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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					
3/30/1	17 04				
Yes 🔀	No 🗌				
Yes 🔼	Νο				
Yes 🗌	No 🗌				
	3 3°/ Yes ⊠ Yes ⊠	3/30/17 (V Yes 🖾 No 🗆			

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:	Arcata-Mad River Am	bulance	
Name of Contact Person:	Doug Boileau		
Mailing Address:	220 F Street	City/Zip Code	Arcata, CA 95521
Physical Address:	same	City	same
Telephone/ Fax Numbers	707-822-3353 707-822-9628 fax	E-Mail	amra@norcalsafety.com



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County of Humboldt Eureka, California

Owner Name	George C. and Roberta Busher and Douglas and Cynthia Boileau				
Address	220 F Street	t	City/Zip Code	Arcata	n, CA 95521
Phone Number	707-822- 3353	Fax Number	707-822- 9628	E- Mail	amra@norcalsafety.com

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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:

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	Yêar	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, ot Distinguishing Characteristics
1.	2015	Chevrolet 3500	1GB3G2CL9F1168057	AMRA 31	1.5 years 33,170	89727- 14168	Blue/White
2.	2014	Chevrolet 3500	1GB3G2CLOE1161769	AMRA 30	2.5 years 60,091	89727- 14168	Blue/White
3.	2012	Chevrolet 3500	1GB3G2CLXC1105786	AMRA 29	4.5 years 121,352	89727- 14168	Blue/White
4.	2009	Chevrolet 3500	1GBJG316991179333	AMRA 28	6.5 years 152,811	89727- 14168	Blue/White
• 5.	2008	Chevrolet 3500	1GBJG316981100516	AMRA 27	8.5 years 146,590	89727- 14168	Blue/White



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	Year	Mödel/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, ot Distinguishing Characteristics
6.	• • • • • • • • • • • • • • • • • • •		<u>, ,) + , Andrika, , , , , , , , , , , , , , , , , , , </u>	<u>լ՝ էջնենս, սի Դարագայան սե</u> սվ	<u> </u>	<u>i in an an</u>	[2] 2 [™] M Mar (, π. η σζηγο διαδιατό το Σ. στ., 19,55
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 \boxtimes Attach a copy, or provide a description, of Applicant's policy or program for maintenance of vehicles.

X 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	X
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:

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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:
- 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

- 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.

ADDITONAL INFORMATION:

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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.

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

Signature of Applicant:	Dungly the
Printed Name and Title	Douglas J. Bŏileau, C.E.O.
Date:	March 22, 2017

Required Paperwork Checklist

Application complete

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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

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Application fee or proof of payment of application fee

California Highway Patrol 2485 Sonoma Street Redding, CA 96001 Phone: (530) 242-4300	Report Number: CA1707700973 Inspection Date: 07/26/2016 Start: 10:17 AM PD End: 10:28 AM PD
Internationally Accredited Agency CHP407F/343A	Inspection Level: V - Terminal Inspection HM Inspection Type: None
ARCATA MAD RIVER AMBULANCE INCDriver:220 F STREETLicense#:ARCATA, CA, 95521Date of Birti	State:
USDOT: Phone#: CoDriver: MC/MX#: Fax#: License#: State#: Date of Birt!	
Location: 220 F STREETMilepost:SHighway:Origin: ARCATA, CACounty: HUMBOLDTDestination: ARCAT	
VEHICLE IDENTIFICATION Unit Type Make Year State Plate Equipment ID VIN 1 VN CHEV 2008 CA AMRA27 27 1GBJG316981100	<u>GVWR CVSA Existing</u> <u>CVSA #</u> 0516 12300
BRAKE ADJUSTMENTS Axle # 1 2 Right Left Chamber	
VIOLATIONS: No violations were discovered	
HazMat: No HM transported	Placard: Cargo Tank:
Special Checks: No data for special checks	
State Information: Beat/Sub Area: 859; Pre-Cleared Vehicle: N; Regulated Vehicle: Y; Ve	

Report Prepared By: M. Schmitcke	<u>Badge #:</u> 17077	Copy Received By:	
x	v	i.	00000000 CA CA1707700973

