION AND MAINTENANCEA0394-\$84.00
DRESSINGS INCLUDED IN BASE RATE
STERILE WATER INCLUDED IN BASE RATE
DISPOSABLES INCLUDED IN BASE RATE
OFF PAVED ROAD INCLUDED IN BASE RATE
RESTRAINTSINCLUDED IN BASE RATE
URINAL/FRACTURE PAN INCLUDED IN BASE RATE

BLS/ASL/ALS2 GROUND MILEAGE PER MILEA0425-\$30.40
ELECTROGRAM 93041(3 LEAD)\$32.68/93005(12 LEAD)\$90.92
EXTRA ATTENDANT A0424-\$125.00
STANDBYA0420 PER HALF HOUR INCREMENTS
SPINAL IMMOBILIZATION A0999-\$125.00
OXYGEN A0422-\$150.50
HOT/COLD PACK A0999-\$10.00
NIGHT CALLPARTNERSHIP AND MEDICAL UJ MODIFER
DRY RUNPARTNERSHIP AND MEDICAL A0492-\$1200/A0998-\$480.00

MODIFIERS USES:S-SCENE,R-RESIDENCE,H-HOSPITAL,P-PHYSICIAN OFFICE,I-HAND OFF SITE

CURRENT CHARGES AS OF 7/26/2018
CAROLYN LEWIS/AMBULANCE BILLING

Ryan,

I am not able to locate a copy of our policy or program for vehicle maintenance; however, I can provide a brief description.

Our ambulances are received through GSA. Recalls, scheduled maintenance and other issues of that nature arrive in email or mail form from GSA and we act upon them. If any other issues arise we immediately notify GSA and work together to remedy the problem. All problems of any nature are also immediately relayed to the EMS Director.

Sincerely,

Cameron Smith

Acting EMS Director

A handwritten signature in blue ink, consisting of a large, stylized 'C' that loops around and ends with a long, sweeping horizontal stroke extending to the right.

AMBULANCE INSPECTION REPORT

CHP 299 (Rev. 9-12) OPI 061

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

SERVICE NAME / DOING BUSINESS AS browns auto / hoopa Ambulance	LICENSE NUMBER	VEHICLE YEAR, MAKE, AND MODEL 2017 dodge Ram 3500
SERVICE ADDRESS (number and street) 535 airport rd		VEHICLE IDENTIFICATION NUMBER (VIN) 3c7wrtbl2fg662288
(city, state, and zip code) Hoopa ca 95546		VEHICLE LICENSE PLATE NUMBER AND STATE G310082R
USUAL VEHICLE LOCATION (number, street, city, state, and zip code, if different from service address)		ID CERTIFICATE NUMBER (annuals and compliance only)

ITEM INSPECTED AND IN COMPLIANCE	YES	NO	IF NO, DESCRIPTION OF DEFICIENCIES	COMPLIANCE DATE
1. Registration; plates 4000, 4160, 4454, 4457, 5200-5204	✓			
2. Identification certificate (annuals/compliance only) 13 CCR 1107.2(a)	✓			
3. Ambulance identification sign 13 CCR 1100.4	✓			
4. Headlamps 24252, 24400, 24407	✓			
5. Beam selector/indicator 24252, 24408, 24408	✓			
6. Headlamp flasher (if equipped) 24252, 25252.5	✓			
7. Steady red warning lamp (required)* 24251, 24252, 25252, 26100; 13 CCR 1103(a)	✓			
8. Optional warning lamp(s)* 24252, 26252, 25258(a), 25269, 26100	✓			
9. Turn signals 24252, 24951-24953; 13 CCR 697-699	✓			
10. Clearance/sidemarkers lamps (if required) 24252, 25100, 25100.7; 13 CCR 688	✓			
11. Warning devices (if required) 25300	✓			
12. Stoplamps 24252, 24603	✓			
13. Taillamps 24252, 24600	✓			
14. License plate lamp 24252, 24601	✓			
15. Backup lamps 24252, 24608	✓			
16. Reflectors 24252, 24607	✓			
17. Glass 26700, 26701, 26708, 26708.5, 26710	✓			
18. Windshield wipers 26706, 26707	✓			
19. Defroster 26712	✓			
20. Mirrors 26709	✓			
21. Horn 27000	✓			
22. Siren* 26100, 27002; 13 CCR 1021, 1028, 1029, 1103(a)	✓			
23. Brake system 26301.5, 26450-26454	✓			
24. Steering; suspension 24002	✓			
25. Tires; wheels 24002, 27465; 13 CCR 1085, 1087	✓			
26. Fuel system 24002, 27155, 27156.1	✓			
27. Exhaust system 24002, 27150, 27151-27154	✓			
28. Seat belts 27315; 13 CCR 1103(b)	✓			
29. Fire extinguisher (minimum 4B:C) 13 CCR 1103(c), 1242	✓			
30. Portable light 13 CCR 1103(d)	✓			
31. Spare tire; jack and tools 27465; 13 CCR 1103(e) & (f)	✓			
32. Maps 13 CCR 1103(g)	✓			
33. Door latches 13 CCR 1103(h)	✓			
34. Other safety defects (if yes, explain) 24002	✓			

