

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	NOT FILL OUT THIS SECTION
Date Received: Application Fee of		DSJUNZOM
\$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:

Level of Service:	
	Non-Emergency Transport (check all that apply)

Ambulance Service Full Name:	City Ambulance of E	ureka, Inc.	
Name of Contact Person:	Jaison Chand		
Mailing Address:	135 W 7 th Street	City/Zip Code	Eureka, CA 95501
Physical Address:	Same	City	Eureka
Telephone/ Fax Numbers	707-445-4907	E-Mail	jchand@cityambulance.com



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



(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.).

Advanced Life Support Provider; familiarity with Humboldt County; prior or relevant experience, etc.).	EMS as an or additional
Additional Information statement attached	
I, hereby attest that, City Ambulance of Eureka, Inc. , (name	of
ambulance company) has obtained all licenses required by law and is in	compliance
with standards for providing emergency and/or non-emergency medical outlined in the Humboldt County Code, Title V, Division 5, Emergency M	services as
System, the policies established by North Coast EMS, and all other appl	licable state
and federal law and regulations. All information provided herein is true as of the date listed below.	and complete
Signature of Applicant:	
Printed Jaison Chand	
Name and Chief Operating Officer	
Title June 3, 2019	
Date:	

Required Paperwork Checklist

	App	lication	comp	lete
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VEHICLES:

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

Description of Color Scheme, Insignia Name, Monogram, ot Distinguishing Characteristics	White/Orange	White/Orange	White/Orange	White/Orange	White/Orange
State or Federal Aviation Agency License Number					
Length of Time in Use (Include current mileage shown on S	6 years 220,948	5 years 126,127	5 Years 133,130	4 years 176,636	3 years 98,616
License Plate #	43081N1	75923F2	60385X1	55466A1	57538B2
Vehicle Identification Number	11DSS3ES6DDA75178	1FDSS3ES4DDB32171	1FDSS3EL0EDB14423	1FDSS3EL6CDB06775	1FDYR2CMXGKB55944
Model/Make	Ford E350	Ford E350	Ford E360	Ford E350	Ford Transit
	1. 2013	2. 2014	3. 2014	4. 2012	5. 2016



County of Humboldt

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6. 2017 Ford Transit 7. 2018 Ford Transit 8. 2018 Ford Transit 9. 2018 Ford Transit	Number	Plate #	Time In Use (Include current mileage shown on	State or Federal Aviation Agency License Number	Color Scheme, Insignia Name, Monogram, ot Distinguishing Characteristics
 	1FDYR2CM3HKA31676	73470F2	odometer) 3 Years 88,602		White/Orange
 - 	1FDYR2CM3JKA24622	27561L2	2 years 46,838		White/Orange
+-	1FDYR2CM3JKB09010	11511P2	2 years 13,568		White/Orange
	1FDYR2CM9JKB15538	10036S2	less 1 year 1213		White/Orange
0. 2019 Ford Transit	1DDYR2CM4JKB22400	64762S2	Less 1 year 718		White/Orange



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



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):

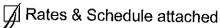
Zone	Northern Boundary	Eastern Boundary	Southern Boundary	Western Boundary	Indicate Zone(s) by Placing
Zone 1 North	Humboldt County Line	Redwood Creek Bridge Highway 299 and School House Peak on Bald Hills Road	Indianola Cutoff (includes intersections with Hwy 101 & Old Arcata Rd and up to 1699 block of Peninsula Drive (in Manila)	Pacific Ocean	5X"
Zone 2 East	Humboldt County Line	Humboldt County Line	Redwood Creek Bridge Hwy 299	School House Peak on Bald Hills Road	
Zone 3 Central	Indianola Cutoff (includes intersections with Hwy 101 & Old Arcata Rd and up to 1700 block of Peninsula Drive (in Manila)	Showers Pass	Hookton Road & Hwy 101	Pacific Ocean	X



12(54(66)+66, 111, 14; V1 +11		⊑ureка,	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 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	X

AMBULANCE SERVICE RATES:

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





INSURANCE:

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

- A. CONTRACT SHALL NOT BE EXECUTED BY COUNTY and the CONTRACTOR is not entitled to any rights, unless certificates of insurances, or other sufficient proof that the following provisions have been complied with, and such certificate(s) are filed with the Clerk of the Humboldt County Board of Supervisors.
- B. CONTRACTOR shall and shall require any of its subcontractors to take out and maintain, throughout the period of this Agreement and any extended term thereof, the following policies of insurance placed with the insurers authorized to do business in California and with a current A.M. Best rating of no less than A:VII or its equivalent against injury/death to persons or damage to property which may arise from or in connection with the activities hereunder of CONTRACTOR, its agents, officers, directors, employees, licensees, invitees, assignees or subcontractors:
- 1. Comprehensive or Commercial General Liability Insurance at least as broad as Insurance Services Office Commercial General Liability coverage (occurrence form CG 0001), in an amount of Two Million Dollars (\$2,000,000) per occurrence for any one (1) incident, including, personal injury, death and property damage. If a general aggregate limit is used, either the general aggregate limit shall apply separately to this project or the general aggregate shall be twice the required occurrence limit.
- 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."
- Workers Compensation as required by the Labor Code of the State of California, with Statutory Limits, and Employers Liability Insurance with limit of no less than One Million Dollars (\$1,000,000) per accident for bodily injury or disease. Said policy shall contain or be endorsed to contain a waiver of subrogation against



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

4. Insurance Notices must be sent to:

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

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

ADDITIONAL INFORMATION:

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



Additional Information statement attached

County of Humboldt Eureka, California

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

standards for outlined in the System, the p	st that, City Ambulance of Eureka, Inc , (name of ambulance sobtained all licenses required by law and is in compliance with providing emergency and/or non-emergency medical services as 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:	72/
Printed Name and	Renee Ford
Title	Chief Financial Officer
Date:	5/30/2019

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



Vehicle Maintenance

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

Pre-Trip Inspections

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

CHP Inspections

The CHP conducts inspections of the ambulance fleet annually.

CAE Radio Inve	CAE Radio Inventory January 2018	018				
Dispatch Equip	VHF model #	Serial#	UHF model#	Serial#	Device model #	Serial#
POWER SUPPLY	DURA COMM				200	CNK
POWER UNIT					P-600-13.8	2571
POWER AMP		1			P-600-13.8	2572
POWER AMP					1506RNS	C2567
POWER AMP					4512RNS	C2568
POWER STRIP	TRIPP-LITE				CNINDOCI	D9024
VHF RADIO	TK780H	60400507				
VHF RADIO	TK790	B1400406				
VHF RADIO	TK790	B32300285				
UHF RADIO			TK890	B1400078		
UHF RADIO			TK890H	B0500031		
SCANNER	UNIDEN				BC56XLT	8507714
Portables	VHF model #	Serial#				
Eureka	3					
VHF	TK 272 G	90601005				
VHF	TK 272 G	90600201				
VHF	TK 272 G	90600918				
VHF	TK 272 G	90600916				
VHF	TK 272 G	90600366				
VHF	TK 272 G	90600369				
VHF	TK 272 G	90600920				
VHF	TK 272 G					
VHF C1 a	NX 300 K	B0400220				
VHF C1 b	NX 300 K	B0400222				
VHF C2 a	NX 300 K	B0400221				
VHF C2 b		B0400218				
VHF		B5500272				
		B5500273				
VHF	TK2312K	B5500297				
VHF	TK2312K	B5500298				

	No Unit	49 TK 7	48 TK 7150	Suburban TK 790		Ambulance VHF				UHF	Garberville		Charging Unit ACDC	Base Scanner		Pager			VHF TK2	VHF	FTA 2b	UHF FTA 2a	UHF F [A 1b	UHF FTA 1a	Fortuna	Portables VHF		JHU	UHF	UHF	UHF	UHF 200			
		ਨ 				VHF model #						<u> </u>					TK 272G	TK 272G	TK 272G 7	TK 272G						VHF model #								TK2312K	
		7		40900016		Serial#	90601001						6-IV-683				90600919	90600003	70200333	90600004						Serial #								B5500300	B5500299
1K 890 31				TK 890		UHF model #		NX 300 K BC														NX 300 K		NX 300 K		UHF model #	1275 1		TK 373 G			\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	TX 372 G		
31001017				800038				B0401397	B0500133					 							B0500131	B0500127	B0500135	B0500134	William II	Sprial #	/0200333	3030118	20201110	40101207	40404367	20/01/208	40200805		
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															- 				00700157	70900957	31001017	7070093	70900929	50302422	00100093	50302424
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STATE OF CALIFORNIA DEPARTMENT OF CALIFORNIA HIGHWAY PATR SPECIAL VEHICLE IDENTI CHP 301 (REV 4-97) OPI 062	oL FICATION CERTIFICAT	E/PERMIT	CHP AREA: 125
CHP Certificate/Permit Number: 17896-13202	ISSUED: 3/12/2019	9 EXPIRES: 3/11/2020	· ·
INITIAL ☐ DUPLICATE REPLACEMENT ☑ RENEWAL		BULANCE CERTIFICATE ERGENCY VEHICLE PERMIT	ARMORED CAR CERTIFICATE
VEHICLE YEAR AND MAKE: 13 FORD E 350	VEHICLE LICENSE	the same and the s	VIN: 1FDSS3ES6DDA75178
*Authorized Emergency Vehicle Permit issued pursuent to Vehicle	Code Section 2416 (a) ()	for	
NAME AND MAILING ADDRESS CITY AMBULANCE OF EUREKA, INC. CITY AMBULANCE; FORTUNA/GARBE 135 WEST 7TH STREET EUREKA, CA 95501-0229	ERVILLE RESCUE AMBUL	This certifica thereof, sha all times. It is be surrende or as require	CALIFORNIA HIGHWAY PATROL ate/permit, or a facsimile I be carried in the vehicle at a non-transferable and shall red to the CHP upon demand d by regulation.
STATE OF CALIFORNIA DEPARTMENT OF CALIFORNIA HIGHWAY PATROI SPECIAL VEHICLE IDENTIF CHP 301 (REV 4-97) OPI 062			CHP AREA: 125
CHP Certificate/Permit Number: 17896- 13839	ISSUED: 3/12/2019	EXPIRES: 3/11/2020	AREA:
☐ INITIAL ☐ DUPLICATE ☐ REPLACEMENT ☑ RENEWAL	EMERGENCY AMB	ULANCE CERTIFICATE RGENCY VEHICLE PERMIT*	ARMORED CAR CERTIFICATE
VEHICLE YEAR AND MAKE: 14 FORD E 350	VEHICLE LICENSE	· · · · · · · · · · · · · · · · · · ·	VIN: 1FDSS3EL3EDB14383
*Authorized Emergency Vehicle Permit issued puravent to Vehicle Co NAME AND MAILING ADDRESS	ode Section 2416 (a) () for	The same of the sa	The state of the s
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STATE OF CALIFORNIA DEPARTMENT OF CALIFORNIA HIGHWAY PATROL SPECIAL VEHICLE IDENTIFICA CHP 301 (REV-4-97) OPI 062	ATION CERTIFICATE/P	ERMIT	CHP AREA: 125
CHP Certificate/Permit Number: 17896- 14040	ISSUED: 3/12/2019	EXPIRES: 3/11/2020	AREA:
☐ INITIAL ☐ DUPLICATE ☐ REPLACEMENT ☑ RENEWAL	EMERGENCY AMBULA AUTHORIZED EMERG	ANCE CERTIFICATE ENCY VEHICLE PERMIT*	ARMORED CAR CERTIFICATE
VEHICLE YEAR AND MAKE: 14 FORD E 350	VEHICLE LICENSE NO	60005344	/INL AEDOCOTA OFF
'Authorized Emergency Vehicle Permit issued pursuant to Vehicle Code	Section 2416 (a) () for		/IN: 1FDSS3EL0EDB14423
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CITY AMBULANCE OF EUREKA, INC. 17896 CITY AMBULANCE; FORTUNA/GARBERVILLE RESCUE AMBUL 135 WEST 7TH STREET EUREKA, CA 95501-0229

