

Date

Received:

Application Fee of

County of Humboldt Eureka, California Ambulance Service Permit Renewal Application

Applicant - DO NOT FILL OUT THIS SECTION

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

\$196.00 Rece	ived: Y	es 🚺	No 🗌	
Proof of Liabi Insurance Attached:		es 🗹	No 🗌	
Resumes Attached:	Y	es 🗾	No 🗌	
information/ve	rifications: e: 🛛 Basic	Life Supp	ort 🛭 Advance	and provide all requested ed Life Support eck all that apply)
Ambulance Service Full Name:	Arcata-Mad	d River Aı	mbulance LLC	
Name of Contact Person:	Doug Boile	au		
Mailing Address:	220 F Stree	et	City/Zip Code	Arcata 95521
Physical Address:	same		City	same
Telephone/ Fax Numbers	707-822-33	53	E-Mail	doug.boileau@gmr.net



Owner Name	Reach Med	lical Holdings	LLC		
Address	8880 Cal Co 125.	enter Dr Ste.	City/Zip Code	Sacrar	nento, CA 95826
Phone Number	916-921- 4000	Fax Number	916-921- 4001	E- Mail	Sean.Russell@gmr.net



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County of Humboldt Eureka, California

VEHICLES:

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

r Description of Color Scheme, Insignia Name, / Monogram, ot e Distinguishing r Characterístics	Blue/White	Blue/White	Blue/White	Blue/White	Blue/White
State or Federal Aviation Agency License Number	2150- 16160	2150- 15660	2150- 14168	2150- 13564	2150- 15975
Length of Time In Use (Include current mileage shown on	1.75 years 53,531	2.75 years 62,822	4.5 years 154,122	5.5 years 156,477	2 year 137,148
License Plate #	61280S2	27680L2	AMRA 31	AMRA 30	03105P2
Vehicle Identification Number	1GB3GRCG1K1263007	1GB3GRCG4J1264859	1GB3G2CL9F1168057	1GB3G2CL0E1161769	1FDXE40F5WHA44187
Model/Marke	Chevrolet 3500	Chevrolet 3500	Chevrolet 3500	Chevrolet 3500	Ford E450
Year	2019	2018	2015	2014	1998
	•	2.		4	2



Description of Color Scheme, Insignia Name, Monogram, ot Distinguishing Characteristics	Blue/White				
State or De Federal Co Aviation Ins Agency Mc License Dis Number Ch	2150- Blu pending				
Length of Time In Use (Include current mileage shown on	new 527				
License Plate #	97746E3				
Vehicle Identification Number	1GB3GRCG7L1269623				
Wodel/Wake	2020 Chevrolet Express				
(63	6. 2020	2	©	6	0



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



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

AMBULANCE SERVICE RATES:

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

Rates & Schedule attached



INSURANCE:

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

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



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

4. Insurance Notices must be sent to:

County of Humboldt Attention: Risk Management 825 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.

<u>ADDITONAL INFORMATION:</u>

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.).

	et that, Arcata-Mad River Ambulance LLC , (name of
	mpany) has obtained all licenses required by law and is in compliance
	for 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
and federal lav	w and regulations. All information provided herein is true and complete
as of the date	listed below.
Signature of	
Applicant:	Darly Me
Printed	Douglas J. Boileau, Director
Name and	
Title	
	June 15, 2021

Required Paperwork Checklist

Date:

Additional information statement

Arcata-Mad River Ambulance has been the sole provider of emergency and non-emergency ambulance services in the northwest portion of Humboldt County, identified as Zone 1 under the Humboldt County Ambulance ordinance, for over 50 years. We provide 24/7 service from our stations located in Arcata and McKinleyville and work closely with six first responder fire departments and Mad River Community Hospital. We are approved as an advanced life support provider by the North Coast EMS Agency. Our senior manager has over 35 years of ambulance experience in Humboldt County and currently serves as chair of the Humboldt County Medical Advisory committee. He also directs the North Coast Paramedic Program at College of the Redwoods. We have been honored to provide high quality prehospital care at the Paramedic level to the communities we serve for many years and look forward to continuing to provide those services for many years to come.



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
$oxed{\boxtimes}$ 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

Maintenance Policy- Ambulances

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

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

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

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

An oil change and safety inspection performed by a qualified mechanic will be performed every 5,000 miles.

The service provider for all units for routine servicing will be Central Ave Service, 2787 Central Ave. McKinleyville, 707-839-8337.

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

Radio Communication Equipment

Each ambulance is equipped as follows:

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

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

Hand held radios

On-duty personnel carry a Kenwood portable VHF radio with 32 channels programmed like the mobile radios. The company maintains 10 of these portable radios.

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

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

Each on-duty ambulance also has an assigned cellular phone used for receiving CAD data.

DEPARTMENT

STATE OF CALIFORNIA
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL

CONTROL NUMBER

LICENSE NUMBER ISSUE DÂTE

EFFECTIVE DATE

EXPIRATION DATE

NON-TRANSFERABLE LICENSE

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

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

ARCATA-MAD RIVER AMBULANCE, LLC

SERVICE NAME AND MAILING ADDRESS

220 F STREET ARCATA, CA 95521-

ARCATA-MAD RIVER AMBULANCE, LLC

220 F STREET

ARCATA, CA 95521Attention: JOE GREGORIO

 2150
 2150
 11/23/2020
 12/1/2020
 11/30/2021

 CHP CARRIER NUMBER
 LOCATION
 Duplicate
 Replacement

 CA 125
 Initial
 Renewal

PROPERTY OF THE CALIFORNIA HIGHWAY PATROL (CHP)

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

Ambulance operations must cease immediately upon expiration of this license. THERE IS NO GRACE PERIOD FOR A LICENSED ACTIVITY.

The Department will accept an application for renewal during the 30-day period following the license expiration date provided all required documentation is complete and accompanied by the initial license fee of \$200.00. For license information contact CHP, Research and Planning Section at (916) 843-3440.

Subject: AMBULANCE CERTIFICATES

From: "Brescia, Linda@CHP" <LBrescia@chp.ca.gov>

Date: 2/5/2021, 9:47 AM

To: "amra@norcalsafety.com" <amra@norcalsafety.com>

Doug,

I found you. Sorry about the lateness of these.

SPECIAL VEHICLE IDENTIFICA	TION CERTIFICATE	PERMIT	CHP AREA: 125
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LINDA BRESCIA, AGPA CALIFORNIA HIGHWAY PATROL REGULATED SPECIAL PURPOSE VEHICLE PROGRAM COORDINATOR (916) 843-3440