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

DESTROY PREVIOUS EDITIONS

AMBULANCE INSPECTION REPORT

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

SERVICE NAME / DOING BUSINESS AS browns auto / hoopla Ambulance	VEHICLE YEAR, MAKE AND MODEL 2015 dodge Ram 3500
SERVICE ADDRESS (number and street) 535 airport rd (city, state, and zip code) Hoopla ca 95546	VEHICLE IDENTIFICATION NUMBER (VIN) 3c7wrtb14fg662289
USUAL VEHICLE LOCATION (number, street, city, state, and zip code, if different from service address)	VEHICLE LICENSE PLATE NUMBER AND STATE G31008 IR

ITEM INSPECTED AND IN COMPLIANCE	CVC / 13 CCR	YES	NO	IF NO, DESCRIPTION OF DEFICIENCIES	COMPLIANCE DATE
1. Registration; plates	4000, 4160, 4454, 4457, 5200-5204	✓			
2. Identification certificate (annuals/compliance only)	13 CCR 1107.2(a)	✓			
3. Ambulance identification sign	13 CCR 1100.4	✓			
4. Headlamps	24252, 24400, 24407	✓			
5. Beam selector/indicator	24252, 24406, 24408	✓			
6. Headlamp flasher (if equipped)	24252, 25252.5	✓			
7. Steady red warning lamp (required)*	24251, 24252, 25252, 26100; 13 CCR 1103(a)	✓			
8. Optional warning lamp(s)*	24252, 25252, 25258(a), 25259, 26100	✓			
9. Turn signals	24252, 24951-24953; 13 CCR 697-699	✓			
10. Clearance/skiemarker lamps (if required)	24252, 25100, 25100.1; 13 CCR 688	✓			
11. Warning devices (if required)	25300	✓			
12. Stoplamps	24252, 24603	✓			
13. Tailamps	24252, 24600	✓			
14. License plate lamp	24252, 24601	✓			
15. Backup lamps	24252, 24608	✓			
16. Reflectors	24252, 24607	✓			
17. Glass	26700, 26701, 26708, 26708.5, 26710	✓			
18. Windshield wipers	26706, 26707	✓			
19. Defroster	26712	✓			
20. Mirrors	26709	✓			
21. Horn	27000	✓			
22. Siren*	26100, 27002; 13 CCR 1021, 1028, 1029, 1103(a)	✓			
23. Brake system	26301.5, 26450-26454	✓			
24. Steering; suspension	24002	✓			
25. Tires; wheels	24002, 27465; 13 CCR 1085, 1087	✓			
26. Fuel system	24002, 27155, 27158.1	✓			
27. Exhaust system	24002, 27150, 27151-27154	✓			
28. Seat belts	27315; 13 CCR 1103(b)	✓			
29. Fire extinguisher (minimum 4B:C)	13 CCR 1103(c), 1242	✓			
30. Portable light	13 CCR 1103(d)	✓			
31. Spare tire; jack and tools	27465; 13 CCR 1103(e) & (f)	✓			
32. Maps	13 CCR 1103(g)	✓			
33. Door latches	13 CCR 1103(h)	✓			
34. Other safety defects (if yes, explain)	24002	✓			

