

## County of Humboldt Eureka, California Ambulance Service Permit Renewal Application

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

Ар	plicant - DO N	OT FILL OUT THIS SECTION
Received:	6/13/19	THE SECTION
Application Fee of \$196.00 Received: Proof of Liability	Yes	No 🗌
Insurance Attached: Resumes	Yes	No 🗌
Attached:	Yes	No 🗌

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

evel of Service: 🛚 Ba	ic Life Support	Life	Suppo	rt
evel of Service: 🔀 Ba	ic Life Support	Life	Suppo	0

Non-Emergency Transport (check all that apply)

Ambulance Service Full Name:	Arcata-Mad River Am	nbulance	
Name of Contact Person:	Doug Boileau	6	
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



Owner Name	Reach	Medical Ho		)
Address	4933 Ba	ailey Loop	City/Zip Code	McClellan, CA 95652
Phone Number	916- 921- 4000	Fax Number	916-921- 4099	Karen.Graham@REACHAIR.com E- Mail



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:

Description of Color Scheme, Insignia Name, Monogram, ot Distinguishing Characteristics	Blue/White	Blue/White	Blue/White	Blue/White	Blue/White
State or Federal Aviation Agency License Number	2150- 14168	2150- 13564	2150- 12495	2150- 15660	2150- pending
Length of Time In Use (Include current mileage	odometer) 2.5 years 100.158	3.5 years 109845	5.5 years 174,215	9 months 15,813	1 month 134,610
License Plate #	AMRA 31	AMRA 30	AMRA 29	27680L2	03105P2
Vehicle Identification Number	1GB3G2CL9F1168057	1GB3G2CLOE1161769	1GB3G2CLXC1105786	1GB3GRCG4J1264859	1FDXE40FSWHA44187
Model/Make	Chevrolet 3500	Chevrolet 3500	Chevrolet 3500	Chevrolet 3500	Ford E4500
Year	T. 2015	2. 2014	3. 2012	<b>4.</b> 2018	<b>5</b> . 1998

COLDI
W105 W

County of Humboldt

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

ဖ

ω.

10



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).
<ul> <li>Attach copies, or provide descriptions of the following:</li> <li>Applicant's quality management practices and policy;</li> <li>Staffing and hiring policies;</li> <li>Organizational chart of management staff;</li> <li>Resume of the training, orientation program, and experience of the Applicant in the transportation and care of patients; and</li> <li>Knowledge of and/or involvement in the Humboldt County Emergency Medical Services system.</li> </ul>
igtimes 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.



#### **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
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" 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	Hookton Road & Hwy 101	Pacific Ocean	



		Eureka,	California		
Zone	Northern Boundary	Eastern Boundary	Southern Boundary	Western Boundary	Indicate Zone(s) by
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	Placing "X
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.
- 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.
- 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 5<sup>th</sup> Street, Room 131 Eureka, CA 95501

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

#### **ADDITONAL 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.).

Information	statement	attached

standards for outlined in the System, the p	st that,Arcata-Mad River Ambulance, (name of ambulance sobtained all licenses required by law and is in compliance with providing emergency and/or non-emergency medical services as a Humboldt County Code, Title V, Division 5, Emergency Medical olicies established by North Coast EMS, and all other applicable state w and regulations. All information provided herein is true and complete listed below.
Signature of Applicant:	Dough Ne
Printed Name and Title	Douglas J. Boileau, Regional Director of Operations
Date:	June 3, 2019

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

ACORD

#### CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

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

REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER. IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(les) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s) CONTACT Jessica Littell
PHONE
LA/C, No. Ext); 720-593-5404
E-MAIL
ADDRESS: GMRrequest@woodruffsawyer.com Woodruff-Sawyer & Co. FAX (A/C, No); 717 - 17th Street, Suite 1540 Denver CO 80202 INSURER(S) AFFORDING COVERAGE NAIC# INSURER A: ACE American Insurance Company INSURFO GLOBMED-02 22667 INSURER B: Indemnity Insurance Company of North America Arcata Mad River Ambulance LLC 43575 220 F Street INSURER c : ACE Fire Underwriters Insurance Company 20702 Arcata, CA 95521 INSURER D: Lloyds of London - Beazley INSURER E : INSURER F: COVERAGES **CERTIFICATE NUMBER: 1250574328** THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. REVISION NUMBER: ADDL SUBR TYPE OF INSURANCE POLICY EFF POLICY EXP (MM/DD/YYYY) (MM/DD/YYYY) POLICY NUMBER COMMERCIAL GENERAL LIABILITY XSLG7123745A 3/31/2019 3/31/2020 EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) \$2,750,000 CLAIMS-MADE X OCCUR \$ 100,000 Х SIR MED EXP (Any one person) \$ 10,000\*\* 250,000 PERSONAL & ADV INJURY \$2,750,000 GEN'L AGGREGATE LIMIT APPLIES PER: GENERAL AGGREGATE \$5,000,000 PRO-JECT POLICY Loc PRODUCTS - COMP/OP AGG \$ 2,750,000 OTHER: AUTOMOBILE LIABILITY ISAH25277090 COMBINED SINGLE LIMIT (Ea accident) 3/31/2019 3/31/2020 ANY AUTO \$ 10,000,000 X OWNED AUTOS ONLY HIRED AUTOS ONLY BODILY INJURY (Per person) SCHEDULED AUTOS BODILY INJURY (Per accident) NON-OWNED AUTOS ONLY PROPERTY DAMAGE (Per accident) \$ UMBRELLA LIAB OCCUR EACH OCCURRENCE EXCESS LIAB CLAIMS-MADE AGGREGATE DED RETENTION \$ WORKERS COMPENSATION
AND EMPLOYERS' LIABILITY
ANYPROPRIETOR/PARTMER/EXECUTIVE
OFFICER/MEMBEREXCLUDED?
(Mandatory in NH)
If yes, describe under
DESCRIPTION OF OPERATIONS below WLRC65896187 WLRC65896229 3/31/2019 3/31/2019 3/31/2019 3/31/2019 3/31/2020 3/31/2020 PER STATUTE SCFC65896266 WCUC65896308 E.L. EACH ACCIDENT 3/31/2020 3/31/2020 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000 Medical Professional Liability Claims Made W1B173190401 3/31/2019 3/31/2020 EA OCC/GEN AGG 10,000,000 DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 181, Additional Remarks Schedule, may be attached if more space is required)
\*\$1,000,000 SIR APPLIES TO EXCESS WC POLICY NO. WCUC65896308 \*\*Medical Expense coverage falls within the SIR Attn: Risk Management/Insurance Department, CERTIFICATE HOLDER CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. Humboldt County Public Health Branch 529 "I" Street

ACORD 25 (2016/03)

Eureka, CA 95501

© 1988-2015 ACORD CORPORATION. All rights reserved.

AUTHORIZED REPRESENTATIVE

The ACORD name and logo are registered marks of ACORD

		CHP AREA: 125	A D C A A .	ARCA.	ARMORED CAR CERTIFICATE		VIN: 1683G2CI 9F1468057	1000		PROPERTY OF CALIFORNIA HIGHWAY PATROL	This certificate/permit, or a facsimile	Wereof, shall be carried in the vehicle at	be surrendered to the contractions	णांच पनान upon demand regulation.		
	TEICATE/PERMIT		2/1/2018 EXPIRES: 11/30/2019		EMERGENCY AMBULANCE CERTIFICATE AUTHORIZED EMERGENCY VEHICLE DEDIVITE		NSE NO. AMRA 31	) for		PROPERTY OF CALI	This certificate/pe	Thereot, shall be call times to the call times.	on whies, it is non-	or as required by regulation.		
The state of the s	SPECIAL VEHICLE IDENTIFICATION CERTIFICATE PERMIT	CHP Certificate (NEV 4-87) OPI 062	ISSUED: 12/1/2018   ISSUED: 12/1/2018	DUPLICATE	RENEWAL	VEHICLE YEAR AND MAKE: 45 CHEVROI FT 3500		MAME AND WALLEY THE CORP. Section 2416 (a. (	INDINITE AND MAILING ADDRESS	ARCATA-MAD RIVER AMBULANCE, LLC		ZZU P SI REET	ARCATA, CA 95521-			



STATE OF CALIFORNIA
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL
SPECIAL VEHICLE IDENTIFICATION CERTIFICATE/PERMIT

CHP AREA: 125

ARMORED CAR CERTIFICATE AREA: ISSUED: 12/1/2018 | EXPIRES: 11/30/2019 AUTHORIZED EMERGENCY VEHICLE PERMIT\* EMERGENCY AMBULANCE CERTIFICATE
 AUTHORIZED EMERGENCY VEHICLE PERI CHP Certificate/Permit Number: 2150-15660 DUPLICATE RENEWAL REPLACEMENT INITIAL

# NAME AND MAILING ADDRESS

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

VEHICLE YEAR AND MAKE: 18 CHEVROLET 3500

**MARCATA-MAD RIVER AMBULANCE, LLC** 

ARCATA, CA 95521-220 F STREET

î

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

PROPERTY OF CALIFORNIA HIGHWAY PATROL

VIN: 1GB3GRCG4J1264859

VEHICLE LICENSE NO. 27680L2

. .



SPECIAL VEHICLE IDENTIFICATION CERTIFICATE/PERMIT DEPARTMENT OF CALIFORNIA HIGHWAY PATROL

ARMORED CAR CERTIFICATE VIN: 1GB3G2CL0E1161769 CHP AREA: 125 AREA: EXPIRES: 11/30/2019 AUTHORIZED EMERGENCY VEHICLE PERMIT\* EMERGENCY AMBULANCE CERTIFICATE VEHICLE LICENSE NO. AMRA 30 SSUED: 12/1/2018 \*Authorized Emergency Vehicle Permit issued pursuant to Vehicle Code Section 2416 (a ( VEHICLE YEAR AND MAKE: 44 CHEVROLET 3500 CHP 301 (REV 4-97) OPI 062 CHP Certificate/Permit Number: 2150-13564 DUPLICATE NAME AND MAILING ADDRESS RENEWAL REPLACEMENT INITIAL

ARCATA-MAD RIVER AMBULANCE, LLC ARCATA, CA 95521-220 F STREET

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

STATE OF CALIFORNIA DEPARTMENT OF CALIFORNIA HIGHWAY PATROL

SPECIAL VEHICLE IDENTIFICATION CERTIFICATE/PERMIT

CHP 301 (REV 4-97) OPI 062

CHP Certificate/Permit Number: 2150- 12495

AUTHORIZED EMERGENCY VEHICLE PERMIT\* EMERGENCY AMBULANÇE CERTIFICATE DUPLICATE RENEWAL REPLACEMENT INITIAL

ARMORED CAR CERTIFICATE

CHP AREA: 125

AREA:

EXPIRES: 11/30/2019

SSUED: 12/1/2018

VIN: 1GB3G2CLXC1105786

VEHICLE YEAR AND MAKE: 12 CHEVROLET 3500

VEHICLE LICENSE.NO. AMRA 29 \*Authorized Emergency Vehicle Permit issued pursuant to Vehicle Code Section 2416 (a (

NAME AND MAILING ADDRESS

ARCATA-MAD RIVER AMBULANCE, LLC ARCATA, CA 95521-🐗 220 F STREET

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

#### 220 F Street Arcata, CA 95521

Business (707) 822-3353 FAX: (707)822-9628 24 Hour Dispatch: (707)822-4166

#### Rates - Arcata-Mad River Ambulance LLC

AT S/DT S Dogg Date C 11	Current rates	*Proposed rates
ALS/BLS Base Rate for all emergency responses	\$1,495.00	\$2,088.00
Mileage – ALS/BLS per mile	21.95	38.50
Oxygen	70.00	80.00
Night Call 1900-0700	100.00	100.00
BLS Non-Emergency Base Rate	450.00	600.00
ALS-2 Base Rate	1,710.00	2,360.00
SCT	1,710.00	
Standby time per 15 minutes	45.00	3,000.00
Cardiac Monitor (incl. in base except for Medi-Cal)	50.00	60.00
Isolette		50.00
Spinal Immobilization	100.00	100.00
Extrication/Off Road Rescue	100.00	130.00
Emergency Response Fee	115.00	150.00
and temporal to	200.00	250.00

<sup>\* -</sup> on consent calendar for approval at the June 25, 2019 Board of Supervisors meeting.

#### Maintenance Policy- Ambulances

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 maintenance manager. 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 Rock Solid Repair and Lube at 510 K Street Arcata, 707-822-6380.

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.