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

STATE OF CALIFORNIA DEPARTMENT OF CALIFORNIA HIGHWAY PATROL SPECIAL VEHICLE IDENTIFICA		(DEDINE 16 47	
CHP 301 (REV 4-97) OPI 062	ATION CERTIFICATE	PERMIT X .	CHP AREA: 125
CHP Certificate/Permit Number: 17896- 12706	ISSUED: 3/12/2019	EXPIRES: 3/11/2020	AREA:
☐ INITIAL ☐ DUPLICATE ☑ REPLACEMENT ☑ RENEWAL		JLANCE CERTIFICATE RGENCY VEHICLE PERMIT*	ARMORED CAR CERTIFICATE
VEHICLE YEAR AND MAKE: 12 FORD E 350	VEHICLE LICENSE	NO. 55466A1	VIN: 1FDSS3EL6CDB06775
*Authorized Emergency Vehicle Permit issued pursuant to Vehicle Code	Section 2416 (a) () for		
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CHP Certificate/Permit Number: 17896- 14636	ISSUED: 3/12/2019	EXPIRES: 3/11/2020	AREA:
☐ INITIAL ☐ DUPLICATE ☐ REPLACEMENT ☑ RENEWAL	EMERGENCY AMBUI	ANCE CERTIFICATE SENCY VEHICLE PERMIT*	ARMORED CAR CERTIFICATE
VEHICLE YEAR AND MAKE: 16 FORD TRANSIT	VEHICLE LICENSE N	O. 57538B2	VIN: 1FDYR2CMXGKB55944
'Authorized Emergency Vehicle Permit Issued pursuant to Vehicle Code S	Section 2416 (a) () for		
NAME AND MAILING ADDRESS CITY AMBULANCE OF EUREKA, INC. 17896 CITY AMBULANCE; FORTUNA/GARBERVIL 135 WEST 7TH STREET EUREKA, CA 95501-0229		This certificate thereof, shall l all times. It is i	ALIFORNIA HIGHWAY PATROL e/permit, or a facsimile be carried in the vehicle at non-transferable and shall d to the CHP upon demand by regulation.
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CHP Certificate/Permit Number: 17896- 14985	ISSUED: 3/12/2019	EXPÍRES: 3/11/2020	AREA:
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VEHICLE YEAR AND MAKE: 17 FORD TRANSIT	VEHICLE LICENSE NO). 73470F2	VIN: 1FDYR2CM3HKA31676
*Authorized Emergency Vehicle Permit issued pursuant to Vehicle Code Se	clion 2416 (a) () for		TO IVI
NAME AND MAILING ADDRESS		PROPERTY OF CA	ALIFORNIA HIGHWAY PATROL
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CITY AMBULANCE OF EUREKA, INC. 17896 CITY AMBULANCE; FORTUNA/GARBERVILLE RESCUE AMBUL 135 WEST 7TH STREET EUREKA, CA 95501-0229

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

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STATE OF CALIFORNIA DEPARTMENT OF CALIFORNIA HIGHWAY PATROL SPECIAL VEHICLE IDENTIFIC CHP 301 (REV 4-97) OP! 062	ATION CERTIFICATE/	PERMIT	CHP AREA: 125
CHP Certificate/Permit Number: 17896- 15576	ISSUED: 3/12/2019	EXPIRES: 3/11/2020	- A
☐ INITIAL ☐ DUPLICATE ☐ REPLACEMENT ☑ RENEWAL		LANCE CERTIFICATE GENCY VEHICLE PERMIT*	ARMORED CAR CERTIFICATE
VEHICLE YEAR AND MAKE: 18 FORD TRANSIT	VEHICLE LICENSE		VIN: 1FDYR2CM3JKA24622
*Authorized Emergency Vehicle Permit issued pursuant to Vehicle Cod	e Section 2416 (a) [) for	**************************************	
NAME AND MAILING ADDRESS CITY AMBULANCE OF EUREKA, INC. 178 CITY AMBULANCE; FORTUNA/GARBERY 135 WEST 7TH STREET EUREKA, CA 95501-0229	896 /ILLE RESCUE AMBUL	This certificat thereof, shall all times. It is be surrendere	CALIFORNIA HIGHWAY PATROL te/permit, or a facsimile be carried in the vehicle at non-transferable and shall add to the CHP upon demand by regulation.
STATE OF CALIFORNIA DEPARTMENT OF CALIFORNIA HIGHWAY PATROL SPECIAL VEHICLE IDENTIFICA CHP 301 (REV 4-97) OPI 062	ATION CERTIFICATE/P	ERMIT	CHP AREA: 125
CHP Certificate/Permit Number: 17896- 15727	ISSUED: 3/12/2019	EXPIRES: 3/11/2020	AREA: \$52
☐ INITIAL ☐ DUPLICATE ☐ REPLACEMENT ☑ RENEWAL	EMERGENCY AMBUL AUTHORIZED EMERG	ANCE CERTIFICATE ENCY VEHICLE PERMIT*	ARMORED CAR CERTIFICATE
VEHICLE YEAR AND MAKE: 18 FORD TRANSIT	VEHICLE LICENSE NO	D. 11511P2	VIN: 1FDYR2CM3JKB09010
*Authorized Emergency Vehicle Permit issued pursuant to Vehicle Code	Section 2416 (a) () for		
NAME AND MAILING ADDRESS		PROPERTY OF C	ALIFORNIA HIGHWAY PATROL
CITY AMBULANCE OF EUREKA, INC. 1789 CITY AMBULANCE; FORTUNA/GARBERV 135 WEST 7TH STREET EUREKA, CA 95501-0229		This certificate thereof, shall the all times. It is to be surrendere	e/permit, or a facsimile be carried in the vehicle at non-transferable and shall d to the CHP upon demand

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DEPARTMENT OF CALIFORNIA HIGHWAY PATROL SPECIAL VEHICLE IDENTIFIC CHP 301 (REV 4-97) OPI 062	CATION CERTIFICATI	E/PERMIT	
CHP Certificate/Permit Number: 17896- 15953	ISSUED: 5/20/2019	EXPIRES: 3/11/2020	CHP AREA: 125
☑ INITIAĹ ☐ DUPLICATE ☐ REPLACEMENT ☐ RENEWAL	✓ EMERGENCY AME	BULANCE CERTIFICATE RGENCY VEHICLE PERMIT*	AREA: ARMORED CAR CERTIFICATE
VEHICLE YEAR AND MAKE: 18 FORD TRANSIT *Authorized Emergency Vehicle Permit issued pursuant to Vehicle Cod	VEHICLE LICENSE		VIN: 1FDYR2CM4JKB22400
CITY AMBULANCE OF EUREKA, INC. 178 CITY AMBULANCE; FORTUNA/GARBERV 135 WEST 7TH STREET EUREKA, CA 95501-0229	996 /ILLE RESCUE AMBUL	This certifica thereof, shal all times. It is be surrende	CALIFORNIA HIGHWAY PATROL ate/permit, or a facsimile I be carried in the vehicle at a non-transferable and shall red to the CHP upon demand d by regulation.
STATE OF CALIFORNIA DEPARTMENT OF CALIFORNIA HIGHWAY PATROL SPECIAL VEHICLE IDENTIFICA CHP 301 (REV 4-97) OPI 062	TION CERTIFICATE/F	PERMIT	CHP AREA: 125
CHP Certificate/Permit Number: 17896- 15954	ISSUED: 5/20/2019	EXPIRES: 3/11/2020	AREA:
✓ INITIAL □ DUPLICATE □ REPLACEMENT □ RENEWAL	EMERGENCY AMBUL AUTHORIZED EMERG	ANCE CERTIFICATE ENCY VEHICLE PERMIT*	ARMORED CAR CERTIFICATE
VEHICLE YEAR AND MAKE: 18 FORD TRANSIT	VEHICLE LICENSE NO	D. 10036S2	VIN: 1FDYR2CM4JKB15538
*Authorized Emergency Vehicle Permit issued pursuant to Vehicle Code S	ection 2416 (a) () for		10000
NAME AND MAILING ADDRESS CITY AMBULANCE OF EUREKA, INC. 17896 CITY AMBULANCE; FORTUNA/GARBERVIL 135 WEST 7TH STREET EUREKA, CA 95501-0229		This certificate/ thereof, shall be all times. It is n	ALIFORNIA HIGHWAY PATROL (permit, or a facsimile e carried in the vehicle at on-transferable and shall to the CHP upon demand by regulation.

CHP 299 (Rev. 10-18) OPI 061			•	INSPECTION DANNUAL COM	PLIAN	VCE
LEGAL BUSINESS NAME			COMPANY LICENSE NUMBER	VEHICLE YEAR, MAKE, AND MODEL		
SERVICE ADDRESS (number and street)			17896	spanne delt		
135 W 7TH ST				VEHICLE IDENTIFICATION NUMBER (VIN)		
(city, state, and rip code)	y		The state of the s	VEHICLE LICENSE PLATE NUMBER AND STATE		
EURFELA, GA 95501				•		
				VEHICLE CERTIFICATE NUMBER		
ITEM INSPECTED (MINIMUM REQUIREMENTS)	YES	NO	ITEM INSPECTED (MINIMU	M REQUIREMENTS)	VE	SNG
Registration; plates			14. Reflectors			-
Identification certificate (annuals/compliance only)			15. Glass		$\not\vdash$	+
3. Ambulance Identification sign (visible from 50+ feet)			16. Windshield wipers			-
4. Headlamps			17. Defroster		 -	┼
5. Beam selector/indicator			18. Mirrors		 -	
6. Headlamp flasher (If equipped)			19. Horn		-	
7. Steady red warning lamp			20. Siren		-	
8. Turn signals			21. Seat belts		┼┈	╄-
Clearance/sidemarker lamps (if required)	1		22. Fire extinguisher (minim	umAp.co		+
10. Stoplamps			23. Portable light	15.07	-	-
11. Taillamps			24. Spare tire; jack and tools		┼	┨—
12. License plate lamp			25. Maps of coverage areas		-	-
13. Backup lamps			26. Door latches operable from		-	╄-
ANY ITEM CHECKED "NO" ABOVE WILL HAVE A CHP 281, NO DISCREPANCY. ONCE SIGNED OFF, THE	TICE ' CHP :	TO CO 281 JA	ORRECT VIOLATION, ISSUE TLL BE RETURNED TO THE	ED WITH THE DIRECTION TO CORRECT INSPECTING OFFICER,	OT TH	HE
	T					
EMERGENCY CARE EQUIPMENT AND SUPPLIES INSPECTED	x€s	NO I	EMERGENCY CARE EQUIPI	MENT AND SUPPLIES INSPECTED	YES	NO
1, (1) Ambulance cot and (1) collapsible stretcher	ν€s			MENT AND SUPPLIES INSPECTED ble bags, and covered waste container	YES	NO
(1) Ambulance cot and (1) collapsible stretcher Securement straps for patient and col/stretcher	x€s		14. Emesis basin or disposal		YES	NO
(1) Ambulance cot and (1) collapsible stretcher Securement straps for patient and col/stretcher Ankle and wrist restraints. Soft ties are acceptable	x€s		14. Emesis basin or disposal15. Portable suctioning appa16. Two devices or material in	ole bags, and covered waste container ratus (Squeeze syringes not sufficient) to restrict movement	YES	NO
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)	XES		 Emesis basin or disposal Portable suctioning appa 	ole bags, and covered waste container ratus (Squeeze syringes not sufficient) to restrict movement	YES	NO
1. (1) Ambulance cot and (1) collapsible stretcher 2. Securement straps for patient and col/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		14. Emesis basin or disposal15. Portable suctioning appa16. Two devices or material in17. (2) liters saline solution or	ole bags, and covered waste container ratus (Squeeze syringes not sufficient) to restrict movement	YES	NO
1. (1) Ambulance cot and (1) collapsible stretcher 2. Securement straps for patient and col/stretcher 3. Ankle and wrist restraints. Soft ties are acceptable 4. Sheets, pillow cases, blankets, towels, pillows (2) 5. Oropharyngeal alrways: (1) adult, (1) child, (1) infant 6. Rigid or pneumatic splints (4) 7. Resuscitator - capable of use with oxygen or air in adult, child.	x€s		 14. Emesis basin or disposal 15. Portable suctioning appa 16. Two devices or material in 17. (2) liters saline solution on 18. Half-ring traction spilnt, p 	ole bags, and covered waste container ratus (Squeeze syringes not sufficient) to restrict movement r a gallon potable water added ankle hitch strap, heel rest or	YES	NO
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 alrways: (1) adult, (1) child, (1) infant 6. Rigid or pneumatic splints (4)	x€s		 14. Emesis basin or disposal 15. Portable suctioning appa 16. Two devices or material in 17. (2) liters saline solution on 18. Half-ring traction splint, pequivalent device 19. Blood pressure cuff, man 20. Sterile obstetrical supplies 	ole bags, and covered waste container ratus (Squeeze syringes not sufficient) to restrict movement r a gallon potable water added ankle hitch strap, heel rest or ometer, stathoscope	YES	NO
1. (1) Ambulance cot and (1) collapsible stretcher 2. Securement straps for patient and col/stretcher 3. Ankle and wrist restraints. Soft ties are acceptable 4. Sheets, pillow cases, blankets, towels, pillows (2) 5. Oropharyngeal alrways: (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	yés		 14. Emesis basin or disposal 15. Portable suctioning appa 16. Two devices or material in 17. (2) liters saline solution on 18. Half-ring traction splint, pequivalent device 19. Blood pressure cuff, man 20. Sterile obstetrical supplied clamps, dressings, towels 	ole bags, and covered waste container ratus (Squeeze syringes not sufficient) to restrict movement or a gallon potable water added ankle hitch strap, heel rest or cometer, stethoscope	YES	NO
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) 6. Oropharyngeal alrways: (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")	yés 		14. Emesis basin or disposal 15. Portable suctioning appa 16. Two devices or material i 17. (2) liters saline solution o 18. Half-ring traction splint, p equivalent device 19. Blood pressure cuff, man 20. Sterfle obstetrical supplie clamps, dressings, towels 21. Bedpan or fracture pan	ole bags, and covered waste container ratus (Squeeze syringes not sufficient) to restrict movement r a gallon potable water added ankle hitch strap, heel rest or ometer, stathoscope	YES	NO
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 alrways: (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	· · · · · · · · · · · · · · · · · · ·	 14. Emesis basin or disposal 15. Portable suctioning appa 16. Two devices or material if 17. (2) liters saline solution of 18. Half-ring traction splint, pequivalent device 19. Blood pressure cuff, man 20. Sterfle obstetrical supplied clamps, dressings, towels 21. Bedpan or fracture pan 22. Urinal 	ole bags, and covered waste container ratus (Squeeze syringes not sufficient) to restrict movement or a gallon potable water added ankle hitch strap, heel rest or cometer, stethoscope is (gloves, umbilical cord tape or payringe, and clean plastic bags)	YES	NO
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) 6. Oropharyngeal alrways: (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	· · · · · · · · · · · · · · · · · · ·	14. Emesis basin or disposal 15. Portable suctioning appa 16. Two devices or material i 17. (2) liters saline solution o 18. Half-ring traction splint, p equivalent 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.	obe bags, and covered waste container ratus (Squeeze syringes not sufficient) to restrict movement or a gallon potable water added ankle hitch strap, heel rest or cometer, stethoscope is (gloves, umbilical cord tape or s, syringe, and clean plastic bags) devices, one at least 30" in length and with straps to adequately secure.	YES	NO
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 alrways: (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	· · · · · · · · · · · · · · · · · · ·	14. Emesis basin or disposal 15. Portable suctioning appa 16. Two devices or material i 17. (2) liters saline solution o 18. Half-ring traction splint, p equivalent 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.	ole bags, and covered waste container ratus (Squeeze syringes not sufficient) to restrict movement or a gallon potable water added ankle hitch strap, heel rest or ometer, stathoscope is (gloves, umbilical cord tape or 6, syringe, and clean plastic bags)	YES	NO
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) 6. Oropharyngeal alrways: (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. Pandage shears	YES	· · · · · · · · · · · · · · · · · · ·	 14. Emesis basin or disposal 15. Portable suctioning appa 16. Two devices or material in the control of the contro	obe bags, and covered waste container ratus (Squeeze syringes not sufficient) to restrict movement or a gallon potable water added ankle hitch strap, heel rest or cometer, stethoscope is (gloves, umbilical cord tape or s, syringe, and clean plastic bags) devices, one at least 30" in length and with straps to adequately secure.	YES	NO
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) 6. Oropharyngeal alrways: (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. Pandage shears	YES	· · · · · · · · · · · · · · · · · · ·	 14. Emesis basin or disposal 15. Portable suctioning appa 16. Two devices or material in the control of the contro	obe bags, and covered waste container ratus (Squeeze syringes not sufficient) to restrict movement or a gallon potable water added ankle hitch strap, heel rest or cometer, stethoscope is (gloves, umbilical cord tape or s, syringe, and clean plastic bags) devices, one at least 30" in length and with straps to adequately secure.	YES	NO