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

AMBULANCE INSPECTION REPORT

INSPECTION
 INITIAL ANNUAL COMPLIANCE

SERVICE NAME / DOING BUSINESS AS
 browns auto / hoopla Ambulance

SERVICE ADDRESS (number and street)
 535 airport rd

(city, state, and zip code)
 Hoopa ca 95546

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

VEHICLE YEAR, MAKE, AND MODEL
 2017 dodge Ram 3500

VEHICLE IDENTIFICATION NUMBER (VIN)
 3c7wrtbl6hg6619902

VEHICLE LICENSE PLATE NUMBER AND STATE
 G3102025

CERTIFICATE NUMBER (annuals and compliance only)

ITEM INSPECTED AND IN COMPLIANCE	CVC / 13 CCR	YES	NO	IF NO, DESCRIPTION OF DEFICIENCIES	COMPLIANCE DATE
1. Registration; plates	4000, 4160, 4454, 4457, 5200-5204	✓			
2. Identification certificate (annuals/compliance only)	13 CCR 1107.2(a)	✓			
3. Ambulance identification sign	13 CCR 1100.4	✓			
4. Headlamps	24252, 24400, 24407	✓			
5. Beam selector/indicator	24252, 24406, 24408	✓			
6. Headlamp flasher (if equipped)	24252, 25252.5	✓			
7. Steady red warning lamp (required)*	24251, 24252, 25252, 26100; 13 CCR 1103(a)	✓			
8. Optional warning lamp(s)*	24252, 25252, 25258(a), 25259, 26100	✓			
9. Turn signals	24252, 24951-24953; 13 CCR 657-699	✓			
10. Clearance/side marker lamps (if required)	24252, 25100, 25100.1; 13 CCR 688	✓			
11. Warning devices (if required)	25300	✓			
12. Stoplamps	24252, 24603	✓			
13. Tailamps	24252, 24600	✓			
14. License plate lamp	24252, 24601	✓			
15. Backup lamps	24252, 24606	✓			
16. Reflectors	24252, 24607	✓			
17. Glass	25700, 26701, 26708, 26708.5, 26710	✓			
18. Windshield wipers	26705, 26707	✓			
19. Defroster	26712	✓			
20. Mirrors	26709	✓			
21. Horn	27000	✓			
22. Siren*	26100, 27002; 13 CCR 1021, 1028, 1029, 1103(a)	✓			
23. Brake system	26301.5, 26460-26454	✓			
24. Steering; suspension	24002	✓			
25. Tires; wheels	24002, 27465; 13 CCR 1085, 1087	✓			
26. Fuel system	24002, 27155, 27156.1	✓			
27. Exhaust system	24002, 27150, 27161-27154	✓			
28. Seat belts	27315; 13 CCR 1103(b)	✓			
29. Fire extinguisher (minimum 4B:C)	13 CCR 1103(c), 1242	✓			
30. Portable light	13 CCR 1103(d)	✓			
31. Spare tire; jack and tools	27465; 13 CCR 1103(e) & (f)	✓			
32. Maps	13 CCR 1103(g)	✓			
33. Door latches	13 CCR 1103(h)	✓			
34. Other safety defects (if yes, explain)	24002	✓			

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

DESTROY PREVIOUS EDITIONS

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

83. SIGNATURE OF LICENSEE OR AUTHORIZED REPRESENTATIVE: *[Signature]* 001907 DATE: 8-18-18

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

In compliance Addition to fleet ID certificate of replaced vehicle attached

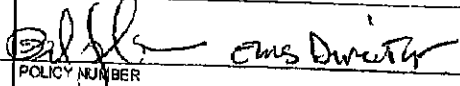
In compliance only after correction Replacement Absence of official brake adjusting station verified

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

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

86. SIGNATURE OF COMMANDER OR INSPECTING OFFICER: _____ ID NUMBER: _____ LOCATION CODE: _____ OFFICER'S TRAVEL TIME: _____ INSPECTION DURATION: _____ DATE: _____