#### 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.

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

Selection 1 For Part TK

Completed 00/00/00 thru 03/07/16 Invoiced 00/00/00 thru 00/00/00 Due 00/00/00 thru 00/00/00 For Customers thru Group thru Truck

thru

One Customer Sequence

			sequence sequence
Part Number	Part Decription	Completed	
		Invoice No. Date	Quantity Serial Number
ATA AMBULANCE	9	····	
F STREET ARC	CATA, CA 95521		
ne # 707-822-	-3353		
190BK9BMDH		•	
72GK1SK	RADIO, DUAL HEAD 40 WATT 160 CH BASIC FROM	NT 16908 12/08/00	4 04
:72GK15K	RADIO, VHF 32 CHANNEL 5 WATT	18334 08/30/01	
.72GK15K	RADIO, VHF 32 CHANNEL 5 WATT	18334-08/30/01	1.00 30302635
172GK15K	RADIO, VHF 32 CHANNEL 5 WATT		4000011
	RADIO, VHF 32 CHANNEL 5 WATT	18334 08/30/01	1.00 30302252
'60HG	RADIO, VHF 128 CH 50 WATT ALPHA DISPLAY	18334 08/30/01	1.00 30401475
190BK	RADIO, UHF 450-470 RF DECK ONLY	18888 12/06/01	1.00 30301133
150	RADIO, KENWOOD VHF 160 CH 50 WATT	23576 12/31/03	1.00 41200183
:72GK1SK	RADIO, VHF 32 CHANNEL 5 WATT REG RATE CHGR	23576 12/31/03	1.00 50100127
!72GK1.SK	RADIO, VHF 32 CHANNEL 5 WATT REG RATE CHGR	26853 05/09/05	1.00 61102695
?72GK1SK	RADIO, VHE 32 CHANNEL 5 WATT REG RATE CHGR	27987 11/09/05	1.00 70600119
1750	RADIO, VHF 32 CHANNEL 5 WATT REG RATE CHGR BASE/REPEATER KENWOOD 50 WATT	28920 03/23/06	1.00 70901051
150	RADIO VENNOOD SO WATT	29900 12/11/06	1.00
1150	RADIO, KENWOOD VHF 160 CH 50 WATT	30750 10/17/07	
190вк	RADIO, UHF 128 CH 45 WATT	30750 10/17/07	
'150	RADIO, UHF 450-470 RF DECK ONLY	32799 10/22/09	1.00 90600034
172GK1SK	RADIO, KENWOOD VHF 160 CH 50 WATT	32799 10/22/09	1.00 90900140
180HK	RADIO, PORTABLE 32 CH 4 WATT UHF	32936 12/28/09	1.00 A9400017
'60HG	RADIO, 50 WATT 512 CH		1.00 A9A00101
190BK	RADIO, VHF 128 CH 50 WATT (USED)	33786 10/12/10	1.00 70500265
<b>-</b>	RADIO, UHF 450-470 RF DECK ONLY	33786 10/12/10	-1.00 30301133
/150	RADIO, KENWOOD VHF 160 CH 50 WATT	35835 05/22/12	1.00 B1B00049
150	RADIO, KENWOOD VHF 160 CH 50 WATT	35835 05/22/12	1.00 00100074
/360HVK	RADIO, VHF 128 CH 50 WATT	35878 06/06/12	1.00 B1900003
'360HVK	RADIO, VHF 128 CH 50 WATT	36821 02/19/13	1.00 SNB2602087
190BK	RADIO, UHF 450~470 RF DECK ONLY	36821 02/19/13	1.00 SNB2602086
1180HK	RADIO, 50 WATT 512 CH	38789 09/25/14	1.00 B4700032
:312K	RADIO, VHF 128 CH 5 WATT PORTABLE	38789 09/25/14	1.00 B4400387
:312K	RADIO, WHF 128 CH 5 WATT PORTABLE	39964 10/07/15	1.00 B5810064
¦312K	RADIO. VHE 129 CH E TOTAL	39964 10/07/15	1.00 B5810142
:312K	RADIO, VHF 128 CH 5 WATT PORTABLE	39964 10/07/15	1.00 B5810012
'180HK	RADIO, VHF 128 CH 5 WATT PORTABLE	39964 10/07/15	
190BK	RADIO, 50 WATT 512 CH	40167 12/21/15	1.00 B5810013
	RADIO, UHF 450-470 RF DECK ONLY	400 0	1.00 B5300213
	****** Total Customer Sales *****		1.00 B5A00020
	•	30.00	

#### **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

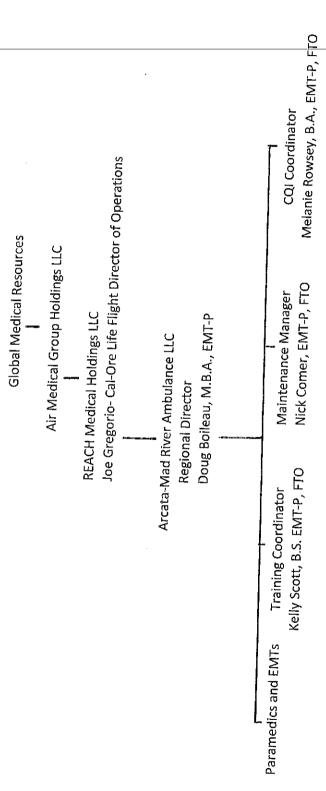
The hiring of field personnel requires the completion of an on-line application, verification of current certification/license as a paramedic or EMT, a driving record evidenced by CA DMV motor vehicle report which meets company and insurance standards, a current Ambulance Driver's Certificate, and CPR card. The company is a federal equal opportunity employer.

All new employees complete a minimum 72 hour orientation and training program with on-duty crews. Successful completion of that program is verified by completion of an orientation checklist. For paramedic new hires, the North Coast EMS required accreditation checklist is included in the above training. Employees are required to complete a wide variety of training classes within 3 months of hire.

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

Organization Chart of Management Staff - Please see attached organization chart.

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



#### Douglas J. Boileau

P.O. Box 172 Willow Creek, CA 95573 530-629-4699

e-mail: amra@norcalsafety.com

#### SUMMARY OF QUALIFICATIONS

- 36 years of experience in Emergency Medical Services
- 33 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

Regional Director, Arcata-Mad River Ambulance LLC 12/01/17 to present

Chief Executive Officer, Arcata-Mad River Ambulance, Inc. 4/01/2012-11/30/2017

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 College of the Redwoods. 2008 – present. Humboldt County Office of Education, ROP 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.

#### **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

#### 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 chair Santa Rosa Diocese Finance Council member Trustee Catholic Community Foundation Board Member and Past President - Rotary Club of Arcata

CHP 299 (Rev. 10-18) OPI 061			INSPECTION  INITIAL A	NNUAL COM	MDI IA	
LEGAL BUSINESS NAME					VIPLIA	NCE
ARCATA-MAD RIVER AMBULANCE			COMPANY LICENSE NUMBER VEHICLE YEAR, MAKE, A 1998 Ford E450	ND MODEL		
SERVICE ADDRESS (number end street) 220 F STREET	<u> </u>		VEHICLE IDENTIFICATION	N NUMBER (VIN)		
(city, state, and zip code)		<del></del> -	1FDXE40F5WHA	A44187		
ARCATA, CA 95521			VEHICLE LICENSE PLATE 03105P2 CA	NUMBER AND STAT	E	
	<u></u>		VEHICLE CERTIFICATE N	IUMBER		
ITEM INSPECTED (MINIMUM REQUIREMENTS)	1					
Registration; plates		SINO	ITEM INSPECTED (MINIMUM REQUIREMENTS)		YE	s N
identification certificate (annuals/compliance only)	<b>-</b>   ✓	<del>  _</del>	14. Reflectors		1	T
Ambulance identification sign (visible from 50+ feet)	+-	-	15. Glass		1	$\dagger$
Headlamps	<b>√</b>	-	16. Windshield wipers		7	1
Beam selector/indicator	1		17. Defroster		1	$\top$
6. Headlamp flasher (if equipped)	1		18. Mirrors		1	十
7. Steady red warning lamp	1		19. Horn		1	╁
8. Turn signals	<b>√</b>		20. Siren	,	1	†
	<del>                                     </del>		21. Seat belts		1	T
9. Clearance/sidemarker lamps (if required)     10. Stoplamps	/		22. Fire extinguisher (minimum 4B:C)		1	$\dagger$
11. Taillamps	\ <u>\</u>		23. Portable light		1	+
12. License plate lamp	/		24. Spare tire; jack and tools		1	$\vdash$
	<b> </b>		25. Maps of coverage areas or equivalent		1	十
13. Backup lamps	<b>√</b>		26. Door latches operable from Inside and outside		1	+-
	CHP	204 16	AT DE DESIGNATION FOR THE DIKECT	ION TO COPPE	ርፐ ፕሬ	łΕ
ANY ITEM CHECKED "NO" ABOVE WILL HAVE A CHP 281, NO DISCREPANCY. ONCE SIGNED OFF, THE EMERGENCY CARE EQUIPMENT AND SUPPLIES INSPECTED	YES			ER.	1	<del> </del>
FMFDGFMOV OADS TOWN	1	NO E	MERGENCY CARE EQUIPMENT AND SUPPLIES	ER.	YES	NC
EMERGENCY CARE EQUIPMENT AND SUPPLIES INSPECTED  1. (1) Ambulance cot and (1) collapsible stretcher  2. Securement straps for patient and cot/stretcher	YES	NO E	MERGENCY CARE EQUIPMENT AND SUPPLIES  14. Emesis basin or disposable bags, and covered or	INSPECTED	YES √	NC
EMERGENCY CARE EQUIPMENT AND SUPPLIES INSPECTED  1. (1) Ambulance cot and (1) collapsible stretcher  2. Securement straps for patient and cot/stretcher  3. Ankle and wrist restraints. Soft ties are acceptable.	YES √	NO E	MERGENCY CARE EQUIPMENT AND SUPPLIES  14. Emesis basin or disposable bags, and covered vibration of the control	INSPECTED	YES	NC
EMERGENCY CARE EQUIPMENT AND SUPPLIES INSPECTED  1. (1) Ambulance cot and (1) collapsible stretcher  2. Securement straps for patient and cot/stretcher  3. Ankle and wrist restraints. Soft ties are acceptable.  4. Sheets, pillow cases, blankets, towels, pillows (2)	YES ✓	NO E	MERGENCY CARE EQUIPMENT AND SUPPLIES  14. Emesis basin or disposable bags, and covered v  15. Portable suctioning apparatus (Squeeze syringe)  16. Two devices or material to restrict movement	INSPECTED waste container as not sufficient)	YES	NC
EMERGENCY CARE EQUIPMENT AND SUPPLIES INSPECTED  1. (1) Ambulance cot and (1) collapsible stretcher  2. Securement straps for patient and cot/stretcher  3. Ankle and wrist restraints. Soft ties are acceptable.  4. Sheets, pillow cases, blankets, towels, pillows (2)  5. Oropharyngeal airways: (1) adult, (1) child, (1) infant	YES  ✓  ✓	NO E	MERGENCY CARE EQUIPMENT AND SUPPLIES  14. Emesis basin or disposable bags, and covered v  15. Portable suctioning apparatus (Squeeze syringe  16. Two devices or material to restrict movement  17. (2) liters saline solution or a galion potable water	INSPECTED waste container as not sufficient)	YES	NC
EMERGENCY CARE EQUIPMENT AND SUPPLIES INSPECTED  1. (1) Ambulance cot and (1) collapsible stretcher  2. Securement straps for patient and cot/stretcher  3. Ankle and wrist restraints. Soft ties are acceptable.  4. Sheets, pillow cases, blankets, towels, pillows (2)  5. Oropharyngeal airways: (1) adult, (1) child, (1) Infant  6. Rigid or pneumatic splints (4)	YES  ✓  ✓  ✓	NO E	MERGENCY CARE EQUIPMENT AND SUPPLIES  14. Emesis basin or disposable bags, and covered vibrable suctioning apparatus (Squeeze syringe).  15. Portable suctioning apparatus (Squeeze syringe).  16. Two devices or material to restrict movement.  17. (2) liters saline solution or a gallon potable water.  18. Half-ring traction splint, padded ankle hitch strap equivalent device.	INSPECTED waste container as not sufficient)	YES	NC
EMERGENCY CARE EQUIPMENT AND SUPPLIES INSPECTED  1. (1) Ambulance cot and (1) collapsible stretcher  2. Securement straps for patient and cot/stretcher  3. Ankle and wrist restraints. Soft ties are acceptable.  4. Sheets, pillow cases, blankets, towels, pillows (2)  5. Oropharyngeal airways: (1) adult, (1) child, (1) infant	YES	NO E	MERGENCY CARE EQUIPMENT AND SUPPLIES  14. Emesis basin or disposable bags, and covered via portable suctioning apparatus (Squeeze syringe). Two devices or material to restrict movement.  7. (2) liters saline solution or a galion potable water.  8. Half-ring traction splint, padded ankie hitch strap equivalent device.	ER. HINSPECTED waste container is not sufficient) r	YES  ✓	NC
EMERGENCY CARE EQUIPMENT AND SUPPLIES INSPECTED  1. (1) Ambulance cot and (1) collapsible stretcher  2. Securement straps for patient and cot/stretcher  3. Ankle and wrist restraints. Soft ties are acceptable.  4. Sheets, pillow cases, blankets, towels, pillows (2)  5. Oropharyngeal airways: (1) adult, (1) child, (1) infant  6. Rigid or pneumatic splints (4)  7. Resuscitator - capable of use with oxygen or air in adult, child, and infant sizes  8. Oxygen and regulators, portability required	YES	NO E	MERGENCY CARE EQUIPMENT AND SUPPLIES  14. Emesis basin or disposable bags, and covered vibrable suctioning apparatus (Squeeze syringe).  15. Portable suctioning apparatus (Squeeze syringe).  16. Two devices or material to restrict movement.  17. (2) liters saline solution or a gallon potable water.  18. Half-ring traction splint, padded ankle hitch strap equivalent device.	INSPECTED waste container es not sufficient)  , heel rest or	YES  ✓  ✓  ✓	NC
EMERGENCY CARE EQUIPMENT AND SUPPLIES INSPECTED  1. (1) Ambulance cot and (1) collapsible stretcher  2. Securement straps for patient and cot/stretcher  3. Ankle and wrist restraints. Soft ties are acceptable.  4. Sheets, pillow cases, blankets, towels, pillows (2)  5. Oropharyngeal airways: (1) adult, (1) child, (1) infant  6. Rigid or pneumatic splints (4)  7. Resuscitator - capable of use with oxygen or air in adult, child, and infant sizes  8. Oxygen and regulators, portability required  9. Sterlle bandage compresses (4 - 3" x 3")	YES	NO E	MERGENCY CARE EQUIPMENT AND SUPPLIES  14. Emesis basin or disposable bags, and covered via Portable suctioning apparatus (Squeeze syringe). Two devices or material to restrict movement.  7. (2) liters saline solution or a gallon potable water. 8. Half-ring traction splint, padded ankle hitch strap equivalent device.  9. Blood pressure cuff, manometer, stethoscope.  0. Sterile obstetrical symplies (gloves, upplified asserted).	INSPECTED waste container es not sufficient)  , heel rest or	YES	NC
EMERGENCY CARE EQUIPMENT AND SUPPLIES INSPECTED  1. (1) Ambulance cot and (1) collapsible stretcher  2. Securement straps for patient and cot/stretcher  3. Ankle and wrist restraints. Soft ties are acceptable.  4. Sheets, pillow cases, blankets, towels, pillows (2)  5. Oropharyngeal airways: (1) adult, (1) child, (1) infant  6. Rigid or pneumatic splints (4)  7. Resuscitator - capable of use with oxygen or air in adult, child, and infant sizes  8. Oxygen and regulators, portability required  9. Sterile bandage compresses (4 - 3" x 3")  10. Soft rolled bandages (6 - 2", 3", 4", or 6")	YES	NO E	MERGENCY CARE EQUIPMENT AND SUPPLIES  14. Emesis basin or disposable bags, and covered via portable suctioning apparatus (Squeeze syringe).  15. Portable suctioning apparatus (Squeeze syringe).  16. Two devices or material to restrict movement.  17. (2) liters saline solution or a gallon potable water.  18. Half-ring traction splint, padded ankle hitch strap equivalent device.  19. Blood pressure cuff, manometer, stethoscope.  10. Sterile obstetrical supplies (gloves, umbilical cordiamps, dressings, towels, syringe, and clean plant.	INSPECTED waste container es not sufficient)  , heel rest or	YES	NC
EMERGENCY CARE EQUIPMENT AND SUPPLIES INSPECTED  1. (1) Ambulance cot and (1) collapsible stretcher  2. Securement straps for patient and cot/stretcher  3. Ankle and wrist restraints. Soft ties are acceptable.  4. Sheets, pillow cases, blankets, towels, pillows (2)  5. Oropharyngeal airways: (1) adult, (1) child, (1) infant  6. Rigid or pneumatic splints (4)  7. Resuscitator - capable of use with oxygen or air in adult, child, and infant sizes  8. Oxygen and regulators, portability required  9. Sterlle bandage compresses (4 - 3" x 3")  10. Soft rolled bandages (6 - 2", 3", 4", or 6")  11. Adhesive tape (2 rolls - 1", 2", or 3")	YES	NO E	MERGENCY CARE EQUIPMENT AND SUPPLIES  14. Emesis basin or disposable bags, and covered via portable suctioning apparatus (Squeeze syringe). Two devices or material to restrict movement.  7. (2) liters saline solution or a gallon potable water.  8. Half-ring traction splint, padded ankle hitch strap equivalent device.  9. Blood pressure cuff, manometer, stethoscope.  10. Sterile obstetrical supplies (gloves, umbilical cordiamps, dressings, towels, syringe, and clean plant.). Bedpan or fracture pan.  11. Bedpan or fracture pan.  12. Urinal.	HNSPECTED  waste container  is not sufficient)  r  i, heel rest or  d tape or astic bags)	YES	NC
EMERGENCY CARE EQUIPMENT AND SUPPLIES INSPECTED  1. (1) Ambulance cot and (1) collapsible stretcher  2. Securement straps for patient and cot/stretcher  3. Ankle and wrist restraints. Soft ties are acceptable.  4. Sheets, pillow cases, blankets, towels, pillows (2)  5. Oropharyngeal airways: (1) adult, (1) child, (1) Infant  6. Rigid or pneumatic splints (4)  7. Resuscitator - capable of use with oxygen or air in adult, child, and infant sizes  8. Oxygen and regulators, portability required  9. Sterile bandage compresses (4 - 3" x 3")  10. Soft rolled bandages (6 - 2", 3", 4", or 6")  11. Adhesive tape (2 rolls - 1", 2", or 3")	YES	NO E	MERGENCY CARE EQUIPMENT AND SUPPLIES  14. Emesis basin or disposable bags, and covered v  15. Portable suctioning apparatus (Squeeze syringe  16. Two devices or material to restrict movement  17. (2) liters saline solution or a galion potable water  18. Half-ring traction splint, padded ankle hitch strap  18. equivalent device  19. Blood pressure cuff, manometer, stethoscope  10. Sterile obstetrical supplies (gloves, umbilical cord  11. Bedpan or fracture pan	HNSPECTED  waste container  is not sufficient)  r  i, heel rest or  d tape or astic bags)	YES	