California Hig 2485 Sonoma	Street	Ins	port Number: CA170 pection Date: 07/26/2	2016
Redding, CA 9			rt: 9:41 AM PD End	
Phone: (530) 2 Internationally	242-4300 / Accredited Agency C		pection Level: V - Te	
			I Inspection Type: No	
ARCATA MAD RIVER AMBUL/ 220 F STREET	ANCE INC	Driver:		·
ARCATA, CA, 95521		License#:	•	State:
•	one#:	Date of Birth: CoDriver:		
	x#:	License#:		State:
State#:	· · · · · · · · · · · · · · · · · · ·	Date of Birth:		State.
Location: 220 F STREET	Milepo		er: N/A	
Highway:		: ARCATA, CA	Bill of Lad	lina: N/A
County: HUMBOLDT	Destir	ation: ARCATA,CA		-
VEHICLE IDENTIFICATION	· · · · ·			
Unit Type Make Year State Pl	late Equipment ID RA28 28 10		GVWR CVSA Existing 12300	<u>CVSA#</u>
BRAKE ADJUSTMENTS		·		
<u>Axle # 1 2</u>				
Right				
Left				
Chamber		r		
VIOLATIONS:No violations were	e discovered			
HazMat: No HM transported		PI	acard:	Cargo Tank:
Special Checks: No data for sp	becial checks	······································		
State Information: Beat/Sub Area: 859; Pre-Cleare	d Vehicle: N; Regulated	Vehicle: Y; Veh #1	Type: 41	

Report Prepared By:	
M. Schmitcke	
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<u>Bad</u> 170	<u>ge #:</u> 77		
X		3b	

Copy Received By:



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California Highway Patrol 2485 Sonoma Street Redding, CA 96001 Phone: (530) 242-4300 Internationally Accredited Agency CHP407F/343A					Report Number: CA1707700970 Inspection Date: 07/26/2016 Start: 9:18 AM PD End: 9:37 AM PD Inspection Level: V - Terminal Inspection HM Inspection Type: None				
ARCATA MAD RIVE 220 F STREET ARCATA, CA, 95521 USDOT: MC/MX#: State#:		e#:	Driver: License#: Date of Birth CoDriver: License#:		<u>`</u>	State: State:			
Location: 220 F STI Highway: County: HUMBOLD		I	Date of Birth Milepost: Si Origin: ARCATA, CA Destination: ARCATA	ipper: N/A	Bill of Lac Cargo: EN				
VEHICLE IDENTIFIC Unit Type Make Year 1 VN CHEV 2012	<u>State</u> Plate		D <u>VIN</u> 1GB3G2CLXC1105		CVSA Existing	CVSA #			
BRAKE ADJUSTME Axle # <u>1</u> Right Left Chamber	NTS <u>2</u>								
VIOLATIONS:No vio	lations were d	iscovered							
HazMat: No HM tran	sported	-		Placard:		Cargo Tank:			
Special Checks: No	data for speci	al checks		•					
State Information: Beat/Sub Area: 859;	Pre-Cleared V	/ehicle: N; Reg	ulated Vehicle: Y; Vel	- 1 #1 Type: 4	41				

Report Prepared By: M. Schmitcke	<u>Badge #:</u> 17077	Copy Received By:	
X	X		00000000 CA CA1707700970

2485 Sono Redding, C Phone: (53	CA 96001 0) 242-4300	ency CHP407F/343A)7/26/2016 End: 9:17 AM PD V - Terminal Inspection
ARCATA MAD RIVER AME 220 F STREET ARCATA, CA, 95521 USDOT:		Driver: License#: Date of Birth		State:
MC/MX#: State#: Location: 220 F STREET Highway: County: HUMBOLDT	Phone#: Fax#:	CoDriver: License#: Date of Birth Milepost: Sh Origin: ARCATA, CA Destination: ARCATA	ipper: N/A Bill	State: of Lading: N/A go: EMPTY
VEHICLE IDENTIFICATION Unit Type Make Year State 1 VN CHEV 2014 CA	I <u>Plate Equipment</u> AMRA30 30	<u>ID</u> <u>VIN</u> 1GB3G2CL0E11617	<u>GVWR</u> <u>CVSA Ex</u> 769 12300	isting <u>CVSA</u> #
BRAKE ADJUSTMENTSAxle #12RightN/AN/ALeftN/AN/AChamberHYDRHYDR				
VIOLATIONS: No violations	were discovered			
HazMat: No HM transported	1		Placard:	Cargo Tank:
Special Checks: No data for	or special checks			
State Information: Beat/Sub Area: 859; Pre-Cle	eared Vehicle: N; Re	gulated Vehicle: Y; Veł	n #1 Type: 41	