DESTROY PREVIOUS EDITIONS

EMERGENCY MEDICAL CARE EQUIPMENT AND SUPPLIES			REQUIRED RECORDS AND DOCUMENTS		
ITEM INSPECTED AND IN COMPLIANCE	YES	NO	ITEM INSPECTED AND IN COMPLIANCE	YES	NO
35. (1) Ambulance cot and (1) collapsible stretcher	<input checked="" type="checkbox"/>	<input type="checkbox"/>	RECORD OF CALLS		
36. Securement straps for patient and cot/stretcher	<input checked="" type="checkbox"/>	<input type="checkbox"/>	60. Location of records; retained for 3 years	13 CCR 1100.7	<input checked="" type="checkbox"/>
37. Ankle and wrist restraints. Soft ties are acceptable. Total 8	<input checked="" type="checkbox"/>	<input type="checkbox"/>	61. Date, time, and location of call; received by whom	(a)	<input checked="" type="checkbox"/>
38. Min. 2 sets clean linen per cot/stretcher: sheets, pillow cases, blankets, towels, pillows	<input checked="" type="checkbox"/>	<input type="checkbox"/>	62. Name of requesting person or agency	(b)	<input checked="" type="checkbox"/>
39. (6) Oropharyngeal airways: (2) adult, (2) children, (1) infant, (1) newborn	<input checked="" type="checkbox"/>	<input type="checkbox"/>	63. Unit ID; personnel dispatched; red light/siren use	(c)	<input checked="" type="checkbox"/>
40. Rigid splints (4)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	64. Explanation of failure to dispatch	(d)	<input checked="" type="checkbox"/>
41. Resuscitator - capable of use with oxygen	<input checked="" type="checkbox"/>	<input type="checkbox"/>	65. Dispatch time; scene arrival and departure times	(e)	<input checked="" type="checkbox"/>
42. Oxygen and regulators, portability required	<input checked="" type="checkbox"/>	<input type="checkbox"/>	66. Destination of patient; arrival time	(f)	<input checked="" type="checkbox"/>
43. Rigid cervical collars. Min. (2) adult, (2) children, (2) infant	<input checked="" type="checkbox"/>	<input type="checkbox"/>	67. Name of patient transported	(g)	<input checked="" type="checkbox"/>
44. Sterile gauze pads (12 - 4" x 4" or equivalent)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PERSONNEL RECORDS		
45. Soft rolled bandages (6 - 2", 3", 4", or 6")	<input checked="" type="checkbox"/>	<input type="checkbox"/>	68. Employment date	13 CCR 1100.8(a)	<input checked="" type="checkbox"/>
46. Adhesive tape (2 rolls - 1", 2", or 3")	<input checked="" type="checkbox"/>	<input type="checkbox"/>	69. Facsimile of driver license	(b)	<input checked="" type="checkbox"/>
47. Bandage shears	<input checked="" type="checkbox"/>	<input type="checkbox"/>	70. Facsimile of ambulance driver certificate	(b)	<input checked="" type="checkbox"/>
48. Universal dressings (2 - 10" x 30" or larger)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	71. Facsimile of medical exam certificate	(b)	<input checked="" type="checkbox"/>
49. (Min. 2) Emesis basin or disposable bags; covered waste container	<input checked="" type="checkbox"/>	<input type="checkbox"/>	72. Facsimile of EMT certificate or medical license	(c)	<input checked="" type="checkbox"/>
50. Portable suctioning apparatus	<input checked="" type="checkbox"/>	<input type="checkbox"/>	73. Work experience summary	(d)	<input checked="" type="checkbox"/>
51. Two devices or material to restrict head and spinal movement (adult and pediatric sizes)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	74. Affidavit certifying not subject to 13 CCR 1101(b) and/or 13372 CVC prohibitions	(e)	<input checked="" type="checkbox"/>
52. (2) liters sterile water or (2) liters sterile isotonic saline	<input checked="" type="checkbox"/>	<input type="checkbox"/>	75. Employer notification (DMV Pull Notice System)	1808.1	<input checked="" type="checkbox"/>
53. Half-ring traction splint (Hare/Sager) or equivalent device	<input checked="" type="checkbox"/>	<input type="checkbox"/>	COMPANY INSPECTION		
54. Blood pressure cuff (adult, children, and infant sizes)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	76. Company or corporation ownership	13 CCR 1107(b)(1)	<input checked="" type="checkbox"/>
55. Sterile obstetrical supplies	<input checked="" type="checkbox"/>	<input type="checkbox"/>	77. One or more ambulances available 24 hours	13 CCR 1107	<input checked="" type="checkbox"/>
56. Personal protection equipment (masks with one-way valves, gloves, gowns, goggles)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	78. Fees posted/maintained	13 CCR 1107(d)	<input checked="" type="checkbox"/>
57. Bedpan or fracture pan	<input checked="" type="checkbox"/>	<input type="checkbox"/>	79. Financial responsibility	18020, 18500, 18500.5; 13 CCR 1106.2	<input checked="" type="checkbox"/>
58. Urinal	<input checked="" type="checkbox"/>	<input type="checkbox"/>	80. 24-hour direct telephone service	13 CCR 1107(e)	<input checked="" type="checkbox"/>
59. Two spinal immobilization devices, one at least 30" in length and one at least 60" in length. Both devices require straps to adequately secure patients to the device (a combination short/long boards are acceptable)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	 POLICY NUMBER		
61. INSURANCE CARRIER'S NAME					POLICY EXPIRATION DATE
62. 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 road-tested by a competent mechanic and is in compliance with the requirements of the California Vehicle Code and Title 13, California Code of Regulations.