CHP 299 (Rev. 10-18) OPI 061

REQUIRED RECORDS AND DOCUMENTS INSPECTED AND IN COMPLIANCE

·					
GALL RECORDS	YES	МО	PERSONNEL RECORDS	YES	NO
Location of records, retained for 3 years	25	1	14. Employment date	X	1
2. Date, time, location, and Identity of call taker	25		15. Copy of driver license	X	1
3. Name of requesting person or agency	X		16. Copy of ambulance driver certificate	2	T
4. Unit ID, personnel dispatched, and record of red light/siren use	4		17. Copy of medical exam certificate	X	1
5. Explanation of failure to dispatch	-بليـ		18. Copy of EMT certificate or medical license	2	
6. Dispatch time, scene arrival time, and departure time	4		19. Work experience summary	200	!
7. Destination of patient; arrival time	X		20. Affidavit certifying compilance with 13 CCR 1101(b) and/or Section 13372 CVC prohibitions	V	
8. Name or other identifier of patient transported By	X	L	21. Personnel enrolled in the DMV Pull Notice System		
COMPANY INSPECTION	YES	NO	277 2 3 3 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1/\	Щ.
9. Company principals verified	X				
10 One or more ambulances available 24 hours	X	-			
11. Fees posted/current	X				
12. Financial responsibility かれつ 色 Cかゆかン	X				
13. 24-hour direct telephone service	\^				
	ŕ				
VEHICLE INSURANCE CARRIER'S NAME	POLIC	YNUN	1 canal the little of the litt		
AC-80	ď	1	PL 07859905 3/30/19		
REMARKS					

	This is a local to the second of the second	annyayi sarah ayaa	
LIGENSEE CERTIFICATION IN LIEU	OF OFFICIAL BRAKE CERTIFICATE		
I certify that there is no official brake adjusting station within 30 miles of the operating L and is in compliance with the requirements of the California Vehicle Code and Title 13,	oase of this vehicle; however, the brake s California Code of Regulations.	ystem of this vehicle l	has been inspected
SIGNATURE OF LICENSEE OR AUTHORIZED REPRESENTATIVE	***************************************		DATE
TEMPORARY OPERATING AUTHORIZATION: This vehicle may be operated when used in lieu of the special vehicle identification certificate and expires	as an emergency ambulance. This a s 30 days after the date shown below.	uthorization must be	carried in the vehicle
SIGNATURE OF COMMANDER OR INSPECTING OFFICER	ID NUMBER	LOCATION CODE	DATE
ADKING	15341	125	2/28/19
DESTROY PREVI	OUS EDITIONS		Chp299_1018.pd



STATE OF CALIFORNIA DEPARTMENT OF CALIFORNIA HIGHWAY PATROL AMBULANCE INSPECTION REPORT						100-
CHP 299 (Rev. 10-18) OPI 061				INSTECTION ANNUAL C] Сомры	ANCE
LEGAL BUSINESS NAME			COMPANY LICENSE NUMBER	VEHICLE YEAR, MAKE, AND MODEL		
SERVICE ADDRESS (number and street)	W.	1	17396	2013 FORA E	850	
125 W 77 ST				VEHICLE IDENTIFICATION NUMBER (VI		78
(city, state, and zip code)	•			VEHICLE LICENSE PLATE NUMBER ANI	STATE	
EUNEVA, CA. 9550	<u> </u>	~~~~~		141808H		
				VEHICLE CERTIFICATE NUMBER		
Through the first of the second secon		····	<u> </u>	13257		
ITEM INSPECTED (MINIMUM REQUIREMENTS)	YES	NO	ITEM INSPECTED (MINIMUN	REQUIREMENTS)	V:	ES NO
1. Registration; plates	N.	·	14. Reflectors			10
2. Identification certificate (annuals/compliance only)	À		15, Glass	, , , , , , , , , , , , , , , , , , ,	<u>.</u> ,	
Ambulance Identification sign (visible from 50+ feet)	K		16. Windshield wipers		<u>۳</u>	
4. Headlamps	X		17. Defroster	(C) -	رُ ا	
Beam selector/indicator	X		18. Mirrors			<u>*</u>
6. Headlamp flasher (if equipped)	V		19. Horn			<u> </u>
7. Steady red warning lamp	V		20. Siren	······································		
8. Turn signals	x		21. Seat belts	and the second s		<u>*</u>
Clearance/sidemarker lamps (if required)	X		22. Fire extinguisher (minimu	m /R·C)		
10. Stoplamps	X	\dashv	23. Portable light	111 415.0)		
11. Taillamps	X		24. Spare tire; Jack and tools			
12. License plate lamp	K	7	25. Maps of coverage areas of	or control of		
13. Backup lamps	X,		26. Door latches operable from			
the state of the s				is monto para outalde	د	Ÿ

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

EMERGENCY CARE EQUIPMENT AND SUPPLIES INSPECTED	YES	NO	EMERGENCY CARE EQUIPMENT AND SUPPLIES INSPECTED	he-al as
1, (1) Ambulance cot and (1) collapsible stretcher	V		14. Emesis basin or disposable bags, and covered waste container	YES N
2. Securement straps for patient and cot/stretcher	V		15. Portable suctioning apparatus (Squeeze syringes not sufficient)	4-
3. Ankle and wrist restraints. Soft ties are acceptable.	Y		16. Two devices or material to restrict movement	<u> </u>
4. Sheets, pillow cases, blankets, towels, pillows (2)	1		17. (2) liters saline solution or a gallon potable water	1
5. Oropharyngeal airways: (1) adult, (1) child, (1) infant	X			
6, Rigid or pneumatic splints (4)	54		 Half-ring tracilon splint, padded ankle hitch strap, heel rest or equivalent device 	\times
 Resuscitator - capable of use with oxygen or air in adult, child, and infant sizes 	义		19. Blood pressure cuff, manometer, stethoscope	x
Oxygen and regulators, portability required	X	_	Sterile obstetrical supplies (gloves, umbilical cord tape or clamps, dressings, towels, syringe, and clean plastic bags)	X
9. Sterile bandage compresses (4 - 3" x 3")	1 V	\neg	21. Bedpan or fracture pan	1
10. Soft rolled bandages (6 - 2", 3", 4", or 6")	1	_	22. Urinal	X
11, Adhesive tape (2 rolls - 1", 2", or 3")	乜			X.
12. Bandage shears	3	\dashv	23. Two spinal immobilization devices, one at least 30" in length and one at least 60" in length, with straps to adequately secure	t
13. Universal dressings (2 - 10" x 30" or larger)	200	\dashv	patients to the device (a combination short/long boards are acceptable)	X

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Chp299_1016.pdf

REQUIRED RECORDS AND DOCUMENTS INSPECTED AND IN COMPLIANCE

CALL RECORDS	Ven	T					 -	Ī
Legation of records, retained for 3 years	Yes	NO			NNEL RECOR	DS	YES	NO
Date, time, location, and identity of call taker		 	14. Employme					L.
Name of requesting person or agency	-	-	15. Copy of dri		· · · · · · · · · · · · · · · · · · ·			
Unit ID, personnel dispatched, and record of red light/siren use				bulance driver cert			_	<u> </u>
Explanation of failure to dispatch		<u> </u>		edical exam certifica				
Dispatch time, scene arrival time, and departure time				T certificate or med	dical license			
Destination of patient; arrival time				tence summary				
Name or other identifier of patient transported			20. Allidavit cei Section 133	rtifying compliance 372 CVC prohibition	with 13 CCR 1: as	101(b) and/or		
d. Name of other realiser of panerit transported				enrolled in the DMV	*****		+	
COMPANY INSPECTION	YES	ИО						
Company principals verified								
10 One or more ambulances available 24 hours								
11. Fees posted/current								
12. Financial responsibility								
13. 24-hour direct telephone service								
				······································		· · · · · · · · · · · · · · · · · · ·		
EHICLE INSURANCE CARRIER'S NAME	·							
A I	POLICY					OLICY EXPIRATION DATE	È	
REMARKS ACORD	L		MAPK C	37.8599c	25	_3/20/1	9	
	disease.	پوتىر(ۇتارە		Sign and State and Andrews	William William Wall - 4 mayor	4901-210-23	T'	
	roles area	. P = 1/2 - 1	Modern (Market Halper) (1994)		53246.75522.755		ten new s	j'+
LICENSEE CERTIFICATION	IN LIE	U OI	OFFICIAL BRA	KE CERTIFICATE		· · · · · · · · · · · · · · · · · · ·	***************************************	-
certify that there is no official brake adjusting station within 30 miles of the o and is in compliance with the requirements of the California Vehicle Code and	peratir d Title	ig bat 13, C	se of this vehicle; h elifornia Code of R	nowever, the brake sy Peaulations.	ystem of this veh	icle has been insp	ected	
MATURE OF LICENSEE OR AUTHORIZED REPRESENTATIVE			***************************************			DATE		_
TEMPORARY OPERATING AUTHORIZATION: This vehicle may be a when used in lieu of the special vehicle identification certificate and	operat id exp	ed as Ires 3	an emergency a 0 days after the	mbulance. This au Jale shown below.	uthorization mus	st be carried in th	e yehicle	
NATURE OF COMMANDER OR INSPECTING OFFICER	·····			ID NUMBER	LOCATION COD	E DATE		
ADKINS				15341		_ .	,	