LEGAL BUSINESS NAME ARCATA-MAD RIVER AMBULANCE LLC, SERVICE ADDRESS (number and street) 220 F STREET (clly, state, and zip code) ARCATA CLA 06501			· · · · · · · · · · · · · · · · · · ·		/IPLIAI	_
SERVICE ADDRESS (number and street) 220 F STREET (clly, state, and zip code)			COMPANY LICENSE NUMBER	VEHICLE YEAR, MAKE, AND MODEL		
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ARCATA, CA 95521				AMRA30 - CA		
				VEHICLE CERTIFICATE NUMBER 13564		
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1. Registration; plates	1		14. Reflectors		1	7
2. Identification certificate (annuals/compilance only)	1		15. Giass		1	1
3. Ambulance identification sign (visible from 50+ feet)	1		16. Windshield wipers		17	1
4. Headlamps	V		17. Defroster		7	1
Beam selector/indicator	1		18. Mirrors		17	Ť
6. Headlamp flasher (if equipped)	1		19. Hom	, , , , , , , , , , , , , , , , , , ,	+	\dagger
7. Steady red warning lamp	1		20. Siren		1	+
8. Turn signals	1	1	21. Seat belts		+-	+
9. Clearance/sidemarker lamps (if required)	1	1	22. Fire extinguisher (minimi	um 48:C)	1	+
10. Stoplamps	1		23. Portable light		+	╁
11. Taillamps	1	—	24. Spare tire; jack and tools		1	+
		-				+
12. License plate lamp	1/	1 1	25. Mans of coverage groce	or equivalent	1.2	1
13. Backup lamps ANY ITEM CHECKED "NO" ABOVE WILL HAVE A CHP 281. N	OTICE	TO C	25. Maps of coverage areas 26. Door latches operable fro ORRECT VIOLATION, ISSUE MILL BE RETURNED TO THE	om Inside and outside	√ ✓ CT TI	16
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13. Backup lamps ANY ITEM CHECKED "NO" ABOVE WILL HAVE A CHP 281, N. DISCREPANCY. ONCE SIGNED OFF, THE MERGENCY CARE EQUIPMENT AND SUPPLIES INSPECTED 1. (1) Ambulance cot and (1) collapsible stretcher 2. Securement straps for patient and cot/stretcher 3. Ankle and wrist restraints. Soft ties are acceptable.	OTICE E CHP YES	281 V	26. Door latches operable from the CORRECT VIOLATION, ISSUE MILL BE RETURNED TO THE EMERGENCY CARE EQUIPM 14. Emesis basin or disposal 15. Portable suctioning appairs. Two devices or material to 17. (2) liters saline solution or	om inside and outside DI WITH THE DIRECTION TO CORRE INSPECTING OFFICER. MENT AND SUPPLIES INSPECTED DIe bags, and covered waste container ratus (Squeeze syringes not sufficient) o restrict movement	YES	,
ANY ITEM CHECKED "NO" ABOVE WILL HAVE A CHP 281, N DISCREPANCY. ONCE SIGNED OFF, THE IMPROVED COMMENT AND SUPPLIES INSPECTED 1. (1) Ambulance cot and (1) collapsible stretcher 2. Securement straps for patient and cot/stretcher 3. Ankle and wrist restraints. Soft ties are acceptable. 4. Sheets, pillow cases, blankets, towels, pillows (2) 5. Oropharyngeal airways: (1) adult, (1) child, (1) infant 6. Rigid or pneumatic splints (4).	YES YES V	281 V	26. Door latches operable from the control of the c	om inside and outside DO WITH THE DIRECTION TO CORRE INSPECTING OFFICER. MENT AND SUPPLIES INSPECTED DIe bags, and covered waste container ratus (Squeeze syringes not sufficient) To restrict movement To a gallon potable water added ankle hitch strap, heel rest or	YES	,
ANY ITEM CHECKED "NO" ABOVE WILL HAVE A CHP 281, N DISCREPANCY. ONCE SIGNED OFF, THE MERGENCY CARE EQUIPMENT AND SUPPLIES INSPECTED 1. (1) Ambulance cot and (1) collapsible stretcher 2. Securement straps for patient and 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 6. Rigid or pneumatic splints (4). 7. Resuscitator - capable of use with oxygen or air in adult, child, and infant sizes	VES VES V	NO NO	26. Door latches operable from the connection of	om inside and outside DO WITH THE DIRECTION TO CORRE INSPECTING OFFICER. MENT AND SUPPLIES INSPECTED DIe bags, and covered waste container ratus (Squeeze syringes not sufficient) or restrict movement or a gallon potable water added ankle hitch strap, heel rest or ometer, stethoscope	YES V	,
ANY ITEM CHECKED "NO" ABOVE WILL HAVE A CHP 281, NDISCREPANCY, ONGE SIGNED OFF, THE MERGENCY CARE EQUIPMENT AND SUPPLIES INSPECTED 1. (1) Ambulance cot and (1) collapsible stretcher 2. Securement straps for patient and cot/stretcher 3. Ankle and wrist restraints. Soft ties are acceptable. 4. Sheets, pillow cases, blankets, towels, pillows (2) 5. Oropharyngeal airways: (1) adult, (1) child, (1) infant 6. Rigid or pneumatic splints (4). 7. Resuscitator - capable of use with oxygen or air in adult, child, and infant sizes 8. Oxygen and regulators, portability required	VES VES V	NO NO	26. Door latches operable from the control of the c	om inside and outside DWITH THE DIRECTION TO CORRE INSPECTING OFFICER. MENT AND SUPPLIES INSPECTED Die bags, and covered waste container ratus (Squeeze syringes not sufficient) o restrict movement ra gallon potable water added ankle hitch strap, heel rest or	YES V	,
ANY ITEM CHECKED "NO" ABOVE WILL HAVE A CHP 281, N DISCREPANCY. ONCE SIGNED OFF, THE MERGENCY CARE EQUIPMENT AND SUPPLIES INSPECTED 1. (1) Ambulance cot and (1) collapsible stretcher 2. Securement straps for patient and cot/stretcher 3. Ankle and wrist restraints. Soft ties are acceptable. 4. Sheets, pillow cases, blankets, towels, pillows (2) 5. Oropharyngeal airways: (1) adult, (1) child, (1) infant 6. Rigid or pneumatic splints (4). 7. Resuscitator - capable of use with oxygen or air in adult, child, and infant sizes 8. Oxygen and regulators, portability required 9. Sterile bandage compresses (4 - 3" x 3")	YES CHP	NO	26. Door latches operable from the source of	om inside and outside DO WITH THE DIRECTION TO CORRE INSPECTING OFFICER. MENT AND SUPPLIES INSPECTED DIe bags, and covered waste container ratus (Squeeze syringes not sufficient) or restrict movement or a gallon potable water added ankle hitch strap, heel rest or ometer, stethoscope	YES YES Y Y Y Y Y Y	,
ANY ITEM CHECKED "NO" ABOVE WILL HAVE A CHP 281, N DISCREPANCY. ONCE SIGNED OFF, TH MERGENCY CARE EQUIPMENT AND SUPPLIES INSPECTED 1. (1) Ambulance cot and (1) collapsible stretcher 2. Securement straps for patient and cot/stretcher 3. Ankle and wrist restraints. Soft ties are acceptable. 4. Sheets, pillow cases, blankets, towels, pillows (2) 5. Oropharyngeal airways: (1) adult, (1) child, (1) infant 6. Rigid or pneumatic splints (4). 7. Resuscitator - capable of use with oxygen or air in adult, child, and infant sizes 8. Oxygen and regulators, portability required 9. Sterile bandage compresses (4 - 3" x 3") 0. Soft rolled bandages (6 - 2", 3", 4", or 6")	YES V	NO	26. Door latches operable from CORRECT VIOLATION, ISSUE MILL BE RETURNED TO THE MILL BE RETURNED TO TH	om inside and outside DWITH THE DIRECTION TO CORRE INSPECTING OFFICER. MENT AND SUPPLIES INSPECTED to be 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 tometer, stethoscope to (gloves, umbilical cord tape or to syringe, and clean plastic bags)	YES V	,
ANY ITEM CHECKED "NO" ABOVE WILL HAVE A CHP 281, NDISCREPANCY, ONCE SIGNED OFF, THE MERGENCY CARE EQUIPMENT AND SUPPLIES INSPECTED 1. (1) Ambulance cot and (1) collapsible stretcher 2. Securement straps for patient and cot/stretcher 3. Ankle and wrist restraints. Soft ties are acceptable. 4. Sheets, pillow cases, blankets, towels, pillows (2) 5. Oropharyngeal airways: (1) adult, (1) child, (1) infant 6. Rigid or pneumatic splints (4). 7. Resuscitator - capable of use with oxygen or air in adult, child, and infant sizes 8. Oxygen and regulators, portability required	YES CHP	NO	26. Door latches operable from the CORRECT VIOLATION, ISSUE MILL BE RETURNED TO THE MILL BE RETURNED T	om inside and outside DO WITH THE DIRECTION TO CORRE INSPECTING OFFICER. MENT AND SUPPLIES INSPECTED DIe bags, and covered waste container ratus (Squeeze syringes not sufficient) or restrict movement or a gallon potable water added ankle hitch strap, heel rest or ometer, stethoscope	YES YES Y Y Y Y Y Y	,

 $q = e^{i(x)} \cdot e^{i}$

REQUIRED RECORDS AND D	oct	ME	NTS INSPECTED AND IN COMPLIANCE		and the same of th
CALL RECORDS	YES	NO	PERSONNEL RECORDS	YES	NO
1. Location of records, retained for 3 years			14. Employment date		
2. Date, time, location, and identity of call taker		ļ —	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		ļ	17. Copy of medical exam certificate		
5. Explanation of fallure to dispatch			18. Copy of EMT certificate or medical license		
6. Dispatch time, scene arrival time, and departure time		ļ	19 Work experience summary		
7. Destination of patient; arrival time			20 Affidavit certifying compliance with 13 CCR 1101/b) and/or		
Name or other identifier of patient transported	-	K	Section 13372 CVC prohibitions		
		L	21. Personnel enrolled in the DMV Pull Notice System		I
COMPANY INSPECTION	YES	NO		***************************************	**********
9. Company principals verified		4,1444.44			
10 One or more ambulances available 24 hours					
1. Fees posted/current					
2. Financial responsibility					

		·	THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER, THE OW				
6. Dispatch time, scene arrival time, and departure time			19-Work experi				
7. Destination of patient; arrival time		A STATE OF THE PARTY OF THE PAR	20. Affidavit cert	lifying compliance w	ith 13 CCR 1101(b)	and/or	
Name or other identifier of patient transported	and the same of th				******************		-
			21. Personnel el	nrolled in the DMV F	uli 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				POLICYEX	PIRATION DATE	
ACE AMERICAN INSURANCE COMPANY	JISA	H252	99218	,		03/31/2021	
UNIT#30							
	·			·			
	***************************************				***************************************		
LICENSEE CERTIFICATION	N IN I I	EULÓ	E OFFICIAL PRA	VE CEPTICIOATE	**************************************	tan and the standard of the st	Cipal for al sensitive by
I certify that there is no official brake adjusting station within 30 miles of the	onard	ing h	on of this rightslav b	NE CERTIFICATE	-la: ###: ## 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	24	
and is in compliance with the requirements of the California Ventola Code a	and Title	13, 0	ise of this venicie; n California Code of R	igwever, me brake sys Jegul <mark>ati</mark> ons.	stem of this venicle ha	s been inspected	ſ
SIGNATURE OF LICENSEE OR AUTHORIZED REPRESENTATIVE						DATE	

TEMPORARY OPERATING AUTHORIZATION: This vehicle may be	e opera	ited a	s an emergency a	mbulance. This aut	horization must be c	arried in the vel	nicle
when used in lieu of the special vehicle identification certificate	and ex	pires	30 days after the o	date shown below.			. ***
SIGNATURE OF COMMANDER OR INSPECTING OFFICER				ID NUMBER			
					LOCATION CODE	DATE	

SIGNATURE OF LICENSEE OR AUTHORIZED REPRESENTATIVE	*************************************		DATE
			İ
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 a date shown below.	uthorization must be a	carried in the vehicle
SIGNATURE OF COMMANDER OR INSPECTING OFFICER	ID NUMBER	LOCATION CODE	DATE
	21844	125	10/13/2020
DESTROY PREVIOUS EDITIONS	**************************************		Cho299 1018 odf