83. SIGNATURE OF LICENSEE OR AUTHORIZED REPRESENTATIVE

 POL1907

DATE

8-18-18

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

- In compliance
- Addition to fleet
- ID certificate of replaced vehicle attached
- In compliance only after correction
- Replacement
- Absence of official brake adjusting station verified

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

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

86. SIGNATURE OF COMMANDER OR INSPECTING OFFICER

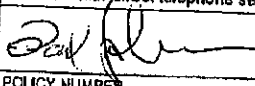
ID NUMBER

LOCATION CODE

OFFICER'S TRAVEL TIME

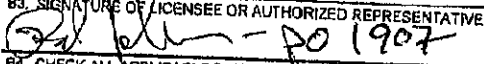
INSPECTION DURATION

DATE

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

83. SIGNATURE OF LICENSEE OR AUTHORIZED REPRESENTATIVE
 - 801907

DATE
8-28-16

84. CHECK ALL APPLICABLE BOXES (if initial inspection, indicate whether replacement or addition to fleet; if replacement, return ID certificate for replaced vehicle)
- | | | |
|--|--|---|
| <input type="checkbox"/> In compliance | <input type="checkbox"/> Addition to fleet | <input type="checkbox"/> ID certificate of replaced vehicle attached |
| <input type="checkbox"/> In compliance only after correction | <input type="checkbox"/> Replacement | <input type="checkbox"/> Absence of official brake adjusting station verified |

85. NO TEMPORARY OPERATING AUTHORIZATION. REVIEW REQUIRED. (explain in remarks)
 TEMPORARY OPERATING AUTHORIZATION: This vehicle may be operated as an emergency ambulance. This authorization must be carried in the vehicle when used in lieu of the special vehicle identification certificate and expires 30 days after the date shown below.