E 270082	1	ž)
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STATE OF CALIFORNIA DEPARTMENT OF CALIFORNIA HIGHWAY PATROL AMBULANCE INSPECTION REPORT			INSPECTION	Lexons P. J
CHP 299 (Rev. 10-18) OPI 061			DINTIAL MANNUAL DC	MPLIANCE
LEGAL BUSINESS NAME		COMPANY LICENSE NUMBER	VEHICLE YEAR, MAKE, AND MODEL	
SERVICE ADDRESS (infimber and street)	Winte	17376	2013 From 12	50
135 W 7 TO ST.			VEHICLE IDENTIFICATION NUMBER (VIN)	
(city, state, and zip code)			FDSSES HODE	52171
TUREYA CA 9	5501		VEHICLE LICENSE PLATE NUMBER AND STA	TE .
	30 30 3		VEHICLE CERTIFICATE NUMBER	
	~~~		13344	
ITEM INSPECTED (MINIMUM REQUIREMENTS)	YES	NO ITEM INSPECTED (MINIME		YES NO
Registration; plates	X	14. Reflectors		
Identification certificate (annuals/compliance only)	×	16. Glass		
3. Ambulance identification sign (visible from 50+ feet)	X	16. Windshield wipers		1.8
4. Headlamps	X	17. Defroster		.M
5. Beam selector/indicator	X	18. Mirrors		_ N
6. Headlamp flasher (if equipped)		19. Horn		12
7. Steady red warning lamp	1	20. Siren		10
8. Turn signals	X			AC
9. Clearance/sidemarker lamps (If required)	N/	21. Seat belts		
10. Stoplamps	X	22. Fire extinguisher (minim	num 4B:C)	20
11. Talliamps		23. Portable light		A.
12. License plate lamp	X _	24. Spare fire; jack and tool		X
13. Backup lamps	K	25. Maps of coverage areas		X
TO THE PARTY OF TH		26. Door latches operable fr	om inside and outside	X

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

EMERGENCY CARE EQUIPMENT AND SUPPLIES INSPECTED	YES	NO	EMERGENCY CARE EQUIPMENT AND SUPPLIES INSPECTED	V=0	1
(1) Ambulance cot and (1) collapsible stretcher	X		14. Emesis basin or disposable bags, and covered waste container	YES	
Securement straps for patient and cot/stretcher	7		15. Portable suctioning apparatus (Squeeze syringes not sufficient)	20	<u> </u>
Ankle and wrist restraints. Soft ties are acceptable.	7		Two devices or material to restrict movement	13	_
4. Sheets, pillow cases, blankets, towels, pillows (2)	1		The state of the s	K	<u> </u>
5. Oropharyngeal airways: (1) adult, (1) child, (1) Infant	$\frac{1}{\lambda}$	~	17. (2) liters saline solution or a gallon potable water	35	
6, Rigid or pneumatic splints (4)	文		 Half-ring traction splint, padded ankle hitch strap, heef rest or equivalent device 	X	
 Resuscitator - capable of use with oxygen or air in adult, child, and infant sizes 	X		19. Blood pressure cuff, manometer, stethoscope	30	
8. Oxygen and regulators, portability required	 	\dashv	 Sterile obstetrical supplies (gloves, umbilical cord tape or clamps, dressings, towels, syringe, and clean plastic bags) 	X	
g, Sterile bandage compresses (4 - 3" x 3")	V	\neg	21. Bedpan or fracture pan	<u> </u>	
0. Soft rolled bandages (6 - 2", 3", 4", or 6")			22. Urinal	X	
1, Adhesive tape (2 rolls - 1", 2", or 3")	\\ \frac{\partial \text{\tinit}\\ \text{\texi}\text{\text{\text{\texi}\text{\text{\text{\texi{\text{\texi}\text{\text{\texi}\tint{\text{\text{\text{\text{\text{\texi}\text{\texi}\texit{\text{\	-		X	
2. Bandage shears	H	\dashv	 Two spinal immobilization devices, one at least 30" in length and one at least 60" in length, with straps to adequately secure patients to the device. 	3	
3. Universal dressings (2 - 10" x 30" or larger)		一	patients to the device (a combination short/long boards are acceptable)		

REQUIRED RECORDS AND DOCUMENTS INSPECTED AND IN COMPLIANCE

CALL RECORDS	YES	NO	PERSONNEL RECORDS	YES	NO
Location of records, retained for 3 years			14. Employment date		
2. Date, time, location, and identity of call taker			15. Copy of driver license		
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		
Explanation of failure to dispatch			18. Copy of EMT certificate or medical license		
Dispatch time, scene arrival time, and departure time			19. Work experience summary		Ī
7. Destination of patient; arrival time			20. Affidavit certifying compliance with 13 CCR 1101(b) and/or Section 13372 CVC prohibitions		
8. Name or other identifier of patient transported			21. Personnel enrolled in the DMV Pull Notice System		
COMPANY INSPECTION	YES	NO			
9. Company principals verified					
10 One or more ambulances available 24 hours					
11. Fees posted/current					
12. Financial responsibility]			
13. 24-hour direct telephone service					
VEHICLE INSURANCE CARRIER'S WAME REMARKS	POLIC	Y NUM	MAPIK 07857905 POLICY EXPIRATION DATE MAPIK 07857905 3/30/15		

			(100 mg/s/2016)
LICENSEE CERTIFICATION IN LIEU	OF OFFICIAL BRAKE CERTIFICATE		
I certify that there is no official brake adjusting station within 30 miles of the operating and is in compliance with the requirements of the California Vehicle Code and Title 13	base of this vehicle; however, the brake s 3, California Code of Regulations.	ystem of this vehicle h	nas been inspected
SIGNATURE OF LICENSEE OR AUTHORIZED REPRESENTATIVE	Control of the second of the s		DATE
TEMPORARY OPERATING AUTHORIZATION: This vehicle may be operated when used in lieu of the special vehicle identification certificate and expire			carried in the vehicle
SIGNATURE OF COMMANDER OR INSPECTING OFFICER	ID NUMBER	LOCATION CODE	DATE
ADVINS	15341	125	2/28/19
DESTROY PREV	/IQUS EDITIONS		Chp299 1018.pc

DEPARTMENT OF CALIFORNIA HIGHWAY PATROL AMBULANCE INSPECTION REPORT			
CHP 299 (Rev. 10-18) OPI 061		INSPECTION INITIAL MANUAL CO.	MPLIANCE
LEGAL BUSINESS NAME		COMPANY LICENSE NUMBER VEHICLE YEAR, MAKE, AND MODEL	an carryog
SERVICE ADDRESS (number and street)	d	17896 2014 FORD ESS	res
135 W 77 ST		VEHICLE DENTIFICATION NUMBER OF THE	
(city, state, and zip code)			883
EUREMA, CA, 95501		VEHICLE LICENSE PLATE NUMBER AND STAT	E
	*****	759 231 2 VEHICLE CERTIFICATE NUMBER	
		13839	
ITEM INSPECTED (MINIMUM REQUIREMENTS)	YES	NO ITEM INSPECTED (MINIMUM REQUIREMENTS)	YES NO
Registration; plates	M	14. Reflectors	
2. Identification certificate (annuals/compliance only)	X	15. Glass	10
Ambulance identification sign (visible from 50+ feet)	X	16. Windshield wipers	
4. Headlamps	X	17. Defroster	~ <u>}-`-</u>
5. Beam selector/indicator	X	18. Mirrors	\ <u>\</u>
6. Headlamp flasher (if equipped)	X	19. Horn	+
7. Steady red warning lamp	X	20. Siren	- &
8. Turn signals	X	21. Seat belts	大
9. Clearance/sidemarker lamps (If required)	Х,	22. Fire extinguisher (minimum 4B:C)	X
10. Stoplamps	121	23. Portable light	* _
11. Taillamps	X	24. Spare tire; jack and tools	2
12. License plate lamp	121	25. Maps of coverage areas or equivalent	- X-
13. Backup lamps	X	26. Door latches operable from inside and outside	
		The same of the same and a same same on same	x

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

EMERGENCY CARE EQUIPMENT AND SUPPLIES INSPECTED	YES	NO	EMERGENCY CARE EQUIPMENT AND SUPPLIES INSPECTED	YES	140
(1) Ambulance cot and (1) collapsible stretcher	X		14. Emesis basin or disposable bags, and covered waste container	K	NC
2, Securement straps for patient and cot/stretcher	X		15. Portable suctioning apparatus (Squeeze syringes not sufficient)	X	
Ankle and wrist restraints. Soft ties are acceptable.	X		16. Two devices or material to restrict movement	f	
4. Sheets, pillow cases, blankets, towels, pillows (2)	X	**	17. (2) liters saline solution or a gallon potable water	M	-
5, Oropharyngeal aliways: (1) adult, (1) child, (1) Infant	1 %			<u>) X</u>	<u> </u>
6. Rigid or pneumatic splints (4)	X		Half-ring traction splint, padded ankle hitch strap, heel rest or equivalent device	X	
 Resuscitator - capable of use with oxygen or air in adult, child, and infant sizes 	X		19. Blood pressure cuff, manometer, stethoscope	大	
Oxygen and regulators, portability required	1	··	Sterile obstetrical supplies (gloves, umbilical cord tape or clamps, dressings, towels, syringe, and clean plastic bags)	K	
g, Sterile bandage compresses (4 - 3" x 3")	X	····	21. Bedpan or fracture pan		
10. Soft rolled bandages (6 - 2", 3", 4", or 6")	X		22. Urinal	<u>) (</u>	
11. Adhesive tape (2 rolls - 1", 2", or 3")	X			X	
12. Bandage shears	X		 Two spinal immobilization devices, one at least 30" in length and one at least 60" in length, with straps to adequately secure 		
13. Universal dressings (2 - 10" x 30" or larger)	ע		patients to the device (a combination short/long boards are acceptable)	X	

REQUIRED RECORDS AND DOCUMENTS INSPECTED AND IN COMPLIANCE

CALL RECORDS	YES	NO	PERSONNEL RECORDS	YES	NO
Location of records, retained for 3 years	120	190	14. Employment date	- 110	100
					
Date, time, location, and identity of call taker	<u> </u>		15. Copy of driver license	+	
Name of requesting person or agency			16. Copy of ambulance driver certificate		
 Unit ID, personnel dispatched, and record of red light/siren use 	ļ		17. Copy of medical exam certificate		ļ
Explanation of fallure to dispatch			18. Copy of EMT certificate or medical license		
Dispatch time, scene arrival time, and departure time			19. Work experience summary		
7. Destination of patient; arrival time			20. Affidavit certifying compliance with 13 CCR 1101(b) and/or Section 13372 CVC prohibitions		
8. Name or other identifier of patient transported	<u> </u>		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					
			•		
VEHICLE INSURANCE CARRIER'S NAME	POLIC		f e		
<u>Acoed</u>		W	APL 07859905 3/30/19	<u> </u>	
REMARKS					

LICENSEE CERTIFICATION IN	LIEU OF OFFICIAL BRAKE CERTIFICAT	Ē	
I certify that there is no official brake adjusting station within 30 miles of the oper and is in compliance with the requirements of the California Vehicle Code and T	rating base of this vehicle; however, the brake itle 13, California Code of Regulations.	system of this vehicle l	has been inspected
SIGNATURE OF LICENSEE OR AUTHORIZED REPRESENTATIVE			DATE
TEMPORARY OPERATING AUTHORIZATION: This vehicle may be open when used in lieu of the special vehicle identification certificate and other special vehicle identification certificate.	erated as an emergency ambulance. This expires 30 days after the date shown below	authorization must be /.	carried in the vehicle
SIGNATURE OF COMMANDER OR INSPECTING OFFICER	IO NUMBER	LOCATION CODE	DATE
ADKINS	15341	125	2 28
0FSTRO)	Y PREVIOUS EDITIONS		Chp299 1018.

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			INSPECTION ANNUAL COM	1PLIAN	ICE
*****		COMPANY LICENSE NUMBER	VEHICLE YEAR, MAKE, AND MODEL		
		17896	B		
		3.545	VEHICLE IDENTIFICATION NUMBER (VIN)	·	
			PDSS EL CEDE WAY		
				Ξ	***************************************
	·		VEHICLE CERTIFICATE NUMBER	 .	
YES	NO	ITEM INSPECTED (MINIMUM		V	1
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CE 1	FO C	OPPECTATOR TESTS	D INTII THE DISCOURSE		E
ES I	NO	EMERGENCY CARE EQUIPM	TENT AND SUPPLIES INSPECTED		
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<	7				
X.	7	·*·· /	·····		
K			· · · · · · · · · · · · · · · · · · ·	1	