## STATE'OF CALIFORNIA DEPARTMENT OF CALIFORNIA HIGHWAY PATROL AMBULANCE INSPECTION REPORT

CHP 299 (Rev. 10-18) OPI 061

#### REQUIRED RECORDS AND DOCUMENTS INSPECTED AND IN COMPLIANCE

			TO HADE LOVE	- AND IN COMP	LIANCE			
CALL REGORDS	YES	NO		PERSON	NEL RECORD	ıs	\	Γ.
Location of records, retained for 3 years			14. Employmen				YES	N
Date, time, location, and identity of call taker			15. Copy of driv		···		┪—	<u> </u>
3. Name of requesting person or agency			16. Copy of am	bulance driver certifi	cate			-
4. Unit ID, personnel dispatched, and record of red light/siren use				dical exam certificate			-	<u> </u>
Explanation of failure to dispatch				T certificate or medi			-	_
Dispatch time, scene arrival time, and departure time			19. Work exper			<del></del>	-	
7. Destination of patient; arrival time					ith 13 CCR 110	01(b) and/or	┼─-	
Name or other identifier of patient transported								
COMPANY INSPECTION			21. Personnel e	nrolled in the DMV F	Pull Notice Syst	tem		
Company principals verified	YES	NO						
10 One or more ambulances available 24 hours	-	-						
11. Fees posted/current	<del> </del>					•		
12. Financial responsibility	-							
13. 24-hour direct telephone service		_						
75. 2.1 Hour direct telephone service								
VEHICLE INSURANCE CARRIER'S NAME	POLIC	Y NUM	BER		lac	M FOW TWIND A THE	20	
ACE AMERICAN INSURANCE CO	1SA	H252	277090		PC		0	
#33 ADDITION TO FLEET				<del></del>	·····	POLICY EXPIRATION DATE 03/31/2020  Policy Expiration Date 03/31/2020		
			·			•• • • • • • • • • • • • • • • • • • • •		•
				•				
			-					
	3.000 pg		SIMBLE SELECTIONS	· 1000年1月1日 - 1	Haring payers	Na sugarana		
LICENSEE CERTIFICATION	IN LIE	U OF	OFFICIAL BRA	KE CERTIFICATE				
I certify that there is no official brake adjusting station within 30 miles of the cand is in compliance with the requirements of the California Vehicle Code an	navali			· · · · · · · · · · · · · · · · · · ·	stem of this vehi	cle has been inspec	ted	_
SIGNATURE OF LICENSEE OR AUTHORIZED REPRESENTATIVE		10, 0	alionia code di R	egulations.				
						Ì		
TEMPORARY OPERATING AUTHORIZATION: This vehicle may be when used in lieu of the special vehicle identification certificate an	operat	ied as ires 3	an emergency a	mbulance. This auti	horization mus	t be carried in the	vehicle	<del></del>
SIGNATURE OF COMMANDER OR INSPECTING OFFICER	·		,					
M. Pel				ID NUMBER	LOCATION CODE	DATE		
				15341	125	05/09/2	ስተለ	

State:

State:



California Highway Patrol 2485 Sonoma Street Redding, CA 96001 Phone: (530) 242-4300

Internationally Accredited Agency CHP407F/343A

Report Number: CA1707703834 Inspection Date: 05/09/2019 Start: 9:04 AM PD End: 9:22 AM PD

Inspection Level: V - Terminal **HM Inspection Type:** None

ARCATA MAD RIVER AMBULANCE

220 F STREET

ARCATA, CA, 95521

USDOT:

Phone#:

MC/MX#: State#:

Fax#:

Location: 255 E SAMOA BLVD Highway:

County: HUMBOLDT

Driver:

License#:

Date of Birth:

CoDriver: License#:

Date of Birth:

Milepost: Shipper: N/A

Origin: ARCATA, CA **Destination: ARCATA, CA** 

Bill of Lading: N/A Cargo: EMPTY

VEHICLE IDENTIFICATION

Unit Type Make Year State <u>Plate</u> VN FORD 1998 CA

03105P2

Equipment ID 33

ΜN

**GVWR** CVSA Existing 1FDXE40F5WHA44187 14050

CVSA#

**BRAKE ADJUSTMENTS** 

Axle # Right

1 N/A

Left

N/A N/A N/A

Chamber HYDR HYDR

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; Regulated Vehicle: Y; Pre-Cleared Vehicle: N; Veh #1 Type: 41

Report Prepared By: M. Schmitcke

Badge #: 17077

Copy Received By:



CHP 299 (Rev. 10-18) OPI 061				INSPECTION  INITIAL ANNUAL CO	MPLI	NO
LEGAL BUSINESS NAME			COMPANY LICENSE NUMBER		IVII LI/	NIVE
ARCATA-MAD RIVER AMBULANCE			2150	VEHICLE YEAR, MAKE, AND MODEL		
SERVICE ADDRESS (number and street) 220 F STREET				VEHICLE IDENTIFICATION NUMBER (VIN)		_
(city, state, and zip code)				NAMES OF		
ARCATA, CA 95521				VEHICLE LICENSE PLATE NUMBER AND STAT	ΓE	
				VEHICLE CERTIFICATE NUMBER		
ITEM INSPECTED (MINIMUM REQUIREMENTS)	YE	S N	ITEM INSPECTED (MINIMU	M REQUIREMENTS)		
Registration; plates			14. Reflectors		YE	S
<ol><li>Identification certificate (annuals/compliance only)</li></ol>			15. Glass		-	-
<ol><li>Ambulance identification sign (visible from 50+ feet)</li></ol>			16. Windshield wipers			_
4. Headlamps			17. Defroster		+	-
5. Beam selector/indicator			18. Mirrors		4	
6. Headlamp flasher (if equipped)		1	19. Horn		-	-
7. Steady red warning lamp		$\top$	20. Siren		-	-
8. Turn signals		+	21. Seat belts		-	
9. Clearance/sidemarker lamps (if required)	$\top$	$\vdash$			-	$\perp$
10. Stoplamps		T	22. Fire extinguisher <i>(minimus</i> ) 23. Portable light	um 4B:C)		
11. Taillamps						
12. License plate lamp	+	-	24. Spare tire; jack and tools			
			25 Mana of savens			
13. Backup lamps  ANY ITEM CHECKED "NO" ABOVE WILL HAVE A CHE 284 No	OTICE	то	25. Maps of coverage areas 26. Door latches operable fro	om inside and outside		
13. Backup lamps  ANY ITEM CHECKED "NO" ABOVE WILL HAVE A CHP 281, No DISCREPANCY. ONCE SIGNED OFF, THIS			26. Door latches operable from	om inside and outside  ED WITH THE DIRECTION TO CORRE EINSPECTING OFFICER.	СТТ	HE
13. Backup lamps  ANY ITEM CHECKED "NO" ABOVE WILL HAVE A CHP 281, NOTE SIGNED OFF, THE CHECKED STATE OF THE CHECKED			26. Door latches operable from the second sec	om inside and outside  ED WITH THE DIRECTION TO CORRE EINSPECTING OFFICER.  MENT AND SUPPLIES INSPECTED	_	_
13. Backup lamps  ANY ITEM CHECKED "NO" ABOVE WILL HAVE A CHP 281, No DISCREPANCY. ONCE SIGNED OFF, THIS EMERGENCY CARE EQUIPMENT AND SUPPLIES INSPECTED  1. (1) Ambulance cot and (1) collapsible stretcher			26. Door latches operable from the control of the c	om inside and outside  D WITH THE DIRECTION TO CORRE INSPECTING OFFICER.  MENT AND SUPPLIES INSPECTED  ble bags, and covered waste container	CT TI	_
13. Backup lamps  ANY ITEM CHECKED "NO" ABOVE WILL HAVE A CHP 281, No DISCREPANCY. ONCE SIGNED OFF, THIS EMERGENCY CARE EQUIPMENT AND SUPPLIES INSPECTED  1. (1) Ambulance cot and (1) collapsible stretcher  2. Securement straps for patient and cot/stretcher			26. Door latches operable from the second sec	om inside and outside  ED WITH THE DIRECTION TO CORRE EINSPECTING OFFICER.  MENT AND SUPPLIES INSPECTED  Die bags, and covered waste container Fratus (Squeeze syringes not sufficient)	_	_
ANY ITEM CHECKED "NO" ABOVE WILL HAVE A CHP 281, NOT DISCREPANCY. ONCE SIGNED OFF, THIS EMERGENCY CARE EQUIPMENT AND SUPPLIES INSPECTED  1. (1) Ambulance cot and (1) collapsible stretcher  2. Securement straps for patient and cot/stretcher  3. Ankle and wrist restraints. Soft ties are acceptable.			26. Door latches operable from the control of the c	om inside and outside  D WITH THE DIRECTION TO CORRE INSPECTING OFFICER.  MENT AND SUPPLIES INSPECTED  Die bags, and covered waste container ratus (Squeeze syringes not sufficient) or restrict movement	_	_
ANY ITEM CHECKED "NO" ABOVE WILL HAVE A CHP 281, No DISCREPANCY. ONCE SIGNED OFF, THE MERGENCY CARE EQUIPMENT AND SUPPLIES INSPECTED  1. (1) Ambulance cot and (1) collapsible stretcher 2. Securement straps for patient and cot/stretcher 3. Ankle and wrist restraints. Soft ties are acceptable. 4. Sheets, pillow cases, blankets, towels, pillows (2)			26. Door latches operable from the second sec	om inside and outside  D WITH THE DIRECTION TO CORRE INSPECTING OFFICER.  MENT AND SUPPLIES INSPECTED  Die bags, and covered waste container ratus (Squeeze syringes not sufficient) or restrict movement	_	_
ANY ITEM CHECKED "NO" ABOVE WILL HAVE A CHP 281, NOT DISCREPANCY. ONCE SIGNED OFF, THIS EMERGENCY CARE EQUIPMENT AND SUPPLIES INSPECTED  1. (1) Ambulance cot and (1) collapsible stretcher  2. Securement straps for patient and cot/stretcher  3. Ankle and wrist restraints. Soft ties are acceptable.			26. Door latches operable from the second se	om inside and outside  D WITH THE DIRECTION TO CORRE INSPECTING OFFICER.  MENT AND SUPPLIES INSPECTED  Die bags, and covered waste container ratus (Squeeze syringes not sufficient) or restrict movement	_	_
ANY ITEM CHECKED "NO" ABOVE WILL HAVE A CHP 281, No DISCREPANCY. ONCE SIGNED OFF, THIS IMERGENCY CARE EQUIPMENT AND SUPPLIES INSPECTED  1. (1) Ambulance cot and (1) collapsible stretcher 2. Securement straps for patient and cot/stretcher 3. Ankle and wrist restraints. Soft ties are acceptable. 4. Sheets, pillow cases, blankets, towels, pillows (2) 5. Oropharyngeal airways: (1) adult, (1) child, (1) infant			26. Door latches operable from the control of the c	om inside and outside  ED WITH THE DIRECTION TO CORRE E INSPECTING OFFICER.  MENT AND SUPPLIES INSPECTED DIe bags, and covered waste container ratus (Squeeze syringes not sufficient) Do restrict movement The a gallon potable water  added ankle hitch strap, heel rest or	_	_
ANY ITEM CHECKED "NO" ABOVE WILL HAVE A CHP 281, NOT DISCREPANCY. ONCE SIGNED OFF, THIS IMPROVED OFF, THIS IMPOUND OFF, THIS IMPROVED OFF, THIS IMPOUND OFF, THIS IMPROVED OFF, THIS IMP			26. Door latches operable from the control of the c	DIED WITH THE DIRECTION TO CORRE INSPECTING OFFICER.  MENT AND SUPPLIES INSPECTED DIE bags, and covered waste container ratus (Squeeze syringes not sufficient) or restrict movement ratural gallon potable water added ankle hitch strap, heel rest or owneter, stethoscope	_	_
ANY ITEM CHECKED "NO" ABOVE WILL HAVE A CHP 281, No DISCREPANCY. ONCE SIGNED OFF, THIS EMERGENCY CARE EQUIPMENT AND SUPPLIES INSPECTED  1. (1) Ambulance cot and (1) collapsible stretcher  2. Securement straps for patient and cot/stretcher  3. Ankle and wrist restraints. Soft ties are acceptable.  4. Sheets, pillow cases, blankets, towels, pillows (2)  5. Oropharyngeal airways: (1) adult, (1) child, (1) infant  6. Rigid or pneumatic splints (4)  7. Resuscitator - capable of use with oxygen or air in adult, child, and infant sizes  8. Oxygen and regulators, portability required		NO	26. Door latches operable from the second service of the second second second service of the second s	DIM Inside and outside  ED WITH THE DIRECTION TO CORRE INSPECTING OFFICER.  MENT AND SUPPLIES INSPECTED  Die bags, and covered waste container ratus (Squeeze syringes not sufficient)  Die restrict movement  The a gallon potable water  added ankle hitch strap, heel rest or ometer, stethoscope	_	_
ANY ITEM CHECKED "NO" ABOVE WILL HAVE A CHP 281, No DISCREPANCY. ONCE SIGNED OFF, THE MERGENCY CARE EQUIPMENT AND SUPPLIES INSPECTED  1. (1) Ambulance cot and (1) collapsible stretcher 2. Securement straps for patient and cot/stretcher 3. Ankle and wrist restraints. Soft ties are acceptable. 4. Sheets, pillow cases, blankets, towels, pillows (2) 5. Oropharyngeal airways: (1) adult, (1) child, (1) infant 6. Rigid or pneumatic splints (4) 7. Resuscitator - capable of use with oxygen or air in adult, child, and infant sizes 8. Oxygen and regulators, portability required 9. Sterile bandage compresses (4 - 3" x 3")		NO	26. Door latches operable from the control of the c	DIED WITH THE DIRECTION TO CORRE INSPECTING OFFICER.  MENT AND SUPPLIES INSPECTED DIE bags, and covered waste container ratus (Squeeze syringes not sufficient) or restrict movement ratural gallon potable water added ankle hitch strap, heel rest or owneter, stethoscope	_	_
ANY ITEM CHECKED "NO" ABOVE WILL HAVE A CHP 281, No DISCREPANCY. ONCE SIGNED OFF, THIS IMPROVE CARE EQUIPMENT AND SUPPLIES INSPECTED  1. (1) Ambulance cot and (1) collapsible stretcher  2. Securement straps for patient and cot/stretcher  3. Ankle and wrist restraints. Soft ties are acceptable.  4. Sheets, pillow cases, blankets, towels, pillows (2)  5. Oropharyngeal airways: (1) adult, (1) child, (1) infant  6. Rigid or pneumatic splints (4)  7. Resuscitator - capable of use with oxygen or air in adult, child, and infant sizes  8. Oxygen and regulators, portability required  9. Sterile bandage compresses (4 - 3" x 3")  10. Soft rolled bandages (6 - 2", 3", 4", or 6")		NO	26. Door latches operable from the control of the c	DIMITH THE DIRECTION TO CORRE INSPECTING OFFICER.  MENT AND SUPPLIES INSPECTED ble bags, and covered waste container ratus (Squeeze syringes not sufficient) to restrict movement a gallon potable water added ankle hitch strap, heel rest or ometer, stethoscope  (gloves, umbilical cord tape or syringe, and clean plastic bags)	_	_
ANY ITEM CHECKED "NO" ABOVE WILL HAVE A CHP 281, No DISCREPANCY. ONCE SIGNED OFF, THE MERGENCY CARE EQUIPMENT AND SUPPLIES INSPECTED  1. (1) Ambulance cot and (1) collapsible stretcher 2. Securement straps for patient and cot/stretcher 3. Ankle and wrist restraints. Soft ties are acceptable. 4. Sheets, pillow cases, blankets, towels, pillows (2) 5. Oropharyngeal airways: (1) adult, (1) child, (1) infant 6. Rigid or pneumatic splints (4) 7. Resuscitator - capable of use with oxygen or air in adult, child, and infant sizes 8. Oxygen and regulators, portability required 9. Sterile bandage compresses (4 - 3" x 3")		NO	26. Door latches operable from the control of the c	DIMINISTED AND SUPPLIES INSPECTED  DIE DAGS, and covered waste container ratus (Squeeze syringes not sufficient) or restrict movement  a gallon potable water  added ankle hitch strap, heel rest or	_	_
ANY ITEM CHECKED "NO" ABOVE WILL HAVE A CHP 281, No DISCREPANCY. ONCE SIGNED OFF, THIS EMERGENCY CARE EQUIPMENT AND SUPPLIES INSPECTED  1. (1) Ambulance cot and (1) collapsible stretcher 2. Securement straps for patient and cot/stretcher 3. Ankle and wrist restraints. Soft ties are acceptable. 4. Sheets, pillow cases, blankets, towels, pillows (2) 5. Oropharyngeal airways: (1) adult, (1) child, (1) infant 6. Rigid or pneumatic splints (4) 7. Resuscitator - capable of use with oxygen or air in adult, child, and infant sizes 8. Oxygen and regulators, portability required 9. Sterile bandage compresses (4 - 3" x 3") 10. Soft rolled bandages (6 - 2", 3", 4", or 6") 11. Adhesive tape (2 rolls - 1", 2", or 3")		NO	26. Door latches operable from the control of the c	DIMITH THE DIRECTION TO CORRE INSPECTING OFFICER.  MENT AND SUPPLIES INSPECTED ble bags, and covered waste container ratus (Squeeze syringes not sufficient) to restrict movement a gallon potable water added ankle hitch strap, heel rest or ometer, stethoscope  (gloves, umbilical cord tape or syringe, and clean plastic bags)	_	_
ANY ITEM CHECKED "NO" ABOVE WILL HAVE A CHP 281, No DISCREPANCY. ONCE SIGNED OFF, THIS EMERGENCY CARE EQUIPMENT AND SUPPLIES INSPECTED  1. (1) Ambulance cot and (1) collapsible stretcher 2. Securement straps for patient and cot/stretcher 3. Ankle and wrist restraints. Soft ties are acceptable. 4. Sheets, pillow cases, blankets, towels, pillows (2) 5. Oropharyngeal airways: (1) adult, (1) child, (1) infant 6. Rigid or pneumatic splints (4) 7. Resuscitator - capable of use with oxygen or air in adult, child, and infant sizes 8. Oxygen and regulators, portability required 9. Sterile bandage compresses (4 - 3" x 3") 10. Soft rolled bandages (6 - 2", 3", 4", or 6") 11. Adhesive tape (2 rolls - 1", 2", or 3") 12. Bandage shears		NO	26. Door latches operable from the control of the c	DIMINISTED AND SUPPLIES INSPECTED  DIE DAGS, and covered waste container ratus (Squeeze syringes not sufficient) or restrict movement  a gallon potable water  added ankle hitch strap, heel rest or	_	_