<u>Report Prepared By:</u> M. Schmitcke	<u>Badge #:</u> 17077	Copy Received By:	
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California Highway Pa 2485 Sonoma Street Redding, CA 96001 Phone: (530) 242-4300 Internationally Accred	Inspe Start: Inspe	Report Number: CA1707700972 Inspection Date: 07/26/2016 Start: 9:57 AM PD End: 10:05 AM PD Inspection Level: V - Terminal Inspection HM Inspection Type: None			
ARCATA MAD RIVER AMBULANCE IN 220 F STREET ARCATA, CA, 95521	License#: Date of Birth:	State:			
USDOT: Phone#: MC/MX#: Fax#: State#: Location: 220 F STREET	CoDriver: License#: Date of Birth: Milepost: Shipper:				
Highway: County: HUMBOLDT	Origin: ARCATA, CA Destination: ARCATA, CA	Bill of Lading: N/A Cargo: EMPTY			
VEHICLE IDENTIFICATION Unit Type Make Year State Plate E 1 VN MEDIX 2015 CA AMRA31	uipment ID <u>VIN GV</u> 31 1GB3G2CL9F1168057 123	NR CVSA Existing CVSA #			
BRAKE ADJUSTMENTS Axle # <u>1</u> <u>2</u> Right Left Chamber					
VIOLATIONS: No violations were discov	red				
HazMat: No HM transported	Plac	ard: Cargo Tank:			
Special Checks: No data for special che	cks				
State Information: Beat/Sub Area: 859; Pre-Cleared Vehicle	: N; Regulated Vehicle: Y; Veh #1 Ty	pe: 41			

Report Prepared By: M. Schmitcke

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Badge #: 17077 Copy Received By:

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SPECIAL VEHICLE IPENTIFICA CHP 301 (REV 4-97) OPI 06	TION CERTIFICATE/P	PERMIT	CHP AREA: 125
CHP Certificate/Permit Number: 89727-11169	ISSUED: 8/9/2016	EXPIRES: 8/8/2017	AREA:
INITIAL DUPLICATE	EMERGENCY AMBUL	ANCE CERTIFICATE GENCY VEHICLE PERMIT*	ARMORED CAR CERTIFICATE
VEHICLE YEAR AND MAKE: 09 CHEVROLET EXPR	VEHICLE LICENSE N	O. AMRA 28	VIN: 1GBJG316991179333
*Authorized Emergency Vehicle Permit issued pursuant to Vehicle Code	Section 2416 (a () for		
ARCATA-MAD RIVER AMBULANCE SERVI ARCATA-MAD RIVER P.O. BOX 4948 ARCATA, CA 95518-	CE, INC. 89727	This certificat thereof, shall all times. It is be surrendere	CALIFORNIA HIGHWAY PATROL e/permit, or a facsimile be carried in the vehicle at non-transferable and shall ed to the CHP upon demand d by regulation.

STATE OF CALIFORNIA DEPARTMENT OF CALIFORNIA HIGHWAY PATROL SPECIAL VEHICLE IDENTIFICA CHP 301 (REV 4-97) OPI 062	CHP AREA: 125			
CHP Certificate/Permit Number: 89727-10262	ISSUED: 8/9/2016	EXPIRES: 8/8/2017	AREA:	
INITIAL DUPLICATE				
VEHICLE YEAR AND MAKE: 08 CHEVROLETTE	D. AMRA 27	VIN: 1GBJG316981100516		
*Authonized Emergency Vehicle Permit issued pursuant to Vehicle Code	Section 2416 (a () for		· · · · · · · · · · · · · · · · · · ·	
NAME AND MAILING ADDRESS		PROPERTY OF C	ALIFORNIA HIGHWAY PATROL	
ARCATA-MAD RIVER AMBULANCE SERVI ARCATA-MAD RIVER P.O. BOX 4948 ARCATA, CA 95518-	CE, INC. 89727	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.		