STATE OF CALIFORNIA HIGHWAY PATROL AMBULANCE INSPECTION REPORT				INSPECTION	··		<u> </u>
CHP 299 (Rev. 10-18) OPI 061				☐ INITIAL	ANNUAL COM	APLIAN	CE
LEGAL BUSINESS NAME			COMPANY LICENSE NUMBER	VEHICLE YEAR	MAKE, AND MODEL		
ARCATA-MAD RIVER AMBULANCE LLC.			2150	1	VROLET 3500		
SERVICE ADDRESS (number and street)					IFICATION NUMBER (VIN)		
220 F STREET					L9F1168057		
(city, state, and zip code)					SE PLATE NUMBER AND STAT	Ē	
ARCATA, CA 95521				AMRA31 -	CA FICATE NUMBER		
				14168	PICATE NUMBER		
ITEM INSPECTED (MINIMUM REQUIREMENTS)	YES	NO	ITEM INSPECTED (MINIMUM	REQUIREM	ENTS)	YES	NO.
Registration; plates	1		14. Reflectors			V	T
2. Identification certificate (annuals/compliance only)	1	Γ	15. Glass			1	1
3. Ambulance identification sign (visible from 50+ feet)	7]	16. Windshield wipers			1	1
4. Headlamps	1		17. Defroster	·····	·····	1	1
Beam selector/indicator	1		18. Mirrors			17	
6. Headlamp flasher (if equipped)	1		19. Horn			17	1
7. Steady red warning lamp	1		20. Siren		······································	+;	-
8. Turn signals	1	 -	21. Seat belts		Patternance	+>	
9. Clearance/sidemarker lamps (if required)	1		22. Fire extinguisher (minimu	m 40.01		1	
10. Stoplamps	1		1	(1) 4B.C)		\ <u>\</u>	
11. Talkamps	7		23. Portable light			\ <u>'</u>	├
	+		24. Spare tire; jack and tools			-	
12. License plate lamp 13. Backup tamps	1		26. Maps of coverage areas 26. Door latches operable fro			1	
ANY ITEM CHECKED "NO" ABOVE WILL HAVE A CHP 281, NO DISCREPANCY. ONCE SIGNED OFF, THE	TICE CHP	TO C 281 \	ORRECT VIOLATION, ISSUE	D WITH THE INSPECTING	DIRECTION TO CORRE OFFICER.	ст тн	IE
EMERGENCY CARE EQUIPMENT AND SUPPLIES INSPECTED	YES	NO	EMERGENCY CARE EQUIPA	ENT AND SU	IPPLIES INSPECTED	VES	NO
1. (1) Ambulance cot and (1) collapsible stretcher	1		14. Emesis basin or disposab			7	
2. Securement straps for patient and cot/stretcher	1		15. Portable suctioning appar		·	1	\vdash
3. Ankle and wrist restraints. Soft ties are acceptable.	1		16. Two devices or material to			1	_
4. Sheets, pillow cases, blankets, towels, pillows (2)	1		17. (2) liters saline solution or	a gallon pota	ble water	1	
5. Oropharyngeal airways: (1) adult, (1) child, (1) infant	7		18. Half-ring traction splint, pa		·····	-	
6. Rigid or pneumatic aplints (4)	1		equivalent device	idded ankle ni	ich strap, neel rest or	1	
 Resuscitator - capable of use with oxygen or air in adult, child, and infant sizes 	 		19. Blood pressure cuff, mand		*	1	<u> </u>
8. Oxygen and regulators, portability required	7	\dashv	 Sterile obstetrical supplies clamps, dressings, lowels 			1	
9. Sterile bandage compresses (4 - 3" x 3")	7		21. Bedpan or fracture pan			1	
10. Soft rolled bandages (6 - 2", 3", 4", or 6")	1	7	22. Urinal			7	
11. Adhesive tape (2 rolls - 1", 2", or 3")	1		23. Two spinal immobilization	devices, one	at least 30" in length and		
12. Bandage shears	7	\neg	one at least 60" in length, patients to the device (a co	with straps to	adequately secure	1	
13. Universal dressings (2 - 10" x 30" or larger)	7	↰	acceptable)	omomation str	ordiong poards are		
BONG BONG BONG BONG BONG BONG BONG BONG	Postor	5/84				ggii, yaa	
	·		•				***

4 - 10 - 2

REQUIRED RECORDS AND DOCUMENTS INSPECTED AND IN COMPLIANCE

CALL RECORDS	YES	NO		PERSON	NEL RECORDS		YES	No
Location of records, retained for 3 years			14. Employment	dale	***************************************	- AND THE PROPERTY OF THE PARTY	-	
Date, time, location, and identity of call taker			15. Copy of drive	r license		N Prince and the Control of the Cont		
Name of requesting person or agency			16. Copy of amb	ulance driver certifi	cale			<u> </u>
4. Unit ID, personnel dispatched, and record of red light/siren use			17. Copy of medi	ical exam eeffificate	3			
Explanation of failure to dispatch			18. Copy of EMT	certificate or media	cal Ilcense			
Dispatch time, scene arrival time, and departure time			19_Work experte	nce summary				
7. Destination of patient; arrival time		ED STATES OF	20. Affidavit certit	fying compliance w 2 CVC prohibitions	lth 13 CCR 1101	(b) and/or		
8. Name or other identifier of patient transported		<u> </u>		2 GVC prohibitions rolled in the DMV F	**************************************		-	
COMPANY INSPECTION	YES	NO	av retadineren	TOREG III (HE DIWY F	ruii Notice System	1111		<u> </u>
9. Company principals verified								
10 One or more ambulances available 24 hours								
11. Fees posted/gurrent								
12. Financial responsibility								
13: 24-hour direct telephone service								

VEHICLE INSURANCE CARRIER'S NAME	Taous			***************************************		**************************************	***********	******
ACE AMERICAN INSURANCE COMPANY	ł	Y NUN	MER 299218		POL	CY EXPIRATION DATE 03/31/20	21	
REMARKS UNIT #31							**************	*****
								en de la companya de
LICENSEE CERTIFICATION	I IN L	EUC	F OFFICIAL BRAK	(E CERTIFICATE				
LICENSEE CERTIFICATION I certify that there is no official brake adjusting station within 30 miles of the	operal	ina b	ase of this vehicle: ho	wever the brake ou			cted	
LICENSEE CERTIFICATION	operal	ina b	ase of this vehicle: ho	wever the brake ou			cied	
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 a	operal nd Title	ing ba e 13, d	ase of this vehicle; ha California Code of Re	owever, the brake sys igulations;	stem of this vehicle	e 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 a signature of Licensee or authorized representative [V] Temporary Operating Authorization: This vehicle may be	operal nd Title	ing ba e 13, d	ase of this vehicle; ha California Code of Re as an emergency an 30 days after the d	owever, the brake sys igulations;	stem of this vehicle	e has been inspe	**************************************	18
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 a signature of Licensee or Authorized representative [V] Temporary operating authorization: This vehicle may be when used in lieu of the special vehicle identification certificate a	operal nd Title	ing ba e 13, d	ase of this vehicle; ha California Code of Re as an emergency an 30 days after the d	owever, the brake system agulations, mbulance. This aut ate shown below.	stem of this vehicle	DATE be carried in the	e vehici	5