EMMIN AU 11/8/2018

AMBULANCE INSPECTION REPORT CHP 299 (Rev. 10-18) OPI 061				INSPECTION INITIAL ANNUAL CO				
LEGAL BUSINESS NAME		===	COMPANY HORIZON		MPLIAI	4CE		
ARCATA-MAD RIVER AMBULANCE			COMPANY LICENSE NUMBER 2150	VEHICLE YEAR, MAKE, AND MODEL				
SERVICE ADDRESS (number and street)	·—-		1210	2012 CHEV 3500  VEHICLE IDENTIFICATION NUMBER (VIN)				
220 F STREET (clty, state, and zip code)				1GB3G2CLXC1105786				
ARCATA, CA 95521				VEHICLE LICENSE PLATE NUMBER AND STA	ΓE			
				ARMA29 CA				
				VEHICLE CERTIFICATE NUMBER 12495				
ITEM INSPECTED (MINIMUM REQUIREMENTS)	YE	s NO	ITEM INSPECTED (MINIMU					
1. Registration; plates	7		14. Reflectors	M REQUIREMENTS)		SN		
2. Identification certificate (annuals/compliance only)	7	1-	15. Glass			+		
Ambulance identification sign (visible from 50+ feet)	- ·	<del> </del>	16. Windshield wipers			<del> </del>		
4. Headlamps	- <del>                                    </del>	-	17. Defroster			_		
5. Beam selector/indicator	1	+-	18. Mirrors		_	_		
6. Headlamp flasher (if equipped)	1	+	19. Horn		_ ✓	$\bot$		
7. Steady red warning lamp	1	+	20. Siren			Ļ		
8. Turn signals					1			
Clearance/sidemarker lamps (if required)	1	╁┈╏	21. Seat belts		1	<u> </u> _		
10. Stoplamps	- V		22. Fire extinguisher (minin	num 4B:C)	<b>✓</b>	_		
			23. Portable light		1/	1		
11. Taillamos	7		04		<u> </u>	┺.		
11. Taillamps  12. License plate lamp	1		24. Spare tire; jack and tool	<del></del>	1	L		
12. License plate lamp 13. Backup lamps	1		<ul><li>25. Maps of coverage areas</li><li>26. Door latches operable fr</li></ul>	s or equivalent om inside and outside	1			
12. License plate lamp	V V	TO C0 281 V	25. Maps of coverage areas 26. Door latches operable fr	s or equivalent rom inside and outside	1	IE		
12. License plate lamp  13. Backup lamps  ANY ITEM CHECKED "NO" ABOVE WILL HAVE A CHP 281, DISCREPANCY. ONCE SIGNED OFF, T	V V NOTICE HE CHP	201	25. Maps of coverage areas 26. Door latches operable fr ORRECT VIOLATION, ISSU VILL BE RETURNED TO TH	s or equivalent  rom inside and outside  ED WITH THE DIRECTION TO CORRE E INSPECTING OFFICER.	√ √ ✓			
12. License plate lamp  13. Backup lamps  ANY ITEM CHECKED "NO" ABOVE WILL HAVE A CHP 281, DISCREPANCY. ONCE SIGNED OFF, T	NOTICE THE CHP	NO I	25. Maps of coverage areas 26. Door latches operable fr ORRECT VIOLATION, ISSU VILL BE RETURNED TO THE	or equivalent  om inside and outside  ED WITH THE DIRECTION TO CORRE E INSPECTING OFFICER.  MENT AND SUPPLIES INSPECTED	√ √ √ ECT TH			
12. License plate lamp  13. Backup lamps  ANY ITEM CHECKED "NO" ABOVE WILL HAVE A CHP 281, DISCREPANCY. ONCE SIGNED OFF, T  EMERGENCY CARE EQUIPMENT AND SUPPLIES INSPECTED  1. (1) Ambulance cot and (1) collapsible stretcher  2. Securement straps for patient and cot/stretcher	NOTICE HE CHP	NO I	25. Maps of coverage areas 26. Door latches operable fr ORRECT VIOLATION, ISSU VILL BE RETURNED TO THI EMERGENCY CARE EQUIP 14. Emesis basin or disposa	or equivalent  om inside and outside  ED WITH THE DIRECTION TO CORRE E INSPECTING OFFICER.  MENT AND SUPPLIES INSPECTED ble bags, and covered waste container	✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓			
12. License plate lamp  13. Backup lamps  ANY ITEM CHECKED "NO" ABOVE WILL HAVE A CHP 281, DISCREPANCY. ONCE SIGNED OFF, T  EMERGENCY CARE EQUIPMENT AND SUPPLIES INSPECTED  1. (1) Ambulance cot and (1) collapsible stretcher	NOTICE HE CHP	NO !	25. Maps of coverage areas 26. Door latches operable fr ORRECT VIOLATION, ISSUIVILL BE RETURNED TO THE EMERGENCY CARE EQUIP 14. Emesis basin or disposa 15. Portable suctioning appare	s or equivalent  com inside and outside  ED WITH THE DIRECTION TO CORRE E INSPECTING OFFICER.  MENT AND SUPPLIES INSPECTED  able bags, and covered waste container  aratus (Squeeze syringes not sufficient)	YES			
12. License plate lamp  13. Backup lamps  ANY ITEM CHECKED "NO" ABOVE WILL HAVE A CHP 281, DISCREPANCY. ONCE SIGNED OFF, T  EMERGENCY CARE EQUIPMENT AND SUPPLIES INSPECTED  1. (1) Ambulance cot and (1) collapsible stretcher  2. Securement straps for patient and cot/stretcher  3. Ankle and wrist restraints. Soft ties are acceptable.  4. Sheets, pillow cases, blankets, towels, pillows (2)	NOTICE THE CHP  YES	NO I	25. Maps of coverage areas 26. Door latches operable fr  ORRECT VIOLATION, ISSUITED TO THE  EMERGENCY CARE EQUIP 14. Emesis basin or disposa 15. Portable suctioning apparate. 16. Two devices or material	s or equivalent com inside and outside  ED WITH THE DIRECTION TO CORRE E INSPECTING OFFICER.  MENT AND SUPPLIES INSPECTED able bags, and covered waste container aratus (Squeeze syringes not sufficient) to restrict movement	✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓			
12. License plate lamp  13. Backup lamps  ANY ITEM CHECKED "NO" ABOVE WILL HAVE A CHP 281, DISCREPANCY. ONCE SIGNED OFF, T  EMERGENCY CARE EQUIPMENT AND SUPPLIES INSPECTED  1. (1) Ambulance cot and (1) collapsible stretcher  2. Securement straps for patient and cot/stretcher  3. Ankle and wrist restraints. Soft ties are acceptable.	NOTICE HE CHP  YES  V	NO I	25. Maps of coverage areas 26. Door latches operable fr ORRECT VIOLATION, ISSUIVILL BE RETURNED TO THI EMERGENCY CARE EQUIP 14. Emesis basin or disposa 15. Portable suctioning appa 16. Two devices or material 17. (2) liters saline solution of	s or equivalent  com inside and outside  ED WITH THE DIRECTION TO CORRE E INSPECTING OFFICER.  MENT AND SUPPLIES INSPECTED  able bags, and covered waste container aratus (Squeeze syringes not sufficient) to restrict movement  or a gallon potable water	YES			
12. License plate lamp  13. Backup lamps  ANY ITEM CHECKED "NO" ABOVE WILL HAVE A CHP 281, DISCREPANCY. ONCE SIGNED OFF, T  EMERGENCY CARE EQUIPMENT AND SUPPLIES INSPECTED  1. (1) Ambulance cot and (1) collapsible stretcher  2. Securement straps for patient and cot/stretcher  3. Ankle and wrist restraints. Soft ties are acceptable.  4. Sheets, pillow cases, blankets, towels, pillows (2)	NOTICE HE CHP  YES	NO I	25. Maps of coverage areas 26. Door latches operable fr ORRECT VIOLATION, ISSUIVILL BE RETURNED TO THI EMERGENCY CARE EQUIP 14. Emesis basin or disposa 15. Portable suctioning appa 16. Two devices or material 17. (2) liters saline solution of	s or equivalent com inside and outside  ED WITH THE DIRECTION TO CORRE E INSPECTING OFFICER.  MENT AND SUPPLIES INSPECTED able bags, and covered waste container aratus (Squeeze syringes not sufficient) to restrict movement	YES	_		
12. License plate lamp  13. Backup lamps  ANY ITEM CHECKED "NO" ABOVE WILL HAVE A CHP 281, DISCREPANCY. ONCE SIGNED OFF, T  EMERGENCY CARE EQUIPMENT AND SUPPLIES INSPECTED  1. (1) Ambulance cot and (1) collapsible stretcher  2. Securement straps for patient and cot/stretcher  3. Ankle and wrist restraints. Soft ties are acceptable.  4. Sheets, pillow cases, blankets, towels, pillows (2)  5. Oropharyngeal airways: (1) adult, (1) child, (1) infant	V V NOTICE THE CHP	NO I	25. Maps of coverage areas 26. Door latches operable fr ORRECT VIOLATION, ISSUIVILL BE RETURNED TO THE EMERGENCY CARE EQUIP 14. Emesis basin or disposa 15. Portable suctioning appara 16. Two devices or material 17. (2) liters saline solution of	s or equivalent com inside and outside  ED WITH THE DIRECTION TO CORRE E INSPECTING OFFICER.  MENT AND SUPPLIES INSPECTED able bags, and covered waste container caratus (Squeeze syringes not sufficient) to restrict movement or a gallon potable water padded ankle hitch strap, heel rest or	YES  V  V  V  V  V  V			
12. License plate lamp  13. Backup lamps  ANY ITEM CHECKED "NO" ABOVE WILL HAVE A CHP 281, DISCREPANCY. ONCE SIGNED OFF, TO DISCREPA	V V NOTICE THE CHP	NO I	25. Maps of coverage areas 26. Door latches operable fr ORRECT VIOLATION, ISSUIVILL BE RETURNED TO THI EMERGENCY CARE EQUIP 14. Emesis basin or disposa 15. Portable suctioning appa 16. Two devices or material 17. (2) liters saline solution of 18. Half-ring traction splint, pequivalent device 19. Blood pressure cuff, man 20. Sterile obstetrical supplies	s or equivalent  com inside and outside  ED WITH THE DIRECTION TO CORRE E INSPECTING OFFICER.  MENT AND SUPPLIES INSPECTED  able bags, and covered waste container aratus (Squeeze syringes not sufficient) to restrict movement  or a gallon potable water  padded ankle hitch strap, heel rest or  nometer, stethoscope	YES  V  V  V  V  V	_		
12. License plate lamp  13. Backup lamps  ANY ITEM CHECKED "NO" ABOVE WILL HAVE A CHP 281, DISCREPANCY. ONCE SIGNED OFF, T  EMERGENCY CARE EQUIPMENT AND SUPPLIES INSPECTED  1. (1) Ambulance cot and (1) collapsible stretcher  2. Securement straps for patient and cot/stretcher  3. Ankle and wrist restraints. Soft ties are acceptable.  4. Sheets, pillow cases, blankets, towels, pillows (2)  5. Oropharyngeal airways: (1) adult, (1) child, (1) infant  6. Rigid or pneumatic splints (4)  7. Resuscitator - capable of use with oxygen or air in adult, child, and infant sizes	V V NOTICE HE CHP YES V V V	NO I	25. Maps of coverage areas 26. Door latches operable fr  ORRECT VIOLATION, ISSUIVILL BE RETURNED TO THI  EMERGENCY CARE EQUIP 14. Emesis basin or disposa 15. Portable suctioning appa 16. Two devices or material 17. (2) liters saline solution of 18. Half-ring traction splint, pequivalent device 19. Blood pressure cuff, man 20. Sterile obstetrical supplied clamps, dressings, towels	s or equivalent  rom inside and outside  ED WITH THE DIRECTION TO CORRE E INSPECTING OFFICER.  MENT AND SUPPLIES INSPECTED ble bags, and covered waste container aratus (Squeeze syringes not sufficient) to restrict movement or a gallon potable water badded ankle hitch strap, heel rest or	YES  V  V  V  V  V			