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SPECIAL VEHICLE IDF*'TIFICA CHP 301 (REV 4-97) OPI 062	ATION CERTIFICATE/	PERMIT	CHP AREA: 125		
CHP Certificate/Permit Number: 89727-14168	ISSUED: 8/9/2016	EXPIRES: 8/8/2017	AREA:		
INITIAL DUPLICATE		LANCE CERTIFICATE GENCY VEHICLE PERMIT*			
VEHICLE YEAR AND MAKE: 15 CHEVROLET 3500	VEHICLE LICENSE N	IO. AMRA 31	VIN: 1GB3G2CL9F1168057		
*Authorized Emergency Vehicle Permit issued pursuant to Vehicle Code	Section 2416 (a () for		1		
NAME AND MAILING ADDRESS		PROPERTY OF (CALIFORNIA HIGHWAY PATROL		
ARCATA-MAD RIVER AMBULANCE SERV ARCATA-MAD RIVER P.O. BOX 4948 ARCATA, CA 95518-	ICE, INC. 89727	thereof, shall all times. It is be surrender	te/permit, or a facsimile be carried in the vehicle at non-transferable and shall ed to the CHP upon demand d by regulation.		
STATE OF CALIFORNIA DEPARTMENT OF CALIFORNIA HIGHWAY PATROL SPECIAL VEHICLE IDENTIFICA	TION CERTIFICATE/P	PERMIT	CHP AREA: 125		
CHP 301 (REV 4-97) OPI 062 CHP Certificate/Permit Number: 89727- 13564					
	ISSUED: 8/9/2016	EXPIRES: 8/8/2017	AREA:		
INITIAL UPLICATE REPLACEMENT RENEWAL		ARMORED CAR CERTIFICATE			
VEHICLE YEAR AND MAKE: 14 CHEVROLET 3500	VEHICLE LICENSE NO	O. AMRA 30	VIN: 1GB3G2CL0E1161769		
*Authorized Emergency Vehicle Permit issued pursuant to Vehicle Code	Section 2416 (a () for				
NAME AND MAILING ADDRESS		PROPERTY OF C	ALIFORNIA HIGHWAY PATROL		
ARCATA-MAD RIVER AMBULANCE SERVI ARCATA-MAD RIVER P.O. BOX 4948 ARCATA, CA 95518-	CE, INC. 89727	thereof, shall all times. It is be surrendere	e/permit, or a facsimile be carried in the vehicle at non-transferable and shall ed to the CHP upon demand by regulation.		
••••••••••••••••••••••••••••••••••••••	,		·······		
STATE OF CALIFORNIA DEPARTMENT OF CALIFORNIA HIGHWAY PATROL SPECIAL VEHICLE IDENTIFICA CHP 301 (REV 4-97) OPI 062	TION CERTIFICATE/P	ERMIT	CHP AREA: 125		
CHP Certificate/Permit Number: 89727-12495	ISSUED: 8/9/2016	EXPIRES: 8/8/2017	AREA:		
□ INITIAL □ DUPLICATE □ REPLACEMENT ☑ RENEWAL	EMERGENCY AMBUL	ANCE CERTIFICATE			
VEHICLE YEAR AND MAKE: 12 CHEVROLET 3500	VEHICLE LICENSE NO	D. AMRA 29	VIN: 1GB3G2CLXC1105786		
Authorized Emergency Vehicle Permit issued pursuant to Vehicle Code S	Section 2416 (a () for				
NAME AND MAILING ADDRESS		PROPERTY OF C	ALIFORNIA HIGHWAY PATROL		
ARCATA-MAD RIVER AMBULANCE SERVI ARCATA-MAD RIVER P.O. BOX 4948	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.				

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All in service ambulances are to be inspected by the on-duty crews each day using the vehicle check out form. This daily inspection includes assessing tire status, engine oil and coolant levels and a visual inspection for any obvious defects.

Any defect, fluid leakage, or other concern will be recorded on a maintenance memo and conveyed to management. The maintenance memo shall include the vehicle number, odometer reading, a description of the problem, and anything done to correct the problem. If any condition has been previously noted on a maintenance form, but has not been corrected, another maintenance form shall be completed (unless a notice has been distributed via email detailing the expected resolution of the problem and the operational status of the unit involved).

If any deficiency is noted that effects the operational status or safety of the vehicle, management shall be notified immediately and the vehicle placed out of service.

An email will be distributed to all field personnel any time a vehicle is removed from service or if a problem persists but in the estimation of management and the involved mechanics does not affect the operational status of the unit. An email notice will go out when a vehicle is returned to service or a known issue is resolved.

An oil change and safety inspection performed by a qualified mechanic will be performed every 3,000 miles.

For units based in Arcata, the service provider is North Bay Auto 1305 10th Street Arcata, 707-822-2100.

For units based in McKinleyville the service provider will be Central Ave Service, 2787 Central Ave. McKinleyville, 707-839-8337.

In addition to oil changes, all vehicles will follow the maintenance schedule recommended by the manufacturer at the mileage intervals specified. The service providers listed above will track and record the maintenance performed and recommend additional maintenance as indicated. For vehicles covered under a manufacturer's warranty, repairs will be scheduled through the applicable dealership.