AMBULANCE INSPECTION REPORT THP 299 (Rev. 10-18) OPI 061 THE 299 (Rev. 10-18) OPI 061				INSPECTION		
GAL BUSINESS NAME				INITIAL ANNUAL COM	APLIAN	ICE
			COMPANY LICENSE NUMBER	VEHICLE YEAR, MAKE, AND MODEL		
RCATA-MAD RIVER AMBULANCE LLC.			2150	2018 CHEVROLET 3500		
ERVICE ADDRESS (number and street)				VEHICLE IDENTIFICATION NUMBER (VIN)		_
20 F STREET (fty, state, and sip code)				1GB3GRCG4J1264859		
RCATA, CA 95521				VEHICLE LICENSE PLATE NUMBER AND STATI	E	
				27680L2 - CA VEHICLE CERTIFICATE NUMBER		
				15660		•
EM INSPECTED (MINIMUM REQUIREMENTS)	YE	S NO	ITEM INSPECTED (MINIMU	M REQUIREMENTS)	YE	
Registration; plates	1		14. Reflectors		1	+
2. Identification certificate (annuals/compliance only)	7	† · · ·	15. Glass		+	+
Ambulance Identification sign (visible from 50+ feet)	7	-	16. Windshield wipers	· · · · · · · · · · · · · · · · · · ·	+	+
4. Headlamps	7	 	17. Defroster		- 	╁╌
Beam selector/indicator	1	╁┈	18. Mirrors		+	+
6. Headlamp flasher (if equipped)	1	-			√	╀
7. Steady red warning lamp	1	-	19. Horn		1	╁
8. Turn signals		+	20. Siren		1	╄-
The state of the s	- 1	 	21. Seat belts			Ļ
	✓	1	22. Fire extinguisher (minim	um 4B:C)		1
9. Clearance/sidemarker lamps (if required)		1	1			
0. Stoplamps	1	<u> </u>	23. Portable light		1	
0. Stoplamps 1. Taillamps	1		24. Spare tire; jack and tools		1	
Stoplamps Taillamps License plate lamp	1		T			
O. Stoplamps I. Taillamps License plate lamp Backup tamps ANY ITEM CHECKED "NO" ABOVE WILL HAVE A CHP 281. N	√ √ √	TO C	24. Spare fire; Jack and tools 25. Maps of coverage areas 26. Door latches operable fr	or equivalent om inside and outside	√ √ √	IE
O. Stoplamps I. Taillamps C. License plate lamp Backup tamps ANY ITEM CHECKED "NO" ABOVE WILL HAVE A CHP 281, N DISCREPANCY. ONCE SIGNED OFF, TH	V V IOTICE RE CHP	281	24. Spare tire; jack and took 25. Maps of coverage areas 26. Door latches operable from the correct violation, issue will be returned to the	or equivalent om inside and outside ED WITH THE DIRECTION TO CORRE E INSPECTING OFFICER.	CT TH	Γ
O. Stoplamps I. Taillamps License plate lamp Backup tamps ANY ITEM CHECKED "NO" ABOVE WILL HAVE A CHP 281, N DISCREPANCY. ONCE SIGNED OFF, TH	V V V V V V V V V V V V V V V V V V V	281	24. Spare fire; Jack and tools 25. Maps of coverage areas 26. Door latches operable fr CORRECT VIOLATION, ISSUE WILL BE RETURNED TO THE	or equivalent om inside and outside ED WITH THE DIRECTION TO CORRECTION FOR CORRECTION OFFICER. MENT AND SUPPLIES INSPECTED	V V CT TH	Γ
Stoplamps Taillamps License plate lamp Backup tamps ANY ITEM CHECKED "NO" ABOVE WILL HAVE A CHP 281, N DISCREPANCY. ONCE SIGNED OFF, THERGENCY CARE EQUIPMENT AND SUPPLIES INSPECTED (1) Ambulance cot and (1) collapsible stretcher	V V V IOTICE NE CHP VES	281	24. Spare fire; Jack and tools 25. Maps of coverage areas 26. Door latches operable fr CORRECT VIOLATION, ISSUI WILL BE RETURNED TO THE EMERGENCY CARE EQUIPS 14. Emesis basin or disposa	or equivalent om inside and outside ED WITH THE DIRECTION TO CORRECTION FOR CORRECTION OFFICER. MENT AND SUPPLIES INSPECTED to bags, and covered waste container	CT TH	r
D. Stoplamps L. Taillamps License plate lamp Backup tamps ANY ITEM CHECKED "NO" ABOVE WILL HAVE A CHP 281, N DISCREPANCY. ONCE SIGNED OFF, THE MERGENCY CARE EQUIPMENT AND SUPPLIES INSPECTED L. (1) Ambulance cot and (1) collapsible stretcher Securement straps for patient and cot/stretcher	V V V IOTICE RE CHP VES V	281	24. Spare fire; Jack and tools 25. Maps of coverage areas 26. Door latches operable for CORRECT VIOLATION, ISSUI WILL BE RETURNED TO THE EMERGENCY CARE EQUIP 14. Emesis basin or disposa 15. Portable suctioning appa	or equivalent om inside and outside ED WITH THE DIRECTION TO CORRECT INSPECTING OFFICER. MENT AND SUPPLIES INSPECTED bie bags, and covered waste container ratus (Squeeze syringes not sufficient)	YES	r
1. Taillamps 2. License plate lamp 3. Backup tamps ANY ITEM CHECKED "NO" ABOVE WILL HAVE A CHP 281, N DISCREPANCY. ONCE SIGNED OFF, TH DISCREPANCY. ONCE SIGNED OFF, TH LERGENCY CARE EQUIPMENT AND SUPPLIES INSPECTED (1) Ambulance cot and (1) collapsible stretcher 2. Securement straps for patient and col/stretcher 3. Ankle and wrist restraints. Soft ties are acceptable.	V V V IOTICE NE CHP VES	281	24. Spare tire; jack and tools 25. Maps of coverage areas 26. Door latches operable from the correct violation, issuit will be returned to the mercental space and the course of the cou	or equivalent om inside and outside ED WITH THE DIRECTION TO CORRECTION FOR CORRECTION OF CORRECTIO	YES	r
O. Stoplamps 1. Taillamps 2. License plate lamp 3. Backup tamps ANY ITEM CHECKED "NO" ABOVE WILL HAVE A CHP 281, N DISCREPANCY. ONCE SIGNED OFF, TH MERGENCY CARE EQUIPMENT AND SUPPLIES INSPECTED 1. (1) Ambulance cot and (1) collapsible stretcher 2. Securement straps for patient and cot/stretcher 3. Ankle and wrist restraints. Soft ties are acceptable. 4. Sheets, pillow cases, blankets, towels, pillows (2)	VES VES	281	24. Spare fire; Jack and tools 25. Maps of coverage areas 26. Door latches operable fr CORRECT VIOLATION, ISSUI WILL BE RETURNED TO THE EMERGENCY CARE EQUIP 14. Emesis basin or disposa 15. Portable suctioning appa 16. Two devices or material 17. (2) liters saline solution of	or equivalent om inside and outside ED WITH THE DIRECTION TO CORRECTION FOR CORR	YES	r
1. Taillamps 2. License plate lamp 3. Backup tamps ANY ITEM CHECKED "NO" ABOVE WILL HAVE A CHP 281, N DISCREPANCY. ONCE SIGNED OFF, TH MERGENCY CARE EQUIPMENT AND SUPPLIES INSPECTED 1. (1) Ambutance cot and (1) collapsible stretcher 2. Securement straps for patient and cot/stretcher 3. Ankle and wrist restraints. Soft ties are acceptable. 4. Sheets, pillow cases, blankets, towels, pillows (2) 5. Oropharyngeal airways: (1) adult, (1) child, (1) infant 6. Rigid or pneumatic splints (4)	V V V IOTICE RE CHP VES V	281	24. Spare fire; Jack and tools 25. Maps of coverage areas 26. Door latches operable fr CORRECT VIOLATION, ISSUI WILL BE RETURNED TO THE EMERGENCY CARE EQUIP 14. Emesis basin or disposa 15. Portable suctioning appa 16. Two devices or material 17. (2) liters saline solution of	or equivalent om inside and outside ED WITH THE DIRECTION TO CORRECTION FOR CORRECTION OF CORRECTIO	YES	Γ
D. Stoplamps L. Taillamps L. License plate lamp Backup tamps ANY ITEM CHECKED "NO" ABOVE WILL HAVE A CHP 281, N DISCREPANCY. ONCE SIGNED OFF, TH DISCREPANCY. ONCE SIGNED OFF, TH MERGENCY CARE EQUIPMENT AND SUPPLIES INSPECTED. J. (1) Ambutance cot and (1) collapsible stretcher. Securement straps for patient and cot/stretcher. Ankle and wrist restraints. Soft ties are acceptable. Sheets, pillow cases, blankets, towels, pillows (2). Oropharyngeal allways: (1) adult, (1) child, (1) infant. Resuscitator - capable of use with oxygen or air in adult, child.	VES V	281	24. Spare tire; jack and tools 25. Maps of coverage areas 26. Door latches operable from the correct violation, issue will be returned to the correct violation of the correct violation v	or equivalent om inside and outside ED WITH THE DIRECTION TO CORRECT INSPECTING OFFICER. MENT AND SUPPLIES INSPECTED ble bags, and covered waste container tratus (Squeeze syringes not sufficient) to restrict movement or a gallon potable water added ankle hitch strap, heel rest or	YES	Γ
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REQUIRED RECORDS AND DOCUMENTS INSPECTED AND IN COMPLIANCE

			·					
CALL RECORDS	YES	NO		PERSON	INEL RECOR	DS	YES	N
Location of records, retained for 3 years			14. Employmer	t date		The state of the s		T
Date, time, location, and identity of call taker	_		15. Copy of driv	er license		The same of the sa	1	
Name of requesting person or agency		<u> </u>	16. Copy of am	bulance driver certif	icate		1	Γ
4. Unit ID, personnel dispatched, and record of red light/siren use			17. Copy of me	dical exam certificat	E			
Explanation of fallure to dispatch			18. Copy of EM	T certificate or medi	cal license			_
Dispatch time, scene arrival time, and departure time			19. Work experi		***************************************			
7. Destination of patient; arrival time			20. Affidavit cer	tifying compliance w 72 GVC prohibitions	ith 13 CCR 1	101(b) and/or		
8. Name or other identifier of patient transported		······································					-	
COMPANY INSPECTION		l	An reisonnere	nrolled in the DMV F	Pull Notice Sy	stem		*******
9. Company principals verified	YES	NO						
10 One or more ambulances available 24 hours	-							
11. Fees posted/current								
12. Financial responsibility								
13. 24-hour elirect telephone service								
C. C. Madranos Asophone service	li		***************************************		·			*****
	POLIC	Y NUM	IBER			POLICY EXPIRATION DATE		
ACE AMERICAN INSURANCE COMPANY REMARKS	ISAI	H252	299218		-	03/31/202	.1	
	**********	***************************************	***************************************					-7.
LICENSEE CERTIFICATION	INLI	EU O	F OFFICIAL BRA	KE CERTIFICATE	Carla Physiology Control Control Control	(*************************************	-	UVESHA
I 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	necati	ina ha	ee of this vehicles h	distance the bealer as	stem of this ver	nicle has been inspec	led	
SIGNATURE OF LICENSEE OR AUTHORIZED REPRESENTATIVE			***************************************	······································	**************************************	DATE		
TEMPORARY OPERATING AUTHORIZATION: This vehicle may be of when used in lieu of the special vehicle identification certificate and	opera	ted a	s an emergency a 30 days after the (mbulance. This aut late shown below.	horization mu	st be carried in the	vehick	9
SIGNATURE OF COMMANDER OR INSPECTING OFFICER		**********		ID NUMBER	LOCATION COL	E DATE	***************************************	*****
And the second s			<u></u>	21844	125	10/13/2	020	