12. License plate lamp  13. Backup lamps  ANY ITEM CHECKED "NO" ABOVE WILL HAVE A CHP 281, DISCREPANCY. ONCE SIGNED OFF, TO DISCREPA	NOTICE HE CHP  YES  V  V  V  V  V  V  V  V  V	NO I	25. Maps of coverage areas 26. Door latches operable fr ORRECT VIOLATION, ISSUIVILL BE RETURNED TO THI EMERGENCY CARE EQUIP 14. Emesis basin or disposa 15. Portable suctioning appa 16. Two devices or material 17. (2) liters saline solution of 18. Half-ring traction splint, pequivalent device 19. Blood pressure cuff, man 20. Sterile obstetrical supplies clamps, dressings, towels 21. Bedpan or fracture pan	s or equivalent  com inside and outside  ED WITH THE DIRECTION TO CORRE E INSPECTING OFFICER.  MENT AND SUPPLIES INSPECTED  able bags, and covered waste container aratus (Squeeze syringes not sufficient) to restrict movement  or a gallon potable water  padded ankle hitch strap, heel rest or  nometer, stethoscope	YES  V  V  V  V  V  V  V			
12. License plate lamp  13. Backup lamps  ANY ITEM CHECKED "NO" ABOVE WILL HAVE A CHP 281, DISCREPANCY. ONCE SIGNED OFF, T  EMERGENCY CARE EQUIPMENT AND SUPPLIES INSPECTED  1. (1) Ambulance cot and (1) collapsible stretcher  2. Securement straps for patient and cot/stretcher  3. Ankle and wrist restraints. Soft ties are acceptable.  4. Sheets, pillow cases, blankets, towels, pillows (2)  5. Oropharyngeal airways: (1) adult, (1) child, (1) infant  6. Rigid or pneumatic splints (4)  7. Resuscitator - capable of use with oxygen or air in adult, child, and infant sizes  8. Oxygen and regulators, portability required  9. Sterile bandage compresses (4 - 3" x 3")  10. Soft rolled bandages (6 - 2", 3", 4", or 6")	VES V	NO I	25. Maps of coverage areas 26. Door latches operable fr  ORRECT VIOLATION, ISSUITURED TO THE  EMERGENCY CARE EQUIP 14. Emesis basin or disposa 15. Portable suctioning appara 16. Two devices or material 17. (2) liters saline solution of 18. Half-ring traction splint, pequivalent device 19. Blood pressure cuff, man 20. Sterile obstetrical supplied clamps, dressings, towels 21. Bedpan or fracture pan 22. Urinal	s or equivalent com inside and outside  ED WITH THE DIRECTION TO CORRE E INSPECTING OFFICER.  MENT AND SUPPLIES INSPECTED able bags, and covered waste container caratus (Squeeze syringes not sufficient) to restrict movement or a gallon potable water conditional cord and an analysis of the core commeter, stethoscope as (gloves, umbilical cord tape or as, syringe, and clean plastic bags)	YES  V  V  V  V  V  V  V  V  V  V			
12. License plate lamp  13. Backup lamps  ANY ITEM CHECKED "NO" ABOVE WILL HAVE A CHP 281, DISCREPANCY. ONCE SIGNED OFF, TO DISCREPA	NOTICE HE CHP  YES  V  V  V  V  V  V  V  V  V	NO I	25. Maps of coverage areas 26. Door latches operable fr ORRECT VIOLATION, ISSUIVILL BE RETURNED TO THI EMERGENCY CARE EQUIP 14. Emesis basin or disposa 15. Portable suctioning appa 16. Two devices or material 17. (2) liters saline solution of 18. Half-ring traction splint, pequivalent device 19. Blood pressure cuff, man 20. Sterile obstetrical supplie clamps, dressings, towels 21. Bedpan or fracture pan 22. Urinal 23. Two spinal immobilization one at least 60" in length	s or equivalent  com inside and outside  ED WITH THE DIRECTION TO CORRE E INSPECTING OFFICER.  MENT AND SUPPLIES INSPECTED  able bags, and covered waste container aratus (Squeeze syringes not sufficient) to restrict movement  or a gallon potable water  padded ankle hitch strap, heel rest or  nometer, stethoscope	YES  V  V  V  V  V  V  V  V  V  V			

CHP 299 (Rev. 10-18) OPI 061

#### REQUIRED RECORDS AND DOCUMENTS INSPECTED AND IN COMPLIANCE

CALL RECORDS	YES	NO	PERSONNEL RECORDS		T
<ol> <li>Location of records, retained for 3 years</li> </ol>			14. Employment date	YES	NO
2. Date, time, location, and identity of call taker			15. Copy of driver license		-
3. Name of requesting person or agency			16. Copy of ambulance driver certificate	-	_
4. Unit ID, personnel dispatched, and record of red light/siren use			17. Copy of medical exam certificate		ļ.,
5. Explanation of failure to dispatch			Copy of medical exam certificate  18. Copy of EMT certificate or medical license		
6. Dispatch time, scene arrival time, and departure time			Work experience summary		
7. Destination of patient; arrival time	1			_	
8. Name or other identifier of patient transported			<ol> <li>Affidavit certifying compliance with 13 CCR 1101(b) and/or Section 13372 CVC prohibitions</li> </ol>		
·			21. Personnel enrolled in the DMV Pull Notice System		
COMPANY INSPECTION	YES	NO			
9. Company principals verified					
10 One or more ambulances available 24 hours					
11. Fees posted/current					
12. Financial responsibility					
13. 24-hour direct telephone service					
VEHICLE INSURANCE CARRIER'S NAME ACE AMERICAN INSURANCE CO REMARKS #29	POLICY 1SAI		BER 150028 POLICY EXPIRATION DATE 03/11/20		

LICENSEE CERTIFICATION IN LIEU OF OFF	ICIAL BRAKE CERTIFICATE	:	
I certify that there is no official brake adjusting station within 30 miles of the operating base of the and is in compliance with the requirements of the California Vehicle Code and Title 13, Californ		ystem of this vehicle I	nas been inspected
SIGNATURE OF LICENSEE OR AUTHORIZED REPRESENTATIVE	-3		DATE
TEMPODADY ODERATING AUTHORIST TO			
▼ TEMPORARY OPERATING AUTHORIZATION: This vehicle may be operated as an el when used in lieu of the special vehicle identification certificate and expires 30 day SIGNATURE OF COMMANDER OR INSPECTING OFFICER	mergency ambulance. This ares after the date shown below.	uthorization must be	carried in the vehicle
The state of the s	ID NUMBER	LOCATION CODE	DATE
Mr Mr.	15341	125	11/08/2018

AMBULANCE INSPECTION REPORT CHP 299 (Rev. 10-18) OPI 061				INSPECTION ANNUAL COM		
LEGAL BUSINESS NAME					JPLIAI ———	4CE
ARCATA-MAD RIVER AMBULANCE			COMPANY LICENSE NUMBER 2150	VEHICLE YEAR, MAKE, AND MODEL		
SERVICE ADDRESS (number and street)			2130	2014 CHEV 3500 VEHICLE IDENTIFICATION NUMBER (VIN)		
220 F STREET				1GB3G2CL0E1161769		
(city, state, and zip code)		•		VEHICLE LICENSE PLATE NUMBER AND STAT	E,	
ARCATA, CA 95521				ARMA30-CA		
				VEHICLE CERTIFICATE NUMBER 13564		
ITEM INSPECTED (MINIMUM REQUIREMENTS)	YES	NC	ITEM INSPECTED (MINIMU			<u>-  </u>
1. Registration; plates	1		14. Reflectors	in regordinen (3)		SN
2. Identification certificate (annuals/compliance only)	1	十	15. Glass		<b>√</b>	- -
3. Ambulance identification sign (visible from 50+ feet)	1	<u> </u>	16. Windshield wipers			~ -
4. Headlamps	1	†	17. Defroster		<b>/</b>	+
5. Beam selector/indicator	1		18. Mirrors		<b>\</b>	+-
6. Headlamp flasher (If equipped)	1		19. Horn		1	<del> </del>
7. Steady red warning lamp	1	$\vdash$	20. Siren		<b>✓</b>	4_
8. Turn signals	1	_	21. Seat belts		- ✓	—
Clearance/sidemarker lamps (if required)	1		<del>                                     </del>		_	_
10. Stoplamps	<del>,</del>		22. Fire extinguisher (minim.	um 4B:C)	1	<u> </u>
11. Taillamps	+		23. Portable light		1	<u> </u>
12. License plate lamp	1		24. Spare tire, jack and tools		<u> </u>	<u> </u>
13. Backup lamps	+-		<ul><li>25. Maps of coverage areas</li><li>26. Door latches operable from</li></ul>		<b>✓</b>	<u> </u>
ANY ITEM CHECKED "NO" ABOVE WILL HAVE A CHP 281, NO DISCREPANCY. ONCE SIGNED OFF, THE EMERGENCY CARE EQUIPMENT AND SUPPLIES INSPECTED	YES	201	WILL BE RETURNED TO THE	INSPECTING OFFICER.	1	1
(1) Ambulance cot and (1) collapsible stretcher	, <u>L</u> 3	140		MENT AND SUPPLIES INSPECTED	YES	NO
2. Securement straps for patient and cot/stretcher	7			ole bags, and covered waste container	<b>/</b>	<u> </u>
Ankle and wrist restraints. Soft ties are acceptable.	1		Two devices or material telephone	ratus (Squeeze syringes not sufficient)	✓	<u> </u>
4. Sheets, pillow cases, blankets, towels, pillows (2)	1				<b>↓</b> <	<u> </u>
5. Oropharyngeal airways: (1) adult, (1) child, (1) infant	1		17. (2) liters saline solution of		<b>↓</b> <	<u> </u>
6. Rigid or pneumatic splints (4)	1	$\dashv$	<ol> <li>Half-ring traction splint, page equivalent device</li> </ol>	added ankle hitch strap, heel rest or	1	
Resuscitator - capable of use with oxygen or air in adult, child, and infant sizes	1		19. Blood pressure cuff, man	ometer, stethoscope	1	
Oxygen and regulators, portability required	1	-	20. Sterile obstetrical supplies clamps, dressings, towels	s (gloves, umbilical cord tape or s, syringe, and clean plastic bags)	1	
g, Sterile bandage compresses (4 - 3" x 3")	1		21. Bedpan or fracture pan	, , , , , , , , , , , , , , , , , , ,		
10. Soft rolled bandages (6 - 2", 3", 4", or 6")	1		22. Urinal		<b>√</b>	
11. Adhesive tape (2 rolls - 1", 2", or 3")	1				<b> </b>	
12. Bandage shears	1		one at least our in length.	devices, one at least 30" in length and with straps to adequately secure		
13. Universal dressings (2 - 10" x 30" or larger)	1	_	patients to the device (a c acceptable)	ombination short/long boards are	1	
	y 244					- - - - - -