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Quality management practices and policies

Arcata-Mad River Ambulance maintains a continuous quality improvement program and makes quarterly reports to the North Coast EMS agency addressing personnel, equipment and supplies, facilities, pre-hospital care reporting, public education and risk management. All patient care reports are peer reviewed for adherence to company developed standards on a rotational basis.

Staffing and hiring policies

The hiring of field personnel requires the completion of an application, verification of current certification/licensure as an EMT or paramedic, receiving a copy of a current motor vehicle report that meets company and insurance company guidelines, a current ambulance driver certificate and CPR card. Most applicants are referred by existing employees.

All new employees go through a minimum 72 hour orientation and training program while riding along with an on-duty crew. Successful completion of this program is verified by completion of an orientation checklist. For paramedic new hires, the North Coast EMS required accreditation evaluation is included in this training program.

All emergency response units are staffed 24/7 at the Advanced Life Support level by a two person crew consisting of at least 1 paramedic and one EMT. Units staffed by two paramedics are common.

Organization Chart of management staff

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The company has a flat organizational structure with the C.E.O reporting to the board of directors. The office manager and operations manager report to the C.E.O. All field personnel report to the operations manager. Currently the C.E.O. also serves as the operations manager.

Experience of the applicant/Knowledge or involvement in the Humboldt County EMS System Please see attached resume.

Radio Communication Equipment

Each ambulance is equipped as follows:

VHF – 160 channel programmable radio. Each radio is programmed with a wide variety of channels allowing for direct communication with law enforcement, fire, and various other agencies.

UHF – MedNet programmable radio. The mednet radio is programmed for communication with all surrounding receiving hospital facilities.

Repeater - in vehicle UHF to VHF repeater

Hand held radios

On-duty personnel carry a Kenwood portable VHF radio with 32 channels programmed like the mobile radios and with the addition of an in-vehicle repeater channel which allows for direct communication with the base hospital from outside the ambulance. The company maintains 10 of these portable radios.

The company maintains a VHF repeater located at Mad River Community Hospital, and VHF radios at our stations in McKinleyville and Arcata. The company also maintains a base radio on Mt. Pierce which is linked via microwave to the Cal Fire Command Center in Fortuna.

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All radio equipped has been supplied by RWS Services. A copy of the specific radio equipment purchased is attached.

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For Cu	stomers	thru	Group	thru	Truck	thru	One	Customer	Sequence	
•						с	ompleted		-	
Part Number		Par	t Decripti	on	Inv	oice No.	Date	Quantity	Serial	Number
ATA AMBULANCE										
F STREET ARCA	ATA, CA 955	21,								
ne # 707-822-3	353									
90BK9BMDH	RADIO,	DUAL H	EAD 40 WAT	т 160 СН В	ASIC FRONT	16908	12/08/00	1.00	10300012	
72GK1SK	RADIO,	VHF 32	CHANNEL 5	WATT		18334	08/30/01	1.00	30302635	
72GK1SK	RADIO,	VHF 32	CHANNEL 5	WATT		18334	08/30/01	1.00	30203017	
72GK1SK	RADIO,	VHF 32	CHANNEL 5	WATT		18334	08/30/01		30302252	
72GK1SK	RADIO,	VHF 32	CHANNEL 5	WATT			08/30/01		30401475	
60HG	RADIO,	VHF 12	8 CH 50 WA	IT ALPHA D	ISPLAY		12/06/01		30301133	
90BK	RADIO,	UHF 45	0-470 RF DI	ECK ONLY			12/31/03		41200183	
150	RADIO,	KENWOOI	VHF 160 (CH 50 WATT			12/31/03	1.00	50100127	
72GK1SK	RADIO,	VHF 32	CHANNEL 5	WATT REG H	RATE CHGR	26853	05/09/05	1.00	61102695	
72GK1SK	RADIO,	VHF 32	CHANNEL 5	WATT REG P	ATE CHGR	27987	11/09/05	1.00	70600119	
72GK1SK	RADIO,	VHF 32	CHANNEL 5	WATT REG F	RATE CHGR	28920	03/23/06	1.00	70901051	
750	_		KENWOOD 5			29900	12/11/06	1.00		
L50	RADIO,	KENWOOI	VHF 160 (CH 50 WATT		30750	10/17/07	1.00	90300079	
50	RADIO,	UHF 128	6 CH 45 WAT	T			10/17/07	1.00	90600034	
OBK	RADIO,	UHF 450	-470 RF DE	CK ONLY			10/22/09	1.00	90900140	
150	RADIO,	KENWOOI	VHF 160 (H 50 WATT			10/22/09		A9400017	
ZGK1SK	RADIO,	PORTABI	E 32 CH 4	WATT UHF			12/28/09		A9A00101	
180HK	RADIO,	50 WATT	512 CH				10/12/10		70500265	
50HG	RADIO,	VHF 128	CH 50 WAT	T (USED)			10/12/10	-1.00	30301133	
0BK	RADIO,	UHF 450	-470 RF DE	CK ONLY			05/22/12		B1B00049	
.50	RADIO,	KENWOOD	VHF 160 C	H 50 WATT		35835	05/22/12		00100074	
.50	RADIO,	KENWOOD	VHF 160 C	H 50 WATT			06/06/12		B1900003	
60HVK	RADIO,	VHF 128	CH 50 WAT	т			02/19/13	1.00	SNB260208	7
60HVK	RADIO,	VHF 128	CH 50 WAT	T			02/19/13		SNB2602086	
OBK	RADIO,	UHF 450	-470 RF DE	CK ONLY		38789	09/25/14		B4700032	
801IK	RADIO,	50 WATT	512 CH			38789	09/25/14		B4400387	
12K	RADIO,	VHF 128	CH 5 WATT	PORTABLE			10/07/15		B5810064	
12K	RADIO,	VHF 128	CH 5 WATT	PORTABLE			10/07/15		B5810142	
12K	RADIO,	VHF 128	CH 5 WATT	PORTABLE			10/07/15		B5810012	
12K			CH 5 WATT				10/07/15		B5810013	
80HK	RADIO,	50 WATT	512 CH				12/21/15		B5300213	
OBK			-470 RF DE	CK ONLY			12/21/15		B5A00020	
			Customer S		**			0.00		