	YES XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	YES NO X X X X X X X X X X X X X X X X X X X	YES NO ITEM INSPECTED (MINIMUM 14. Reflectors 15. Glass 16. Windshield wipers 17. Defroster 18. Mirrors 19. Horn 20. Siren 21. Seat belts 22. Fire extinguisher (minimum 23. Portable light 24. Spare tire; jack and tools 25. Maps of coverage areas 26. Door latches operable from CE TO CORRECT VIOLATION, ISSUE HP 281 WILL BE RETURNED TO THE ES NO EMERGENCY CARE EQUIPM 14. Emesis basin or disposable 15. Portable suctioning appar 16. Two devices or material to the control of the cont	INSPECTION INITIAL	COMPANY LICENSE NUMBER COMPANY LICENSE NUMBER VEHICLE YEAR, MAKE, AND MODEL

2. Securement straps for patient and cot/stretcher			45 Destable - 12 - 1	
	X	_	15. Portable suctioning apparatus (Squeeze syringes not sufficient)	1
Ankle and wrist restraints. Soft ties are acceptable.	X		16. Two devices or material to restrict movement	×
4. Sheets, pillow cases, blankets, towels, pillows (2)	X		17. (2) liters saline solution or a gallon potable water	5×12
5. Oropharyngeal alrways: (1) adult, (1) child, (1) infant	X			1
6, Rigid or pneumatic splints (4)	X		 Half-ring traction splint, padded ankle hitch strap, heel rest or equivalent device 	X
 Resuscitator - capable of use with oxygen or air in adult, child, and infant sizes 	X		19. Blood pressure cuff, manometer, stethoscope	K
Oxygen and regulators, portability required	K		Sterile obstetrical supplies (gloves, umbilical cord tape or clamps, dressings, towels, syringe, and clean plastic bags)	χ
g. Sterlle bandage compresses (4 - 3" x 3")	X		21. Bedpan or fracture pan	X
10, Soft rolled bandages (6 - 2", 3", 4", or 6")	X		22. Urinal	1
11, Adhesive tape (2 rolls - 1", 2", or 3")	X			X
12. Bandage shears	X		 Two spinal immobilization devices, one at least 30" in length and one at least 60" in length, with straps to adequately secure 	
13. Universal dressings (2 - 10" x 30" or larger)	X		patients to the device (a combination short/long boards are acceptable)	X

į

REQUIRED RECORDS AND DOCUMENTS INSPECTED AND IN COMPLIANCE

CALL RECORDS	YES	NO	PERSONNEL RECORDS	YES	N
Location of records, retained for 3 years			14. Employment date		Γ
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		Γ
4. Unit ID, personnel dispatched, and record of red light/siren use			17. Copy of medical exam certificate		
5. Explanation of failure to dispatch			18. Copy of EMT certificate or medical license		
6. Dispatch time, scene arrival time, and departure time			19. Work experience summary		Γ
7. Destination of patient; arrival time			20. Affidavit certifying compilance with 13 CCR 1101(b) and/or Section 13372 CVC prohibitions		
8. Name or other identifier of patient transported			21, Personnel enrolled in the DMV Pull Notice System		-
COMPANY INSPECTION	YES	NO			4
9. Company principals verified					
10 One or more ambulances available 24 hours					
11. Fees posted/current					
12. Financial responsibility					
13. 24-heur direct telephone service					
EHICLE INSURANCE CARRIER'S NAME	POLIC	YNUN	IBER POLICY EXPIRATION DATE		
Acard	ĵ	M۸	PL 07859905 3/30/1	٥,	

LICENSEE CERTIFICATION IN	LIEU OF OFFICIAL BRAKE CERTIFICA	\TE	
I certify that there is no official brake adjusting station within 30 miles of the oper and is in compliance with the requirements of the California Vehicle Code and Ti	raling base of this vehicle; however, the brai îtle 13, California Code of Regulations.	ke system of this vehicle	has been inspected
SIGNATURE OF LICENSEE OR AUTHORIZED REPRESENTATIVE			DATE
TEMPORARY OPERATING AUTHORIZATION: This vehicle may be open when used in lieu of the special vehicle identification certificate and expectations.			carried in the vehicle
SIGNATURE OF COMMANDER OR INSPECTING OFFICER	ID NUMBER	LOCATION CODE	DATE
ADVINS	15341	125	2/28/19
DESTROY	PREVIOUS EDITIONS		Chp299_I018.pdf

STATE OF CALIFORNIA				17	7
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL AMBULANCE INSPECTION REPORT CHP 299 (Rev. 10-18) OPI 061			INSPECTION [MANNUAL] COM		
LEGAL BUSINESS NAME CONTY AMOUNTAINCE OF FU SERVICE ADDRESS (number and street)	PELLA		COMPANY LICENSE NUMBER VEHICLE YEAR, MAKE, AND MODEL	· · · · · · · · · · · · · · · · · · ·	
(city, state, and zip code)			VEHICLE LICENSE PLATE NUMBER AND STATE	<u>, ()</u> 5	? 5"
_EURENH CA 9550	<u> </u>		VEHICLE LICENSE PLATE NUMBER AND STATE SHALA AL VEHICLE CERTIFICATE NUMBER		
ITEM INSPECTED (MINIMUM REQUIREMENTS)	YE:	SN	O ITEM INSPECTED (MINIMUM REQUIREMENTS)		
Registration; plates	×		14. Reflectors		S NO
2. Identification certificate (annuals/compliance only)	K	┪	15. Glass	X	<u> </u>
Ambulance identification sign (visible from 60+ feet)	X	┪┈╴		X	
4. Headlamps	X	╀	16. Windshield wipers	K	
Beam selector/indicator	X	\vdash	17. Defroster	X.	
6. Headlamp flasher (if equipped)	X	-	18. Mirrors	K	
7. Steady red warning lamp	Y X	┼-	19. Horn	20	
8. Turn signals	1 x	-	20. Siren	X	
9. Clearance/sidemarker lamps (if required)	1 X	-	21. Seat belts	X	<u> </u>
10. Stoplamps	X		22. Fire extinguisher (minimum 4B:C)	X	<u> </u>
11. Faillamps	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	L	23. Portable light	4	<u> </u>
12. License plate lamp	. x		24. Spare tire; Jack and tools	X	
13. Backup tamps	· %		25. Maps of coverage areas or equivalent	4	
ANY ITEM CHECKED "NO" ABOVE WILL HAVE A CHP 281, I DISCREPANCY. ONCE SIGNED OFF, TH	MOTICE	TO (281	26. Door latches operable from inside and outside CORRECT VIOLATION, ISSUED WITH THE DIRECTION TO CORRECT WILL BE RETURNED TO THE INSPECTING OFFICER.	T TH	E
EMERGENCY CARE EQUIPMENT AND SUPPLIES INSPECTED	YES	NO	EMERGENCY CARE EQUIPMENT AND SUPPLIES INSPECTED	 1	*******
(1) Ambulance cot and (1) collapsible stretcher	X		Emesis basin or disposable bags, and covered waste container	YES	NO
2. Securement straps for patient and cot/stretcher	12		Portable suctioning apparatus (Squeeze syringes not sufficient)	X	
3. Ankle and wrist restraints. Soft ties are acceptable.	X		Two devices or material to restrict movement	X	
4. Sheets, pillow cases, blankets, towels, pillows (2)	12		17. (2) liters saline solution or a gallon potable water	X	
5. Oropharyngeal aliways: (1) adult, (1) child, (1) infant	1	1	40 This control of a gallott potable water	Δ	

EMERGENCY CARE EQUIPMENT AND SUPPLIES INSPECTED	YES	NC	EMERGENCY CARE EQUIPMENT AND SUPPLIES INSPECTED	2000
(1) Ambulance cot and (1) collapsible stretcher	X	1	14. Emesis basin or disposable bags, and covered waste container	YES NO
Secturement straps for patient and cot/stretcher	77		15. Portable suctioning apparatus (Squeeze syringes not sufficient)	1
Ankle and wrist restraints. Soft ties are acceptable.	X		Two devices or material to restrict movement	1
4. Sheets, pillow cases, blankets, towels, pillows (2)	$\sqrt{\chi}$		17. (2) liters saline solution or a galion potable water	X
5. Oropharyngeal aliways: (1) adult, (1) child, (1) infant	X			25%
8. Rigid or pneumatic splints (4)	X		Half-ring traction splint, padded ankle hitch strap, heel rest or equivalent device	X
Resuscitator - capable of use with oxygen or air in adult, child, and infant sizes	V	********	19. Blood pressure cuff, manometer, stethoscope	
Oxygen and regulators, portability required	X		Sterile obstetrical supplies (gloves, umbilical cord tape or clamps, dressings, towels, syringe, and clean plastic bags)	X
9. Sterile bandage compresses (4 - 3" x 3")	×		21. Bedpan or fracture pan	\
10. Soft rolled bandages (6 - 2", 3", 4", or 6")	×		22. Urinal	Χ
11. Adhesive tape (2 rolls - 1", 2", or 3")	><			X
12. Bandage shears	X		Two spinal immobilization devices, one at least 30" in length and one at least 60" in length, with straps to adequately secure attents to the devices.	The same
13. Universal dressings (2 - 10" x 30" or larger)	X		patients to the device (a combination short/long boards are acceptable)	Ray, A.

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	(Seri
DESTROY PREVIOUS EDITIONS	

CALL RECORDS	YES	NO	PERSONNEL RECORDS	YES	N
1. Location of records, retained for 3 years	1		14. Employment date	<u> </u>	
2. Date, time, location, and identity of call taker		<u> </u>	15. Copy of driver license		
3. Name of requesting person or agency			16. Copy of ambulance driver certificate		Γ
4. Unit ID, personnel dispatched, and record of red light/siren use			17. Copy of medical exam certificate		
5. Explanation of failure to dispatch	1		18. Copy of EMT certificate or medical license		
Dispatch time, scene arrival time, and departure time			19. Work experience summary		Γ
7. Destination of patient; arrival time			20. Affidavit certifying compliance with 13 CCR 1101(b) and/or Section 13372 CVC prohibitions		
8. Name or other identifier of patient transported					_
	7		21. Personnel enrolled in the DMV Pull Notice System	<u> </u>	<u> </u>
COMPANY INSPECTION	YES	NO			
9. Company principals verified					
10 One or more ambulances available 24 hours					
11. Fees posted/current	1_1				
12. Financial responsibility					
13, 24-hour direct telephone service	1_1				
EHICLE INSURANCE CARRIER'S NAME	POLIC	Y NUI	ABER POLICY EXPIRATION DATE		
ACOED			MARK 07859905 3 30/10	\	
LICENSEE CERTIFICATIO	N IN L	IEU (OF OFFICIAL BRAKE CERTIFICATE		
LICENSEE CERTIFICATION I certify that there is no official brake adjusting station within 30 miles of the and is in compliance with the requirements of the California Vehicle Code is	N IN L	IEU (OF OFFICIAL BRAKE CERTIFICATE hase of this vehicle; however, the brake system of this vehicle has been inspe		
LICENSEE CERTIFICATION I certify that there is no official brake adjusting station within 30 miles of the and is in compliance with the requirements of the California Vehicle Code is	N IN L	IEU (OF OFFICIAL BRAKE CERTIFICATE hase of this vehicle; however, the brake system of this vehicle has been inspe		
LICENSEE CERTIFICATION I certify that there is no official brake adjusting station within 30 miles of the and is in compliance with the requirements of the California Vehicle Code and the Color of LICENSEE OR AUTHORIZED REPRESENTATIVE	N IN L 3 opera and Titl	IEU (aling b le 13,	OF OFFICIAL BRAKE CERTIFICATE hase of this vehicle; however, the brake system of this vehicle has been inspe California Code of Regulations. DATE	ected	
LICENSEE CERTIFICATION I certify that there is no official brake adjusting station within 30 miles of the and is in compliance with the requirements of the California Vehicle Code and the control of the California Vehicle Code and the California V	N IN L opera and Titl	IEU (aling t le 13,	OF OFFICIAL BRAKE CERTIFICATE hase of this vehicle; however, the brake system of this vehicle has been inspectional Code of Regulations. DATE as an emergency ambulance. This authorization must be carried in the	ected	_

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STATE OF CALIFORNIA DEPARTMENT OF CALIFORNIA HIGHWAY PATROL				v	
AMBULANCE INSPECTION REPORT			INSPECTION		
CHP 299 (Rev. 10-18) OPI 061			☐INITIAL ☐ANNUAL ☐COM	IPLIAN	1CE
LEGAL BUSINESS NAME			COMPANY LICENSE NUMBER VEHICLE YEAR, MAKE, AND MODEL		