#### AMBULANCE INSPECTION REPORT

CHP 299 (Rev. 10-18) OPI 061

CALL RECORDS	YES	NO	PERSONNEL RECORDS		7
<ol> <li>Location of records, retained for 3 years</li> </ol>			14. Employment date	YES	S
<ol><li>Date, time, location, and identity of call taker</li></ol>			15. Copy of driver license		4
Name of requesting person or agency.			Copy of ambulance driver certificate		4
4. Unit ID, personnel dispatched, and record of red light/siren use			Copy of medical exam certificate		-
5. Explanation of failure to dispatch			Copy of EMT certificate or medical license		$\dashv$
6. Dispatch time, scene arrival time, and departure time			Work experience summary		-
7. Destination of patient; arrival time				_	-
Name or other identifier of patient transported			Section 13372 CVC prohibitions		
			21. Personnel enrolled in the DMV Pull Notice System		1
COMPANY INSPECTION	YES	NO			_
Company principals verified					
10 One or more ambulances available 24 hours					
Fees posted/current					
2. Financial responsibility			*		
24-hour direct telephone service					
CE AMERICAN INSURANCE CO  MARKS 10	1SA	H251	50028 POLICY EXPIRATION DA 03/11/2		

#### LICENSEE CERTIFICATION IN LIEU OF OFFICIAL BRAKE CERTIFICATE I certify that there is no official brake adjusting station within 30 miles of the operating base of this vehicle; however, the brake system of this vehicle has been inspected and is in compliance with the requirements of the California Vehicle Code and Title 13, California Code of Regulations. SIGNATURE OF LICENSEE OR AUTHORIZED REPRESENTATIVE DATE TEMPORARY OPERATING AUTHORIZATION: This vehicle may be operated as an emergency ambulance. This authorization must be carried in the vehicle when used in lieu of the special vehicle identification certificate and expires 30 days after the date shown below. SIGNATURE OF COMMANDER OR INSPECTING OF ID NUMBER LOCATION CODE DATE 15341 125 11/08/2018

		COMPANY LICENSE NUMBER 2150  VEHICLE YEAR, MAKE, AND MODEL 2015 CHEV MEDIX  VEHICLE IDENTIFICATION NUMBER (VIN 1 GB3 G2 CL9F1168057  VEHICLE LICENSE PLATE NUMBER AND ARMA31 CA  VEHICLE CERTIFICATE NUMBER		IANC
		2015 CHEV MEDIX  VEHICLE IDENTIFICATION NUMBER (VIN 1GB3G2CL9F1168057  VEHICLE LICENSE PLATE NUMBER AND ARMA31 CA  VEHICLE CERTIFICATE NUMBER		
		VEHICLE IDENTIFICATION NUMBER (VIN 1GB3G2CL9F1168057 VEHICLE LICENSE PLATE NUMBER AND ARMA31 CA VEHICLE CERTIFICATE NUMBER		
		1GB3G2CL9F1168057  VEHICLE LICENSE PLATE NUMBER AND  ARMA31 CA  VEHICLE CERTIFICATE NUMBER		
		VEHICLE LICENSE PLATE NUMBER AND ARMA31 CA VEHICLE CERTIFICATE NUMBER	STATE	
		ARMA31 CA VEHICLE CERTIFICATE NUMBER	OINIE	
<u> </u>		l l	<del></del>	
				—
IVE	SNC	14168		
		(MITTHEW 15)	Y	'ES
		14. Reflectors		1
		15. Glass	Ţ,	7
		16. Windshield wipers		7
	<u> </u>	17. Defroster	┪,	7
		18. Mirrors		7
- ✓		19. Horn	<del></del>	$\overline{}$
		20. Siren		-
1		21. Seat belts		-
. 1	$\top$		-+	
1			<del></del> -	╌┼╴
1	1			+
1	1-			4
$\dashv$	+		./	/ I
NOTICE	TO C	26. Door latches operable from inside and outside		/
		ORRECT VIOLATION, ISSUED WITH THE DIRECTION TO COP VILL BE RETURNED TO THE INSPECTING OFFICER.		/
		ORRECT VIOLATION, ISSUED WITH THE DIRECTION TO COF VILL BE RETURNED TO THE INSPECTING OFFICER.	RRECTT	THE
		ORRECT VIOLATION, ISSUED WITH THE DIRECTION TO COP VILL BE RETURNED TO THE INSPECTING OFFICER. EMERGENCY CARE EQUIPMENT AND SUPPLIES INSPECTED	RRECT T	THE
YES  ✓		ORRECT VIOLATION, ISSUED WITH THE DIRECTION TO COF VILL BE RETURNED TO THE INSPECTING OFFICER.  EMERGENCY CARE EQUIPMENT AND SUPPLIES INSPECTED  14. Emesis basin or disposable bags, and covered waste contain	PRRECT TO YE	THE
YES		ORRECT VIOLATION, ISSUED WITH THE DIRECTION TO COPULL BE RETURNED TO THE INSPECTING OFFICER.  EMERGENCY CARE EQUIPMENT AND SUPPLIES INSPECTED  14. Emesis basin or disposable bags, and covered waste contain  15. Portable suctioning apparatus (Squeeze syringes not sufficie	RRECT TO YE ner /	THE
YES  ✓		ORRECT VIOLATION, ISSUED WITH THE DIRECTION TO COPULL BE RETURNED TO THE INSPECTING OFFICER.  EMERGENCY CARE EQUIPMENT AND SUPPLIES INSPECTED  14. Emesis basin or disposable bags, and covered waste contain  15. Portable suctioning apparatus (Squeeze syringes not sufficient to the suction of the succession	PRRECT TO YES	THE
YES  ✓  ✓  ✓		ORRECT VIOLATION, ISSUED WITH THE DIRECTION TO COPULL BE RETURNED TO THE INSPECTING OFFICER.  EMERGENCY CARE EQUIPMENT AND SUPPLIES INSPECTED  14. Emesis basin or disposable bags, and covered waste contain  15. Portable suctioning apparatus (Squeeze syringes not sufficien  16. Two devices or material to restrict movement  17. (2) liters saline solution or a gallon potable water  18. Half-ring traction splint, padded ankle hitch strap had seated.	D YE	THE
YES	NO	ORRECT VIOLATION, ISSUED WITH THE DIRECTION TO COPULL BE RETURNED TO THE INSPECTING OFFICER.  EMERGENCY CARE EQUIPMENT AND SUPPLIES INSPECTED  14. Emesis basin or disposable bags, and covered waste contain  15. Portable suctioning apparatus (Squeeze syringes not sufficien  16. Two devices or material to restrict movement  17. (2) liters saline solution or a gallon potable water  18. Half-ring traction splint, padded ankle hitch strap, heel rest or equivalent device	D YEAR OF A CONTROL OF A CONTRO	THE
YES  ✓  ✓  ✓	NO	ORRECT VIOLATION, ISSUED WITH THE DIRECTION TO COPULL BE RETURNED TO THE INSPECTING OFFICER.  EMERGENCY CARE EQUIPMENT AND SUPPLIES INSPECTED  14. Emesis basin or disposable bags, and covered waste contain  15. Portable suctioning apparatus (Squeeze syringes not sufficien  16. Two devices or material to restrict movement  17. (2) liters saline solution or a gallon potable water  18. Half-ring traction splint, padded ankle hitch strap had seated.	D YE	THE
YES	NO	ORRECT VIOLATION, ISSUED WITH THE DIRECTION TO COPULL BE RETURNED TO THE INSPECTING OFFICER.  EMERGENCY CARE EQUIPMENT AND SUPPLIES INSPECTED  14. Emesis basin or disposable bags, and covered waste contain  15. Portable suctioning apparatus (Squeeze syringes not sufficien  16. Two devices or material to restrict movement  17. (2) liters saline solution or a gallon potable water  18. Half-ring traction splint, padded ankle hitch strap, heel rest or equivalent device  19. Blood pressure cuff, manometer, stethoscope	D YEAR OF A CONTROL OF A CONTRO	THE
YES	NO	ORRECT VIOLATION, ISSUED WITH THE DIRECTION TO COPULL BE RETURNED TO THE INSPECTING OFFICER.  EMERGENCY CARE EQUIPMENT AND SUPPLIES INSPECTED 14. Emesis basin or disposable bags, and covered waste contain 15. Portable suctioning apparatus (Squeeze syringes not sufficien 16. Two devices or material to restrict movement 17. (2) liters saline solution or a gallon potable water 18. Half-ring traction splint, padded ankle hitch strap, heel rest or equivalent device 19. Blood pressure cuff, manometer, stethoscope 20. Sterile obstetrical supplies (gloves, umbilical cord tape or clamps, dressings, towels, syringe, and clean plastic bags)	D YE	THE
YES	NO	ORRECT VIOLATION, ISSUED WITH THE DIRECTION TO COPULL BE RETURNED TO THE INSPECTING OFFICER.  EMERGENCY CARE EQUIPMENT AND SUPPLIES INSPECTED  14. Emesis basin or disposable bags, and covered waste contain  15. Portable suctioning apparatus (Squeeze syringes not sufficien  16. Two devices or material to restrict movement  17. (2) liters saline solution or a gallon potable water  18. Half-ring traction splint, padded ankien hitch strap, heel rest or equivalent device  19. Blood pressure cuff, manometer, stethoscope  20. Sterile obstetrical supplies (gloves, umbilical cord tape or clamps, dressings, towels, syringe, and clean plastic bags)	D YEAR OF A CONTROL OF A CONTRO	THE
YES	NO	ORRECT VIOLATION, ISSUED WITH THE DIRECTION TO COPULL BE RETURNED TO THE INSPECTING OFFICER.  EMERGENCY CARE EQUIPMENT AND SUPPLIES INSPECTED 14. Emesis basin or disposable bags, and covered waste contain 15. Portable suctioning apparatus (Squeeze syringes not sufficie 16. Two devices or material to restrict movement 17. (2) liters saline solution or a gallon potable water 18. Half-ring traction splint, padded ankle hitch strap, heel rest or equivalent device 19. Blood pressure cuff, manometer, stethoscope 19. Sterile obstetrical supplies (gloves, umbilical cord tape or clamps, dressings, towels, syringe, and clean plastic bags) 121. Bedpan or fracture pan 122. Urinal	PRECT T	THE
YES	NO	ORRECT VIOLATION, ISSUED WITH THE DIRECTION TO COPULL BE RETURNED TO THE INSPECTING OFFICER.  EMERGENCY CARE EQUIPMENT AND SUPPLIES INSPECTED  14. Emesis basin or disposable bags, and covered waste contain  15. Portable suctioning apparatus (Squeeze syringes not sufficien  16. Two devices or material to restrict movement  17. (2) liters saline solution or a gallon potable water  18. Half-ring traction splint, padded ankien hitch strap, heel rest or equivalent device  19. Blood pressure cuff, manometer, stethoscope  20. Sterile obstetrical supplies (gloves, umbilical cord tape or clamps, dressings, towels, syringe, and clean plastic bags)	PRECT T	THE
	\( \frac{1}{2} \)	·	✓       16. Windshield wipers         ✓       17. Defroster         ✓       18. Mirrors         ✓       19. Horn         ✓       20. Siren         ✓       21. Seat belts         ✓       22. Fire extinguisher (minimum 4B;C)         ✓       23. Portable light         ✓       24. Spare tire; Jack and tools	✓       16. Windshield wipers         ✓       17. Defroster         ✓       18. Mirrors         ✓       19. Horn         ✓       20. Siren         ✓       21. Seat belts         ✓       22. Fire extinguisher (minimum 4B:C)         ✓       23. Portable light         ✓       24. Spare tire; jack and tools

#### AMBULANCE INSPECTION REPORT

CHP 299 (Rev. 10-18) OPI 061

CALL RECORDS	YES	NO	PERSONNEL RECORDS	\	
Location of records, retained for 3 years			14. Employment date	YES	NO
2. Date, time, location, and identity of call taker			15. Copy of driver license	+	
Name of requesting person or agency			Copy of ambulance driver certificate	-	-
4. Unit ID, personnel dispatched, and record of red light/siren use			17. Copy of medical exam certificate		
5. Explanation of failure to dispatch			Copy of EMT certificate or medical license		
6. Dispatch time, scene arrival time, and departure time			Work experience summary		
7. Destination of patient; arrival time				-	
8. Name or other identifier of patient transported			20. Affidavit certifying compliance with 13 CCR 1101(b) and/or Section 13372 CVC prohibitions		
			21. Personnel enrolled in the DMV Pull Notice System		
COMPANY INSPECTION	YES	NO			
Company principals verified					
10 One or more ambulances available 24 hours					
11. Fees posted/current					
12. Financial responsibility					
13. 24-hour direct telephone service					
					200
				7 ( 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	
LICENSEE CERTIFICATION				7.00	
LICENSEE CERTIFICATION sertify that there is no official brake adjusting station within 30 miles of the ad is in compliance with the requirements of the California Vehicle Code an			OFFICIAL BRAKE CERTIFICATE  of this vehicle; however, the brake system of this vehicle has been inspec	ted	

TEMPORARY OPERATING AUTHORIZATION: This vehicle may be operated as an emergency ambulance. This authorization must be carried in the vehicle when used in lieu of the special vehicle identification certificate and expires 30 days after the date shown below. SIGNATURE OF COMMANDER OF SPECTING OFFICER LOCATION CODE ID NUMBER DATE 15341 125 11/08/2018 DESTROY PREVIOUS EDITIONS