DESTROY PREVIOUS EDITIONS

AMBULANCE INSPECTION REPORT				INSPECTION			
CHP 299 (Rev. 10-18) OPI 061				INITIAL	ANNUAL C	OMPLIA	NCE
LEGAL BUSINESS NAME			COMPANY LICENSE NUMBER	VEHICLE YEAR,	MAKE, AND MODEL		
ARCATA-MAD RIVER AMBULANCE LLC.			2150	1998 FORI			
SERVICE ADDRESS (number and street)				VEHICLE IDENT	IFICATION NUMBER (VIN)	·~~	
220 F STREET					5WHA44187		
(city, state, and zip code) ADCATA CIA OSSO1					SE PLATE NUMBER AND ST	ATE	
ARCATA, CA 95521			······································	03105P2- C			
				15975	FICATE NUMBER		
ITEM INSPECTED (MINIMUM REQUIREMENTS)	YE	S NO	ITEM INSPECTED (MINIMU	M REQUIREM	ENTS)	YE	S N
Registration; plates	1		14. Reflectors		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
2. Identification certificate (annuals/compliance only)	1		15. Glass	**************************************			/
3. Ambulance identification sign (visible from 50+ feet)	1		16. Windshield wipers	··· ··································	*** · · · · · · · · · · · · · · · · · ·		,
4. Headlamps	1	†	17. Defroster				
5. Beam selector/indicator	1	 	18. Mirrors				
6. Headlamp flasher (If equipped)	7	\dagger	19. Horn			1	
7. Steady red warning lamp	7	†	20. Stren				
	+-						
8. Turn signals	1 7		21. Seat belts				 -
8. Turn signals	1,	1		(Im 48°C)		- [/	
9. Clearance/sidemarker lamps (if required)	1	ļ	22. Fire extinguisher (minima		·	— <u> </u>	
Clearance/sidemarker lamps (if required) Stoplamps	\		23. Portable light				
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9. Clearance/sidemarker lamps (if required) 10. Stoplamps 11. Talliamps 12. License plate lamp 13. Backup lamps ANY ITEM CHECKED "NO" ABOVE WILL HAVE A CHP 281, NC DISCREPANCY. ONCE SIGNED OFF, THE EMERGENCY CARE EQUIPMENT AND SUPPLIES INSPECTED 1. (1) Ambulance cot and (1) collapsible stretcher 2. Securement straps for patient and cot/stretcher 3. Ankle and wrist restraints. Soft files are acceptable. 4. Sheets, pillow cases, blankets, towels, pillows (2) 5. Oropharyngeal airways: (1) adult, (1) child, (1) infant 6. Rigid or pneumatic splints (4) 7. Resusoltator - 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")	✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓	281	23. Portable light 24. Spare tire; jack and tools 25. Maps of coverage areas 26. Door latches operable from the correct violation, issue will be returned to the will be returned to the correct violation of the correct violation vio	or equivalent om inside and c ED WITH THE I EINSPECTING MENT AND SU ple bags, and c ratus (Squeeze o restrict move r a gallon potab added ankle hit ometer, stethos s (gloves, umbi s, syringe, and c	DIRECTION TO CORF OFFICER. PPLIES INSPECTED overed waste containe syringes not sufficient ment ble water toh strap, heel rest or scope lical cord tape or clean plastic bags)	YEST TO YEST YEST YEST YEST YEST YEST YEST YEST	HE S NO
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9. Clearance/sidemarker lamps (if required) 10. Stoplamps 11. Talliamps 12. License plate lamp 13. Backup lamps ANY ITEM CHECKED "NO" ABOVE WILL HAVE A CHP 281, NC DISCREPANCY. ONCE SIGNED OFF, THE EMERGENCY CARE EQUIPMENT AND SUPPLIES INSPECTED 1. (1) Ambulance cot and (1) collapsible stretcher 2. Securement straps for patient and cot/stretcher 3. Ankle and wrist restraints. Soft files are acceptable. 4. Sheets, pillow cases, blankets, towels, pillows (2) 5. Oropharyngeal airways: (1) adult, (1) child, (1) infant 6. Rigid or pneumatic splints (4) 7. Resusoltator - 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")	✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓	281	23. Portable light 24. Spare tire; jack and tools 25. Maps of coverage areas 26. Door latches operable from the correct violation, issue will be returned to the will be returned to the correct violation of the correct violation vio	or equivalent om inside and o ED WITH THE I INSPECTING MENT AND SU Die bags, and o ratus (Squeeze o restrict move r a gallon potati added ankie hit ometer, stethos s (gloves, umbi , syringe, and o devices, one a with straps to a	PPLIES INSPECTED overed waste contained syringes not sufficient ment ole water scope lical cord tape or clean plastic bags) It least 30" in length an adequately secure	YEST TO YEST YEST YEST YEST YEST YEST YEST YEST	HE S NO

CHP 299 (Rev. 10-18) OPI 061

REQUIRED RECORDS AND	DOCUMENTS INSPE	CTED AND IN COMPLIANCE
•		

CALL RECORDS	YES	NO	PERSONNEL RECORDS	YES	INC
Location of records, retained for 3 years			14. Employment date		
Date, time, location, and identity of call taker			15. Copy of driver license		
Name of requesting person or agency			16. Copy of ambulance diver certificate		
4. Unit ID, personnel dispatched, and record of red light/siren use			17. Copy of medical exam certificate	1	-
Explanation of failure to dispatch			18. Copy of EMT certificate or medical license		
6. Dispatch time, scene arrival time, and departure time			16. Work experience summary	1	-
7. Destination of patient; arrival time		al Water Control	an Affidavit certifying compliance with 13 CCR 1101/b) and/or	1	
Name or other identifier of patient transported			Section 13372 CVC prohibitions		
	Г Т		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					
	POLICY	NUN	IBER POLICY EXPIRATION DATE		********
ACE AMERICAN INSURANCE COMPANY	ISAŁ	1252	299218 03/31/202	15	

LICENSEE CER			

I portify that there is no effected by the distribution of the state o	
I certify that there is no official brake adjusting station within 30 miles of the operating base of this vehicle; however, the brake system of this vehicle has	haen inenected
and is in compliance with the requirements of the California Vehicle Code and Title 13, California Code of Regulations.	ι ρόσιν κισβούσο
SIGNATURE OF LICENSEE OR AUTHORIZED REPRESENTATIVE	
•	DATE

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

SIGNATURE OF COMMANDER OR INSPECTING OFFICER			
AND ALL OF SOMMANDER OF INSCHING OFFICER	ID NUMBER	LOCATION CODE	DATE
	21844	125	10/13/2020
	ELUTT	123	10/13/2020
DESTROY PREVIOUS EDITIONS			7777127704(4)
ocamot previous Egitions			Chp299_1018.pdf

DEPARTMENT OF CALIFORNIA HIGHWAY PATROL AMBULANCE INSPECTION REPORT CHP 299 (Rev. 10-18) OPI 061	•			INSPECTION ANNUAL CO	MPLIA	NCE
LEGAL BUSINESS NAME			COMPANY LICENSE NUMBER	VEHICLE YEAR, MAKE, AND MODEL		
ARCATA-MAD RIVER AMBULANCE LLC.			2150	2019 CHEVROLET 3500		
SERVICE ADDRESS (number and stree!) 220 F STREET				VEHICLE IDENTIFICATION NUMBER (VIN)		
(city, stete, and zip code)				IGB3GRCG1K1263007 VEHICLE LICENSE PLATE NUMBER AND STA	TE	
ARCATA, CA 95521				61280S2 - CA	IC	
	•	······		VEHICLE CERTIFICATE NUMBER		
ITEM INSPECTED (MINIMUM REQUIREMENTS)	YES	NO	ITEM INSPECTED (MINIMUM	A REQUIREMENTS)	YE	S NO
1. Registration; plates	1	ļ	14. Reflectors		- · -	
2. Identification certificate (annuals/compliance only)	1	1	15. Glass		7	٠
3. Ambulance identification sign (visible from 50+ feet)	1		16. Windshield wipers	······································	+	+
4. Headlamps	1		17. Defroster		+ 7	
5. Beam selector/Indicator	7		18. Mirrors	Kanaban	+	,
6. Headiamp flasher (if equipped)	1		19. Horn		+	, —
7. Steady red warning lamp	7	-	20. Siren		+;	
8. Turn signals	1		21. Seat belts		+;	,
9. Clearance/sidemarker lamps (if required)	17		22. Fire extinguisher (minimu	m AB:C)	+	+
10. Stoplamps	1		23. Portable light	n/ 40.0)	1,	+-
11. Tallamps	1		24. Spare tire; jack and tools	· · · · · · · · · · · · · · · · · · ·	Ť	
12. License plate lamp	1		25. Maps of coverage areas	ne neutralant	-	+-
13. Backup lamps	1	26. Door latches operable from Inside and outside			+-	
DISCREPANCY. ONCE SIGNED OFF, THE EMERGENCY CARE EQUIPMENT AND SUPPLIES INSPECTED	 		······································	IENT AND SUPPLIES INSPECTED	· VEG	S NO
1. (1) Ambulance cot and (1) collapsible stretcher	17		······································	le bags, and covered waste container		NO
2. Securement straps for patient and cot/stretcher	7			atus (Squeeze syringes not sufficient)	 	┼
3. Ankle and wrist restraints. Soft ties are acceptable.	1	_	16. Two devices or material to		· V	
4. Sheets, pillow cases, blankets, towels, pillows (2)	17	\dashv	17. (2) liters saline solution or		7	+
5. Oropharyngeal airways: (1) adult, (1) child, (1) infant	1					╁
6. Rigid or pneumatic splints (4)	7	_	equivalent device	dded ankle hitch strap, heel rest or	<	
Resuscitator - capable of use with oxygen or air in aduit, child, and infant sizes	1		19. Blood pressure cuff, mano		1	
Oxygen and regulators, portability regulred		\dashv	 Sterife obstetrical supplies clamps, dressings, towels, 	(gloves, umbilical cord tape or syringe, and clean plastic bags)	✓	
9. Sterile bandage compresses (4 - 3" x 3")	1	1	21. Bedpan or fracture pan		1	
10. Soft rolled bandages (6 - 2", 3", 4", or 6")	7	十	22. Urinal	· · · · · · · · · · · · · · · · · · ·	╁	
11. Adhesive tape (2 rolls - 1", 2", or 3")	7	+		daviana ana si la rat 000 la tavath		┼──
12. Bandage shears	1	7	O/IE at least 50" in length. I	devices, one at least 30" in length and with straps to adequately secure	\ _\	ľ
13. Universal dressings (2 - 10" x 30" or larger)	1		acceptable)	mbination short/long boards are	*	'
	ure.			u vana kaka ka sa		5462N