****** Grand Total Sales ******

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138 Redbud Ln. Willow Creek, CA 95573 530-629-4699 e-mail: <u>amra@norcalsafety.com</u>

SUMMARY OF QUALIFICATIONS

- 33 years of experience in Emergency Medical Services
- 30 years of experience in EMS education.
- Program Director for accredited paramedic education training program.
- Developed curriculum for community college based paramedic program and several EMS Continuing Education Programs.
- Primary consultant on state grant supported programs in the areas of disaster planning, multi-casualty incident response, and injury prevention.
- Recognized M.B.A. prepared leader in the business and health care community.

EXPERIENCE

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Chief Executive Officer, Arcata-Mad River Ambulance, Inc. 4/01/2012-present

In addition to duties outlined below, provide strategic planning and direction to the activities of Arcata-Mad River Ambulance and the Northern California Safety Consortium, an industrial safety training and compliance subsidiary.

General Manager, Arcata-Mad River Ambulance, Inc. 10/1990- 4/01/2012

Manage all operational and business aspects of an ambulance company providing emergency and non emergency service to three cities and the unincorporated area of northwestern Humboldt County, CA. Recruit, hire, train, supervise and evaluate emergency medical technicians and paramedics in the performance of their duties. Supervise office personnel in accounts receivable/payable, negotiate contracts, and prepare county, state, and federal reports.

Paramedic Program Director and Instructor <u>College of the Redwoods</u>. 2008 – present. <u>Humboldt County Office of Education, ROP</u> 1992-2008

Develop curriculum, arrange facilities and equipment, recruit, train and supervise instructional staff. Maintain student records and prepare attendance reports. Develop course materials and evaluation instruments. Prepare annual and progress reports for accreditation organizations. Arrange agreements with clinical training sites and directly supervise field internships.

ii.

EDUCATION

Master of Business Administration, <u>Humboldt State University</u>, Arcata, CA. December 1990.

B.S. Forest Science Business Finance, special concentration Native American Studies, <u>Humboldt State University</u>, Arcata, CA. June 1985.

Emergency Medical Technician – Paramedic, <u>North Coast EMS</u>, Eureka, CA. October 1991.

Emergency Medical Technician II, College of the Redwoods, Eureka, CA. August 1984.

Emergency Medical Technician 1, College of the Redwoods, Eureka, CA May, 1982.