AMBULANCE INSPECTION REPORT CHP 299 (Rev. 10-18) OPI 061 LEGAL BUSINESS NAME				INSPECTION INITIAL ANNUAL CO	MPLIA	NCE
ARCATA-MAD RIVER AMBULANCE			COMPANY LICENSE NUMBER	VEHICLE YEAR, MAKE, AND MODEL		<del>==</del> =
SERVICE ADDRESS (number and street)			2150	2018 CHEV 3500		
220 F STREET				VEHICLE IDENTIFICATION NUMBER (VIN)		
(city, state, and zip code)			**	1GB3GRCG4J1264859		
ARCATA, CA 95521				VEHICLE LICENSE PLATE NUMBER AND STA 27680L2 CA	ΓE	
				VEHICLE CERTIFICATE NUMBER		
ITEM INSPECTED (MINIMUM REQUIREMENTS)				15660		
1. Registration; plates		SNC		REQUIREMENTS)	YE	SN
Identification certificate (annuals/compliance only)		-	14. Reflectors		7	7
3. Ambulance identification sign (visible from 50+ feet)		_	15. Glass			7
Headlamps	_   ✓		16. Windshield wipers		7	7
5. Beam selector/indicator	- 1		17. Defroster		1	1
Headlamp flasher (if equipped)		<del>↓</del> —	18. Mirrors		7	1
7. Steady red warning lamp	<u> </u>	ļ	19. Horn		7	+
8. Turn signals		-	20. Siren		1	$\top$
Clearance/sidemarker lamps (if required)	-   ~		21. Seat belts		1	†
10. Stoplamps	<b>-</b>   ✓		22. Fire extinguisher (minimum	m 4B:C)	1	†
Otopianips		<u>                                     </u>	23. Portable light		1	†
11. Taillamns	. 1 .			<del></del>		
11. Taillamps	<u> </u>		24. Spare tire; jack and tools		1	+
12. License plate lamp	V		<ul><li>24. Spare tire; jack and tools</li><li>25. Maps of coverage areas or</li></ul>		<del></del>	+-
12. License plate lamp  13. Backup lamps  ANY ITEM CHECKED "NO" ABOVE WILL HAVE A CHR 224	✓ ✓	TOC	<ul><li>24. Spare tire; jack and tools</li><li>25. Maps of coverage areas or</li><li>26. Door latches operable from</li></ul>	n inside and outside	<ul><li>✓</li><li>✓</li></ul>	
12. License plate lamp  13. Backup lamps  ANY ITEM CHECKED "NO" ABOVE WILL HAVE A CHP 281, I DISCREPANCY. ONCE SIGNED OFF, THE	V V NOTICE HE CHP		24. Spare tire; Jack and tools 25. Maps of coverage areas of 26. Door latches operable from  ORRECT VIOLATION, ISSUED  VILL BE RETURNED TO THE II	n inside and outside  WITH THE DIRECTION TO CORRE NSPECTING OFFICER.	√ √ ✓ CT TI	<del>,</del>
12. License plate lamp  13. Backup lamps  ANY ITEM CHECKED "NO" ABOVE WILL HAVE A CHP 281, I DISCREPANCY. ONCE SIGNED OFF, THE CHECKED CARE EQUIPMENT AND SUPPLIES INSPECTED  1. (1) Ambulance cot and (1) collapsible stretcher	V V NOTICE HE CHP	NO	24. Spare tire; Jack and tools 25. Maps of coverage areas of 26. Door latches operable from ORRECT VIOLATION, ISSUED VILL BE RETURNED TO THE II	n inside and outside  WITH THE DIRECTION TO CORRE NSPECTING OFFICER.  ENT AND SUPPLIES INSPECTED	✓ ✓ ✓ CT TI	<del>,</del>
12. License plate lamp  13. Backup lamps  ANY ITEM CHECKED "NO" ABOVE WILL HAVE A CHP 281, I DISCREPANCY. ONCE SIGNED OFF, THE MERGENCY CARE EQUIPMENT AND SUPPLIES INSPECTED  1. (1) Ambulance cot and (1) collapsible stretcher  2. Securement straps for patient and cot/stretcher	V V NOTICE HE CHP	NO	24. Spare tire; Jack and tools 25. Maps of coverage areas of 26. Door latches operable from ORRECT VIOLATION, ISSUED VILL BE RETURNED TO THE II EMERGENCY CARE EQUIPME 14. Emesis basin or disposable	n inside and outside  WITH THE DIRECTION TO CORRENSPECTING OFFICER.  ENT AND SUPPLIES INSPECTED  bags, and covered waste container	√ √ ✓ CT TI	<del></del>
12. License plate lamp  13. Backup lamps  ANY ITEM CHECKED "NO" ABOVE WILL HAVE A CHP 281, I DISCREPANCY. ONCE SIGNED OFF, THE EMERGENCY CARE EQUIPMENT AND SUPPLIES INSPECTED  1. (1) Ambulance cot and (1) collapsible stretcher  2. Securement straps for patient and cot/stretcher  3. Ankle and wrist restraints. Soft ties are acceptable.	V V NOTICE HE CHP	NO	24. Spare tire; Jack and tools 25. Maps of coverage areas of 26. Door latches operable from  ORRECT VIOLATION, ISSUED  VILL BE RETURNED TO THE II  EMERGENCY CARE EQUIPME  14. Emesis basin or disposable  15. Portable suctioning apparat	n inside and outside  WITH THE DIRECTION TO CORRENSPECTING OFFICER.  ENT AND SUPPLIES INSPECTED  be bags, and covered waste container tus (Squeeze syringes not sufficient)	V V V	<del></del>
12. License plate lamp  13. Backup lamps  ANY ITEM CHECKED "NO" ABOVE WILL HAVE A CHP 281, I DISCREPANCY. ONCE SIGNED OFF, TI  EMERGENCY CARE EQUIPMENT AND SUPPLIES INSPECTED  1. (1) Ambulance cot and (1) collapsible stretcher  2. Securement straps for patient and cot/stretcher  3. Ankle and wrist restraints. Soft ties are acceptable.  4. Sheets, pillow cases, blankets, towels, pillows (2)	V V NOTICE HE CHP	NO	24. Spare tire; Jack and tools 25. Maps of coverage areas or 26. Door latches operable from  ORRECT VIOLATION, ISSUED  VILL BE RETURNED TO THE II  EMERGENCY CARE EQUIPME  14. Emesis basin or disposable  15. Portable suctioning apparat  16. Two devices or material to r	n inside and outside  D WITH THE DIRECTION TO CORRENSPECTING OFFICER.  ENT AND SUPPLIES INSPECTED  D bags, and covered waste container tus (Squeeze syringes not sufficient) restrict movement	YES	<del></del>
12. License plate lamp  13. Backup lamps  ANY ITEM CHECKED "NO" ABOVE WILL HAVE A CHP 281, I DISCREPANCY. ONCE SIGNED OFF, TI  EMERGENCY CARE EQUIPMENT AND SUPPLIES INSPECTED  1. (1) Ambulance cot and (1) collapsible stretcher  2. Securement straps for patient and cot/stretcher  3. Ankle and wrist restraints. Soft ties are acceptable.  4. Sheets, pillow cases, blankets, towels, pillows (2)  5. Oropharyngeal airways: (1) adult, (1) child, (1) infant	VOTICE HE CHP  YES  V	NO	24. Spare tire; Jack and tools 25. Maps of coverage areas of 26. Door latches operable from  ORRECT VIOLATION, ISSUED  VILL BE RETURNED TO THE II  EMERGENCY CARE EQUIPME  14. Emesis basin or disposable 15. Portable suctioning apparate 16. Two devices or material to r  17. (2) liters saline solution or a	n inside and outside  WITH THE DIRECTION TO CORRENSPECTING OFFICER.  ENT AND SUPPLIES INSPECTED  a bags, and covered waste container tus (Squeeze syringes not sufficient) restrict movement a gallon potable water	V V V	<del></del>
12. License plate lamp  13. Backup lamps  ANY ITEM CHECKED "NO" ABOVE WILL HAVE A CHP 281, I DISCREPANCY. ONCE SIGNED OFF, TI DISCRE	V V NOTICE HE CHP YES V V	NO	24. Spare tire; Jack and tools 25. Maps of coverage areas of 26. Door latches operable from  ORRECT VIOLATION, ISSUED  VILL BE RETURNED TO THE II  EMERGENCY CARE EQUIPME 14. Emesis basin or disposable 15. Portable suctioning apparat 16. Two devices or material to r 17. (2) liters saline solution or a 18. Half-ring traction splint, pade equivalent device	o WITH THE DIRECTION TO GORRE NSPECTING OFFICER.  ENT AND SUPPLIES INSPECTED bags, and covered waste container tus (Squeeze syringes not sufficient) restrict movement a gallon potable water ded ankle hitch strap, heel rest or	YES	<del></del>
12. License plate lamp  13. Backup lamps  ANY ITEM CHECKED "NO" ABOVE WILL HAVE A CHP 281, I DISCREPANCY. ONCE SIGNED OFF, TI  EMERGENCY CARE EQUIPMENT AND SUPPLIES INSPECTED  1. (1) Ambulance cot and (1) collapsible stretcher  2. Securement straps for patient and cot/stretcher  3. Ankle and wrist restraints. Soft ties are acceptable.  4. Sheets, pillow cases, blankets, towels, pillows (2)  5. Oropharyngeal airways: (1) adult, (1) child, (1) infant	VES V	NO	24. Spare tire; Jack and tools 25. Maps of coverage areas of 26. Door latches operable from  ORRECT VIOLATION, ISSUED  VILL BE RETURNED TO THE II  EMERGENCY CARE EQUIPME  14. Emesis basin or disposable 15. Portable suctioning apparat 16. Two devices or material to r  17. (2) liters saline solution or a  18. Half-ring traction splint, pade equivalent device  19. Blood pressure cuff, manom	No with the direction to correction to correction to correction to correction to correction to correct waste container than the correction to correct waste container than the correction to the correction than the correction that is corrected as a correction to correct waste correction to correct waste correction to correct waste correction to correct waste corrected and correct waste corrected and correct waste corrected and corrected waste corrected and corrected waste container than the corrected waste corrected waste container than the corrected waste container than	VES V	<del>,</del>
12. License plate lamp  13. Backup lamps  ANY ITEM CHECKED "NO" ABOVE WILL HAVE A CHP 281, I DISCREPANCY. ONCE SIGNED OFF, THE DISCREPANCY. ONCE SIGNED OFF, THE DISCREPANCY CARE EQUIPMENT AND SUPPLIES INSPECTED  1. (1) Ambulance cot and (1) collapsible stretcher  2. Securement straps for patient and cot/stretcher  3. Ankle and wrist restraints. Soft ties are acceptable.  4. Sheets, pillow cases, blankets, towels, pillows (2)  5. Oropharyngeal airways: (1) adult, (1) child, (1) infant  6. Rigid or pneumatic splints (4)  7. Resuscitator - capable of use with oxygen or air in adult, child, and infant sizes  8. Oxygen and regulators, portability required	VES V	NO	24. Spare tire; Jack and tools 25. Maps of coverage areas of 26. Door latches operable from  DRRECT VIOLATION, ISSUED  VILL BE RETURNED TO THE II  EMERGENCY CARE EQUIPME  14. Emesis basin or disposable 15. Portable suctioning apparate 16. Two devices or material to r  17. (2) liters saline solution or a 18. Half-ring traction splint, pade equivalent device  19. Blood pressure cuff, manom  20. Sterile obstetrical supplies (4)	No with the direction to correction to correction to correction to correction to correction to correct waste container than the correction to correct waste container than the correction to the correction than the correction that is corrected as a correction to correct waste correction to correct waste correction to correct waste correction to correct waste corrected and correct waste corrected and correct waste corrected and corrected waste corrected and corrected waste container than the corrected waste corrected waste container than the corrected waste container than	YES V	<del></del>
12. License plate lamp  13. Backup lamps  ANY ITEM CHECKED "NO" ABOVE WILL HAVE A CHP 281, I DISCREPANCY. ONCE SIGNED OFF, THE MERGENCY CARE EQUIPMENT AND SUPPLIES INSPECTED  1. (1) Ambulance cot and (1) collapsible stretcher  2. Securement straps for patient and cot/stretcher  3. Ankle and wrist restraints. Soft ties are acceptable.  4. Sheets, pillow cases, blankets, towels, pillows (2)  5. Oropharyngeal airways: (1) adult, (1) child, (1) infant  6. Rigid or pneumatic splints (4)  7. Resuscitator - capable of use with oxygen or air in adult, child, and infant sizes  8. Oxygen and regulators, portability required  9. Sterile bandage compresses (4 - 3" x 3")	VES V	NO.	24. Spare tire; Jack and tools 25. Maps of coverage areas of 26. Door latches operable from  DRRECT VIOLATION, ISSUED  VILL BE RETURNED TO THE II  EMERGENCY CARE EQUIPME  14. Emesis basin or disposable 15. Portable suctioning apparate 16. Two devices or material to r  17. (2) liters saline solution or a 18. Half-ring traction splint, pade equivalent device  19. Blood pressure cuff, manom  20. Sterile obstetrical supplies (4)	with the direction to correction to correction to correction to correction to correction to correction to correct waste container than the correction to correct waste correctly the correction to correctly the correction	YES V	<del>,</del>
12. License plate lamp  13. Backup lamps  ANY ITEM CHECKED "NO" ABOVE WILL HAVE A CHP 281, I DISCREPANCY. ONCE SIGNED OFF, THE DISCREPANCY.  1. (1) AND LICENS ONCE SIGNED OFF, THE DISCREPANCY.  2. AND LICENS ONCE SIGNED OFF, THE DISCREPANCY. ONCE SIGNED OFF, THE DISCREPANCY.  3. AND LICENS ONCE SIGNED OFF, THE DISCREPANCY. ONCE SIGNED OFF, THE DISCREPANCY.  4. AND LICENS ONCE SIGNED ONCE SIG	VES V	NO I	24. Spare tire; Jack and tools 25. Maps of coverage areas of 26. Door latches operable from  ORRECT VIOLATION, ISSUED  VILL BE RETURNED TO THE II  EMERGENCY CARE EQUIPME  14. Emesis basin or disposable 15. Portable suctioning apparat 16. Two devices or material to r  17. (2) liters saline solution or a  18. Half-ring traction splint, pade equivalent device  19. Blood pressure cuff, manom  20. Sterile obstetrical supplies (clamps, dressings, towels, s)	with the direction to correction to correction to correction to correction to correction to correction to correct waste container than the correction to correct waste correctly and correctly the correction to correct waste correctly the correction to correct waste correctly the correction to correct waste correctly the correction to correct the correction to correctly the	YES V	<del></del>
12. License plate lamp  13. Backup lamps  ANY ITEM CHECKED "NO" ABOVE WILL HAVE A CHP 281, I DISCREPANCY. ONCE SIGNED OFF, THE DISCREPANCY. ONCE SIGNED OFF, THE DISCREPANCY CARE EQUIPMENT AND SUPPLIES INSPECTED  1. (1) Ambulance cot and (1) collapsible stretcher  2. Securement straps for patient and cot/stretcher  3. Ankle and wrist restraints. Soft ties are acceptable.  4. Sheets, pillow cases, blankets, towels, pillows (2)  5. Oropharyngeal airways: (1) adult, (1) child, (1) infant  6. Rigid or pneumatic splints (4)  7. Resuscitator - capable of use with oxygen or air in adult, child, and infant sizes  8. Oxygen and regulators, portability required  9. Sterile bandage compresses (4 - 3" x 3")  0. Soft rolled bandages (6 - 2", 3", 4", or 6")  1. Adhesive tape (2 rolls - 1", 2", or 3")	VES V	NO I	24. Spare tire; Jack and tools 25. Maps of coverage areas of 26. Door latches operable from  ORRECT VIOLATION, ISSUED  VILL BE RETURNED TO THE II  EMERGENCY CARE EQUIPME  14. Emesis basin or disposable 15. Portable suctioning apparat 16. Two devices or material to r 17. (2) liters saline solution or a 18. Half-ring traction splint, pade equivalent device 19. Blood pressure cuff, manom 20. Sterile obstetrical supplies (clamps, dressings, towels, s 21. Bedpan or fracture pan 22. Urinal 33. Two spinal immobilization designs and content of the	with the direction to correction to correction to correction to correction to correction to correction to correct waste container than the correction to correct the correction that the correction that the correction to correct the correction that	YES V	<del>,</del>
12. License plate lamp  13. Backup lamps  ANY ITEM CHECKED "NO" ABOVE WILL HAVE A CHP 281, I DISCREPANCY. ONCE SIGNED OFF, THE DISCREPANCY.  1. (1) AND LICENS ONCE SIGNED OFF, THE DISCREPANCY.  2. AND LICENS ONCE SIGNED OFF, THE DISCREPANCY. ONCE SIGNED OFF, THE DISCREPANCY.  3. AND LICENS ONCE SIGNED OFF, THE DISCREPANCY. ONCE SIGNED OFF, THE DISCREPANCY.  4. AND LICENS ONCE SIGNED ONCE SIG	VES	NO I	24. Spare tire; Jack and tools 25. Maps of coverage areas of 26. Door latches operable from  ORRECT VIOLATION, ISSUED  VILL BE RETURNED TO THE II  EMERGENCY CARE EQUIPME  14. Emesis basin or disposable 15. Portable suctioning apparat 16. Two devices or material to r  17. (2) liters saline solution or a  18. Half-ring traction splint, pade equivalent device  19. Blood pressure cuff, manom  20. Sterile obstetrical supplies (clamps, dressings, towels, s  21. Bedpan or fracture pan  22. Urinal  33. Two spinal immobilization de one at least 60" in length with	with the direction to correction to correction to correction to correction to correction to correction to correct waste container than the correction to correct waste correctly and correctly the correction to correct waste correctly the correction to correct waste correctly the correction to correct waste correctly the correction to correct the correction to correctly the	YES V	<del>,</del> -