SIGNATURE OF COMMANDER OR INSPECTING OFFICER

PAGE 2

REQUIRED RECORDS AND DOCUMENTS INSPECTED AND IN COMPLIANCE

CALL RECORDS	YES	NO	PERSONNEL RECORDS	YES
 Location of records, retained for 3 years 			14. Employment date	and the same of th
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	
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		Name of Street,	20. Affidavit certifying compliance with 13 CCR 1101(b) a Section 13372 CVC prohibitions	and/or
8. Name or other identifier of patient transported				
	T		21. Personnel enrolled in the DMV Pull Notice System	
COMPANY INSPECTION	YES	NO		
O. Company principals verified				
0 One or more ambulances available 24 hours				
. Fees posted/ourrent				
Pipancial responsibility	11			
24-hour direct telephone service				·
IICLE INSURANCE CARRIER'S NAME	POLIC	Y MI II	RED	
CE AMERICAN INSURANCE COMPANY	1		DOGAC	PRATIONDATE 03/31/2021
NT #34				
NIT #34				
		-		
NIT #34				
LICENSEE CERTIFICATION	IN LI	EU O	F OFFICIAL BRAKE CERTIFICATE	
LICENSEE CERTIFICATION ordfly that there is no official brake adjusting station within 30 miles of the d is in compilance with the requirements of the California Vehicle Code as	IN LI	no ha	F OFFICIAL BRAKE CERTIFICATE	
LICENSEE CERTIFICATION	IN LI	no ha	F OFFICIAL BRAKE CERTIFICATE se of this vehicle; however, the brake system of this vehicle has allfornia Code of Regulations,	