RELATED EXPERIENCE

California Vocational Designated Subject Credential – EMT Training. 1991-Present. American Heart Association (AHA) Regional Faculty 1998 – 2008. National Association of EMS Educators Charter Member AHA CPR Instructor 1981- present. California Community College Credential 1985 – 1988. Chair, Humboldt County Emergency Medical Care Committee (EMCC). Chair, Humboldt County Medical Advisory Committee California Paramedic License #P00363 Paramedic Field Training Officer 1995 – present

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COMMUNITY INVOLVEMENT/RECOGNITION

Named "EMS Educator of the Year" State of California, 2009 Recipient North Coast EMS "Star of Life" Award 1990 and 2004 Arcata Chamber of Commerce Business Leader of the Year 1998 Parish Finance Council member, project manager Board Member and Past President - Rotary Club of Arcata



ARCATA-MAD RIVER AMBULANCE, INC.

220 F Street • P.O. Box 4948 • Arcata, CA 95521 Business: (707)822-3353 • 24 Hour Dispatch: (707)822-4166 FAX: (707) 822-9628 • e-mail: amra@norcalsafety.com

Rates - Arcata-Mad River Ambulance

Effective 9/13/2016

	Current rates
ALS/BLS Base Rate for all emergency responses	\$1,495.00
Mileage – ALS/BLS per mile	21.95
Oxygen	70.00
Night Call 1900-0700	100.00
BLS Non-Emergency Base Rate	450.00
SCT/ALS-2 Base Rate	1,710.00
Standby time per 15 minutes	45.00
Cardiac Monitor (incl. in base except for Medi-Cal)	50.00
Isolette	100.00
Spinal Immobilization	100.00
Extrication/Off Road Rescue	115.00
Emergency Response Fee	200.00