## STATE OF CALIFORNIA DEPARTMENT OF CALIFORNIA HIGHWAY PATROL AMBULANCE INSPECTION REPORT

CHP 299 (Rev. 10-18) OPI 061

CALL RECORDS	YES	NO	PERSONNEL RECORDS		Г
<ol> <li>Location of records, retained for 3 years</li> </ol>			14. Employment date	YES	١
2. Date, time, location, and identity of call taker			15. Copy of driver license	_	L
<ol><li>Name of requesting person or agency</li></ol>			16. Copy of ambulance driver certificate		
4. Unit ID, personnel dispatched, and record of red light/siren use					
Explanation of failure to dispatch			17. Copy of medical exam certificate		
6. Dispatch time, scene arrival time, and departure time			18. Copy of EMT certificate or medical license		
7. Destination of patient; arrival time			19. Work experience summary		
8. Name or other identifier of patient transported			20. Affidavit certifying compliance with 13 CCR 1101(b) and/or Section 13372 CVC prohibitions		
COMPANY INSPECTION	YES	NO	21. Personnel enrolled in the DMV Pull Notice System		
9. Company principals verified	1120	NO			
10 One or more ambulances available 24 hours		$\dashv$			
11. Fees posted/current	$\vdash$				
12. Financial responsibility					
13. 24-hour direct telephone service		-			
					_
EHICLE INSURANCE CARRIER'S NAME					
CE AMEDICAN INCLIDANCE CO	POLICY		I POLICY EXPIRATION DATE		
EMARKS	1SAI	7/7/	5002X		
			03/11/201	19	
32			03/11/201		
			03/11/201	9	*22.73
			03/11/201	9	
32			03/11/201		
LICENSEE CERTIFICATION I  certify that there is no official brake adjusting station within 20 miles of the	11	U OF	OFFICIAL BRAKE CERTIFICATE		
LICENSEE CERTIFICATION I sertify that there is no official brake adjusting station within 30 miles of the open in the compliance with the requirements of the California Vehicle Code and the compliance with the requirements of the California Vehicle Code and the compliance with the requirements of the California Vehicle Code and the compliance with the requirements of the California Vehicle Code and the compliance with the requirements of the California Vehicle Code and the compliance with the requirements of the California Vehicle Code and the compliance with the requirements of the California Vehicle Code and the compliance with the requirements of the California Vehicle Code and the compliance with the code and the compliance with the code and the compliance with the code and the code	11	U OF	OFFICIAL BRAKE CERTIFICATE		
LICENSEE CERTIFICATION I sertify that there is no official brake adjusting station within 30 miles of the open in the compliance with the requirements of the California Vehicle Code and the compliance with the requirements of the California Vehicle Code and the compliance with the requirements of the California Vehicle Code and the compliance with the requirements of the California Vehicle Code and the compliance with the requirements of the California Vehicle Code and the compliance with the requirements of the California Vehicle Code and the compliance with the requirements of the California Vehicle Code and the compliance with the requirements of the California Vehicle Code and the compliance with the code and the compliance with the code and the compliance with the code and the code	11	U OF	OFFICIAL BRAKE CERTIFICATE		
LICENSEE CERTIFICATION I Pertify that there is no official brake adjusting station within 30 miles of the open is in compliance with the requirements of the California Vehicle Code and HATURE OF LICENSEE OR AUTHORIZED REPRESENTATIVE	perating Title 1	U OF g basi	OFFICIAL BRAKE CERTIFICATE  e of this vehicle; however, the brake system of this vehicle has been inspectional code of Regulations.  DATE	eted	
LICENSEE CERTIFICATION I Pertify that there is no official brake adjusting station within 30 miles of the open of is in compliance with the requirements of the California Vehicle Code and NATURE OF LICENSEE OR AUTHORIZED REPRESENTATIVE  TEMPORARY OPERATING AUTHORIZATION: This vehicle may be on when used in lieu of the special vehicle identification certificate and	perating Title 1	U OF g basi	OFFICIAL BRAKE CERTIFICATE  e of this vehicle; however, the brake system of this vehicle has been inspectional code of Regulations.  DATE	eted	
LICENSEE CERTIFICATION I certify that there is no official brake adjusting station within 30 miles of the open of is in compliance with the requirements of the California Vehicle Code and NATURE OF LICENSEE OR AUTHORIZED REPRESENTATIVE    TEMPORARY OPERATING AUTHORIZATION: This vehicle many has the compliance with the requirements of the California Vehicle many has the complex to the complex t	perating Title 1	U OF g basi	OFFICIAL BRAKE CERTIFICATE  e of this vehicle; however, the brake system of this vehicle has been inspectional code of Regulations.  DATE	eted	

DESTROY PREVIOUS EDITIONS

11/08/2018

15341

125

COMPANY NUMBER 22667

COMPANY NAME AND ADDRESS

ACE American Insurance Company

POLICY NUMBER

Dept. CH 10678 Palatine, IL 60055-0678

ISAH25277090

EFFECTIVE DATE EXPIRATION DATE

03/31/2019 03/31/2020

THIS POLICY MEETS THE REQUIREMENTS OF 16056 OF THE CALIFORNIA VEHICLE CODE

YEAR

MAKE/MODEL

VEHICLE IDENTIFICATION NUMBER

1998

Ford E450

1FDXE40FSWHA44187

AGENCY/COMPANY ISSUING CARD Woodruff-Sawyer & Co. 717 - 17th Street, Suite 1540 Denver, CO 80202

INSURED

Arcata Mad River Ambulance 220 F Street Arcata, CA 95521

SEE IMPORTANT NOTICE ON REVERSE SIDE

#### THIS CARD MUST BE KEPT IN THE INSURED VEHICLE AND PRESENTED UPON DEMAND

IN CASE OF ACCIDENT: Report all accidents to your Agent/Company as soon as possible. Obtain the following information:

- 1. Name and address of each driver, passenger and witness.
- 2. Name of Insurance Company and policy number for each vehicle involved.

ACORD 50 CA (2004/07)

@ ACORD CORPORATION 2004

GLOBMED-02

JLITTELL

COMPANY NUMBER 22667	COMPANY ACE American Insu	X COMMERCIAL PERSONAL
POLICY NUMBER ISAH25277090	EFFECTIVE DA' 03/31/2019	TE EXPIRATION DATE
YEAR <b>2018 Chevrol</b> e	MAKE/MODEL t G3500 Medix Type III	VEHICLE IDENTIFICATION NUMBER 1GB3GRCG4J1264859
AGENCY/COMPANY ISS Woodruff-Sawyer 717 - 17th Street, § Denver, CO 80202	Suite 1540	
NSURED - Arcata N	lad_River_Ambulance	(800) 675-44
220 F St	reet CA 95521	
Arcata, t		

### THIS CARD MUST BE KEPT IN THE INSURED VEHICLE AND PRESENTED UPON DEMAND

IN CASE OF ACCIDENT: Report all accidents to your Agent/Company as soon as possible. Obtain the following information:

- 1. Name and address of each driver, passenger and witness.
- 2. Name of Insurance Company and policy number for each vehicle involved.

ACORD 50 (2007/02)

© ACORD CORPORATION 1983-2007. All rights reserved.

GLOBMED-02

JLITTELL

COMPANY NUMBER

COMPANY NAME AND ADDRESS

22667

ACE American Insurance Company

POLICY NUMBER

Dept. CH 10678 Palatine, IL 60055-0678

ISAH25277090

EFFECTIVE DATE EXPIRATION DATE

03/31/2019 03/31/2020

THIS POLICY MEETS THE REQUIREMENTS OF 16056 OF THE CALIFORNIA VEHICLE CODE

MAKE/MODEL

VEHICLE IDENTIFICATION NUMBER

2015

Chevrolet Express 3500

1GB3G2CL9F1168057

AGENCY/COMPANY ISSUING CARD

Woodruff-Sawyer & Co. 717 - 17th Street, Suite 1540 Denver, CO 80202

Arcata Mad River Ambulance 220 F Street Arcata, CA 95521

SEE IMPORTANT NOTICE ON REVERSE SIDE

#### THIS CARD MUST BE KEPT IN THE INSURED VEHICLE AND PRESENTED UPON DEMAND

IN CASE OF ACCIDENT: Report all accidents to your Agent/Company as soon as possible. Obtain the following information:

- 1. Name and address of each driver, passenger and witness.
- 2. Name of Insurance Company and policy number for each vehicle involved.

ACORD 50 CA (2004/07)

@ ACORD CORPORATION 2004

#### CALIFORNIA INSURANCE IDENTIFICATION CARD

COMPANY NUMBER

22667

COMPANY NAME AND ADDRESS
ACE American Insurance Company

POLICY NUMBER ISAH25277090

Dept. CH 10678 Palatine, IL 60055-0678

EFFECTIVE DATE EXPIRATION DATE

03/31/2019 03/31/2020

THIS POLICY MEETS THE REQUIREMENTS OF 16056 OF THE CALIFORNIA VEHICLE CODE

YEAR

MAKE/MODEL

VEHICLE IDENTIFICATION NUMBER

2012

Chevrolet Express 3500

1GB3G2CLXC1105786

AGENCY/COMPANY ISSUING CARD

Woodruff-Sawyer & Co. 717 - 17th Street, Suite 1540 Denver, CO 80202

INSURED

Arcata Mad River Ambulance 220 F Street Arcata, CA 95521

SEE IMPORTANT NOTICE ON REVERSE SIDE

#### THIS CARD MUST BE KEPT IN THE INSURED VEHICLE AND PRESENTED UPON DEMAND

IN CASE OF ACCIDENT: Report all accidents to your Agent/Company as soon as possible. Obtain the following information:

- 1. Name and address of each driver, passenger and witness.
- 2. Name of insurance Company and policy number for each vehicle involved.

ACORD 50 CA (2004/07)

© ACORD CORPORATION 2004

GLOBMED-02

JLITTELL

COMPANY NUMBER 22667

COMPANY NAME AND ADDRESS

ACE American Insurance Company

POLICY NUMBER

Dept. CH 10678 Palatine, IL 60055-0678

ISAH25277090

EFFECTIVE DATE EXPIRATION DATE

03/31/2019 03/31/2020

THIS POLICY MEETS THE REQUIREMENTS OF 16056 OF THE CALIFORNIA VEHICLE CODE

MAKE/MODEL

VEHICLE IDENTIFICATION NUMBER 1GB3G2CL0E1161769

2014 Chevrolet Express 3500 AGENCY/COMPANY ISSUING CARD

Woodruff-Sawyer & Co. 717 - 17th Street, Suite 1540 Denver, CO 80202

INSURED

Arcata Mad River Ambulance 220 F Street Arcata, CA 95521

SEE IMPORTANT NOTICE ON REVERSE SIDE

#### THIS CARD MUST BE KEPT IN THE INSURED VEHICLE AND PRESENTED UPON DEMAND

IN CASE OF ACCIDENT: Report all accidents to your Agent/Company as soon as possible. Obtain the following information:

- 1. Name and address of each driver, passenger and witness.
- 2. Name of Insurance Company and policy number for each vehicle involved.

ACORD 50 CA (2004/07)

© ACORD CORPORATION 2004

JLITTELL

GLOBMED-02