IO NUMBER

21844

LOCATION CODE

125

10/13/2020

DATE

CHP 299 (Rev. 10-18) OPI 061 LEGAL BUSINESS NAME		COMPANY LICENSE NUMBER	VEHICLE YEAR, MAKE, AND MODEL	OMPLIANC
ARCATA MAD RWAL AME	عمد	2158		2 55%
SERVICE ADDRESS (number and street)			VEHICLE IDENTIFICATION NUMBER (VIN)	3502
225 F ST (otty, state, and zip code)			1683GRCG1412630X	\ 7
Aluna CA 955	7 1		VEHICLE LICENSE PLATE NUMBER AND ST	ATE
			VEHICLE CERTIFICATE NUMBER	A
ITEM INSPECTED (MINIMUM REQUIREMENTS)	YES N	IO ITEM INSPECTED (MINIMU	IM DECUIDEMENTS)	
1. Registration; plates	X	14. Reflectors	THE REGULEMEN (S)	YES
2. Identification certificate (annuals/compliance only)	X	15. Glass		<u> </u>
Ambulance identification sign (visible from 50+ feet)	8		· · ·	-121
4. Headlamps		16. Windshield wipers		X
5. Beam selector/indicator		17. Defroster		
6. Headlamp flasher (if equipped)	1	18. Mirrors		_ &
7. Steady red warning lamp	$-\frac{1}{\infty}$	19. Horn	· · · · · · · · · · · · · · · · · · ·	$ \mathcal{X} $
8. Turn signals	- - -	20. Siren		
Clearance/sidemarker lamps (if required)	- X -	21. Seat belts		X
10. Stoplamps		22. Fire extinguisher (minimi	um 4B:C)	120
11. Taillamps	- X -	23. Portable light		
ranaripo		24. Spare tire; jack and tools		
12 License plate James	- \(\sigma \)			. 📉 📗
12. License plate lamp	Ý	25. Maps of coverage areas	or equivalent	
13. Backup lamps ANY ITEM CHECKED "NO" ABOVE WILL HAVE A CHP 281	NOTICE TO	25. Maps of coverage areas 26. Door latches operable fro	or equivalent om inside and outside	8
13. Backup lamps ANY ITEM CHECKED "NO" ABOVE WILL HAVE A CHP 281, DISCREPANCY. ONCE SIGNED OFF, T		25. Maps of coverage areas 26. Door latches operable fro CORRECT VIOLATION, ISSUE WILL BE RETURNED TO THE	or equivalent om inside and outside ED WITH THE DIRECTION TO CORRE INSPECTING OFFICER.	
13. Backup lamps ANY ITEM CHECKED "NO" ABOVE WILL HAVE A CHP 281		25. Maps of coverage areas 26. Door latches operable fro CORRECT VIOLATION, ISSUE WILL BE RETURNED TO THE	or equivalent om inside and outside ED WITH THE DIRECTION TO CORRE INSPECTING OFFICER. MENT AND SUPPLIES INSPECTED	YES NO
13. Backup lamps ANY ITEM CHECKED "NO" ABOVE WILL HAVE A CHP 281, DISCREPANCY. ONCE SIGNED OFF, T MERGENCY CARE EQUIPMENT AND SUPPLIES INSPECTED	YES NO	25. Maps of coverage areas 26. Door latches operable from CORRECT VIOLATION, ISSUE WILL BE RETURNED TO THE EMERGENCY CARE EQUIPM 14. Emesis basin or disposab	or equivalent om inside and outside D WITH THE DIRECTION TO CORRE INSPECTING OFFICER. MENT AND SUPPLIES INSPECTED ble bags, and covered waste container	
13. Backup lamps ANY ITEM CHECKED "NO" ABOVE WILL HAVE A CHP 281, DISCREPANCY. ONCE SIGNED OFF, T EMERGENCY CARE EQUIPMENT AND SUPPLIES INSPECTED 1. (1) Ambulance cot and (1) collapsible stretcher	YES NO	25. Maps of coverage areas 26. Door latches operable fro CORRECT VIOLATION, ISSUE WILL BE RETURNED TO THE EMERGENCY CARE EQUIPM 14. Emesis basin or disposab 15. Portable suctioning appar	or equivalent om inside and outside D WITH THE DIRECTION TO CORRE INSPECTING OFFICER. MENT AND SUPPLIES INSPECTED ble bags, and covered waste container atus (Squeeze syringes not sufficient)	YES NO
13. Backup lamps ANY ITEM CHECKED "NO" ABOVE WILL HAVE A CHP 281, DISCREPANCY. ONCE SIGNED OFF, T MERGENCY CARE EQUIPMENT AND SUPPLIES INSPECTED 1. (1) Ambulance cot and (1) collapsible stretcher 2. Securement straps for patient and cot/stretcher	YES NO	25. Maps of coverage areas 26. Door latches operable fro CORRECT VIOLATION, ISSUE WILL BE RETURNED TO THE EMERGENCY CARE EQUIPM 14. Emesis basin or disposab 15. Portable suctioning appar 16. Two devices or material to	or equivalent om inside and outside ED WITH THE DIRECTION TO CORRE INSPECTING OFFICER. MENT AND SUPPLIES INSPECTED ble bags, and covered waste container ratus (Squeeze syringes not sufficient) or restrict movement	YES NO
13. Backup lamps ANY ITEM CHECKED "NO" ABOVE WILL HAVE A CHP 281, DISCREPANCY. ONCE SIGNED OFF, TEMERGENCY CARE EQUIPMENT AND SUPPLIES INSPECTED 1. (1) Ambulance cot and (1) collapsible stretcher 2. Securement straps for patient and cot/stretcher 3. Ankle and wrist restraints. Soft ties are acceptable.	YES NO	25. Maps of coverage areas 26. Door latches operable fro CORRECT VIOLATION, ISSUE WILL BE RETURNED TO THE EMERGENCY CARE EQUIPN 14. Emesis basin or disposab 15. Portable suctioning appar 16. Two devices or material to 17. (2) liters saline solution or	or equivalent om inside and outside D WITH THE DIRECTION TO CORRE INSPECTING OFFICER. MENT AND SUPPLIES INSPECTED ble bags, and covered waste container ratus (Squeeze syringes not sufficient) or restrict movement a gallon potable water	YES NO
ANY ITEM CHECKED "NO" ABOVE WILL HAVE A CHP 281, DISCREPANCY. ONCE SIGNED OFF, TEMERGENCY CARE EQUIPMENT AND SUPPLIES INSPECTED 1. (1) Ambulance cot and (1) collapsible stretcher 2. Securement straps for patient and cot/stretcher 3. Ankle and wrist restraints. Soft ties are acceptable. 4. Sheets, pillow cases, blankets, towels, pillows (2)	YES NO	25. Maps of coverage areas 26. Door latches operable fro CORRECT VIOLATION, ISSUE WILL BE RETURNED TO THE EMERGENCY CARE EQUIPN 14. Emesis basin or disposab 15. Portable suctioning appar 16. Two devices or material to 17. (2) liters saline solution or	or equivalent om inside and outside ED WITH THE DIRECTION TO CORRE INSPECTING OFFICER. MENT AND SUPPLIES INSPECTED ble bags, and covered waste container ratus (Squeeze syringes not sufficient) or restrict movement	YES NO
ANY ITEM CHECKED "NO" ABOVE WILL HAVE A CHP 281, DISCREPANCY. ONCE SIGNED OFF, T MERGENCY CARE EQUIPMENT AND SUPPLIES INSPECTED 1. (1) Ambulance cot and (1) collapsible stretcher 2. Securement straps for patient and cot/stretcher 3. Ankle and wrist restraints. Soft ties are acceptable. 4. Sheets, pillow cases, blankets, towels, pillows (2) 5. Oropharyngeal airways: (1) adult, (1) child, (1) infant	YES NO	25. Maps of coverage areas 26. Door latches operable fro CORRECT VIOLATION, ISSUE WILL BE RETURNED TO THE EMERGENCY CARE EQUIPM 14. Emesis basin or disposab 15. Portable suctioning appar 16. Two devices or material to 17. (2) liters saline solution or 18. Half-ring traction splint, pa equivalent device 19. Blood pressure cuff, mano	or equivalent om inside and outside ED WITH THE DIRECTION TO CORRE INSPECTING OFFICER. MENT AND SUPPLIES INSPECTED ble bags, and covered waste container ratus (Squeeze syringes not sufficient) or restrict movement a gallon potable water added ankle hitch strap, heel rest or	YES NO
ANY ITEM CHECKED "NO" ABOVE WILL HAVE A CHP 281, DISCREPANCY. ONCE SIGNED OFF, TEMERGENCY CARE EQUIPMENT AND SUPPLIES INSPECTED 1. (1) Ambulance cot and (1) collapsible stretcher 2. Securement straps for patient and cot/stretcher 3. Ankle and wrist restraints. Soft ties are acceptable. 4. Sheets, pillow cases, blankets, towels, pillows (2) 5. Oropharyngeal airways: (1) adult, (1) child, (1) infant 6. Rigid or pneumatic splints (4) 7. Resuscitator - capable of use with oxygen or air in adult child.	YES NO	25. Maps of coverage areas 26. Door latches operable fro CORRECT VIOLATION, ISSUE WILL BE RETURNED TO THE EMERGENCY CARE EQUIPN 14. Emesis basin or disposab 15. Portable suctioning appar 16. Two devices or material to 17. (2) liters saline solution or 18. Half-ring traction splint, parequivalent device 19. Blood pressure cuff, mano 20. Sterile obstetrical supplies	or equivalent om inside and outside ED WITH THE DIRECTION TO CORRECTION TO CORRECTION TO CORRECTION TO CORRECTION TO CORRECTION TO SUPPLIES INSPECTED to be bags, and covered waste container atus (Squeeze syringes not sufficient) to restrict movement a gallon potable water added ankle hitch strap, heel rest or ometer, stethoscope	YES NO
ANY ITEM CHECKED "NO" ABOVE WILL HAVE A CHP 281, DISCREPANCY. ONCE SIGNED OFF, TEMERGENCY CARE EQUIPMENT AND SUPPLIES INSPECTED 1. (1) Ambulance cot and (1) collapsible stretcher 2. Securement straps for patient and cot/stretcher 3. Ankle and wrist restraints. Soft ties are acceptable. 4. Sheets, pillow cases, blankets, towels, pillows (2) 5. Oropharyngeal airways: (1) adult, (1) child, (1) infant 6. Rigid or pneumatic splints (4) 7. Resuscitator - capable of use with oxygen or air in adult, child, and infant sizes	YES NO	25. Maps of coverage areas 26. Door latches operable from CORRECT VIOLATION, ISSUE WILL BE RETURNED TO THE EMERGENCY CARE EQUIPN 14. Emesis basin or disposab 15. Portable suctioning appar 16. Two devices or material to 17. (2) liters saline solution or 18. Half-ring traction splint, parequivalent device 19. Blood pressure cuff, mano 20. Sterile obstetrical supplies clamps, dressings, towels,	or equivalent om inside and outside ED WITH THE DIRECTION TO CORRE INSPECTING OFFICER. MENT AND SUPPLIES INSPECTED ble bags, and covered waste container ratus (Squeeze syringes not sufficient) or restrict movement a gallon potable water added ankle hitch strap, heel rest or	YES NO
ANY ITEM CHECKED "NO" ABOVE WILL HAVE A CHP 281, DISCREPANCY. ONCE SIGNED OFF, TEMERGENCY CARE EQUIPMENT AND SUPPLIES INSPECTED 1. (1) Ambulance cot and (1) collapsible stretcher 2. Securement straps for patient and cot/stretcher 3. Ankle and wrist restraints. Soft ties are acceptable. 4. Sheets, pillow cases, blankets, towels, pillows (2) 5. Oropharyngeal airways: (1) adult, (1) child, (1) infant 6. Rigid or pneumatic splints (4) 7. Resuscitator capable of use with oxygen or air in adult, child, and infant sizes 8. Oxygen and regulators, portability required	YES NO	25. Maps of coverage areas 26. Door latches operable from CORRECT VIOLATION, ISSUE WILL BE RETURNED TO THE EMERGENCY CARE EQUIPM 14. Emesis basin or disposab 15. Portable suctioning appar 16. Two devices or material to 17. (2) liters saline solution or 18. Half-ring traction splint, parequivalent device 19. Blood pressure cuff, mano 20. Sterile obstetrical supplies clamps, dressings, towels, 21. Bedpan or fracture pan	or equivalent om inside and outside ED WITH THE DIRECTION TO CORRECTION TO CORRECTION TO CORRECTION TO CORRECTION TO CORRECTION TO SUPPLIES INSPECTED to be bags, and covered waste container atus (Squeeze syringes not sufficient) to restrict movement a gallon potable water added ankle hitch strap, heel rest or ometer, stethoscope	YES NO
ANY ITEM CHECKED "NO" ABOVE WILL HAVE A CHP 281, DISCREPANCY. ONCE SIGNED OFF, TEMERGENCY CARE EQUIPMENT AND SUPPLIES INSPECTED 1. (1) Ambulance cot and (1) collapsible stretcher 2. Securement straps for patient and cot/stretcher 3. Ankle and wrist restraints. Soft ties are acceptable. 4. Sheets, pillow cases, blankets, towels, pillows (2) 5. Oropharyngeal airways: (1) adult, (1) child, (1) infant 6. Rigid or pneumatic splints (4) 7. Resuscitator - capable of use with oxygen or air in adult, child, and infant sizes 8. Oxygen and regulators, portability required 9. Sterile bandage compresses (4 - 3" x 3")	YES NO	25. Maps of coverage areas 26. Door latches operable from CORRECT VIOLATION, ISSUE WILL BE RETURNED TO THE EMERGENCY CARE EQUIPN 14. Emesis basin or disposab 15. Portable suctioning appar 16. Two devices or material to 17. (2) liters saline solution or 18. Half-ring traction splint, parequivalent device 19. Blood pressure cuff, mano 20. Sterile obstetrical supplies clamps, dressings, towels, 21. Bedpan or fracture pan 22. Urinal	or equivalent om inside and outside ED WITH THE DIRECTION TO CORRE INSPECTING OFFICER. MENT AND SUPPLIES INSPECTED DIe bags, and covered waste container ratus (Squeeze syringes not sufficient) or restrict movement a gallon potable water added ankle hitch strap, heel rest or ometer, stethoscope (gloves, umbilical cord tape or syringe, and clean plastic bags)	YES NO
ANY ITEM CHECKED "NO" ABOVE WILL HAVE A CHP 281, DISCREPANCY. ONCE SIGNED OFF, TO MERGENCY CARE EQUIPMENT AND SUPPLIES INSPECTED 1. (1) Ambulance cot and (1) collapsible stretcher 2. Securement straps for patient and cot/stretcher 3. Ankle and wrist restraints. Soft ties are acceptable. 4. Sheets, pillow cases, blankets, towels, pillows (2) 5. Oropharyngeal airways: (1) adult, (1) child, (1) infant 6. Rigid or pneumatic splints (4) 7. Resuscitator - capable of use with oxygen or air in adult, child, and infant sizes 8. Oxygen and regulators, portability required 9. Sterile bandage compresses (4 - 3" x 3") 0. Soft rolled bandages (6 - 2", 3", 4", or 6")	YES NO	25. Maps of coverage areas 26. Door latches operable fro CORRECT VIOLATION, ISSUE WILL BE RETURNED TO THE EMERGENCY CARE EQUIPM 14. Emesis basin or disposab 15. Portable suctioning appar 16. Two devices or material to 17. (2) liters saline solution or 18. Half-ring traction splint, pa equivalent device 19. Blood pressure cuff, mano 20. Sterile obstetrical supplies clamps, dressings, towels, 21. Bedpan or fracture pan 22. Urinal	or equivalent om inside and outside ED WITH THE DIRECTION TO CORRE INSPECTING OFFICER. MENT AND SUPPLIES INSPECTED the bags, and covered waste container ratus (Squeeze syringes not sufficient) to restrict movement a gallon potable water added ankle hitch strap, heel rest or the original cord tape or syringe, and clean plastic bags) devices, one at least 30" in length and with straps to adequately secure.	YES NO
ANY ITEM CHECKED "NO" ABOVE WILL HAVE A CHP 281, DISCREPANCY. ONCE SIGNED OFF, TEMERGENCY CARE EQUIPMENT AND SUPPLIES INSPECTED 1. (1) Ambulance cot and (1) collapsible stretcher 2. Securement straps for patient and cot/stretcher 3. Ankle and wrist restraints. Soft ties are acceptable. 4. Sheets, pillow cases, blankets, towels, pillows (2) 5. Oropharyngeal airways: (1) adult, (1) child, (1) infant 6. Rigid or pneumatic splints (4) 7. Resuscitator - capable of use with oxygen or air in adult, child, and infant sizes 8. Oxygen and regulators, portability required 9. Sterile bandage compresses (4 - 3" x 3") 0. Soft rolled bandages (6 - 2", 3", 4", or 6") 1. Adhesive tape (2 rolls - 1", 2", or 3")	YES NO	25. Maps of coverage areas 26. Door latches operable fro CORRECT VIOLATION, ISSUE WILL BE RETURNED TO THE EMERGENCY CARE EQUIPM 14. Emesis basin or disposab 15. Portable suctioning appar 16. Two devices or material to 17. (2) liters saline solution or 18. Half-ring traction splint, pa equivalent device 19. Blood pressure cuff, mano 20. Sterile obstetrical supplies clamps, dressings, towels, 21. Bedpan or fracture pan 22. Urinal	or equivalent om inside and outside ED WITH THE DIRECTION TO CORRE INSPECTING OFFICER. MENT AND SUPPLIES INSPECTED DIe bags, and covered waste container ratus (Squeeze syringes not sufficient) or restrict movement a gallon potable water added ankle hitch strap, heel rest or ometer, stethoscope (gloves, umbilical cord tape or syringe, and clean plastic bags)	YES NO

DEPARTMENT OF CALIFORNIA HIGHWAY PATROL AMBULANCE INSPECTION REPORT

CHP 299 (Rev. 10-18) OPI 061

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PAGE 2

REQUIRED RECORDS AND DOCUMENTS INSPECTED AND IN COMPLIANCE

CALL RECORDS	YES	NO	PERSONNEL RECORDS		يرا
Location of records, retained for 3 years			14. Employment date	YES	NO
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			Copy of EMT_certificate or medical license		
6. Dispatch time, scene arrival time, and departure time			Work experience summary		
7. Destination of patient; arrival time			20. Affidavit certifying compliance with 13 CCR 1101(b) and/or	\dashv	·
8. Name or other identifier of patient transported	COMMITTEE .	ALCO TO SERVICE AND ADDRESS OF THE PARTY OF	Section 13372 CVC prohibitions		
	<u> </u>		21. Personnel enrolled in the DMV Pull Notice System		
COMPANY INSPECTION	YES	NO		L	
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		\neg			
				-	
	POLICY		I POLICE EXPIRATION DATE	·	
REMARKS		15/	AH 252.770915 3/21/20	a \	