SERVICE ADDRESS (number and street)	11(1707	<u>V</u>	buis'
STANGE ACUTES interior and street			VEHICLE IDENTIFICATION NUMBER (VIN)		
(city, state, and zip code)			VEHICLE LICENSE PLATE NUMBER AND STATI	35	e 11/1
EURENA CA	1	575	VEHICLE LICENSE PLATE NUMBER AND STATI		
	·	-3-4	VEHICLE CERTIFICATE NUMBER		·
			14636		
ITEM INSPECTED (MINIMUM REQUIREMENTS)	YΕ	SN		VE	S NO
Registration; plates	>	<	14. Reflectors		
2. Identification certificate (annuals/compliance only)	2	;	15. Glass	(A)	+
Ambulance identification sign (visible from 50+ feet)	22		16. Windshield wipers	X	
4. Headlamps)×		17. Defroster	- <u> X\</u>	
5. Beam selector/indicator	×		18. Mirrors	<u> </u>	
6. Headlamp flasher (if equipped)	1 ×	1-	19. Hom	<u> %</u>	
7. Steady red warning lamp	×	-	20. Siren	12	-
8. Turn signals	×	<u> </u>	21. Seat belts	3/2	
9. Clearance/sidemarker lamps (if required)	×	 	22. Fire extinguisher (minimum 4B:C)	X.	
10. Stoplamps	1 >	1-	23. Portable light	於	
11. Taillamps	20	†-	24. Spare lire; jack and tools	1	ļ
12. License plate lamp	N	-		30	
13. Backup lamps	24	-	25. Maps of coverage areas or equivalent	,5a	
		·	26. Door latches operable from inside and outside	X	
ANY ITEM CHECKED "NO" ABOVE WILL HAVE A CHP 281, NO DISCREPANCY. ONCE SIGNED OFF, THE	TICE	TO (281	CORRECT VIOLATION, ISSUED WITH THE DIRECTION TO CORREC WILL BE RETURNED TO THE INSPECTING OFFICER.	т тн	E
EMERGENCY CARE EQUIPMENT AND SUPPLIES INSPECTED	YES	NO	EMERGENCY CARE EQUIPMENT AND SUPPLIES INSPECTED	V==	
1, (1) Ambulance cot and (1) collapsible stretcher	ĸ		14. Emesls basin or disposable bags, and covered waste container	YES	NO
Securement straps for patient and cot/stretcher	X		15, Portable suctioning apparatus (Squeeze syringes not sufficient)	X	
Ankle and wrist restraints. Soft fies are acceptable.			Two devices or material to restrict movement	2	
4. Sheets, pillow cases, blankets, towels, pillows (2)	X		17. (2) liters saline solution or a gallon potable water	X	
5. Oropharyngeal airways: (1) adult, (1) child, (1) infant	X		46 Hard A	X	

EMERGENCY CARE EQUIPMENT AND SUPPLIES INSPECTED	YES	NO	EMERGENCY CARE EQUIPMENT AND SUPPLIES INSPECTED	2455	
1, (1) Ambulance cot and (1) collapsible stretcher	K		14. Emesls basin or disposable bags, and covered waste container	YES	NC
Securement straps for patient and cot/stretcher	X		15. Portable suctioning apparatus (Squeeze syringes not sufficient)	1	
3. Ankle and wrist restraints. Soft lies are acceptable.	100		Two devices or material to restrict movement	1	
4. Sheets, pillow cases, blankets, towels, pillows (2)	X		17. (2) liters saline solution or a gallon potable water	X	
5. Oropharyngeal airways: (1) adult, (1) child, (1) infant	X			次	
6. Rigid or pneumatic splints (4)	X		Half-ring traction splint, padded ankle hitch strap, heel rest or equivalent device	X	
 Resuscitator - capable of use with oxygen or air in adult, child, and infant sizes 	×		19. Blood pressure cuff, manometer, stethoscope	X	
Oxygen and regulators, portability required	X	_	 Sterile obstetrical supplies (gloves, umbilical cord tape or clamps, dressings, towels, syringe, and clean plastic bags) 	χ	
g, Sterlie bandage compresses (4 - 3" x 3")	X		21. Bedpan or fracture pan		
0. Soft rolled bandages (6 - 2", 3", 4", or 6")	1/2	一	22. Urinal	X	
1, Adhesive tape (2 rolls - 1", 2", or 3")	35	\dashv		X	
2, Bandage shears	1	\dashv	23. Two spinal immobilization devices, one at least 30" in length and one at least 60" in length, with straps to adequately secure		
3, Universal dressings (2 - 10" x 30" or larger)	one at least 60" in length, with straps to adequately secure patients to the device (a combination short/long boards are acceptable)		X		

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"是一个主动,我们就是一个大大大大大大大大大大大大大大大大大大大大大大大大大大大大大大大大大大大大		
是一个人,我们就是一个人,我们就是一个人,我们就是一个人,我们就是一个人,我们就是一个人,我们就是一个人,我们就是一个人,我们就是一个人,我们就是一个人,我们就		
	266 - 965	7.5
	vi (1-4-14)	45.0
	1000	
DESTROY PREVIOUS EDITIONS		
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CHP 299 (Rev. 10-18) OPI 061

CALL RECORDS	YES	NO	PERSONNEL RECORDS	YES	Nr
Location of records, retained for 3 years			14. Employment date		-
2. Date, time, location, and identity of call taker			15. Copy of driver license		
3. Name of requesting person or agency			16. Copy of ambulance driver certificate		
4. Unit ID, personnel dispatched, and record of red light/siren use			17. Copy of medical exam certificate		
5. Explanation of failure to dispatch			18. Copy of EMT certificate or medical license		
Dispatch time, scene arrival time, and departure time			19. Work experience summary		
7. Destination of patient; arrival time			20. Affidavit certifying compliance with 13 CCR 1101(b) and/or Section 13372 CVC prohibitions		
Name or other identifier of patient transported					
			21. Personnel enrolled in the DMV Pull Notice System		
COMPANY INSPECTION	YES	ОИ			
Company principals verified					
10 One or more ambulances available 24 hours					
11. Fees posted/current					
12. Financial responsibility					
13, 24-hour direct telephone service					
EHICLE INSURANCE CARRIER'S NAME	POLIC	Y NUM	IBER POLICY EXPIRATION DATE		
ACORD		M	APV- 07859905 3/30/19	4	
EMARKS				,	

LICENSEE CERTIFICATION IN LIEU OF OFFICIAL BRA	KE CERTIFICATE		
I certify that there is no official brake adjusting station within 30 miles of the operating base of this vehicle; h and is in compliance with the requirements of the California Vehicle Code and Title 13, California Code of R	owever, the brake sys egulations.	stem of this vehicle h	as been Inspected
SIGNATURE OF LICENSEE OR AUTHORIZED REPRESENTATIVE			DATE
TEMPORARY OPERATING AUTHORIZATION: This vehicle may be operated as an emergency a when used in lieu of the special vehicle identification certificate and expires 30 days after the	mbulance. This autidate shown below.	horization must be	carried in the vehicle
SIGNATURE OF COMMANDER OR INSPECTING OFFICER	ID NUMBER	LOCATION CODE	DATE
ADKINS	15341	125	2/20/19
DESTROY PREVIOUS EDITIONS			Chp299_1018.pdf

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STATE OF CALIFORNIA CEPARTMENT OF CALIFORNIA HIGHWAY PATROL			(, , com	., /	
AMBULANCE INSPECTION REPORT CHP 299 (Rev. 10-18) OPI 061			INSPECTION INSTITUTE MANUAL COM	PLIANCE	
LEGAL BUSINESS NAME LAND AMERICANA DE C.	Or ha	COMPANY LICENSE NUMBER	VEHICLE YEAR, MAKE, AND MODEL		=
SERVICE ADDRESS (number and street)	() 3 - 3 . 1 E.	6. 1 10 150	2017 FORD TRANS VEHICLE IDENTIFICATION NUMBER (VIN)	811	
135 W. 7TV ST			FDY22cm3HKA31	616	١.
(city, state, and zip code)	1		VEHICLE LICENSE PLATE NUMBER AND STATE		
EURENA CA 9550	7		73470F2		
			VEHICLE CERTIFICATE NUMBER		
ITEM INSPECTED (MINIMUM REQUIREMENTS)	YES	NO ITEM INSPECTED (MINIMU	M REQUIREMENTS)	YES N	10
Registration; plates	X	14. Reflectors		K	
2. Identification certificate (annuals/compliance only)	7	15. Glass		1/2	
3. Ambulance Identification sign (visible from 50+ feet)	Ŋ.	16. Windshield wipers			
4. Headlamps	7	17. Defroster			
5. Beam selector/Indicator	14	18. Mirrors		1	
6. Headlamp flasher (if equipped)	<u> </u>	19. Horn		1	
7. Steady red warning lamp	X	20. Siren		<u> </u>	
8. Turn signals	X	21. Seat belts		<u> </u>	
9. Clearance/sidemarker lamps (if required)	100	22. Fire extinguisher (minimum	um 4R·C)	12	******
10. Stoplamps	1/0	23. Portable light	mary the supp	120	
11. Talliamps	K	24. Spare tire; jack and tools	114	 	
12. License plate lamp	×	26. Maps of coverage areas		X	
13. Backup lamps	7	26. Door latches operable from		5	_
ANVITEM CHECKED "MO" ADOVE MILL HAVE A CHROOM M	~ ****	The state of the s		<u> </u>	-

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

EMERGENCY CARE EQUIPMENT AND SUPPLIES INSPECTED	YES	NC	EMERGENCY CARE EQUIPMENT AND SUPPLIES INSPECTED	YES N	
(1) Ambulance cot and (1) collapsible stretcher	N.		14. Emesis basin or disposable bags, and covered waste container	X	
2. Securement straps for patient and cot/stretcher	X	Π	15. Portable suctioning apparatus (Squeeze syringes not sufficient)	X	
3. Ankle and wrist restraints. Soft ties are acceptable.	K,		16. Two devices or material to restrict movement	x	
4. Sheets, pillow cases, blankets, towels, pillows (2)	X		17. (2) liters saline solution or a gallon potable water	 -	
5. Oropharyngeal airways: (1) adult, (1) child, (1) Infant	X		18. Half-ring traction splint, padded ankle hitch strap, heel rest or	20	
6. Rigid or pneumatic splints (4)	X		equivalent device	x	
 Resuscitator - capable of use with oxygen or air in adult, child, and infant sizes 	, X.		19. Blood pressure cuff, manometer, stelhoscope	\mathbf{x}	
Oxygen and regulators, portability required	X		Sterile obstetrical supplies (gloves, umblical cord tape or clamps, dressings, towels, syringe, and clean plastic bags)	×	
g, Sterile bandage compresses (4 - 3" x 3")	X		21. Bedpan or fracture pan	2.0	
10. Soft rolled bandages (6 - 2", 3", 4", or 6")	X	**	22. Urinal	<u>X</u> _	
11, Adhesive tape (2 rolls - 1", 2", or 3")	R		23 Two spiral immobilization doubons one of the desired	<u> </u>	
12. Bandage shears	X		23. Two spinal immobilization devices, one at least 30" in length and one at least 60" in length, with straps to adequately secure patients to the device (a combination short/long boards are	×	
13, Universal dressings (2 - 10" x 30" or larger)	$\frac{1}{2}$		patients to the device (a combination short/long boards are acceptable)		

Location of records, retained for 3 years Date, time, location, and Identity of call taker Name of requesting person or agency			14. Employment date 15. Copy of driver license	YES	NC
3, Name of requesting person or agency			15. Copy of driver license		
			I to Doby of differ Bookse		<u> </u>
	f .		16. Copy of ambulance driver certificate		\vdash
4. Unit ID, personnel dispatched, and record of red light/siren use			17. Copy of medical exam certificate	_	
5. Explanation of failure to dispatch			18. Copy of EMT certificate or medical license	1	-
6. Dispatch time, scene arrival time, and departure time			19. Work experience summary	+	
7. Destination of patient; arrival time			20 Affidavit certifying compliance with 13 CCR 1101(b) and/or		\vdash
8. Name or other identifier of patient transported			Section 13372 CVC prohibitions		
	Т		21. Personnel enrolled in the DMV Pull Notice System		ļ
COMPANY INSPECTION	YES	NO			
9. Company principals verified					
0 One or more ambulances available 24 hours	1				
Fees posted/current					
2. Financial responsibility					
3. 24-hour direct telephone service					
HICLE INSURANCE CARRIER'S NAME ACORD MARKS	POUC	Y NUM	BER POLICY EXPIRATION DATE MAPU 07859905 3320 U	1	

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LICENSEE CERTIFICATION IN LIEU OF OFFICIAL BR	AKE CERTIFICATE		Article and the second
I certify that there is no official brake adjusting station within 30 miles of the operating base of this vehicle; and is in compliance with the requirements of the California Vehicle Code and Title 13, California Code of	however, the brake s Regulations,	ystem of this vehicle I	nas been inspected