86. SIGNATURE OF COMMANDER OR INSPECTING OFFICER

_____ ID NUMBER	_____ LOCATION CODE	_____ OFFICER'S TRAVEL TIME	_____ INSPECTION DURATION	_____ DATE
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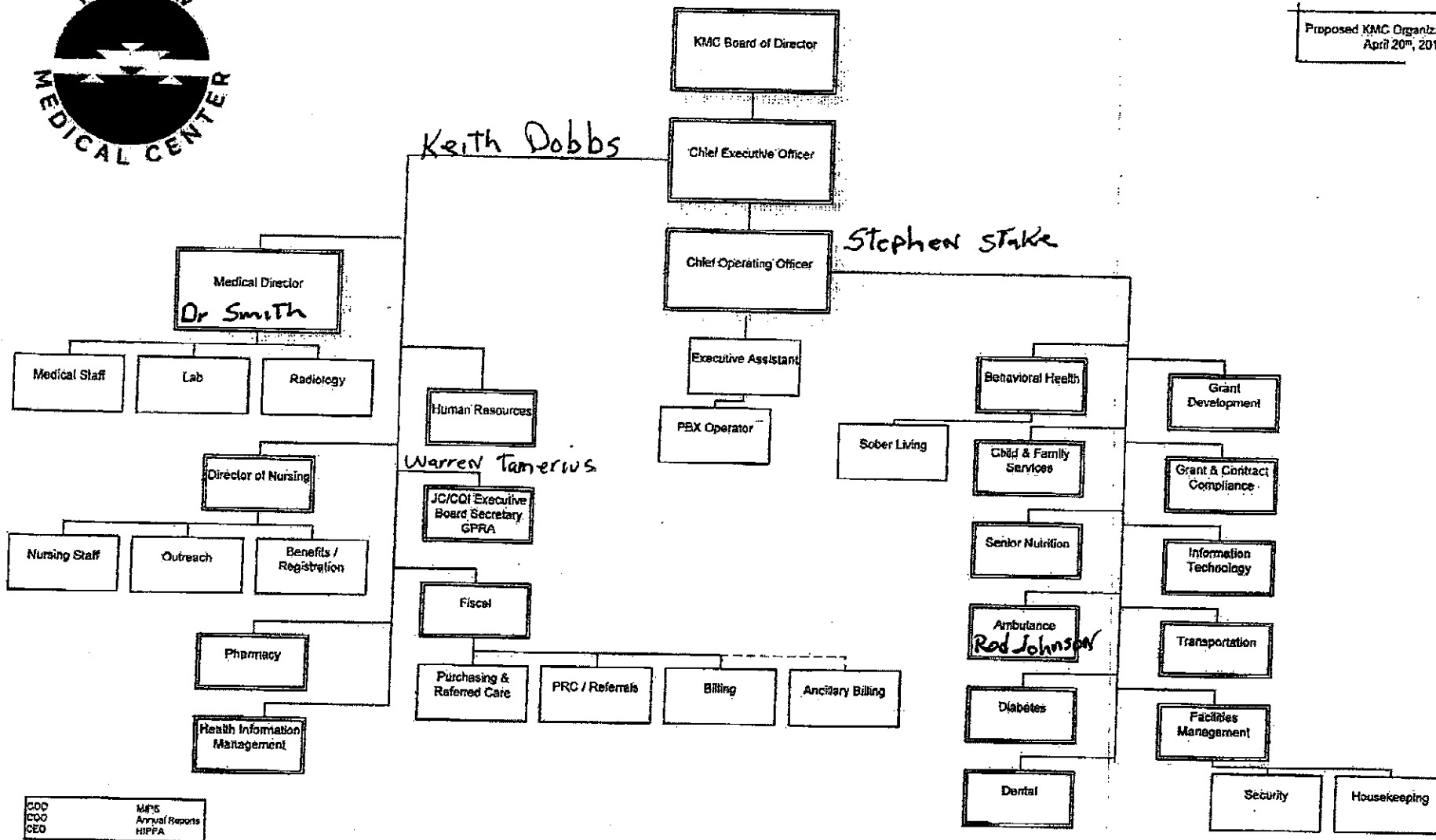


County of Humboldt
Eureka, California

	Year	Model/Make	Vehicle Identification Number	License Plate #	Length of Time In Use (include current mileage shown on odometer)	State or Federal Aviation Agency License Number	Description of Color Scheme, Insignia Name, Monogram, or Distinguishing Characteristics
6	2015	Dodge Ram 3500	3C7WRTBL 4FG662289	G-31 0081R	2015 Jun		white Red Strip
7	2017	Dodge Ram 3500	3C7WRTBL6 HG6619902	G-31 02025	2017 Sep		white Red Strip
8	2015	Dodge Ram 3500	3C7WRTBL2 FG662298	G-31 0082R	2015 Jun		white Red Strip
9							
10							



Proposed KMC Organizational Chart
April 20th, 2018



Keith Dobbs

Stephen Stake

Warren Tamerius

Rod Johnson

KMC #

1-530-625-4261

MISSION STATEMENT

TO PROVIDE HIGH QUALITY HEALTH CARE TO THE NATIVE AMERICAN PEOPLE AND ALL OTHERS WHO MAY SEEK AND/OR REQUIRE THE SERVICE WE PROVIDE IN THE HOOPA VALLEY INDIAN RESERVATION & SURROUNDING AREA.

VISION STATEMENT

IN SERVICE OF ITS MISSION, BY CONTINUOUSLY IMPROVING THE QUALITY OF OUR SERVICE, K'IMA:W MEDICAL CENTER WILL BE THE BEST & MOST QUALIFIED HEALTH CENTER FOR THE HOOPA VALLEY & SURROUNDINGS, THE PRIMARY FORCE IN IMPROVING THE QUALITY OF LIFE OF OUR PEOPLE.

Organizational Chart of Management Staff:

CEO

COO

EMS Director

Acting EMS Director (When EMS Director is on Leave)

On Duty Paramedic at Hoopa Base