PEPLACE # 29

LICENSEE CERTIFICATION IN LIEU	OF OFFICIAL BRAKE CERTIFICAT	' G	
r cettiny 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		system of this vehicle I	nas 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 expire	as an emergency ambulance. This as 30 days after the date shown below	authorization must be	carried in the vehicle
SIGNATURE OF COMMANDER OR INSPECTING OFFICER	ID NUMBER	LOCATION CODE	DATE

DESTROY PREVIOUS EDITIONS

15341

STATE OF CALIFORNIA DEPARTMENT OF CALIFORNIA HIGHWAY PATROL INSPECTION AMBULANCE INSPECTION REPORT CHP 299 (Rev. 10-18) OPI 061 **IV** INITIAL ANNUAL COMPLIANCE LEGAL BUSINESS NAME COMPANY LICENSE NUMBER VEHICLE YEAR, MAKE, AND MODEL ARCATA - MAD RIVER AMBULANCE LLC 2020 CHEVROLET EXPRESS 2150 SERVICE ADDRESS (number and street) VEHICLE IDENTIFICATION NUMBER (VIN) 220 F ST. 1GB3GRCG7L1269623 (city, state, and zip code) VEHICLE LICENSE PLATE NUMBER AND STATE CA 95521 ARCATA VEHICLE CERTIFICATE NUMBER ITEM INSPECTED (MINIMUM REQUIREMENTS) YES NO ITEM INSPECTED (MINIMUM REQUIREMENTS) YES NO 1. Registration; plates 14. Reflectors 2. Identification certificate (annuals/compliance only) 15. Glass 3. Ambulance identification sign (visible from 50+ feet) 7 16. Windshield wipers 4. Headlamps 17. Defroster 5. Beam selector/indicator V 18. Mirrors V 6. Headlamp flasher (if equipped) V 19. Horn 7. Steady red warning lamp v 20. Siren v 1 8. Turn signals 21. Seat belts V 9. Clearance/sidemarker lamps (if required) V 22. Fire extinguisher (minimum 4B:C) ٧ 10. Stoplamps V 23. Portable light 11. Taillamps V ✓ 24. Spare tire; jack and tools

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12. License plate lamp

13. Backup lamps

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.

25. Maps of coverage areas or equivalent

26. Door latches operable from inside and outside

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

Consideration of the contract
AMBULANCE INSPECTION REPORT

CHP 299 (Rev. 10-18) OPI 061

19 1 1 P

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	Ţ	
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	T	
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		
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 difect telephone service					
					-
/EHICLE INSURANCE CARRIER'S NAME	POLIC	Y NUM		•	
ACE AMERICAN		2	TSA428545138 03/31/20	22	

REMARKS

#3

LICENSEE CERTIFICATION IN LIEU OF	OFFICIAL BRAKE CERTIFICATE

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

SIGNATURE OF LICENSEE OR AUTHORIZED REPRESENTATIVE

DATE

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

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Quality Management practices and policies

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

Staffing and Hiring Policies

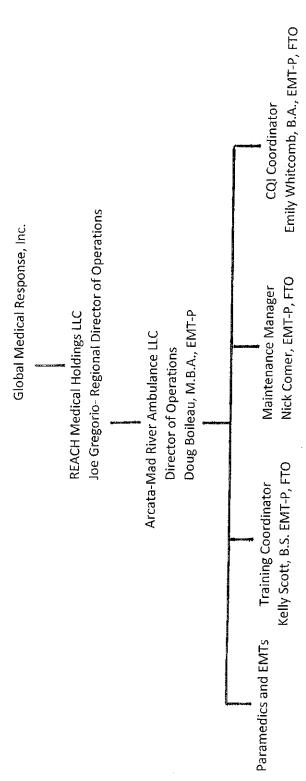
The hiring of field personnel requires the applicant to complete an on-line application, verify current certification as an EMT or license as a paramedic, submit a driver record evidenced by CA DMV motor vehicle report which meets company and insurance standards, and hold a current Ambulance Driver's Certificate and CPR card. The company is a federal equal opportunity employer. All successful applicants must pass a pre-employment physical exam and pass a drug test.

All new employees complete a minimum 72 hour orientation and training program as a third person with an on-duty crew. Successful completion of that program is verified by completion of an orientation checklist. For paramedic new hires, the NCEMS required accreditation checklist is included in the above training. Employees and required to complete a wide variety of training programs within 3 months of hire.

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

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

Experience of the applicant/knowledge or involvement in the Humboldt County EMS System — Please see attached resume of company director.



Douglas J. Boileau

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

e-mail: doug.boileau@gmr.net

SUMMARY OF QUALIFICATIONS

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

EXPERIENCE

13 m 1 g

Regional Director, Arcata-Mad River Ambulance LLC, a division of Global Medical Response, Inc. 12/01/17 to present

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

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

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

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

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

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

EDUCATION

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

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

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

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

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

RELATED EXPERIENCE

California Vocational Designated Subject Credential – EMT Training. 1991- Present. American Heart Association (AHA) Regional Faculty 1998 – 2008.

National Association of EMS Educators Charter Member
AHA CPR Instructor 1981- present.

Chair, Humboldt County Emergency Medical Care Committee (EMCC).

Chair, Humboldt County Medical Advisory Committee

California Paramedic License #P00363

Paramedic Field Training Officer 1995 – present

COMMUNITY INVOLVEMENT/RECOGNITION

Named "EMS Educator of the Year" State of California, 2009
Recipient North Coast EMS "Star of Life" Award 1990 and 2004
Arcata Chamber of Commerce Business Leader of the Year 1998
Parish Finance Council chair
Santa Rosa Diocese Finance Council member
Trustee Catholic Community Foundation
Member and Past President - Rotary Club of Arcata

CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY) 04/03/2021

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

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

CONTACT NAME:	
PHONE (A/C, No. Ext): (866) 283-7122 FAX (A/C,	No.): (800) 363-0105
E-MAIL ADDRESS:	
INSURER(S) AFFORDING COVERAG	9E NAIC#
INSURERA: ACE American Insurance Com	pany 22667
INSUMERS: Indemnity Insurance Co of	North America 43575
INSURERC: ACE Fire Underwriters Insu	rance Co. 20702
INSURER D: Lloyd's Syndicate No. 2623	AA1128623
INSURER E: Great American Insurance Co	ompany of NY 22136
INSURER F:	
	PHONE (A/C. No. Ext): (866) 283-7122 FAX (A/C. E-MAIL ADDRESS: INSURER(S) AFFORDING COVERAGE INSURER B: Indemnity Insurance Composition of the control of t

COVERAGES	CERTIFICA	TE NUMBER: 570086876915	REVISION NUMBER:

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

	COLOGICIA AND CONDITIONS OF SOCI					io. Limits she	own are as requested
INSR LTR	TYPE OF INSURANCE	ADDL SUBA	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MIM/DD/YYYY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY		XSLG7248194A	03/31/2021	03/31/2022	EACH OCCURRENCE	\$2,750,000
	CLAIMS-MADE X OCCUR		SIR applies per policy ter	ns & condi	tions	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$100,000
			ļ	1	1	MED EXP (Any one person)	
						PERSONAL & ADV INJURY	\$2,750,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$5,000,000
	X POLICY PRO-			ĺ		PRODUCTS - COMP/OP AGG	\$2,750,000
	OTHER:					SIR/Deductible	\$250,000
А	AUTOMOBILE LIABILITY		ISAH25545138	03/31/2021	03/31/2022	COMBINED SINGLE LIMIT (Ea accident)	\$10,000,000
	X ANY AUTO			ĺ	:	BODILY INJURY (Per person)	
	OWNED SCHEDULED AUTOS					BODILY INJURY (Per accident)	
	AUTOS ONLY HIRED AUTOS NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	
E	UMBRELLA LIAB X OCCUR		EXC3415145	03/31/2021	03/31/2022	EACH OCCURRENCE	\$10,000,000
	X EXCESS LIAB CLAIMS-MADE					AGGREGATE	\$10,000,000
	DED RETENTION						
В	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	1 1	1	03/31/2021	03/31/2022	X PER STATUTE OTH-	
А	ANY PROPRIETOR / PARTNER / EXECUTIVE 1.	1 1	AOS WLRC67819251	03/31/2021	02/21/2022	E.L. EACH ACCIDENT	\$1,000,000
	(Mandatory in NH)	N/A	CA, MA	03/31/2021	03/31/2022	E.L. DISEASE-EA EMPLOYEE	\$1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below		ĺ			E.L. DISEASE-POLICY LIMIT	\$1,000,000
D	E&O-PL-XS		W1B173210601 Professional Liability	03/31/2021		Per Claim SIR	\$10,000,000 \$3,000,000
]		SIR applies per policy ter	ns & condi			10,100,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
ATTN: RISK MANAGEMENT/INSURANCE DEPARTMENT.

CANCELLATION

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

HUMBOLDT COUNTY PUBLIC HEALTH BRANCH 529 "I" STREET EUREKA CA 95501 USA

AUTHORIZED REPRESENTATIVE

Aon Risk Services Central Inc.

Rates - Arcata-Mad River Ambulance LLC Effective 6/25/2019

	Current rates
ALS/BLS Base Rate for all emergency responses	\$2,088.00
Mileage – ALS/BLS per mile	38.50
Oxygen	80.00
Night Call 1900-0700	100.00
BLS Non-Emergency Base Rate	600.00
ALS-2 Base Rate	2,360.00
SCT	3,000.00
Standby time per 15 minutes	60.00
Cardiac Monitor (incl. in base except for Medi-Cal)	50.00
Isolette	100.00
Spinal Immobilization	130.00
Extrication/Off Road Rescue	150.00
Emergency Response Fee	250.00