SIGNATURE OF LICENSEE OR AUTHORIZED REPRESENTATIVE			DATE
TEMPORARY OPERATING AUTHORIZATION: This vehicle may be operated as an emergency when used in lieu of the special vehicle identification certificate and expires 30 days after the	ambulance. This au date shown below.	uthorization must be	carried in the vehicle
SIGNATURE OF COMMANDER OR INSPECTING OFFICER	ID NUMBER	LOCATION CODE	DATE
ADVINS	15341	125	2/28/19
DESTROY PREVIOUS EDITIONS	W		Chp299_1018.pdf

AMBULANCE INSPECTION REPORT CHP 299 (Rev. 10-18) OPI 061				INSPECTION ANNUAL CO.	MPLIAN	
LEGAL BUSINESS NAME			COMPANY LICENSE NUMBER	VEHICLE YEAR, MAKE, AND MODEL		
SERVICE ADDRESS (number end street)	Out	<u>V.4</u>	11.846	2018 FORD TOW	150. 10	4"
				VEHICLE IDENTIFICATION NUMBER (VIN)	8.5 da 2	'' —
(city, state, and zip code)		****		VEHICLE LICENSE PLATE NUMBER AND STAT	15,76	10 all
LUBBUY CA SSC	<u>)/</u>			2756112	_	
				VEHICLE CERTIFICATE NUMBER		
ITEM INSPECTED (MINIMUM REQUIREMENTS)				15576		
Registration; plates	***************************************	SN		REQUIREMENTS)	YES	S N
identification certificate (annuals/compliance only)	<u> </u>		14. Reflectors		<i>K</i>	T
Ambulance identification sign (visible from 50+ feet)			15. Glass		X	
Headlamps	×	<u> </u>	16. Windshield wipers		X	
Beam selector/Indicator	1		17. Defroster		X	
6. Headlamp flasher (if equipped)			18. Mirrors		大	
7. Steady red warning lamp	X Υ	[19. Horn		X.	
8. Turn signals	× ×	+-	20. Siren		34	L
Clearance/sidemarker lamps (If required)	X	\vdash	21. Seat belts		A	
10. Stoplamps	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	╁	22. Fire extinguisher (minimum	n 4B:C)	X	<u> </u>
11. Tallamps	-	\vdash	23. Portable light		×	
†2. License plate lamp	X		24. Spare tire; jack and tools		X	_
13. Backup lamps	14		25. Maps of coverage areas of	· · · · · · · · · · · · · · · · · · ·	X	ļ
	<u></u>	<u> </u>	26. Door latches operable from		X	<u> </u>
ANY ITEM CHECKED "NO" ABOVE WILL HAVE A CHP 281, N DISCREPANCY. ONCE SIGNED OFF, TH EMERGENCY CARE EQUIPMENT AND SUPPLIES INSPECTED		·	THE DE RETORNED TO THE !	NSPECTING OFFICER.	ст тн	E
(1) Ambulance cot and (1) collapsible stretcher		NO		ENT AND SUPPLIES INSPECTED	YES	NO
Securement straps for patient and cot/stretcher	X			bags, and covered waste container	36	
Ankle and wrist restraints. Soft ties are acceptable,	大			tus (Squeeze syringes not sufficient)	X	-
4. Sheets, pillow cases, blankets, towels, pillows (2)	X		16. Two devices or material to		X	
5. Oropharyngeal airways: (1) adult, (1) child, (1) Infant	$\frac{1}{x}$		17. (2) liters saline solution or a		X	
6. Rigid or pneumatic splints (4)	K		equivalent device	ded ankle hitch strap, heel rest or	X	
 Resuscitator - capable of use with oxygen or air in adult, child, and infant sizes 	×	-	19. Blood pressure cuff, manon	neter, stethoscope	x	
Oxygen and regulators, portability required	メ		 Sterile obstetrical supplies (clamps, dressings, towels, s 	gloves, umbilical cord tape or syringe, and clean plastic bags)	入	
g. Sterile bandage compresses (4 - 3" x 3")	X		21. Bedpan or fracture pan		ኢ	
	λ		22. Urinal		X	
10, Soft rolled bandages (6 - 2", 3", 4", or 6")			23. Two spinal immobilization de	avices one at least 20" in least	\sim	
11, Adhesive tape (2 rolls - 1", 2", or 3")				lion devices, one at least 30" in length and ith, with straps to adequately secure		
	X X X		One at least our in lennin wi	ith straps to adequately secure and inheritant and	X	

DESTROY PREVIOUS EDITIONS

PAGE 2

CHP 299 (Rev. 10-18) OPI 061

REQUIRED RECORDS AND DOCUMENTS INSPECTED AND IN COMPLIANCE

			and the same of th		
CALL RECORDS	YES	NO	PERSONNEL RECORDS	YES	
Location of records, retained for 3 years			14. Employment date	1153	1
2. Date, time, location, and identity of call taker			15. Copy of driver license	-	-
Name of requesting person or agency			16. Copy of ambúlance driver certificate	-	-
4. Unit ID, personnel dispatched, and record of red light/siren use			17. Copy of medical exam certificate	-	
Explanation of failure to dispatch			18. Copy of EMT cerlificate or medical license	+	
Dispatch time, scene arrival time, and departure time	1		19. Work experience summary	-	-
7. Destination of patient; arrival time			20. Affidavit certifying compliance with 13 CCR 1101(b) and/or Section 13372 CVC prohibitions	+	
Name or other identifier of patient transported					ļ
COMPANY MISSESSION	T		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	1_1				
12. Financial responsibility					
13. 24-hour direct telephone service					
VEHICLE INSURANCE CARRIER'S NAME				1 	
Λ.	POLICY		POLIDI EAPROMON DATE		
REMARKS ACORD	J		MAPIL 07859905 3/30/19		

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			The state of the s
LICENSEE CERTIFICATION IN LIEU OF OFFICIA	L BRAKE CERTIFICATE	***************************************	
I certify that there is no official brake adjusting station within 30 miles of the operating base of this viand is in compliance with the requirements of the California Vehicle Code and Title 13, California Co	obloin housens the busines	ystem of this vehicle h	as been inspected
SIGNATURE OF LICENSEE OR AUTHORIZED REPRESENTATIVE			DATE
TEMPORARY OPERATING AUTHORIZATION: This vehicle may be operated as an emerg when used in lieu of the special vehicle identification certificate and expires 30 days affi	gency ambulance. This at ter the date shown below.	uthorization must be	carried in the vehicle
SIGNATURE OF COMMANDER OR INSPECTING OFFICER	ID NUMBER	LOCATION CODE	IDATE
ADILLIAS	15341	125	2/28/19
DESTROY PREVIOUS EDITIONS			Chp299_1018.pdf

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STATE OF CALIFORNIA DEPARTMENT OF CALIFORNIA HIGHWAY PATROL AWBULANCE INSPECTION REPORT CHP 299 (Rev. 10-18) OPI 061				SPECTION	OMPLIA	
LEGAL BUSINESS NAME CATY ANSWARDS (Number and street) 135 W. 774 ST	?7\V		17306 2	HICLE YEAR, MAKE, AND MODEL OUB FORD "TRANT	Sir"	250
(otty, state, and zip code) EU (Int. 24 CA 5550)				HIGHE FLORE PLATE NUMBER AND ST	ATE	
ITEM INSPECTED (MINIMUM REQUIREMENTS)	YES	7.	O ITTER NAME OF THE OWNER OWNER OF THE OWNER O	15727		
Registration; plates	X) IV	O ITEM INSPECTED (MINIMUM RE	QUIREMENTS)	YE	SNO
2. Identification certificate (ennuals/compliance only)	X	╁╌	14. Reflectors	· · · · · · · · · · · · · · · · · · ·		
Ambulance identification sign (visible from 50+ feet)	X	\vdash	15. Glass		de	<u>.</u>
4. Headlamps	- PV	├-	18. Windshield wipers			
Beam selector/indicator	$\frac{1}{\lambda}$		17. Defroster 18. Mirrors		X	
6. Headlamp flasher (if equipped)	$\frac{1}{\lambda}$	 	· · · · · · · · · · · · · · · · · · ·		<u>\</u>	
7. Steady red warning lamp	X		19. Horn 20. Siren		X	
8. Turn signals	$\frac{1}{x}$	_	21. Seat belts		X	
Clearance/sidemarker lamps (if required)	X			vi	_ X	
10. Stoplamps	X		22. Fire extinguisher (minimum 4)	B:C)	X	
11. Taillamps	X		23. Portable light		X	
12. License plate lamp	X		24. Spare tire; jack and tools		_ X	
13. Backup lamps	1		25. Maps of coverage areas or eq		X	
ANY ITEM CHECKED "NO" ABOVE WILL HAVE A CHP 281, I DISCREPANCY. ONCE SIGNED OFF, TH	NOTICE THE CHP 2	ro (26. Door latches operable from ins CORRECT VIOLATION, ISSUED WI WILL BE RETURNED TO THE INSP		ECT TH	 1E
EMERGENCY CARE EQUIPMENT AND SUPPLIES INSPECTED	YES	MO.	EMEDICENOV OADE COMPANY			,
1. (1) Ambulance cot and (1) collapsible stretcher	X		EMERGENCY CARE EQUIPMENT	AND SUPPLIES INSPECTED	YES	NO
Securement straps for patient and cot/stretcher	拉		14. Emesis basin or disposable ba	gs, and covered waste container		
3. Ankle and wrist restraints. Soft ties are acceptable.	1x		15. Portable suctioning apparatus (16. Two devices or material to resti	(equeeze syringes not sufficient)	X	
4. Sheets, pillow cases, blankets, towels, pillows (2)	X	\dashv			X	
5. Oropharyngeal alrways: (1) adult, (1) child, (1) infant	12		17. (2) liters saline solution or a gal	ion potable water	λ	_

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

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REQUIRED RECORDS AND DOCUMENTS INSPECTED AND IN COMPLIANCE

CALL RECORDS	YES	Na	PERSONNEL RECORDS	YES	NIC
Location of records, retained for 3 years			14. Employment date	1,50	140
2. Date, time, location, and identily of call taker			15. Copy of driver license	- 	
Name of requesting person or agency			16. Copy of ambulance driver certificate		-
Unit iD, personnel dispatched, and record of red light/siren use			17. Copy of medical exam certificate	_	<u> </u>
5. Explanation of failure to dispatch			18. Copy of EMT certificate or medical license	-	<u> </u>
6. Dispatch time, scene arrival time, and departure time			19. Work experience summary		
7. Destination of patient; arrival time			an Affidavit certifying compliance with 13 CCP 1104/b) and an		
Name or other identifier of patient transported			Section 13372 CVC prohibitions		
	1		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		\neg			
13. 24-hour direct telephone service		\neg			
		J.			
VEHICLE INSURANCE CARRIER'S NAME	POLICY	NUM	POLICY EXPIRATION DATE		
Acorp		M	APK 07859905 3/20/10	٠.	
REMARKS			5/20/1	1	

		Jahren Sales Mills	
LICENSEE CERTIFICATION IN LIEU OF	OFFICIAL BRAKE CERTIFICATE		
I certify that there is no official brake adjusting station within 30 miles of the operating bas and is in compliance with the requirements of the California Vehicle Code and Title 13, Ca		ystem of this vehicle h	as been inspected
SIGNATURE OF LICENSEE OR AUTHORIZEO REPRESENTATIVE			DATE
TEMPORARY OPERATING AUTHORIZATION: This vehicle may be operated as when used in lieu of the special vehicle identification certificate and expires 3.	an emergency ambulance. This at 0 days after the date shown below.	ithorization must be	carried in the vehicle
SIGNATURE OF COMMANDER OR INSPECTING OFFICER	ID NUMBER	LOCATION CODE	DATE
ADVING	15341	125	2/28/19
DESTROY PREVIOUS	EDITIONS		Chases total

CHP 299 (Rev. 10-18) OPI 061					INITIAL BANNUAL COM	PLIAN	CE	
LEGAL BUSINESS NAME				COMPANY LICENSE NUMBER	VEHICLE YEAR, MAKE, AND MODEL			
SERVICE ADDRESS (number and street)				2017 FORD TRANSM	, 			
135 N 77 ST				VEHICLE IDENTIFICATION NUMBER (VIN)	106	4		
(city, state, and zip code)	***			· · · · · · · · · · · · · · · · · · ·	VEHICLE LICENSE PLATE NUMBER AND STATE	gr (Fgg Ni	(E)	_
EUDENA CA 95501					7875642			
					VEHICLE CERTIFICATE NUMBER			
ITEM INSPECTED (MINIMUM REQUIREMENTS)	VE	e M		ITERA INCREOTED (2015)		1		
Registration; plates	TE	O N	H	ITEM INSPECTED (MINIMU	M REQUIREMENTS)	YES	3 1	į. Į
Identification certificate (annuals/compliance only)			/ 	14. Reflectors			-	
Ambulance identification sign (visible from 60+ feet)	-	+	H	15. Glass		-	\perp	Ļ
Ambutance identification sign (visible from our leet) 4. Headlamps	-	╁	H	16. Windshield wipers		 	-	-
Freatularips Beam selector/indicator		+	╁	17. Defroster				_
Headlamp flasher (If equipped)	- 	╁	H	18. Mirrors			1	_