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PRODUCER		<u>_</u>		CONTACT NAME:				
George Petersen Insurance Agency, Inc 416 E Street			;	PHONE (A/C, No, Ext): (707	442-2971	FAX (A/C, No):	(707)	442-7281
Eureka, CA 95502				ADDRESS: info@	gpins.com			r
								NAIC #
		-	·	INSURER A : Arch	insurance co			
INSURED				INSURER B :				
Arcata-Mad River Ambula 220 F Street	ice Se	ervice	e, Inc.	INSURER D :				
Arcata, CA 95521				INSURER E :				
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COVERAGES CE	RTIFI	CAT	E NUMBER:			REVISION NUMBER:		
THIS IS TO CERTIFY THAT THE POLIC INDICATED. NOTWITHSTANDING ANY	REON	DF INS	SURANCE LISTED BELOW	HAVE BEEN ISSUE N OF ANY CONTI	D TO THE INSU	RED NAMED ABOVE FOR R DOCUMENT WITH RESPI	THE POI	WHICH THIS
CERTIFICATE MAY BE ISSUED OR MA	Y PER	STAIN	. THE INSURANCE AFFOR	ded by the pol	ICIES DESCRIE	SED HEREIN IS SUBJECT	TO ALL	THE TERMS,
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						MED EXP (Any one person)	\$	5,000
	-					PERSONAL & ADV INJURY	\$	1,000,000
GEN'L AGGREGATE LIMIT APPLIES PER:	-					GENERAL AGGREGATE	\$	3,000,000
						PRODUCTS - COMP/OP AGG	+	3,000,000
OTHER:		_				COMBINED SINGLE LIMIT	\$	1 000 000
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County of Humboldt Attn: Risk Management 825 5th Street, Room 131		1	1	THE EXPIRAT	ION DATE T	DESCRIBED POLICIES BE C HEREOF, NOTICE WILL CY PROVISIONS.	SANCEL	LED BEFORE ELIVERED IN
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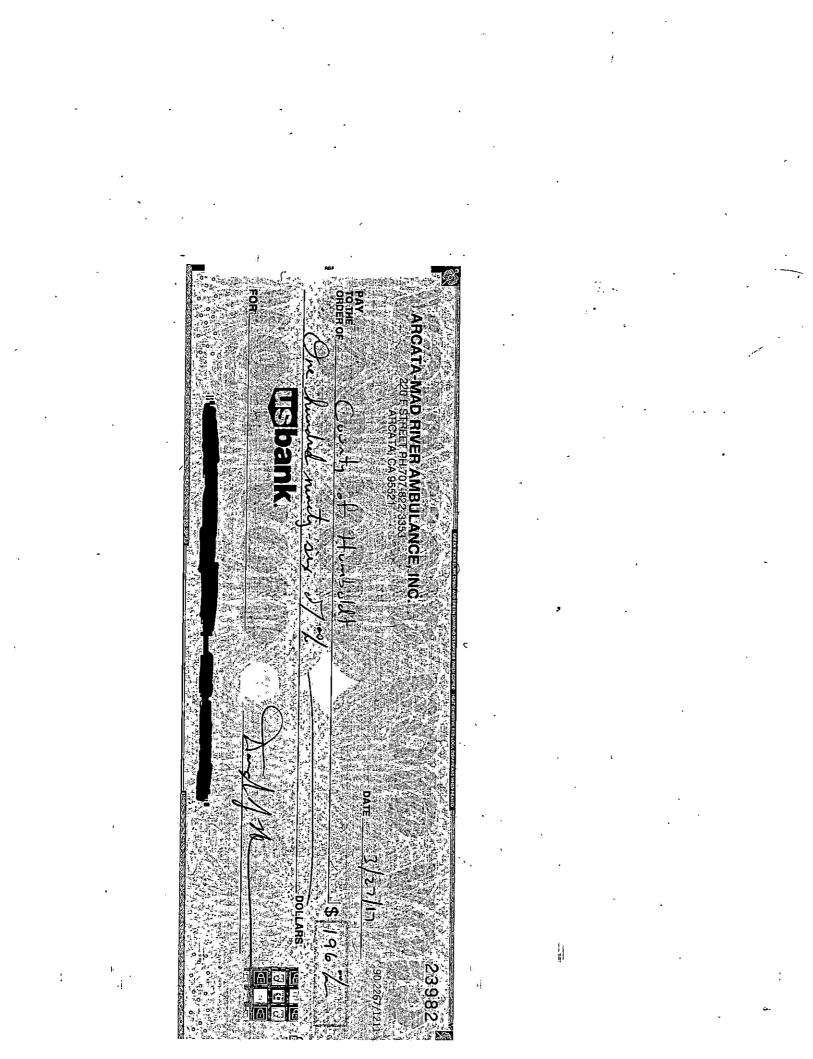
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ACORD	CER,		RII ITV ING	21 ID AI	~= [⁻	DATE (MM/DD/YYYY)
THIS CERTIFICATE IS ISSUED AS CERTIFICATE DOES NOT AFFIRM BELOW. THIS CERTIFICATE OF I REPRESENTATIVE OR PRODUCER.	A MATTE ATIVELY NSURAN	R OF INFORMATION ONL OR NEGATIVELY AMEND	Y AND CONFERS	NO RIGHT	S UPON THE CERTIFICATI	1/01/201 E HOLDER. THIS THE POLICIES 3), AUTHORIZED
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PRODUCER	s to the C	entricate holder in lieu of s	CONTACT	s).		
Cindy Elbert Insurance Services Inc						
15182 North 75th Ave, Ste 100 Peoria, AZ 85381			PHORE: 0U2-942-3900 FAX 602-942-4300 FAX: 602-942-4300 FAX: 602-942-4300 F-MAIL (A/C, No):			
INSURED			INSURER A : State Comp. Ins. Fund			
Arcata-Mad River Ambulance Inc			INSURER B :			
&Northern CA Safety Consortium			INSURER C :			
P.O. Box 4948			INSURER D :			
Arcata, CA 95518						
COVERAGES CE	RTIFICA	TE NUMBER: 4,007	INSURER F :		REVISION NUMBER:	
THIS IS TO CERTIFY THAT THE POLICIE INDICATED. NOTWITHSTANDING ANY R CERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUCH	S OF INSU	IRANCE LISTED BELOW HAV ENT, TERM OR CONDITION (OR OTHER I	D NAMED ABOVE FOR THE P DOCUMENT WITH RESPECT	Policy Period To which this 1. The terms,
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CORD 25 (2016/03)	The AC	ORD name and logo are n	© 1988 eglatered marks o	-2015 ACO	RD CORPORATION. All rig	ghts reserved.

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Additional information statement

Arcata-Mad River Ambulance has been the sole provider of emergency and non-emergency ambulance services in the northwest portion of Humboldt County, identified as Zone 1 under the Humboldt County Ambulance ordinance, for over 30 years. We provide 24/7 service from our stations located in Arcata and McKinleyville and work closely with six first responder fire departments and Mad River Community Hospital. We are approved as an advanced life support provider by the North Coast EMS Agency. Our senior manager has over 30 years of ambulance experience in Humboldt County and currently serves as chair of the Humboldt County Medical Advisory committee and Emergency Medical Care committee. He also directs the North Coast Paramedic Program at College of the Redwoods. We have been honored to provide high quality prehospital care at the advanced life support level to the communities we serve and look forward to continuing to provide those services for many years to come.

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