7. Steady red warning lamp		-	H	19. Hom		-	#	
Steady red warning ramp Turn signals	+	┦		20. Siren			1	
Glearance/sidemarker lamps (if required)		╫	-	21. Seat belts			-	_
	- 1	11		22. Fire extinguisher (minim	um 4B:C) ,	┿	\perp	-
		11		92 p. s. (4 p.) 4				
10. Stoplamps		1		23. Portable light	A STATE OF THE STA		1	_
10. Stoplamps 11. Taillamps				24. Spare tire; jack and tool				-
10. Stoplamps 11. Taillamps 12. License plate lamp				24. Spare tire; jack and took 25. Maps of coverage areas	or equivalent			-
10. Stoplamps 11. Taillamps 12. License plate lamp 13. Backup lamps				24. Spare tire; jack and tool25. Maps of coverage areas26. Door latches operable fr	or equivalent om inside and outside			
10. Stoplamps 11. Talliamps 12. License plate lamp 13. Backup lamps ANY ITEM CHECKED "NO" ABOVE WILL HAVE A CHP 281, N DISCREPANCY. ONCE SIGNED OFF, TH	E CHP	28	1 V	24. Spare tire; jack and tool: 25. Maps of coverage areas 26. Door latches operable fr ORRECT VIOLATION, ISSUI	or equivalent om inside and outside ED WITH THE DIRECTION TO CORRECE E INSPECTING OFFICER.	·1···	T	
10. Stoplamps 11. Taillamps 12. License plate lamp 13. Backup lamps ANY ITEM CHECKED "NO" ABOVE WILL HAVE A CHP 281, N DISCREPANCY. ONCE SIGNED OFF, TH EMERGENCY CARE EQUIPMENT AND SUPPLIES INSPECTED	E CHP	28	1 W	24. Spare tire; jack and tool: 25. Maps of coverage areas 26. Door latches operable fr ORRECT VIOLATION, ISSUI VILL BE RETURNED TO THE	or equivalent om inside and outside ED WITH THE DIRECTION TO CORRECE E INSPECTING OFFICER. MENT AND SUPPLIES INSPECTED	CT TH	T	0
10. Stoplamps 11. Taillamps 12. License plate lamp 13. Backup lamps ANY ITEM CHECKED "NO" ABOVE WILL HAVE A CHP 281, N DISCREPANCY. ONCE SIGNED OFF, TH EMERGENCY CARE EQUIPMENT AND SUPPLIES INSPECTED 1. (1) Ambulance cot and (1) collapsible stretcher	E CHP	28	1 W	24. Spare tire; jack and tool: 25. Maps of coverage areas 26. Door latches operable fr ORRECT VIOLATION, ISSUIVILL BE RETURNED TO THE EMERGENCY CARE EQUIP 14. Emests basin or disposa	or equivalent om inside and outside ED WITH THE DIRECTION TO CORRECE E INSPECTING OFFICER. MENT AND SUPPLIES INSPECTED ble bags, and covered waste container	·1···	T	0
10. Stoplamps 11. Taillamps 12. License plate lamp 13. Backup lamps ANY ITEM CHECKED "NO" ABOVE WILL HAVE A CHP 281, N DISCREPANCY. ONCE SIGNED OFF, TH EMERGENCY CARE EQUIPMENT AND SUPPLIES INSPECTED 1. (1) Ambulance cot and (1) collapsible stretcher 2. Securement straps for patient and cot/stretcher	E CHP	28	1 W	24. Spare tire; jack and tool: 25. Maps of coverage areas 26. Door latches operable fr ORRECT VIOLATION, ISSUIVILL BE RETURNED TO THI EMERGENCY CARE EQUIP 14. Emests basin or disposa 15. Portable suctioning appar	or equivalent om inside and outside ED WITH THE DIRECTION TO CORRECT E INSPECTING OFFICER. MENT AND SUPPLIES INSPECTED ble bags, and covered waste container aratus (Squeeze syringes not sufficient)	·1···	T	0
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CHP 299 (Rev. 10-18) OPI 061

CALL RECORDS	YES	NO	PERSONNEL RECORDS	YES	NC
Location of records, retained for 3 years			14. Employment date		
2. Date, time, location, and Identity of call taker			15. Copy of driver license		
3. Name of requesting person or agency			16. Copy of ambulance driver certificate		
4. Unit ID, personnel dispatched, and record of red light/siren use			17. Copy of medical exam certificate		
5. Explanation of failure to dispatch			18. Copy of EMT certificate or medical license		
6. Dispatch time, scene arrival time, and departure time			19. Work experience summary		
7. Destination of patient; arrival time			20. Affidavlt certifying compliance with 13 CCR 1101(b) and/or Section 13372 CVC prohibitions		
8. Name or other identifier of patient transported				-	
	}		21. Personnel enrolled in the DMV Pull Notice System	ــــــــــــــــــــــــــــــــــــــ	<u> </u>
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	<u> </u>				
EHICLE INSURANCE CARRIER'S NAME	POLIC	Y NUA	IBER POLICY EXPIRATION DATE		
EMARKS					
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LICENSEE CERTIFICATION IN LIEU OF C I certify that there is no official brake adjusting station within 30 miles of the operating base	of this vehicle; however, the brake		nas been inspected
and is in compliance with the requirements of the California Vehicle Code and Title 13, California of Licensee or Authorized Representative	tomia Code of Regulations.		DATE
TEMPORARY OPERATING AUTHORIZATION: This vehicle may be operated as a when used in lieu of the special vehicle identification certificate and expires 30	nn emergency ambulance. This a	authorization must be	carried in the vehicle
SIGNATURE OF COMMANDER OR INSPECTING OFFICER	ID NUMBER	LOCATION CODE	DATE
ADICINS	15341	125	2/28/19



Quality Management Practices and Policy

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

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

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

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

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

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



Staffing and Hiring Practices

Staffing

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

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

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

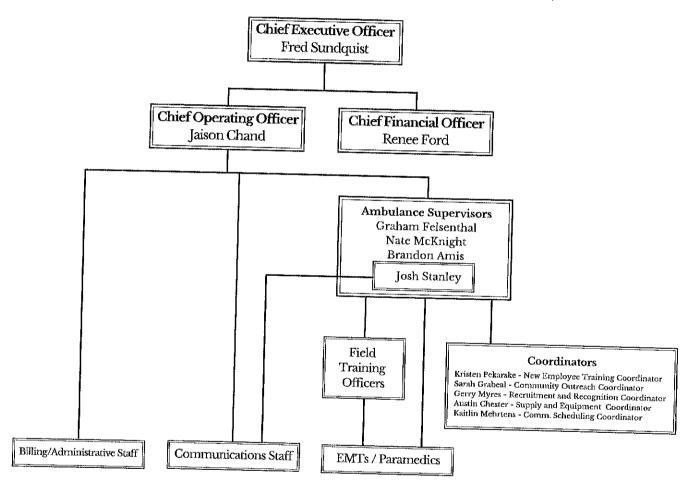
Hiring

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

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

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

City Ambulance of Eureka, Inc.





TRAINING, ORIENTATION AND EXPERIENCE

New Employee Field Training Orientation

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

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

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

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

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



Knowledge of / involvement in Humboldt County EMS

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

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

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

CITY AMBULANCE OF EUREKA, INC. 2018 AMBULANCE RATES

<u>Base</u>	Ra	tes

Critical Care/Specialty Care- Interfacility Transfer	¢2 200 00
Emergency Scene Response	\$3,200.00
	\$1,960.00
Advanced Life Support Interfacility Transfer	\$1,960.00
Basic Life Support Interfacility Transfer	\$600.00
911 Response without transport	\$200.00
<u>Services</u>	,
Electrocardiagram/ 12 Lead	\$300.00
Spinal Motion Restriction/ Evaluation/ Immobilization	\$300.00
Extrication	\$300.00
CPAP/ BVM/ Intubation	\$300.00
Interosseous Infusion	\$300.00
Glucagon Administration	\$300.00
Oxygen	\$100.00
Disposable Linens	\$100.00
Night Fee (1900-0700)	
Wait Time	\$100.00
	\$100.00 (15 MINS)
Mileage (Per Mile)	\$25.00

KSHERBON

CERTIFICATE OF LIABILITY INSURANCE

NCORD

DATE (MM/DD/YYYY)

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS THIS CERTIFICATE IS 155UED AS A MATTER OF INFORMATION UNLY AND CONFERS NO RIGHTS OF ON 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

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). PRODUCER License # 0757776 CONTACT Katie Sherbon, CISR Elite Der Manouel Insurance & Financial Services, Inc. 548 W Cromwell Ave Ste 101 Fresno, CA 93711 PHONE (A/C, No, Ext): (559) 721-4793 FAX (A/C, No):(559) 899-0906 E-MAIL ADDRESS: katie.sherbon@hubinternational.com INSURER(S) AFFORDING COVERAGE NAIC# INSURER A: ARCH Insurance Company INSURED 11150 INSURER B : Insurance Company of the West City Ambulance of Eureka, inc. 27847 DBA: Fortuna Ambulance; ETAL INSURER C : Arch Specialty Insurance Co. 135 West Seventh Street INSURER D : Eureka, CA 95501 INSURER E : INSURER F COVERAGES CERTIFICATE NUMBER: THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. ADDL SUBR POLICY NUMBER X COMMERCIAL GENERAL LIABILITY HMITS CLAIMS-MADE X OCCUR EACH OCCURRENCE 1,000,000 X MAPK07859905 07/01/2018 07/01/2019 X Professional Liabili DAMAGE TO RENTED PREMISES (Ea occurrence) 100,000 MED EXP (Any one person) 5,000 GEN'L AGGREGATE LIMIT APPLIES PER: PERSONAL & ADV INJURY 1,000,000 X POLICY JEC+ 3,000,000 LOC GENERAL AGGREGATE PRODUCTS - COMP/OP AGG 3,000,000 OTHER: AUTOMOBILE LIABILITY COMBINED SINGLE LIMIT (Ea accident) ANY AUTO 1,000,000 MAPK07859905 07/01/2018 07/01/2019 OWNED AUTOS ONLY X SCHEDULED BODILY INJURY (Per person) Х HIRED ONLY BODILY INJURY (Per accident)
PROPERTY DAMAGE
(Per accident) NON-SWINED X UMBRELLA LIAB X OCCUR EXCESS LIAB 1,000,000 CLAIMS-MADE EACH OCCURRENCE MAUM08494905 07/01/2018 07/01/2019 DED RETENTION \$ <u>AGGREGATE</u> 1,000,000 WORKERS COMPENSATION AND EMPLOYERS' LIABILITY X PER STATUTE ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) WSD502897003 01/01/2018 01/01/2019 E.L. EACH ACCIDENT 1,000,000 If yes, describe under DESCRIPTION OF OPERATIONS below E.L. DISEASE - EA EMPLOYEE 1,000,000 Professional Liab. 1,000,000 E.L. DISEASE - POLICY LIMIT MAPL20001300 07/01/2018 07/01/2019 Each Occurrence 1,000,000 DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) 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. COUNTY OF HUMBOLDT RISK MANAGEMENT DIVISION 825 5TH ST. EUREKA, CA 95501 AUTHORIZED REPRESENTATIVE ACORD 25 (2016/03)

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED – DESIGNATED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

me Of Additional Insured Person(s) Or Organization(s):
rmation required to complete this Schedule, if not shown above, will be shown in the Declarations.
and the decired the confedence, if not shown above, will be shown in the Declarations.

- A. Section II Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by your acts or omissions or the acts or omissions of those acting on your behalf:
 - In the performance of your ongoing operations; or
 - 2. In connection with your premises owned by or rented to you.

However:

- The insurance afforded to such additional insured only applies to the extent permitted by law; and
- If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

- B. With respect to the insurance afforded to these additional insureds, the following is added to Section III Limits Of Insurance:
 - If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:
 - Required by the contract or agreement; or
 - 2. Available under the applicable Limits of Insurance shown in the Declarations;

whichever is less.

This endorsement shall not increase the applicable Limits of Insurance shown in the Declarations.

ADDITIONAL INFORMATION STATEMENT:

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

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

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

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

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